Final Release Notes for External Partners

CHRIS 2.8.0/HPG 3.5

Organization	Ontario Association of Community Care Access Centres
Division:	Business Technology Solutions
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Contents

Document Revision History

Version No.	Date	Summary of Change	Contributors
1.0	June 17, 2016	Final version.	Fiona Williamson Nevenka Tomanovic

Executive Summary

This document provides specific information on the Enhancements and Provincial Data Updates included in CHRIS 2.8.0 - HPG 3.5 scheduled to be deployed on the evening of June 22nd, 2016.

This section provides an executive summary of the projects / major changes and other enhancements included in CHRIS 2.8.0 and HPG 3.5.

Major Enhancements

Project	Overview
eReferral to Community Enhancements	New Community Referral type: • New referral type, *'CSSA Personal Support'*, to support automated communication and workflow process for CSSA Personal Support Community Referral Enhancements available for the following referral types: *CSSA Personal Support; Adult Day Program; Assisted Living; Supportive Housing* • Enhanced Expanded Role Waitlist Report to allow CCACs to manage service waitlist prior to submission of referral to CSSA. • Addition of Service Utilization report to allow CCAC users to view the number of delivered service units by patient, service and agency. • HPG enhancement that allows CSSAs to report their delivered service units. Community Referral Enhancements available for all Community Referral Types: • Enhanced eReferral to Community workflow with the ability to select community support agency based on geographic area.
Coordinated Care Plan (CCP) in HPG	Coordinated Care Plan Version • With the deployment of CHRIS 2.8 the CCP version in CHRIS will be updated to V1.0 Detail. 'Health Links' Referral • A new referral type will be available in CHRIS. CCACs can use the new 'Health Link' referral type to track health links clients. CCP in HPG

Project	Overview
	• CCACs will have the ability to share a client's CCP with health partners in HPG. Health partners will have the ability to view, add or edit CCPs in HPG. This enhancement includes changes to sharing authorizations and HPG user account permissions. New provincial institution categories will be added to CHRIS to support the addition of health link partner organizations.

Other Enhancements

At the time of these release notes there are no other enhancements to CHRIS functionality.

1 eReferral to Community Enhancements

⚠️ The CSSA Personal Support referral type will be deployed concurrently with CHRIS R2.8, in disabled mode. CCACs must submit an SMA to enable the functionality.

Service Waitlist is available for 'CSSA Personal Support', 'Adult Day Program', 'Assisted Living' and 'Supportive Housing' referral types and will be configurable in CHRIS Maintenance.

The new service utilization feature for 'CSSA Personal Support', 'Adult Day Program', 'Assisted Living' and 'Supportive Housing' referral types will be deployed concurrently with CHRIS R2.8, in disabled mode. CCACs must submit an SMA to enable the functionality.

EReferral to Community agency selection based on Geographic Area enhancements will be available for all community referral types and implemented concurrently with CHRIS R2.8 CCACs will use the new function in CHRIS Maintenance to configure Geographic Areas for each community service type, as needed.

This functionality will be available in User Preview.

1.1 Business Need

In 2014, regulatory changes came into effect to allow LHINs to fund designated Community Support Service agencies (CSSA) to deliver personal support services (PSS). CCACs are collaborating closely with CSSAs to ensure that patients are easily connected to the right agency to receive high-quality care in the community.

The goals are to have a centralized point of intake for all patients that require personal support service in the community, a LHIN based service waitlist to ensure equitable access to services, seamless exchange of patient information and standardized reporting of delivered service units.

1.2   Solution Overview

The eReferral to Community functionality is being extended to include a new referral, 'CSSA Personal Support'.

The CHRIS enhancements will also include the following features:

- Geographic Area for all Community Referrals
  - Enhanced eReferral to Community workflow with the ability to select community support agency based on geographic area.
- Service Waitlist for 'CSSA Personal Support', 'Adult Day Program', 'Assisted Living' and 'Supportive Housing' referral types
  - Allow CCACs to waitlist patients prior to sending referrals to CSSAs.
  - Enhanced Expanded Role Waitlist Report to display all patients assigned to a particular service (patients on the service waitlist, patients awaiting agency response and patients waitlisted by the agency).
- Service Utilization Report for 'CSSA Personal Support', 'Adult Day Program', 'Assisted Living' and 'Supportive Housing' referral types
  - Allow CCAC users to view the number of delivered service units by patient, service and agency.

The HPG enhancements include the following features:

- Service Utilization tab for CSSA to submit their delivered service units.

Figure 1: CSSA Personal Support Workflow
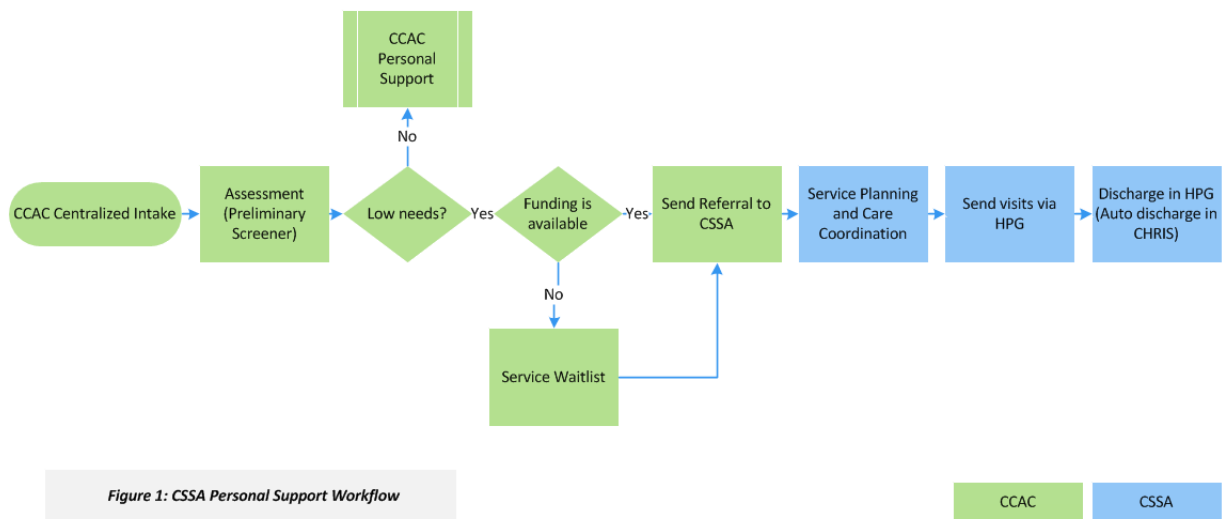
Benefits

CSSA Personal Support referral and enhancement to eReferral to Community functionality will provide the following benefits:

- Enable CCAC users to send CSSA Personal Support referrals electronically to CSSAs. CHRIS R2.8 enhancements will replace manual processes and workarounds currently used by CCACs and Community Support Service Agencies (CSSA).
- Ability to share appropriate assessment, documents and information with CSSAs.
- Ability to select CSSA based on catchment area served will eliminate currently used workarounds.
- Ability to add patients to a service waitlist will enable CCACs to manage a centralized waitlist and ensure equitable access to PSS.
- Allow CSSAs to receive and respond to CSSA Personal Support referrals efficiently and securely using HPG.
- Efficiencies gained through coordinated efforts between CCACs and CSSAs in managing referrals for low needs personal support patients through centralized intake and improved collaboration in providing care to shared clients.
- Enhance decision support by providing the ability to report on eReferral key indicators, including the number of Personal Support hours CSSA is providing.

2 Coordinated Care Plan in HPG

⚠️	The Coordinated Care Plan in HPG functionality will be implemented disabled with CHRIS 2.8. CCACs must submit an SMA to enable the functionality. This functionality will be available in User Preview.

2.1 Business Need

Coordinated Care Plans support the work of a patient's health team by providing comprehensive information about the patient's health, personal and socio-economic needs and wishes.

The Coordinated Care Plan is currently available in CHRIS. CCAC Care Coordinators can add, update and view their patients' care plans. However, in order to efficiently share and receive input from the other members of the patient's care team, a Care Coordinator must typically print a copy of the care plan from CHRIS and manually share (e.g. fax) with care team members. Care plan contributions and updates from these other care team members must also be communicated and updated manually.

Having the care plan available to members of the patient's care team for viewing and updating would help to reduce the manual processes; ensure accuracy and facilitate the timely sharing of care plan information.

2.2 Solution Overview

The proposed solution will provide the ability to add, update and view care plans by members of a patient's care team and will leverage existing portal functionality in HPG (Health Partner Gateway). Specifically, CHP (Client Health Portal), which provides a real-time view of selected elements from the CCAC CHRIS Client Record for CCAC partners, will be augmented to include required CPP functionality.

In addition to new functionality in HPG, enhancements will be made to CHRIS that will support new sharing requirements and the ongoing management of access to a patient's care plan by external organizations. *Note: this functionality will be available in User Preview. CCACs will be required to submit an SMA to enable this functionality.*

In addition, the following features will be available to all CCACs with the release of CHRIS 2.8:

Coordinated Care Plan version: With the release of CHIRS 2.8 the CCP will be updated to v1.0 Detail version. Post release when users add a new CCP to CHRIS it will be the 1.0 detail version. Users will have the ability to copy information from an existing CCP into the new version. *Note: this change will apply to all CCACs currently using the CCP functionality in CHRIS, it does not require an SMA to enable.*

Health Links Referral Type: A new referral type will be available in CHRIS. CCACs can use this referral type to identify Health Links patients. Statistics for this referral type will not be reported to MIS. *Note: This new referral type is available to all CCACs. CCACs will be required to submit an SMA to enable this new referral type.*

2.3 Known Issues

SMA #	**804252 CE**
Affects	Client Services; External Partners
Description	***CCP Functionality – Simultaneous updates to the record show in audit log but do not update CCP*** Due to how concurrency is handled when multiple users update the CCP it is possible that information is overwritten. Several changes will be made to address this issue: • When a user clicks the 'Update Section' button CHRIS will refresh the care plan with the most up to date version. • When the user clicks the 'Save Care Plan' button the system will check for a more up to date version users will be prompted to either retrieve the latest version of the care plan, losing the information they entered; or; be returned to the care so they can review they information they entered for the purpose of recording the information so it can be updated after the care plan is refreshed. Note: both CHRIS and HPG will have the same behaviour. This will be fixed in CHRIS R2.8.1

3 Other Changes

3.1 Functional Area

3.1.1 Defect Resolutions

SMA #	
Affects	Client Services
Description	***Subsequent addition of HCN by the referral source generates failures of update messages from CHRIS*** Steps 1. HCN is not included in original referral 2. Referral source sends an update with HCN 3. HCN is displayed in CCAC Referral 4. HCN is not included in outbound messages from CHRIS 5. Partner system is generating an error as a result **Resolution** This issue will be fixed in the Go-Live version of Release 2.8.0, on June 22nd. Update messages from CHRIS will be successfully transmitted.

3.2 Known Issues

SMA #	
Affects	External Partners
Description	***Acutenet Integration – Report Date for RAI-CA Assessments is displayed incorrectly in HPG*** The Report Date is displayed incorrectly in HPG for corrected RAI-CA assessments. The Report Date in HPG has been updated display the completed date for the assessment. This matches the 'date completed' that is displayed on the CHRIS 'Assessment Documents' screen. This will be fixed in CHRIS R2.8.1

SMA #	
Affects	External Partners

Description	***Acutenet Integration – Report Date for RAI-HC Assessments is displayed incorrectly in HPG*** The Report Date is displayed incorrectly in HPG for corrected RAI-HC assessments. The Report Date in HPG has been updated display the completed date for the assessment. This matches the 'date completed' that is displayed on the CHRIS 'Assessment Documents' screen. This will be fixed in CHRIS R2.8.1

4   Provincial Data Changes

4.1   Allergies

SMA #	786972 – CHAM 794681 – CENT 788468 – CHAM
Affects	Client Services, Service Providers, Vendors, other External Partners
Description	Updates for Allergy Types = Drug

	Generic Name	Brand Name
1	Metoprolol	Lopressor, Metoprolol Succinate ER, Metoprolol Tartrate, Toprol-XL
2	Ertapenem	INVanz, INVanz ADD-Vantage
3	Alcohol	

4.2   Referral Discharge Dispositions

SMA #	750099 - TC
Affects	Client Services; Service Providers
Description	Add new Referral Discharge Dispositions for: • Home Care Referral: o Died in Palliative Care Unit o Died in Palliative Care Unit (preferred place of death) • Community Service: o Died in Palliative Care Unit o Died in Palliative Care Unit (preferred place of death)