Transforming Hard Copy Documentation to an Electronic Format…

How Hard Can it Be?

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WHO WE ARE AND WHAT DO WE DO

- National home health care organization
- Approx. 11,000 fieldstaff across 52 communities
- Rural and Urban areas served
- Provide nursing, home support and allied health services to clients –home, schools, clinics, work settings etc…
- Government/Private Contracts
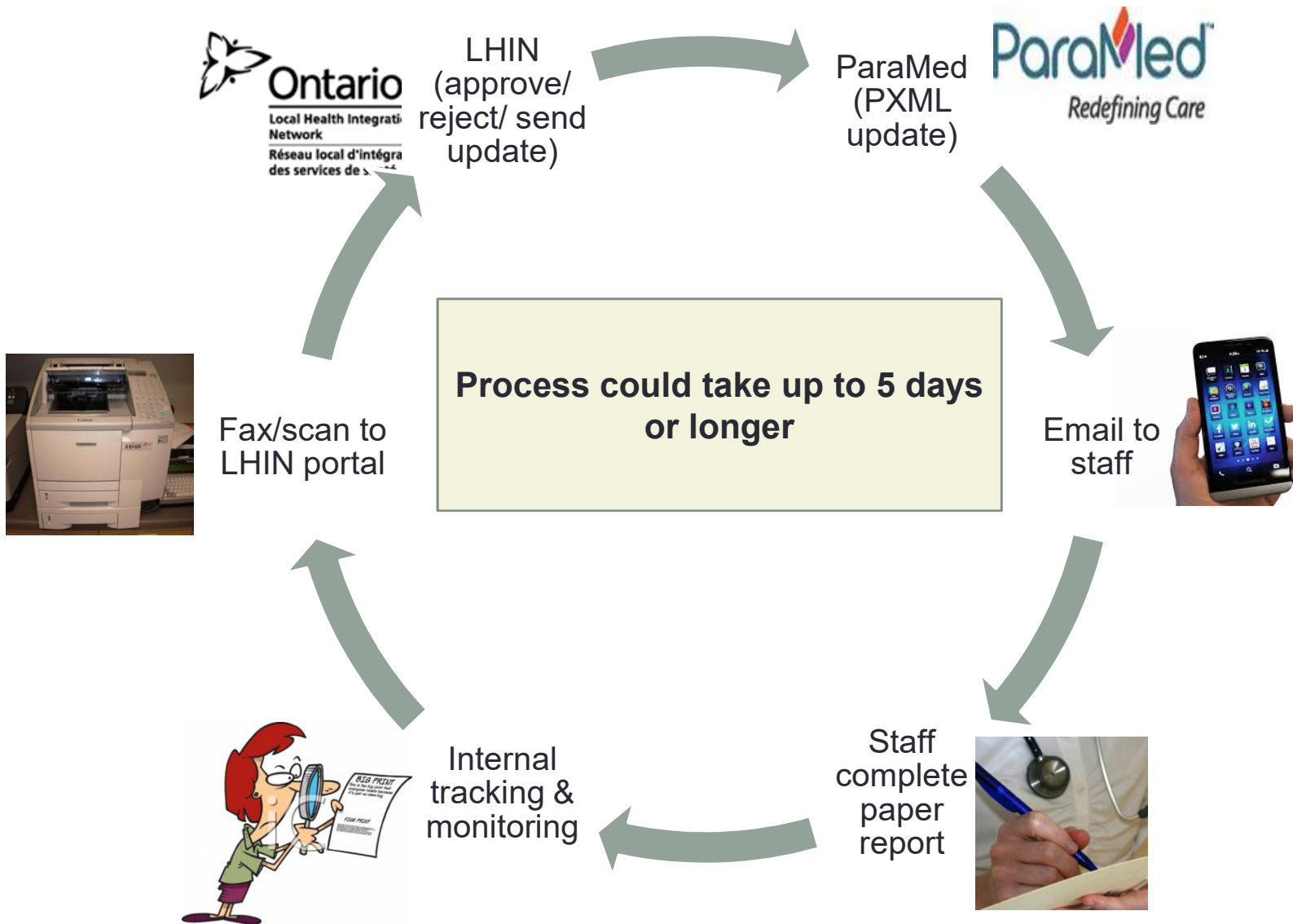
LEARNING OUTCOMES

1. Gain an understanding of the complexities and challenges that can occur with a transformation of clinical documentation from paper to automation.

2. Identify key factors and processes to consider with the design, plan and implementation of any clinical informatics project.

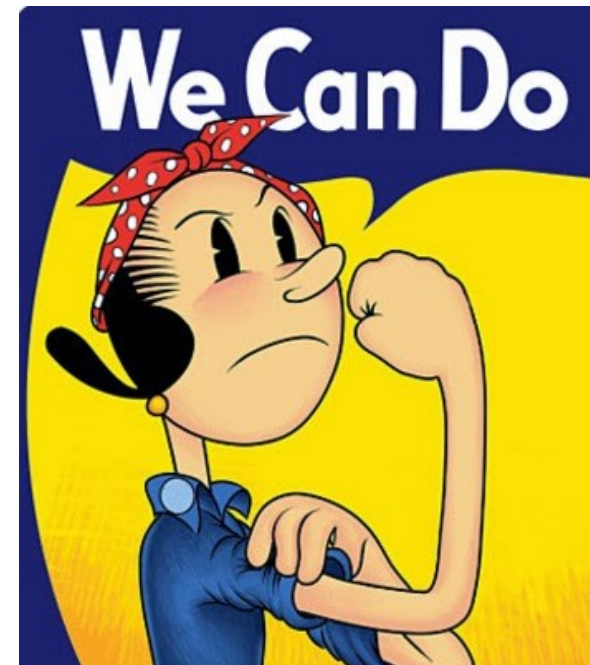# Implementation of *Automated Provider Reports* (APR) across the organization

OUR APR STORY

PAPER PROCESS – PRE APR

LHIN (approve/ reject/ send update)

ParaMed (PXML update)

Email to staff

Staff complete paper report

Internal tracking & monitoring

Fax/scan to LHIN portal

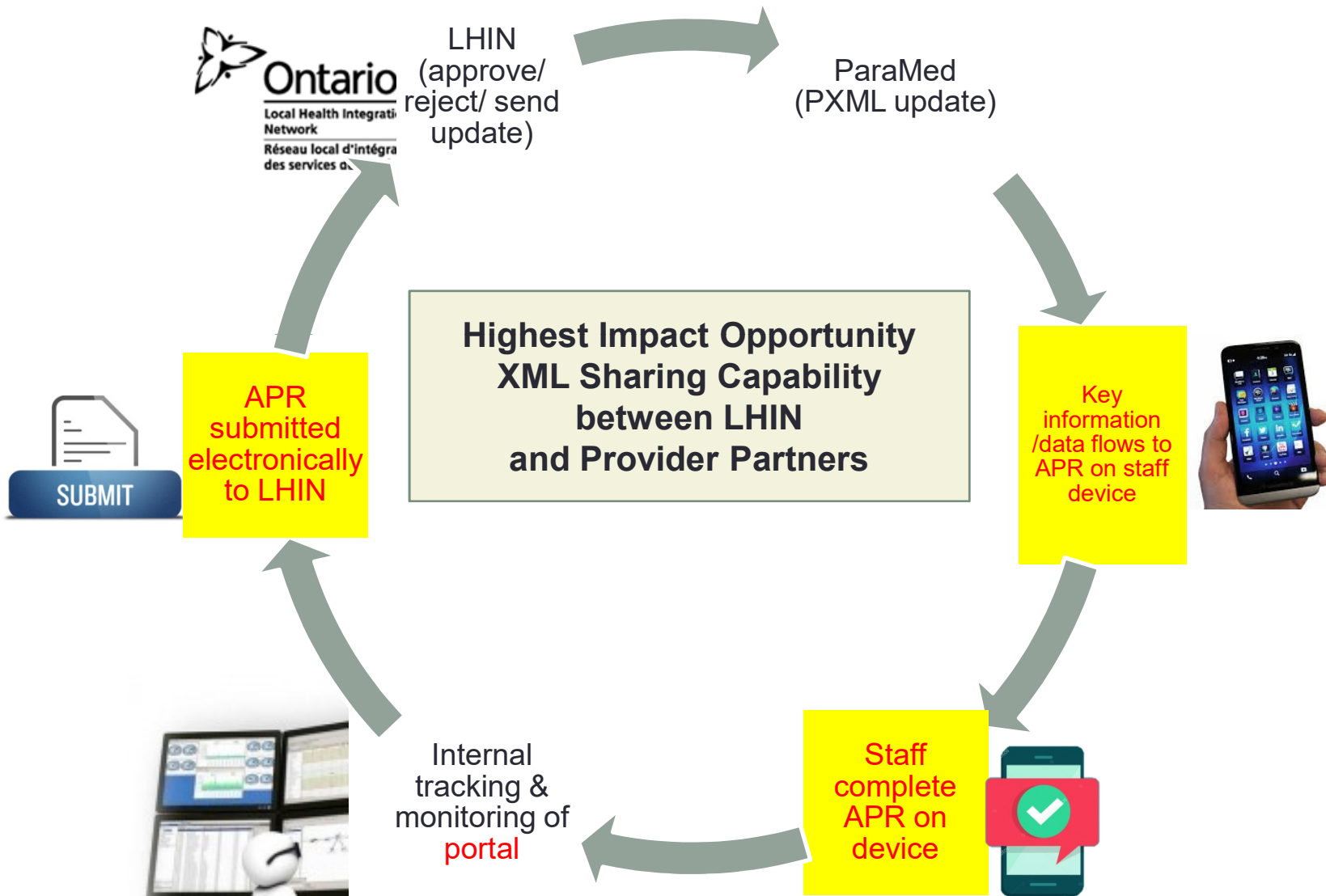**Process could take up to 5 days or longer**

PROPOSED APR BENEFITS

- PXML data sharing in the report
- Standardization
- Report quickly and efficiently
- Improved communication
- Workload efficiency
- Reduction in client risk
- Reduce billing rejections/suspensions

APR Process

ParaMed
Redefining Care

LHIN (approve/ reject/ send update)

ParaMed (PXML update)

Highest Impact Opportunity XML Sharing Capability between LHIN and Provider Partners

APR submitted electronically to LHIN

SUBMIT

Key information /data flows to APR on staff device

Internal tracking & monitoring of portal

Staff complete APR on device

IMPLEMENTATION

- APR application
- Solid roll out plan
- Vigorous testing
- Policies and processes established
- Comprehensive education plan /materials
- Designated SME support team
- Process for monitoring and tracking

OUTCOME

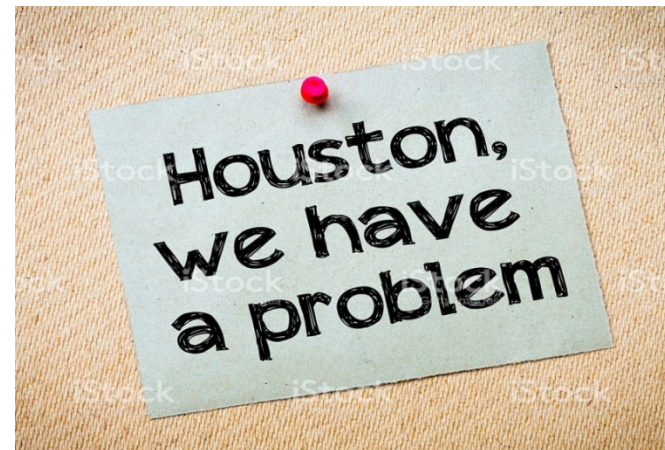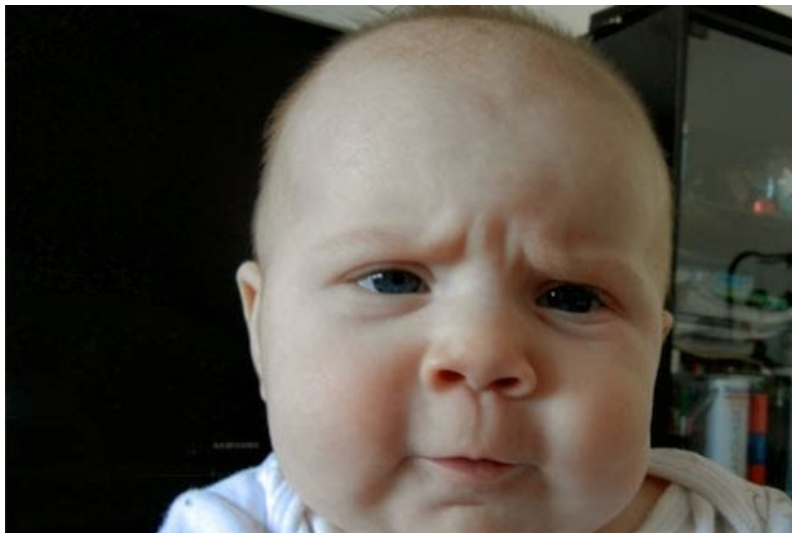- LHINs were overall happy with our product and processes
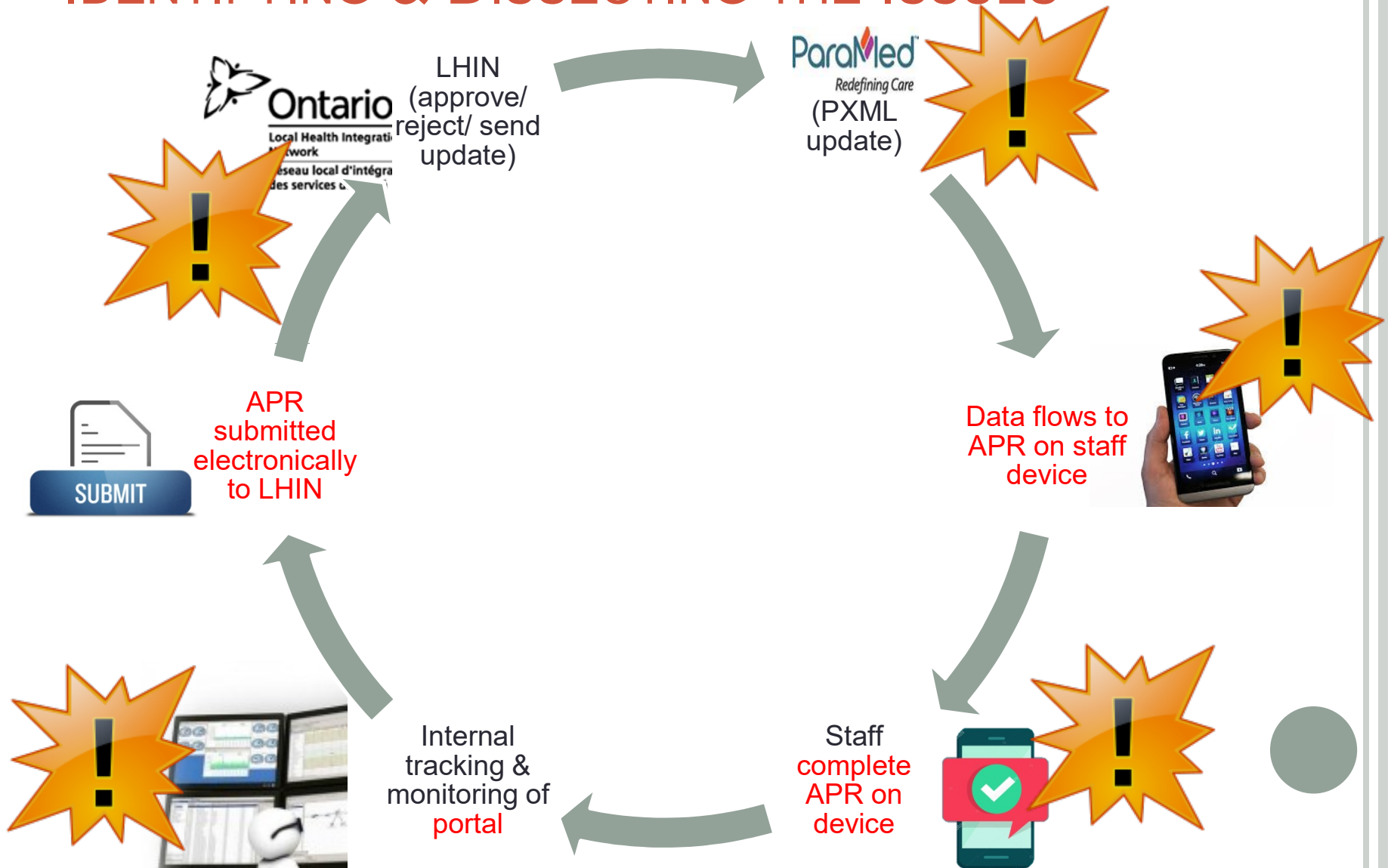
IMPLEMENTATION CHALLENGES

- Organization Merged /Transition Process
- Operational Struggles-Volume
- LHIN Variability /Evolvement
- Staff Learning Curve
- LHIN Learning Curve

POST IMPLEMENTATION

IDENTIFYING & DISSECTING THE ISSUES

LHIN (approve/ reject/ send update)

ParaMed Redefining Care (PXML update)

Data flows to APR on staff device

Staff complete APR on device

Internal tracking & monitoring of portal

APR submitted electronically to LHIN

PAPER REPORT VS APR

... and so much more!!!

... plus rules!!!

PAPER REPORT VS APR

Frequency Base Type

NewFrequency
http://schema.ccac-ont.ca/CHRIS/PRO/RPT/

Type
http://schema.ccac-ont.

UnitOfService
http://schema.ccac-ont.

QuantityOfService
http://schema.ccac-ont.

PreferredTime
http://schema.ccac-ont.

StartDate
http://schema.ccac-ont.

EndDate
http://schema.ccac-ont.

RecurrenceTimes
http://schema.ccac-ont.

Interval
http://schema.ccac-ont.

NumberOfHoursPe
http://schema.ccac-ont.

Weekday1
http://schema.ccac-ont.

Weekday2
http://schema.ccac-ont.

Weekday3
http://schema.ccac-ont.

Weekday4
http://schema.ccac-ont.

Weekday5
http://schema.ccac-ont

Request for referral: ☐No ☐Yes – if yes, which service

SERVICE PLAN:
☐No change recommended/progressing towards g
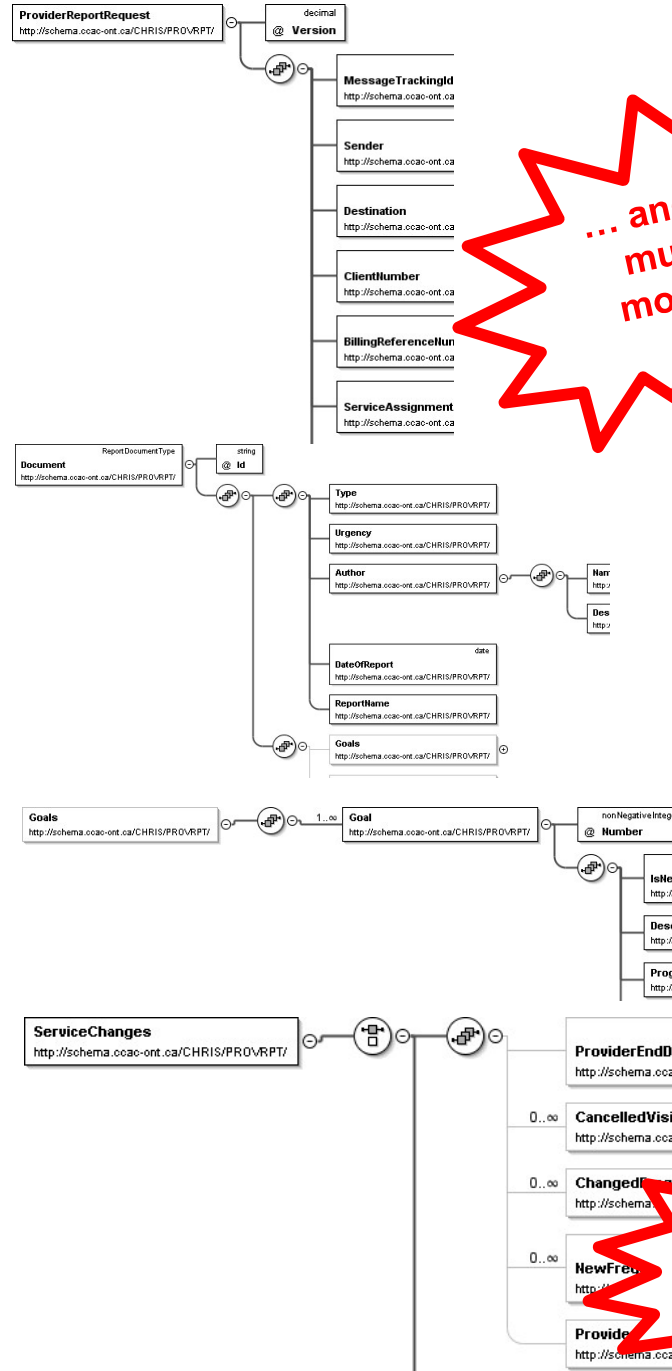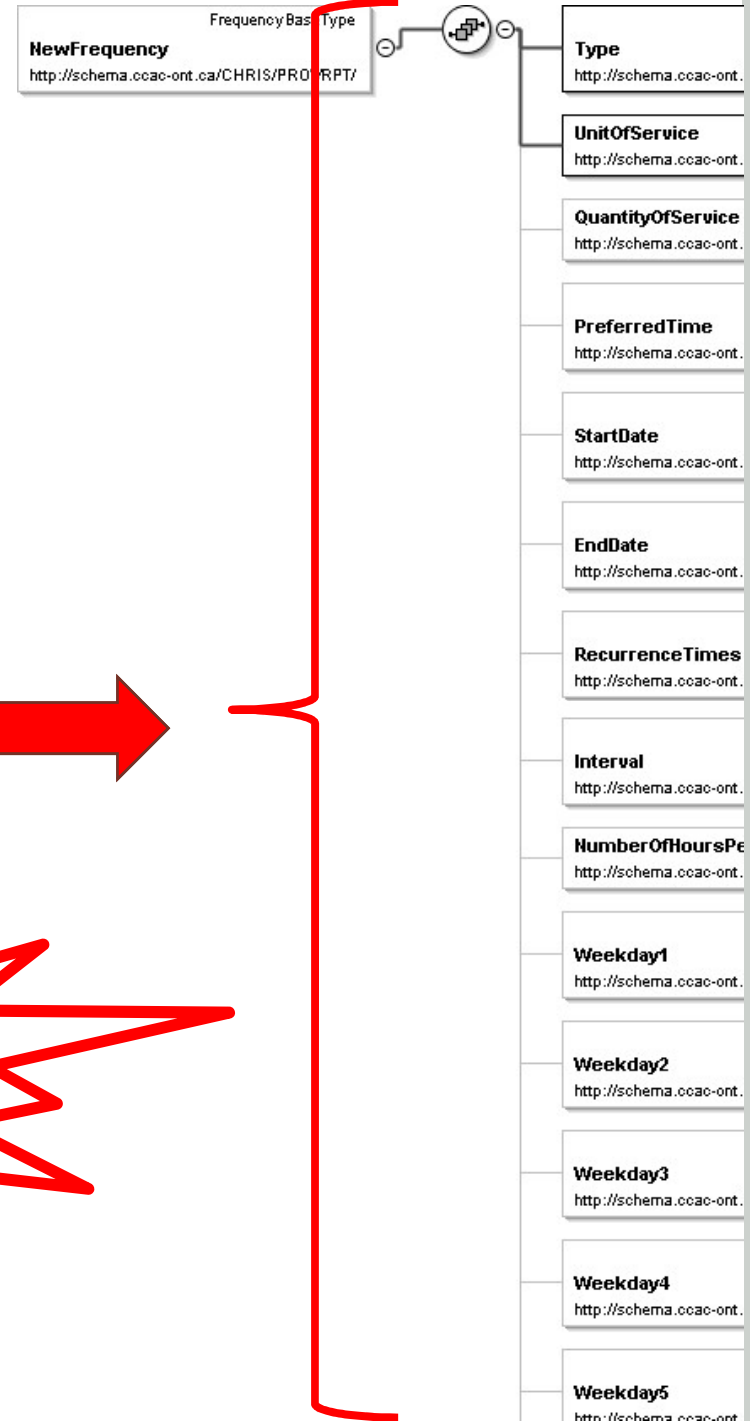☐Service Plan change recommended *Continued hel*

**Sample service change
– Requesting a new
frequency**

REFLECTION

Automation ***does not always:***

- Make it easier for users
- Improve content/quality of documentation
- Standardize processes
- Eliminate process steps
- Decrease workload
- Eliminate human resource requirements

WE DO NOT
LEARN FROM
EXPERIENCE...
WE LEARN FROM
REFLECTING ON
EXPERIENCE

- John Dewey
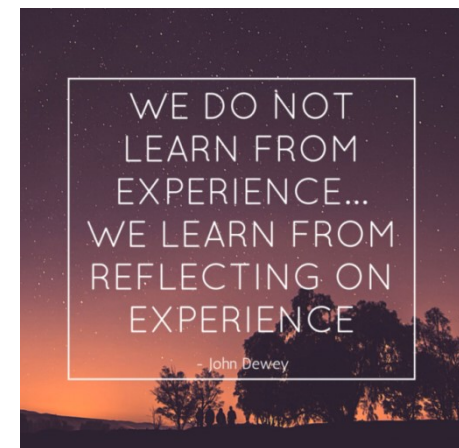
REFLECTION

Automation **_can /will_**:

- Reveal process fail points-operations
- Improve clarity - documentation
- Increase transparency in user performance
- Improve communication
- Increase efficiency
- Increase client safety
- Standardize some processes

LESSONS LEARNED

Operational Process

- Conduct a detailed operational & clinical workflow analysis /assessment to identify crucial steps and potential fail points using multiple scenarios/job roles etc.
- Ensure all fail points are addressed before go live
- Assess "operational readiness"
- Ensure monitoring/tracking/auditing process are in place/intact

People

- Conduct a user learning needs assessment prior to implementation
- Ensure everyone who may touch the process is well trained and aware of accountabilities
- Ensure all process points have the established human resources /supports in place
- Ensure leadership is directly involved in the project
- Understand that user performance will not always improve
- If possible train face-to-face by SME and offer support post go live

Technology/ Systems

- Make sure the design is easy to navigate and use
- Ensure you have a practice environment
- Complete comprehensive functional testing using multiple scenarios
- Ensure technology will work in all environments
- Ensure equipment/devices can handle the size of the application content

CURRENT STATUS &NEXT STEPS

- LHIN Uptake staggered
- Current – APR with 6 LHINs
- We are just about to transition to a new scheduling system and a new end-to-end clinical documentation system with a new vendor – this includes APR
- More LHINs are planning to implement APR

Wish us luck!... Please!

Stay Tune
Coming So
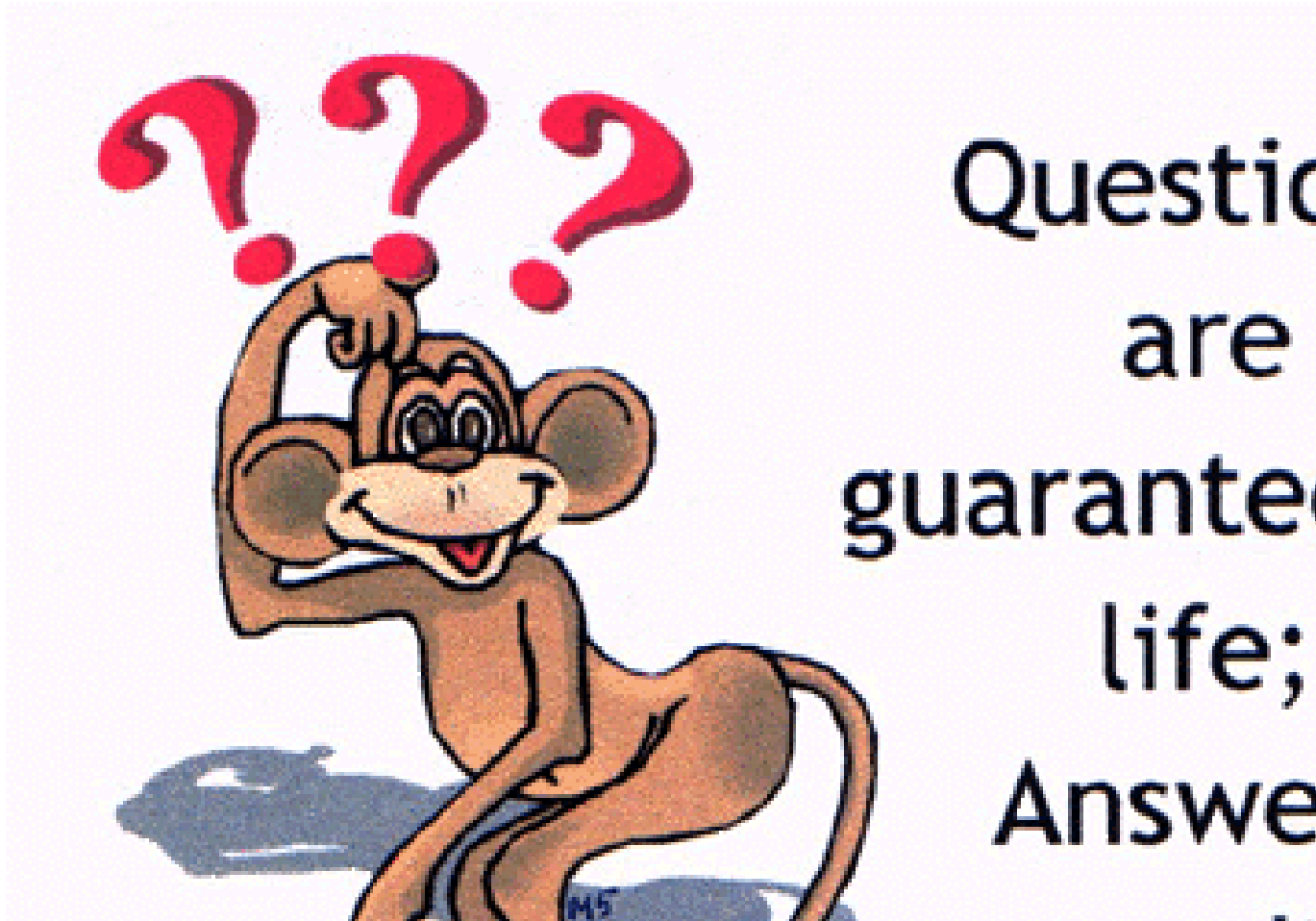
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