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Release Notes for CCACs and External Partners

CHRIS 2.5.3 – HPG 3.3.2

Organization	Ontario Association of Community Care Access Centres
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Contents

Contents.....	2
Document Revision History.....	3
Executive Summary.....	4
1 eNotification Enhancements for Emergency Medical Services	5
1.1 Business Need	5
1.2 Solution Overview.....	5
1.3 Enhancements.....	6
1.4 Defect Resolutions	7
2 Coordinated Care Plan Integration: CHRIS to cSWO Clinical Connect	8
2.1 Business Need	8
2.2 Solution Overview.....	8
3 Assessment Integration Infrastructure Upgrade	9
4 Provincial Table Changes	10
4.1 Allergies.....	10
4.2 Client Coding – Health Links.....	11
4.3 Delivery Priorities.....	12
4.4 Discharge Dispositions – Service and Provider	13
4.5 Frequency Cancellation Reasons	13
4.6 Medical Supply & Equipment Product Categories.....	14
4.7 Service Related Tables	15
4.7.1 Community Services (eReferral to Community)	15
4.7.2 Purchased Services.....	16
4.8 Medical Practitioners	17

Document Revision History

Version No.	Date	Summary of Change	Contributors
1.0	Apr 17, 2015	Version posted for CCACs	Joan Hill, Product Management, IT
1.1	Apr 17, 2015	Additional information re eNotification for EMS deployment; reposted for CCACs and posted for external partners	Joan Hill, EMS project


Executive Summary

This document provides specific information on the changes included in the CHRIS 2.5.3 – HPG 3.3.2 release, scheduled to be deployed on the evening of April 22, 2015.

This release contains changes to the back end or underlying code in CHRIS, which are required in advance of the next CHRIS functional release, planned for the fall of 2015. In addition, there are a number of provincial table changes which have been deployed since R2.5.2 or are being deployed concurrently with R2.5.3.

There are no changes to the format or flow of the CHRIS user interface. As a result, it is expected that little or no training is required for this release.

1 eNotification Enhancements for Emergency Medical Services

	<p>The enhanced eNotification functionality will be deployed in three stages:</p> <ul style="list-style-type: none"> • CHRIS eNotification enhancements will be implemented concurrently with R2.5.3. All CCACs who have eNotification currently enabled in Production will see the revised eNotification grid. • Integration changes to pass more hospital eNotification fields to CHRIS will be implemented approximately two weeks after R2.5.3. Additional Date and Disposition information will be displayed in the eNotification grid for patient events from hospitals that include these fields in their eNotification feed, only after the integration deployment. • New eNotification feed from EMS organizations will be deployed through the provincial deployment process, as per usual with hospital partners. EMS partners will now be added to this process.
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1.1 Business Need

Knowledge of patients' encounters with the healthcare system will help providers coordinate better care for patients and, ultimately, create better outcomes, provide a superior patient experience, and contain costs. An EMS visit is one of the most significant healthcare events a patient may experience. Timely communication of these events across the care team is crucial.

Certain CCACs have turned on the eNotification system within CHRIS. This feature allows CCAC staff to receive electronic notifications when CCAC patients present or are discharged at the emergency department, or when patients are admitted or discharged from an in-patient unit.

To further enhance the eNotification, CCACs have asked for the ability to receive electronic notifications from EMS in CHRIS for active CCAC clients. Specifically, CCACs are interested in learning if the client was transported by EMS to a hospital or left at home. The addition of the EMS eNotification event will allow care providers to better and more efficiently coordinate care for these patients. Depending upon the reason for the EMS call, the CCAC may re-assess the client's needs to determine if the client would benefit from receiving additional services from the CCAC.

EMS Health Partners have also expressed the need to view CCAC client demographic and health profile information. Enabling EMS staff access to CHP to view a client's health profile will provide EMS staff with an overview of the services that the client is receiving from the CCAC, as well as help EMS coordinate better care for patients.

1.2 Solution Overview

Current Functionality

eNotification Hospital – CCAC Integration: The current solution supports the following hospital notifications:

- Patient Presents in the ED
- Patient is Discharged from the ED
- Patient is Admitted to an In-Patient Unit
- Patient is Discharged from an In-Patient Unit

Hospital eNotifications are also routed to Ontario MD's Hospital Reports Manager as required by the CCAC. OMD's HRM solution enables Primary Care Practitioners who have adopted the EMR solution to receive hospital reports electronically.

eNotification EMS Enhancement Project Objectives

CHRIS

- Expand eNotification functionality by enabling CCACs to receive EMS notifications in CHRIS for clients who have been seen by EMS. This will be an addition event type "**Client is seen by EMS**".
- The addition of a new manual task type for EMS Visit eNotification
- Provide enhancements to the eNotification Details Observations Grid to display additional custom value fields such as Admit Date, Discharge Date, Discharge Disposition/Location, CTAS/LACE score (for hospital eNotifications). For EMS enhancement, these custom label/value fields will contain information on **Patient Transported Yes/No**. These values will be displayed in order received from the source.
- Enable CCACs to filter the eNotifications queue by custom fields and their corresponding values (e.g. "Patient transported by EMS" with "Yes"/"No" value, CTAS score, etc). New filter criteria will be configurable by each CCAC.

Health Portal Gateway

- Enable CCACs with both CHRIS client level and assessment sharing authorization for EMS
- Allow EMS organizations access to HPG Client Health Portal.

1.3 Enhancements

SMA #	eNotification EMS Enhancement project
Affects	Client Services, EMS partners
Description	<i>Update of EMS organizations in CHRIS provincial table</i> The existing EMS organization list in CHRIS will be replaced by a new provincial list that contains all of the EMS organizations recognized by MOH across the province. The existing EMS organization records will be made inactive.

	CCAC users will see the expanded list of EMS organizations when selecting a specific referring organization after selecting Referral Source = “Community – E.M.S.” on a new referral.
SMA #	656044 - NE; 702029 – NW
Affects	Client Services
Description	<p><i>In eNotification - In the ‘Presented in ED’ notification - add whether the patient arrived by ambulance or not</i></p> <p><i>In eNotification - In the ‘Admitted to Inpatient’ notification – where specifically is the patient ie: floor, room # and bed #</i></p> <p><i>In eNotification - include the discharge disposition to the CCAC Hospital patients with long names were failing to match to a client in CHRIS, due to a restriction on the size of the surname and first name fields.</i></p> <p><i>Display the 'PV1-36', also called, 'Discharge Disposition' on the CHRIS eNotification and on the Manual Task screens for eNotification discharge notifications.</i></p> <p>An enhancement is being implemented to allow the submission and display of custom patient/encounter generic label/value OBX “observation” information fields. This will replace the current observation grid on the eNotifications Details screen.</p>

1.4 Defect Resolutions

SMA #	701527 - SW
Affects	Client Services
Description	<p><i>Currently the Client Event Date/Time on the eNotification details screen is reflecting the date/time when a eNotification message is received in CHRIS. The Client Event Date/Time should be the date/time from which the eNotification message is sent from the HIS.</i></p> <p>This defect will be fixed in R2.5.3 to reflect the event Date/Time from which the eNotification message is sent from the HIS.</p>
SMA #	eNotification EMS Enhancement project
Affects	Client Services

Description	<p><i>Update name of Details page in CHRIS</i></p> <p>The name of the notification Details page will be changed from ED Notification Details to eNotification Details, to reflect that the business events being reported are now broader than the original Emergency Department events.</p>
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2 Coordinated Care Plan Integration: CHRIS to cSWO Clinical Connect

2.1 Business Need

By March 31, 2014, more than 1,000 residents in Waterloo Wellington LHIN will have a coordinated care plan. These plans place the patient and family at the centre of care, and aim to ensure one coordinated care plan shared by the patient, family and their care team. These care teams include primary care, CCAC, community support services, mobile multi-disciplinary teams (e.g. community teams), hospitals and other health and social service providers. Currently these coordinated care plans are shared by fax and paper. This method of communication has limitations. Timeliness of information is essential for improved patient outcomes.

2.2 Solution Overview

The four Waterloo Wellington Health Links have agreed to explore the use of the coordinated care plan within CCAC's Client Health and Related Information System (CHRIS) and to investigate sharing the care plan with the broader health care team (e.g. primary care) via Clinical Connect, a secure web portal sharing information to physicians and healthcare professionals across Waterloo Wellington, Hamilton Niagara Haldimand Brant (HNHB), Erie St. Clair (ESC), South West (SW). Clinical Connect is the platform used connecting South West Ontario (cSWO).

Current CCAC integration to Clinical Connect will be enhanced to include Coordinated Care Plan (CCP) information which will be made available via an updated web service from CHRIS.

This will be an interim solution until the provincial platform is available. The Ministry of Health and Long Term Care confirmed their support for this interim solution January 5th, 2015. When the provincial solution is available the Health Link members will transition from any interim care coordination solutions to the provincial Care Coordination Tool.

Benefits

This interim solution would immediately improve the sharing of information for over 1,000 residents and their families in Waterloo Wellington. This sharing of information would positively impact the health

outcomes for these residents. This will be an interim solution until the provincial platform is available. The Ministry of Health and Long Term Care confirmed their support for this interim solution January 5th, 2015. When the provincial solution is available the Health Link members will transition from any interim care coordination solutions to the provincial Care Coordination Tool.

In Waterloo Wellington there are a total of 4,092 Clinical Connect users across primary care, hospital and community. These users would have access to view a patient's coordinated care plan.

3 Assessment Integration Infrastructure Upgrade

Logic for the integration between CHRIS and the new Assessment solution has been deployed in previous CHRIS releases. In R2.5.3, additional logic is being added to facilitate the Assessment pilot that is scheduled to occur prior to the major CHRIS release in the fall of 2015.

4 Provincial Table Changes

A small number of provincial table changes have been implemented between releases 2.5.2 and 2.5.3, and several others are being deployed concurrently with R2.5.3.


4.1 Allergies

SMA #	686617,696965 – CENT; 694613 – CW; 699029 – SE; 700970 - HNHB
Affects	Client Services, Service Providers
Description	<p>New Drug Allergies Added:</p> <ul style="list-style-type: none"> • Generic Name: Amlodipine Brand Name: Norvasc • Generic Name: Ondansetron Brand Name: Zofran • Generic Name: Oxybutynin Brand Name: Diatropan, Urotrol • Generic Name: Serotonin receptor agonist Brand Name: 5HT1 Agonist Anti-migraine • Generic Name: Sumatriptan Brand Name: Imitrex, Alsuma, Sumavel DosePro • Generic Name: Valsartan Brand Name: Diovan <p>New Food Allergies Added:</p> <ul style="list-style-type: none"> • Mustard <p>These were added to R2.5.2 in April 2015.</p>

4.2 Client Coding – Health Links

SMA #	681044 - CENT
Affects	Client Services, Health Link Physicians and Staff
Description	<p>Added new Client Code for new Health Links in the Central LHIN:</p> <ul style="list-style-type: none"> • Southeast York Region Health Link (Code = CENT_HL004) <p>These Client Codes were added to R2.5.2 in December 2014.</p>
SMA #	638796 - TC
Affects	Client Services, Health Link Physicians and Staff
Description	<p>Added new Client Codes for new Health Links in the Toronto Central LHIN:</p> <ul style="list-style-type: none"> • North West Toronto Health Link (Code = TC_HL005) • West Toronto Health Link (Code = TC_HL006) • Central West Toronto Health Link (Code = TC_HL007) • South Toronto Health Link (Code = TC_HL008) • Mid East Toronto Health Link (Code = TC_HL009) <p>These Client Codes were added to R2.5.2 in December 2014.</p>
SMA #	694595 - CE
Affects	Client Services, Health Link Physicians and Staff
Description	<p>Added new Client Code for new Health Links in the Central East LHIN:</p> <ul style="list-style-type: none"> • Durham North East Health Link (Code = CE_HL002) <p>These Client Codes were added to R2.5.2 in April 2015.</p>
SMA #	697364 - HNHB
Affects	Client Services, Health Link Physicians and Staff
Description	<p>Added new Client Code for new Health Links in the HNHB LHIN:</p> <ul style="list-style-type: none"> • Niagara South East Health Link (Code = HNHB_HL011) <p>These Client Codes were added to R2.5.2 in April 2015.</p>

4.3 Delivery Priorities

	New Delivery Priorities will be deployed as Inactive. Individual CCACs must request specific Delivery Priorities to be enabled via SMA, as needed for their CCAC.
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SMA #	704191 - CE
Affects	Client Services; Medical Equipment & Supply Vendors
Description	<p>New Delivery Priorities were added:</p> <ul style="list-style-type: none"> • Car Kit • Emergency Replace • Equipment Move • Hospital Kit • Med Delivery • NPSTAT • Repair or Replace • Timed • Waste Pick Up <p>These <u>Delivery Priorities</u> were added to R2.5.2 in April 2015.</p>
SMA #	705633 - CW
Affects	Client Services; Medical Equipment & Supply Vendors
Description	<p>New Delivery Priorities were added:</p> <ul style="list-style-type: none"> • Billing Purposes Only <p>This priority was added to R2.5.2 in April 2015.</p>

4.4 Discharge Dispositions – Service and Provider

SMA #	Discharge Wizard Defect Resolution
Affects	Client Services
Description	<p>A technical error was being displayed when CCAC users selected one of the new service discharge dispositions, when using the Discharge Wizard. New mappings of Service Discharge Disposition to Provider Discharge Disposition were added:</p> <ul style="list-style-type: none"> • Service Delivery Change • Service Incomplete – change in service specialty <p>These changes were made in R2.5.2 in December 2014.</p>

4.5 Frequency Cancellation Reasons


SMA #	Provincial Contract Management
Affects	Client Services; Service Providers
Description	<p>Cancellation Reason Updates:</p> <ul style="list-style-type: none"> • Change 'Missed Provider Visit' to 'Missed Care' <p>This change will be implemented concurrently with R2.5.3.</p>

4.6 Medical Supply & Equipment Product Categories

SMA #	481430 - CE
Affects	Contract Management; Decision Support
Description	<p>The CCACs reviewed the product category list for IV related Medical Supplies and recommended a number of changes.</p> <p>Update the following Product Category Descriptions:</p> <ul style="list-style-type: none"> • Change 'IV / Central Lines – Sub - Q' to 'Infusion – Sub – Q' • Change 'IV / Central Lines – IV' to 'Infusion – IV' • Change 'IV / Central Lines – Picc Line' to 'Infusion – Picc Line' • Change 'IV / Central Lines – Port-A-Cath' to 'Infusion – Port-A-Cath' • Change 'IV / Central Lines – Line Care' to 'Infusion – Line Care' • Change 'IV / Central Lines – TPN' to 'Infusion – TPN' • Change 'IV / Central Lines – Misc' to 'Infusion – Misc' • Change 'IV / Central Lines – Transparent Films' to 'Infusion – Transparent Films' • Change 'Pump Supplies – VAC' to 'Pump Supplies – Negative Pressure' <p>Add the following new Product Categories:</p> <ul style="list-style-type: none"> • Wound Care – Antimicrobials • Wound Care – Matrix • Wound Care - Silver <p>These changes will be added concurrently with R2.5.3.</p>


4.7 Service Related Tables

4.7.1 Community Services (eReferral to Community)

	New Service Types will be deployed as Inactive. Individual CCACs must request specific Service Types to be enabled via SMA, as needed for their CCAC.
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SMA #	683309 - CENT
Affects	Client Services; Community Support Service Agencies
Description	<p>Added the following Non-LHIN funded Community <u>Service Type</u> under Community Services Referral Type:</p> <ul style="list-style-type: none"> • Group COPD Programs <p>The content sharing configuration for these community services has been set to No for all fields for both organizations identified as Health Information Custodians (HICs), and non HIC organizations.</p> <p>These Service Types were added to R2.5.2 in December 2014.</p>
SMA #	704175 - NE
Affects	Client Services; Community Support Service Agencies
Description	<p>Added the following Non-LHIN funded Community <u>Service Type</u> under Community Services Referral Type:</p> <ul style="list-style-type: none"> • Palliative Volunteer Visiting • Palliative Shared Care • Palliative Pain and Symptom Management <p>The content sharing configuration for these community services has been set to No for all fields for both organizations identified as Health Information Custodians (HICs), and non HIC organizations.</p> <p>These Service Types will be added concurrently with R2.5.3.</p>

4.7.2 Purchased Services

	New Service Delivery Types will be deployed as Inactive. Individual CCACs must request specific Service Delivery Types to be enabled via SMA, as needed for their CCAC.
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SMA #	702686 - CHAM
Affects	Client Services, Nursing Service Providers
Description	<p>Added a new <u>Service Delivery Type</u> for <u>Service Type</u> 'Palliative Nursing – Home Care' under Home Care Referral:</p> <ul style="list-style-type: none"> • Service Delivery Type = 'Hourly Nursing Clinic' <ul style="list-style-type: none"> ○ Description: Hourly Palliative Nursing Only Day Clinic ○ Service Delivery (authorization & billing) Unit: Hour ○ Functional Centre: Primary Care - Nursing Clinic (725 10 15) ○ Reporting Unit: Visit <p>This Service Delivery Type was added to R2.5.2 in April 2015.</p>
SMA #	690131 - NSM
Affects	Client Services, Personal Support Service Providers
Description	<p>Added two new <u>Service Delivery Type</u> for <u>Service Type</u> 'Personal Support & Homemaking' under Home Care Referral:</p> <ul style="list-style-type: none"> • Service Delivery Type = 'Hourly Personal Support Multiple Provider' <ul style="list-style-type: none"> ○ Service Delivery (authorization & billing) Unit: Hour ○ Functional Centre: In Home – Personal Support (725 35 40 10) • Service Delivery Type = 'Hourly Combined Multiple Provider' <ul style="list-style-type: none"> ○ Service Delivery (authorization & billing) Unit: Hour ○ Functional Centre: In Home – Combined PS and Homemaking (725 35 40 30) <p>Some CCAC clients require more than one individual to perform the necessary personal support activities. These new service delivery types will enable CCACs to authorize and track multiple provider personal support hours distinctly from single provider hours.</p> <p>These Service Delivery Types were added to R2.5.2 in April 2015.</p>

4.8 Medical Practitioners

SMA #	681334 - CW
Affects	Client Services
Description	<p>Updates to the unspecified physician record were made as follows:</p> <ul style="list-style-type: none"> • 'MEDICAL PRACTITIONER, UNSPECIFIED' changed to 'Medical Practitioner, Unknown' • 'No Family Physician' changed to 'No Medical Practitioner' <p>These updates will be made concurrently with R2.5.3.</p>