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Release Notes for External Partners

CHRIS 2.5.0/HPG 3.3.0

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Document Revision History

Version No.	Date	Summary of Change	Contributors
1.0	2014-10-03	Posted	Sid Suwandarathne

Executive Summary

This document provides specific information on the Enhancements and Provincial Data Updates included in CHRIS 2.5.0, HPG 3.3.0 that are relevant to external partners of CCACs. This release is scheduled to be deployed on the evening of November 19, 2014.

This section provides an executive summary of the projects / major changes and other enhancements included in CHRIS 2.5.0 and HPG 3.3.0.

 For more details on these enhancements, refer to the body of this Release Notes document. Details on specific functionality can be found on the [Member's Portal](#).

1 Major Enhancements

Project	Overview
5-Day In-Home Wait Time Reporting	Enhancements to CHRIS service management functionality to capture fields required for variance reporting for the In-Home Wait Time indicator.
External Communication Efficiencies	Enhancements to make sharing client information with external partners more efficient, including automated transmission of reports to providers, the inclusion of summary information in transmissions to providers, and the ability to share notes automatically with all external partners.
Client Notes	Enhancements to client notes to support note categorization and automated note sharing.
Primary Care Integration	Enhancements to facilitate the integration of CCACs with primary care, including automated sharing of assessments, notes, and documents with primary care groups, an automated report that can be sent to primary care groups with information on patient events, and reports to support CCACs in integrating with Primary Care.
Client Coding	Enhancements to allow CCACs to set up custom codes that can be displayed on the client file and included in provider transmissions.

2 Other Enhancements

This release also includes enhancements to the CHRIS eNotification system, CHRIS cGTA integration, and a number of provincial data updates.

5-Day In-Home Wait Time Reporting

2.1 Business Need

In Spring, 2014, the MOHLTC began public reporting on the CCAC sector's wait times for all in-home and clinic nursing services for all patient populations as well as personal support services for the 'Complex' patient population (as per Client Care Model). This indicator will report the time between the Initial Authorization Date and the First Paid Visit date for all nursing services.

However, there are several situations where a patient is not ready to begin services as of the Initial Authorization Date. Scenarios include a patient awaiting discharge from hospital, a patient requiring service on a specific date for medical reasons, or a patient choosing to delay service for personal reasons. In these circumstances, the indicator would not reflect the patient's 'true wait'. There is a need to build functionality into CHRIS to allow CCACs to track and manage these situations so that they can accurately explain variances in the indicator to the Ministry.

2.2 Solution Overview

CHRIS will be enhanced to:


- Enable a field to allow CCACs to record and report on a patient's 'true wait' in appropriate situations
- Track changes and reasons for changing this field as the patient's needs evolve
- Include the new patient available date in service referral and frequency change notifications

All of these changes will be applied to the Service Authorization, Service Offer, Provider Assignment, and Service Waitlist levels.

These changes will provide the following business benefits:

- CCACs will have the data required to explain variances in their ministry reporting
- Providers will receive the new date in standardized transmissions

External Communication Efficiencies

	<p>Compatibility Note</p> <p>With the release of HPG 3.3.0 on Nov 19, 2014, Health Partners Gateway (HPG) will no longer support Internet Explorer 8 (IE8). Furthermore, Internet Explorer 9 (IE9) will be supported only until November 2015.</p> <p>It is recommended that all External users of HPG on IE8 move to either Internet Explorer 10 or higher, or a recent version of Chrome or Safari to connect to HPG. The OACCAC will be testing HPG 3.3.0 with IE10 but it is expected that any version of a modern browser will work with HPG.</p>
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2.3 Business Need

CCACs exchange information with external health partner organizations on a daily basis in order to coordinate the provision of quality care to clients in a timely manner. As the volume and complexity of information shared through CHRIS has grown, there is a need to consolidate and extend existing functionality to provide greater efficiency for users. The following issues have been identified as opportunities for efficiency improvements:

1. Communication of changes in service plan and client characteristics
CCACs communicate changes to service plans and client data through the frequency updates functionality in CHRIS. Presently, users must manually send this notification to each provider upon changes to client information or the service plan. This process is inefficient and prone to error.
2. Volume of information
The service referral and frequency changes documents contain a great deal of information. Providers must scan this information and compare it to a previous report to understand the reason for the new transmission. This process is time consuming and onerous, and can lead to errors in patient care if the reason for an update is not correctly understood.
3. Sharing notes consistently
CCACs are presently able to share notes with providers and hospitals by enabling the appropriate note type. The current solution requires users to remember to select the appropriate note type upon note creation. Furthermore, users can only share notes with other partners through an onerous manual workaround.

2.4 Solution Overview

CHRIS will be enhanced as follows:

1. Automated transmission of frequency changes upon changes to client record

The system will be enhanced to automatically transmit a service referral or frequency changes update message to all relevant providers upon changes to information in CHRIS. Transmissions can occur upon client on hold, off hold, and provider discharge as, as well as thirty minutes after a change is made to information on the client record that is included in transmissions (the 'data settling' period) To assist providers to manage their incoming messages, the following two changes have been made:

- 'Flags' – Five new flags have been introduced.
 - Service Referral New – for New Service Referrals (matches current functionality)
 - Service Referral Discharge – for provider discharge
 - Frequency Update – On/Off Hold – created when a client is put on hold or any change to the on hold record including taking a client off hold. Users have the option to send the message immediately or let data settling apply.
 - Frequency Update – Service Update – created when any change is made to the service including frequencies. The message is sent after the data settling period.
 - Frequency Update – Client Update - created when any client-related information is changed ie: address; phone; risk codes; contacts; etc. The message is sent after the data settling period.
- 'Change Summary' section added to the Service Referral and Frequency Update messages. This section will indicate which sections of the message contain changes compared to the last message that was sent.


NOTE: As a result of this change, CHRIS users will no longer see the 'Send Frequency' and 'Send Referral' buttons under the provider notification tab. These functions will be moved to the action dropdown at the service level.

2. Automated notes sharing

CCACs will be able to specify, through settings in CHRIS maintenance, which notes should be shared with which partners. CCACs will be able to set up rules for sharing notes with providers, community agencies, hospitals, long term care homes, and primary care groups, and can set up rules to automatically share notes of a certain subject with relevant partners. The sharing implications of a note will be determined by which note sharing groups are checked for that note; CCACs will be able to set up their own note sharing groups. Users will also have the ability to flag individual notes as 'Do not share'.

These enhancements will have the following benefits:

1. Users will no longer have to manually send frequency change and service referral transmissions.
2. Partners will be able to much more easily determine the reason for a transmission
3. CCACs can set up policies to automatically share appropriate notes with relevant partners.

	<p>Implications of changes to Note Sharing</p> <ol style="list-style-type: none"> 1. CCACs that do not wish to use the new enhanced notes sharing functionality will be able to continue to share notes as they do today. The only difference that end users will notice is that the sharing note types have been migrated to note sharing groups. 2. The Care Plan Note and Community Support note section have been removed from the Client Summary in HPG. As a result of this change, these notes will no longer be automatically shared with the Connecting SWO portal.
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2.5 Enhancements

SMA #	245591-CW; 252255-ESC; 252255-ESC; 313623-NW; 351418-SW; 383422-NSM; 391388-CHAM; 392630-MH; 406164-CW; 432359-NE; 462262-CENT; 509103-CENT; 579186- NE
Affects	Client Services; Provider Agencies
Description	<p>Additional fields in service referral , frequency changes, service order and equipment and supply order transmissions</p> <p>The service referral, frequency changes, and equipment order reports have been augmented with the following fields. This information will be available through the PXML interface as long as providers have upgraded to the latest schema.</p> <p>Frequency changes and service referral:</p> <ul style="list-style-type: none"> • All elements of the treatment address are included (e.g. building name, room number) • 'Permission to share PHI with contact' and 'Contact restriction details' for contacts. • Allergy severity • CM description for all diagnoses, including coded diagnoses • All active client phone numbers, including phone type • Treatment address longitude/latitude (for addresses that resolve to street level accuracy) • Client population; sub-population, start date

<p>Client coding including category, item code, item description and start date (note: CCACs can indicate which client codes should be shared on the message)</p> <p>Service offer:</p> <ul style="list-style-type: none"> • Complete service address and location type • CM description for all Diagnosis records including coded records <p>Equipment and Supply order:</p> <ul style="list-style-type: none"> • CHRIS Client Number • Indication if Delivery Address is a depot • Primary contact name, relationship, consent restrictions and all active phone numbers • All elements of the delivery address are included (e.g. building name, room number) • Active Client Risk codes –description, , start date • Active Allergies – Category, Specifics, Severity, , Start Date • Active Safety Issues – Safety Issues, Description, , Start Date • Delivery address longitude and latitude for addresses that resolve to street level accuracy • BRN • All active client phone numbers including phone type 	
SMA #	CENT – 256050; NE – 59884; WW - 574053
Affects	Providers
Description	<p>Service Type in HPG inbox</p> <p>CCACs have previously requested that the HPG inbox be enhanced to display service type for service referral and frequency change transmissions. As of CHRIS 2.5.0, service referral and frequency change transmissions shall include the Referral Type and Service Type in the document description field which is displayed in the inbox.</p>
SMA #	Delay days
Affects	Client Services; Health Partners

Description	External Partners can access information in HPG post CCAC discharge; the period of time that information is available is dictated by a 'delay days' setting. Previously, the system would apply different delay days values to assessments, documents, and shared notes. The system has been changed to apply the same delay days value to all shared items for that organization.
SMA #	Changes to HPG to support notes sharing
Affects	Health Partners
Description	<p>HPG has been augmented to support automated note sharing:</p> <ol style="list-style-type: none"> 1. HPG users will be able to filter shared notes by date and the newly-created Note category attribute. 2. The Notes tab has been enabled for Referral Management users so that they can view shared notes. See the Client Notes section of this document for more details on Note Category. 3. The Care Plan Note and Community Support note sections have been removed from the Client Summary in HPG; HPG users can access these notes from the Notes tab.

2.6 Defect Resolutions

SMA #	Limit display of ordered purchased items
Affects	Providers
Description	<p>The Service Referral report today displays all ordered purchased items. This creates the following issues:</p> <ol style="list-style-type: none"> 1) If the client has been on service for many years, the list of purchased items ordered could potentially be very long. 2) It's very difficult for providers to filter what is currently ordered for the client <p>In CHRIS 2.5.0, the system will only display purchased items ordered in the last 30 days in the service referral report by default. CCACs can change the number of days the system looks back via an SMA.</p>



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Primary Care Integration

2.7 Business Need

Primary Care Providers are a crucial partner in the care of patients; they form an integral member of the interprofessional care team. CCACs can collaborate with Primary Care Providers in every step of the CCAC care planning and care delivery process. There exists a need to extend functionality in CHRIS to support CCACs in connecting with primary care, including:

1. Enhanced information on primary care practitioners within CHRIS client record
CCACs require the ability to track a patient's most responsible primary care practitioner and to ensure that this information is kept up to date.
2. Ability to track CCAC Primary Care Liaison
Many CCACs have staff members that perform a liaison role with primary care practitioners. CCACs need to be able to track this information in CHRIS so that client Care Coordinators can contact a patient's primary care practitioner through the appropriate CCAC liaison.
3. Information sharing
CCACs presently share information with primary care manually, using phone, fax, mail, or in person. There exists a need to automate this function and allow primary care to access CCAC information electronically.

2.8 Solution Overview

The system will be enhanced in the following areas:

CHRIS Client Record


Users will be able to indicate a patient's most responsible primary care provider on the CHRIS client record. CCACs will be able to indicate the team that is responsible for liaising with a primary care group or medical practitioner in CHRIS maintenance, whereupon users will be able to view this information on the CHRIS client record. The Client Overview section will display both the Primary Care Group and the Most Responsible Primary Care Provider.

CCAC Contact Groups

CCACs will have the ability to create and maintain CCAC Contact Groups in CHRIS Maintenance. These CCAC Contact Groups will serve as the primary contact for Primary Care Groups or Medical Practitioners. Care Coordinators can be assigned to these groups. In addition, CCACs will have the ability to attach the Primary Care Group and/or Medical Practitioner to the CCAC Contact Group.

Sharing


Primary Care Groups will be able to access CHP, including the client summary, shared notes, and shared assessment. CCACs will be able to set up policies on a per primary care group basis that will determine which documents, assessments, and notes are shared with each primary care group. CCACs will also have the ability to automatically transmit a summary report to primary care groups' HPG inbox that contains details of pertinent patient information, including client demographics, information on services, whether the patient is waiting for a long term care home bed, and significant events that have occurred in the patient's journey. This report may be transmitted on a daily, weekly, or monthly basis for each primary care group. Furthermore, primary care groups will be able to log into HPG and obtain a list of all their patients that are active CHRIS clients.

	The functionality in CHRIS that supports primary care group's access to client information has been designed to give CCACs the flexibility to give a particular primary care group as much or as little information as they need. CCACs will be able to adjust the nature and volume of information shared as the relationship with a particular primary care group evolves.
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	CHRIS 2.5 brings HPG access to Primary Care Groups only; access for solo practitioners will be released in a future version of CHRIS.
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Reports

An 'unattached patient report' will be available that allows CCACs to view information on patients without a primary care provider and without a support plan in place.

	As of CHRIS 2.5, the CHRIS patient record must have the Primary Care Group on record to enable CHP access to the patient record to that primary care group. CCACs that have given HPG access to primary care groups must ensure that the group is added to all patient's records to ensure that the group continues to have access to the patient's record in HPG.
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2.9 Enhancements

SMA #	NE - 537742
Affects	Primary Care Groups

Description	Patient list feature in HPG
	HPG has been enhanced to allow users who are part of a Primary Care Group to obtain a list of all active patients at a particular CCAC.

Client Coding



Client Codes can be shared with providers on the service referral and frequency changes transmissions.

2.10 Business Need

CCACs need the ability to flag a variety of health profile codes and other characteristics that are not presently captured in the client record. Some of these codes and characteristics are provincially-defined and others are locally-defined by individual CCACs and include:

- Assigning clinical or other scores to a patient
- Identifying whether a LHIN-funded program applies to a patient

There currently is no uniform process to flag and prominently display these various patient characteristics and codes, resulting in:

- Inappropriate use of existing coding functionality (such as Risk Codes used to flag health links)
- Increased management and documentation time for CCACs
- Risk of losing or being unaware of critical clinical or other patient-related information
- Risk of affecting delivery of care to the patient
- Risk of not adequately documenting all patient information

2.11 Solution Overview

CHRIS will be enhanced by introducing a client coding framework in CHRIS. This framework will be used to manage and maintain health profile codes and other patient characteristics, and will include the ability to determine when such codes/characteristics are available for assignment to a patient and how these assignments are presented in the client record. The solution will support the management and assignment of codes that may be provincially-defined and uniform across all CCACs or codes that are locally-defined by individual CCACs.

The system will provide a uniform method of managing the assignment of client codes to a patient record in CHRIS. In addition, the solution will ensure that users are able to readily view client code assignments when opening a client record in CHRIS.


By providing the ability to determine what client codes are available for assignment to patients, when they are available and how they are displayed in the client record, CCACs will benefit from:

- Reduced costs and wasted time by allowing the management of currently disparate coding information in one location
- Reduced risks of losing or being unaware of critical clinical or other patient-related information
- An enhanced and more comprehensive patient record

1 Provincial Data Changes

1.1 Service Related Table Changes

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 #	661927 - CHAM
Affects	Client Services
Description	<p>Added a new <u>Service Delivery Type</u> for <u>Service Type</u> 'Geriatric Assessment' under Home Care Referral:</p> <ul style="list-style-type: none"> • Service Delivery Type = 'Phone' <ul style="list-style-type: none"> ○ Functional Centre: In home Nursing Visits (725 304 011) <p>This Service Delivery Type was added between R2.4 and R2.5 in September 2014.</p>
SMA #	666927 - WW
Affects	Client Services
Description	<p>Added a new <u>Service Delivery Type</u> for <u>Service Type</u> 'Pharmacy Consultation' under Home Care Referral:</p> <ul style="list-style-type: none"> • Service Delivery Type = 'Pharmacy Infusion Consult' <ul style="list-style-type: none"> ○ Functional Centre: None

SMA #	667310 - WW
Affects	Client Services
Description	<p>Added a new <u>Service Delivery Type</u> for <u>Service Type</u> 'Transition Support - Hospital to Home - CCAC' under Home Care Referral:</p> <ul style="list-style-type: none"> • Service Delivery Type = 'Hourly' <ul style="list-style-type: none"> ○ Functional Centre: None


1.2 Languages

SMA #	634984 - CENT
Affects	Client Services; All HPG User
Description	<p>Added new <u>Language</u>:</p> <ul style="list-style-type: none"> • Chinese (Other)

1.3 Order Cancel Reasons

SMA #	619572 - WW
Affects	Client Services; Vendors
Description	<p>CCAC requires the ability to track orders that are cancelled because the vendor is unable to fulfill a request for a contracted item.</p> <p>Added new <u>Order Cancel Reason</u> for Equipment and Supply order:</p> <ul style="list-style-type: none"> • Vendor unable to provide contracted item

1.4 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 #	662709 - CW
Affects	Client Services; Vendors
Description	<p>New Delivery Priorities were added:</p> <ul style="list-style-type: none"> North of HWY 89 Same Day - By 2100HRS Weekend/STAT Holiday <p>These <u>Delivery Priorities</u> were added between R2.4 and R2.5 in September 2014.</p>