Improving Mental Health Care Delivery Through a Shared Standardized EHR

Mental Health Conference,  Feb 28, 2017
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Objectives

• Share where we are in the Waypoint/Ontario Shores shared EHR journey

• Discuss lessons learned and provide an open discussion forum to learn together to move forward with best practices
Waypoint at a Glance

• Teaching hospital specializing in comprehensive mental health care and high security forensics
• 1,200 employees; 301 inpatient beds; over 29,000 outpatient visits
• Offer Regional Mental Health services for adults including geriatrics
• Only high security Forensic Mental Health services in the province
• Sharing MEDITECH databases with Ontario Shores
• HIMSS EMRAM Level 0.8
Ontario Shores at a Glance

- Teaching hospital specializing in comprehensive mental health care and addiction services
- 1,300 employees; 326 inpatient beds; over 60,000 outpatient visits
- Provide Recovery-oriented Meditech 6.0 and EMRAM HIMSS Stage 7 – first in Canada and first mental health facility in the world
- 2015 recipient of HIMSS Nicholas E. Davies Enterprise Award of Excellence
HIS Renewal in Ontario

Problem:
• Duplication of effort and resources
• Lack of standardization with respect to data and clinical models

Solution:
• MOHLTC saw HIS renewal as opportunity to transform the fragmented HIS landscape
• HIS renewal advances standardized data and clinical models
• When hospitals renew HIS, they must form HIS cluster
• Cluster: group of hospitals using common HIS
• Hub: distinct business entity that delivers HIS services
The Waypoint/Ontario Shores shared EHR system partnership objectives include:

- Clinical opportunities to improve patient outcomes and support collaboration in developing and implementing best practices, evidence-based practices and common clinical standards
- Support mental health research and population health
- Standardizing EHR technology, nomenclature and processes
- Create shared, standardized reporting and business intelligence to advance patient care
- Increase cost effectiveness and efficiency
- Aligned with MOHLTC HIS renewal clustering
Long Term Vision

The long term vision is to achieve best practice.

A shared system will:
- Support leading practices;
- Support evidence-based care;
- Provide prompters and enablers of best practice to improve service delivery;
- Support research;
- Drive collaborative thinking and perspectives to achieve better best practices;
- Ultimately result in improved patient care.

We recognize that:
- Any significant implementation will create a degree of chaos;
- Finding the right pace is a balance between efficient implementation and the organizations’ ability to absorb cultural change.
Project Phases

1. OS Data Centre Migration to WP
2. WP to Migrate to OS Meditech system – Pharmacy and Health Records – go live Nov 2015
3. Upgrade to 6.15
   - OS advanced clinical and back office modules
   - Standards complete by May 2016
   - Go live for OS and WP (HIM/PHA) Nov 2016
   - WP clinical modules - Feb-May 2017
Clinical Documentation Standardization Guiding Principles

- Improve patient safety, quality of care
- Use data for administrative; reporting; care/evaluation; patient/family engagement; care planning.
- 90/10% rule to standardize unless patient risks and safety issues are identified
- Opportunities for teaching and research
- Each organization has unique tactical needs
- EMR is an ongoing process
- Undertake projects jointly
- Benefits and costs shared equitably and transparently
- Risks and liabilities are clearly articulated and appropriately apportioned.
- Equitable say in decisions
Clinical Standardization Process

• Joint Physician Group and Joint Clinical Documentation Committee:
  ▪ Guided by principles and evidence-informed practice, reviewed all clinical documentation
  ▪ Through this process, documentation was categorized as follows:
    1) Standardized
    2) Not Standardized-Same
    3) Not Standardized-Different
    4) Not Standardized-Parking Lot
  ▪ Determined a process to address/review the non-standardized documents post Waypoint go-live
  ▪ Established a process for on-going change requests both during the project and post-Waypoint go-live
Meditech Change Request Process

Start → Change Identified → Feasible in System?
- YES → Change Request Complete/Requestor Notified
- NO → Analyst Communicates Back to Requestor
  - NO → Build in Test
    - Cross System Impact Determined
  - YES → Committee Approval
    - YES → Build and Live
    - NO → Education and Communication

End
Standardization Current State:
PCS (Nursing/Allied)- Documentation Sections

Includes Not Standardized - Different Service and Parking Lot
Standardization Current State: PCS (Nursing/Allied)- Documentation Sections

Excludes Not Standardized Different Service and Parking Lot
## Order Sets

### Bar Chart

<table>
<thead>
<tr>
<th>Percent</th>
<th>Standardized</th>
<th>Not Standardized-Same</th>
<th>Not Standardized-Different</th>
<th>Parking lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>77.8%</td>
<td>22.2%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

9 order sets reviewed of 26 total - Feb 1, 2017
Lessons Learned

- Focus on practice (not system) and future state
- Standardization guiding principles/vision and methodology – communication this often
- All parties need to be open to changing practice for standardization to occur
- Engage Risk/Policy staff (practice change=policy change)
- Consider third party to assist with clinical decisions when consensus can not be reached
Lessons Learned

• Strong governance structure
  • Clear Terms of References with delegated decision making authority
  • Strong clinical leaders to reinforce that everything must be standardized to ensure quality of care
  • Steering/Board/SMT commitment to find a way to implement the best practice changes
• Project management – plans, risks/mitigation, action logs, escalation processes
• Take time for team building in beginning
• Collaborate on most future initiatives/projects
Waypoint and Ontario Shores Electronic Health Record Collaborative Committee Structure
Dec 2016

Partnership Steering Committee

Partnership Operations Committee

Operations & Sustainability

Joint Clinical Documentation Committee

Delegated Joint Medical Decision-Making Authority

Joint Physician Advisory Group

Joint HIS Working Group

Project Oversight

Joint Projects

Clinical and Administrative Operations

Financial and Data Management Operations

Data Centre and Technical Operations
Next Steps

• WP go lives
  • Regional Inpatient Feb 22, 2017
  • Provincial Inpatient April 25, 2017
  • Outpatients May 23, 2017

• Future joint initiatives, such optimization of clinical standardization and practice, ConnectingOntario

• Data analytics and reporting for both hospitals

• Post go-live – Operations and Sustainment
  • Support for shared system
  • Further defining change management
  • Optimization
Thank you.

Questions?