TC LHIN Community
Integrated Palliative Care Program:

enabling “one client, one team” using a Shared EMR
CONTEXT

Integrate
Connect
Share

Privacy
Complexity
Risk
Integrated Palliative Care in Toronto Central

Palliative Partners Map

Shared goals: client & team

Regional alignment (1 SPO/hub)

Shared EMR by 2016

One Number

RN

NP

PSW

Care Coordinator

Hospice

Joint Home Visits/Assessments

Fluid care delivery (team/services) as clients’ needs shift

Full care team available 24/7

Daily Team Huddles

Palliative MD Team - TLPC
Provider - Spectrum
Resource CC - PC21
Hospice CC - PC10
PEACH CC - PC11

Palliative MD Team - PC10
Provider - PC20
Resource CC - PC22
PEACH CC - PC11

West
Palliative MD Team - Dorothy Lay
Provider - SRB
Resource CC - PC20
PEACH CC - PC11

Central North
Palliative MD Team - TLPC
Provider - BEHC
Resource CC - PC22
PEACH CC - PC11
INTTEGRATED PALLIATIVE SYSTEM OF CARE

**DESCRIPTION**

An integrated client care program where clients and families experience one team across multiple partners

**KEY PARTNERS**

- Temmy Latner Centre for Palliative Care
- Dorothy Ley Palliative care physicians
- Multiple Hospitals
- Nursing/PSS Providers
- Hospice

Together advancing One Client, One Team™

- One Integrated EMR
- One Brand
- Single Point of Access
- One Coordinated Care Plan
- One Assessment

Cross Continuum Care

Daily Integrated Team Huddles

Caregiver and Patient Advisory

One Dedicated Care Team Aligned in Neighbourhoods
OUR PARTNERS

Toronto Central Community Integrated Palliative Care Team

Community-Based Palliative Physicians
- Temmy Latner Centre for Palliative Care
- Dorothy Ley Physician Group

Specialized Palliative Care Coordination and Nurse Practitioner Program
- Toronto Central LHIN

Specialized Nursing and Personal Support
- Spectrum Health Care
- SRT Medstaff
- St. Elizabeth Health Care

Visiting Hospice Partners
- Hospice Toronto
- Hazel Burns
- Philip Aziz
- Dorothy Ley
- Better Living

Visiting Hospice: Affiliated
- Jewish Family & Child Service
- Circle of Care
- Casey House
STILL WAITING
Challenges

- **Record of Care in the client’s home used for nursing provider documentation**
  - Difficult to share clinical information with nursing providers
  - Not a good fit with workflow in the home

- **Team members fax documentation back and forth**
  - Inefficient workflow and delays decision making

- **Team members document clinical notes and process client records in multiple applications**
  - Team member on call may not have access to most recent information
  - LHIN systems support case management, not clinical documentation
SHARED EMR

Expand access to central EMR system for clinical documentation between multiple organizations

Client-Centred Approach

Release Time to Care

Support Virtual Team
SHARED EMR SCOPE

1. Determine what information is useful to share within the care team
2. Develop new workflows and business practices to support the sharing of information
3. Customize the EMR to meet the business needs of different providers
4. Implement a privacy framework that supports the sharing of information between organizations
SHARED EMR APPROACH

INTEGRATION AREAS

1) Workflow mapping to identify opportunities
2) Review documentation standards (organizational and college regulations)
3) Assess capabilities of the EMR
4) Customize EMR templates and settings

PRIVACY

1) Privacy Impact Assessment
2) Privacy Framework
3) Operations Guide for shared EMR
4) Align operational privacy policies and practices between the organizations
INTEGRATION AREAS

Intake Process
Enabling a standardized intake referral process

Joint Assessment
Providing a single shared template for joint visits

Joint Care Plan
Shared care plan and shared updates
LESSONS LEARNED
(or, Stating the Obvious)

1. EMRs are highly tailored to physician workflow

2. Data sharing and privacy approaches are designed for organizations with similar scale and maturity

3. Small and mid-size physician groups do not have significant privacy and security infrastructure

4. Not everything has to be shared!
Benefits of shared EMR

- Updated medical history and notes
- On call updates
- Facilitates submission of PCU applications
- Faster ordering of labs and medication for NPs
- Reduced duplications in documentation
- Better communication amongst team (shared HV letter)
- Timely updates in change of status (HH, PCU admission, etc.)

= RELEASED TIME TO CARE FOR CLIENTS
Comments from the team

Helps to avoid duplication and to have discussions with patients based on the latest information.

Providers who know that we share an EMR are excited that they don’t have to send out information to 2 places.

They have voiced “I wish we could do something like that.”

Greatly reduces the time it takes for me to do activities, such as order medications and do lab requisitions.

I have not made visits that I thought I needed to make when I saw notes from the NP or Coordinator in the chart.

The shared EMR has greatly improved the team dynamics and working together as one “provider” for care.
**EMR feedback: positive impact**

Based on 13 responses from physicians, nurse practitioners, care coordinators and administrative staff.

<table>
<thead>
<tr>
<th>Percentage who rated the EMR implementation as positive on a 7 point scale (5, 6 or 7) (%)</th>
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<tbody>
<tr>
<td>Amount of info</td>
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<tr>
<td>Quality of info</td>
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<tr>
<td>When you receive info</td>
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<tr>
<td>When able to share info</td>
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<tr>
<td>Effort sharing info</td>
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<tr>
<td><strong>Team-based decisions</strong></td>
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<td>Refer to teammates documentation</td>
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<tr>
<td><strong>Improving overall care</strong></td>
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<td>Contribution to team integration</td>
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Personal Health Information Protection Action (PHIPA, 2004) provides a set of rules for the collection, use and disclosure of personal health information.

Applies to individuals and organizations involved in the delivery of healthcare services.
Provides services to or for more than one HIC to enable HICs to use electronic means to disclose personal health information to one another, whether or not the person is an agent of any of the custodians.

Responsible for the PHI in its custody or control. Has certain obligations under PHIPA to fulfil that responsibility.

Health Information Custodian

Anyone who is authorized by the HIC to do anything on behalf of the HIC with respect to personal health information.

Agents

Nursing agencies

Toronto Palliative Care Associates

Toronto Central LHIN

Health Information Network Provider

Players in privacy
Phase 1: *Today*

- LHIN Staff
- Temmy Latner MDs
- EMR

Phase 2: *Future*

- LHIN Staff
- Temmy Latner MDs
- Nursing Provider
- EMR

Long-term Vision

- Virtual Team
- Integration Platform
- CHRIS
- EMR
- EHR
- LHINs
- Physician Groups
- Nursing Providers

- Confirm expanded regional model
- Identify preferred privacy model (shared record or HINP)
Questions?