

Information Management Committee
January 9, 2004 - 9 a.m. – Conference Room C, Corporate Office

Present:

Mr. J. Brown, Acting Chairperson
Ms. E. Connors
Ms. D. Cooper
Mr. I. Kendall
Dr. F. King
Ms. S. Lehr
Mr. D. Macdonald

Mr. W. Miller
Mr. T. Moulard
Mr. C. Murphy
Ms. S. Penney
Ms. H. Predham
Ms. J. Templeton

Regrets:

Dr. B. Barrett
Ms. R. Barrington
Ms. H. Byrne
Mr. K. Decker
Ms. S. Pereira
Ms. S. Pearce
Ms. S. Smith
Mr. E. Wade

1. Agenda**2. Minutes of the Last Meeting**

The minutes of November 7 and December 5, 2003, were approved as circulated.

3. Review of Accreditation Standards

The responses to the Accreditation standards developed at the meeting on December 5, 2003, will be drafted and circulated for review at the next IMC meeting. Supporting documentation will be available as well.

4. Presentation – Ms. Sharon Penney – Electronic Health Record

Ms. Sharon Penney presented an update on the status of the development of the electronic health record outlining the definition and accomplishments, i.e. UPI, guidelines, security policies, drafting of the position statement of the content of the health

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record, education policy, form specifications, electronic form template for transcribed reports, scanning of visits, health record forms listing, etc.

A proposal is being submitted for a Purple and Green Award to move nursing documentation, storage and retrieval from paper to electronic entry. This is a two phase process – phase one will provide the necessary core information to plan corporate-wide implementation, and phase two will include technology, network, software and licensing and human resource support requirements and the costs associated. There was some discussion regarding the need to ensure electronic information is linked and integrated, and it was noted that this is a premise and intention of the proposal.

IMC is supportive of the work and path of the EHR Committee as presented by Ms. Penney and of the submission to the Purple and Green Awards recognizing that it has implications for improved nursing documentation and patient safety. IMC will send a letter of support for the submission to Ms. Pam Elliott who has Executive Management responsibility of the Purple and Green Awards.

5. Business Arising

5.1. Information Management Strategic Plan – Status Report

The plan circulated previously was reviewed. This document was developed based on discussions held at the planning day on June 6, 2003, and highlights key directions, strategic directions, activities, detail, accountable agent, completion date and status. The plan was reviewed and updated. Follow up:

- the name of the person responsible for reporting to IMC will be added
- determine the activities ongoing related to point of care testing in relation to the key direction on patient safety. IMC should be represented on the Point of Care Testing Committee. (J. Brown)
- arrange for a member of the Pharmacy and Therapeutics Committee to be appointed to IMC. (J. Brown)

There was some discussion regarding the timelines, and it was noted that the key directions are based on three years with an implementation target of one year for the activities. The plan is an ongoing operational plan which will be reviewed and updated regularly, used to measure progress and form the basis of meeting agendas. The redraft will be circulated prior to the next meeting.

5.2. Data Quality Working Group

This information is being finalized and will be circulated for review prior to the next meeting.

5.3. Role of the Information Manager

During review of the Information Management Strategic Plan, activities were identified which could be included in the role of the Information Manager. A job description is being developed.

5.4. Voice to Text Pilot Project

[REDACTED]

5.5. Intellectual Property

[REDACTED]

6. Items Deferred from Previous Meeting

6.1.

[REDACTED]

7. Update on Information Management Projects

7.1. Wait List Management

[REDACTED]

Information Management Committee
February 6, 2004 - 9 a.m. – Conference Room C, Corporate Office

Present:

Mr. J. Brown, Acting Chairperson
Ms. R. Barrington
Ms. E. Connors
Ms. D. Cooper
Dr. F. King
Ms. S. Lehr
Mr. D. Macdonald
Mr. W. Miller

Mr. C. Murphy
Ms. S. Pereira
Ms. S. Pearce
Ms. S. Penney
Ms. H. Predham
Ms. S. Smith
Ms. J. Templeton

Regrets:

Ms. H. Byrne
Mr. I. Kendall
Mr. T. Mouland
Mr. E. Wade

1. Changes in Membership

As a result of Executive Management restructuring, Information Management and Technology is now reporting to Ms. Pamela Elliott, Vice President, Planning and Performance, who will assume the role of Chair of the committee.

Due to conflict with clinical demands, Dr. Brendan Barrett has found it difficult to attend meetings and has resigned.

Dr. Jim Hutchinson has accepted membership as a link with the Pharmacy and Therapeutics Committee.

2. Minutes of the Last Meeting

The minutes of January 9, 2004, were approved as circulated.

3. Business Arising**3.1. Information Management Strategic Plan**

The second draft based on discussion from the last meeting was distributed. Members were asked to review the draft and bring comments to the next meeting.

3.2. CIHI Partnership and HL7 Working Groups

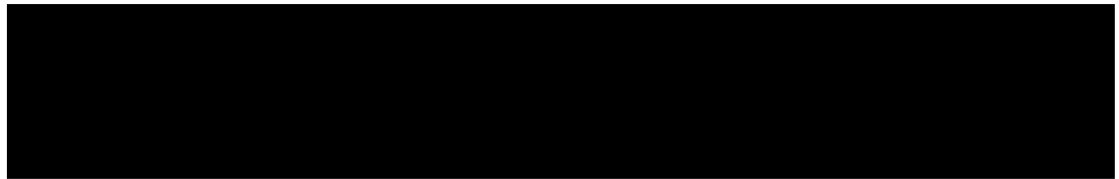
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Executive Management has approved participation and will support attendance at meetings. The dates for these meetings will be identified, and discussion will be held at the next meeting on whom should attend.

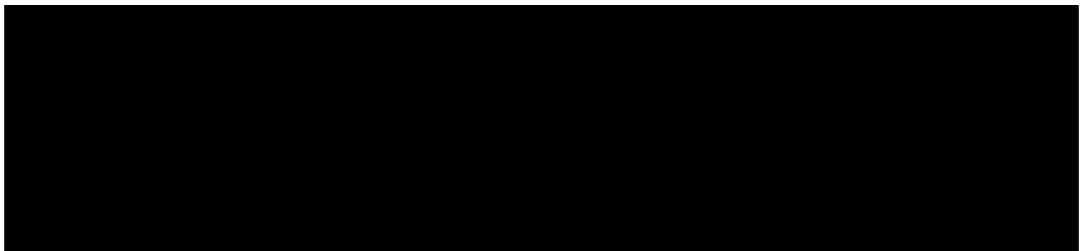
3.3. Transfers to Corporate Sites to ER that Become Admissions



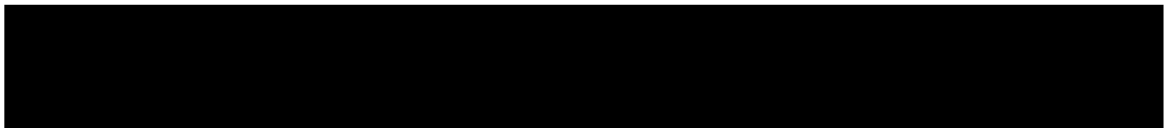
3.4. Meditech Demonstration – Physician Desktop and Bar Coding



3.5. Voice to Text Pilot Project



3.6. EHR Committee Purple and Green Application



4. Items Deferred from Previous Meeting

4.1. Data Quality Working Group

The first draft of core indicators was circulated prior to the meeting. Members were asked to review it and provide feedback for discussion at the next meeting. The need to identify outcome indicators is recognized. Programs will work to identify these, and they will be identified in the final document. The final indicator set is expected to encompass corporate-wide and program specific

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measures.

4.2. Intellectual Property



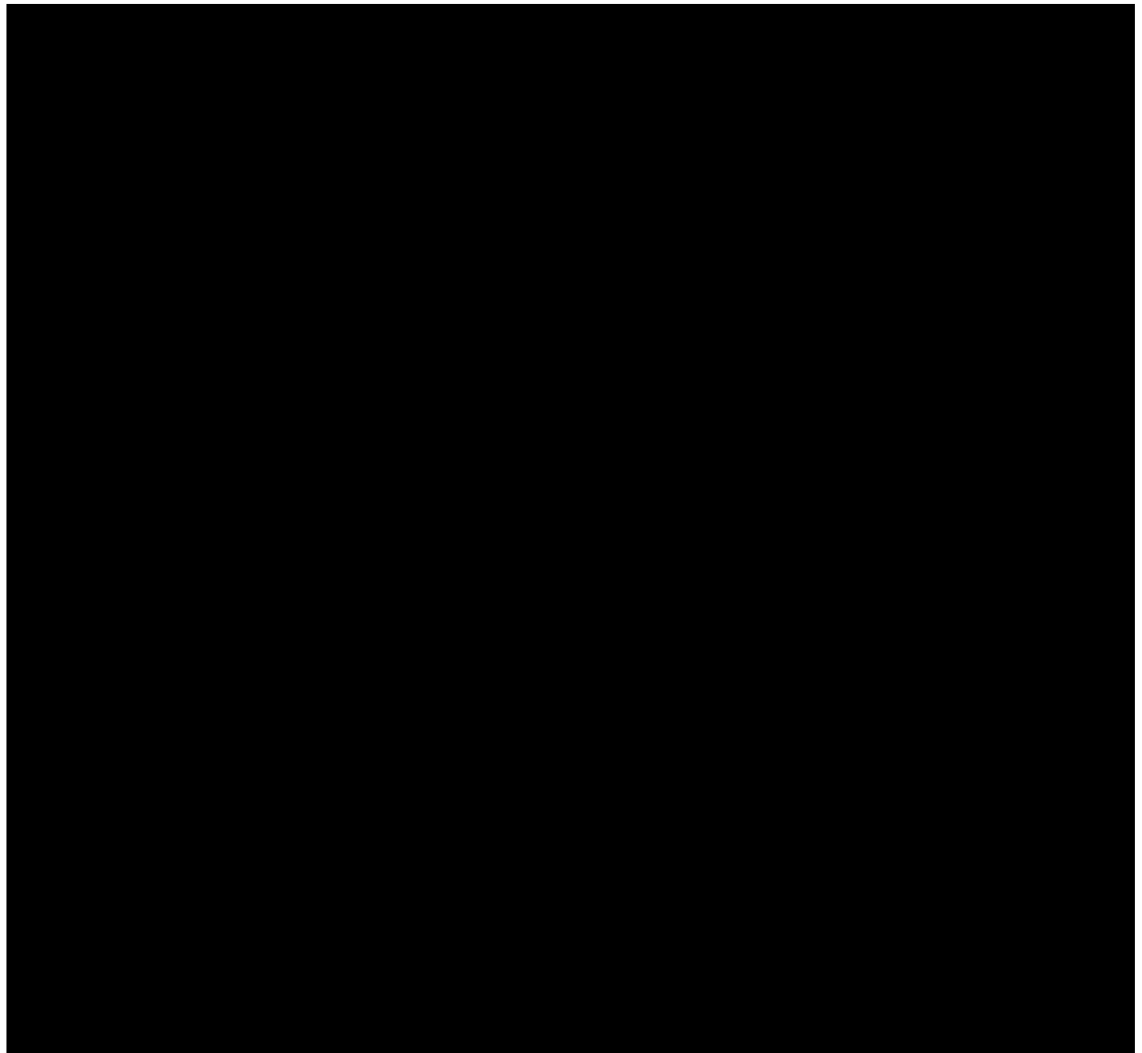
5. Update on Information Management Projects

5.1.

5.2.

5.3.

5.4.



5.7.

5.8.

5.9

6. New Business

6.1. Potential for Health Infoway Collaboration with NLCHI

A meeting is being scheduled with Mr. Mike Barron, NLCHI, to discuss the possibility of partnering with NLCHI on provincial initiatives to access Health Infoway funding.

6.2. Departmental Report Retention and Storage

The issue of departmental report storage and retention has been raised. A general administrative policy does not cover all the information from programs and departments, and individual programs and departments need to develop their own policies.

6.3. CHIMA Teleconferences

Two teleconferences are scheduled on the electronic health record related to implementation and research, and these are scheduled for February 18 and March 25, 2004. Ms. Penney will send the information to the committee members.

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7. Other Business

7.1. Draft Accreditation Standards

A draft of the first three standards was reviewed. Once all the standards are completed, a more detailed review will be done. It is hoped to have the completed document by the April meeting.

During review of the standards, it was recognized that submission of issues from committees reporting to IMC needs follow up and our linkages with these committees should be discussed. Mr. Brown will follow up with the committee chairs.

8. Next Meeting

The next meeting is scheduled for *March 5, 2004*. Mr. Decker has been invited to attend.

9. Adjournment – 10:55 a.m.

Information Management Committee
March 5, 2004 - 9 a.m. – Conference Room C, Corporate Office

Present:**Ms. P. Elliott, Chairperson**

Ms. R. Barrington

Mr. J. Brown

Ms. H. Byrne

Ms. E. Connors

Ms. D. Cooper

Dr. F. King

Ms. S. Lehr

Mr. D. Macdonald

Mr. W. Miller

Mr. T. Moulard

Mr. C. Murphy

Ms. S. Pereira

Ms. S. Pearce

Ms. S. Penney

Ms. H. Predham

Ms. J. Templeton

Regrets:

Mr. I. Kendall

Ms. S. Smith

Mr. E. Wade

1. New Chairperson

Ms. Elliott was welcomed as the new Chairperson of the committee.

2. Minutes of the Last Meeting

The minutes of the meeting held on February 6, 2004, were approved as circulated.

3. Business Arising**3.1. Changes in Membership**

Dr. J. Hutchinson has resigned from the committee. An issue with respect to the location of committee meetings and parking difficulties was raised. The committee agreed that Corporate Office is the preferred site for meetings, despite occasional parking difficulties. **Ms. Elliott** will write Dr. Hutchinson accepting his resignation.

Dr. Gerard Farrell was suggested as a replacement. Dr. Farrell has technical expertise and a national and provincial perspective with respect to information management and is considered an excellent candidate. **Ms. Elliott** will follow up. The need for a link with the Pharmacy and Therapeutics Committee from a patient safety perspective was raised. It was noted that Ms. Predham is a member

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of the Pharmacy and Therapeutics Committee, and Dr. King is a member of the Medical Advisory Committee to which the Pharmacy and Therapeutics Committee reports.

3.2. Draft Accreditation Standards

The remaining Accreditation standards will be completed and circulated in advance of the next meeting for review at the meeting.

3.3. Information Management Strategic Plan

The plan circulated at the last meeting was drafted to identify the main components coming from our planning day, timelines, accountability and tracking progress. The following were identified as priority areas which we need to move on:

- initiatives connected to the corporate Strategic Plan
- initiatives connected to the electronic health record
- patient safety
- piloting wireless technology
- position statement on the content of the health record

3.4. CIHI Partnership and HL7 Working Groups

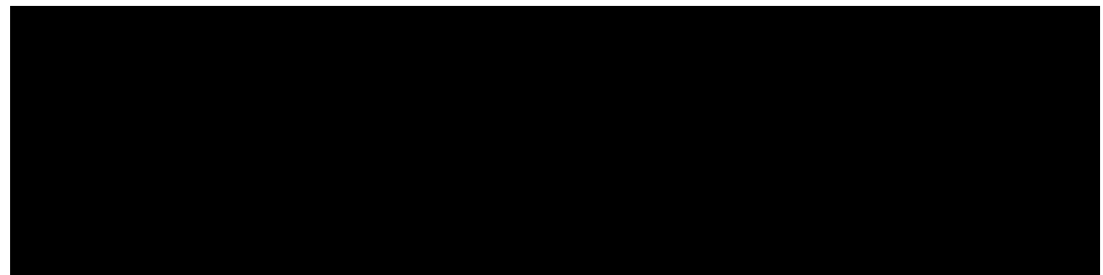
CIHI Partnership Working Group – Ms. Penney will identify a representative from Health Records to participate and attend meetings.

HL7 Working Group – Mr. Mouland will speak to Mr. Ian Kendall regarding a representative from Information Management and Technology to participate and attend meetings.

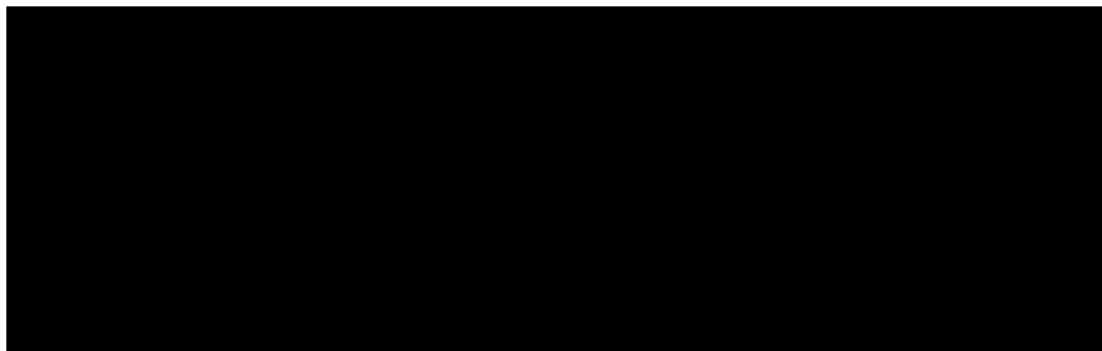
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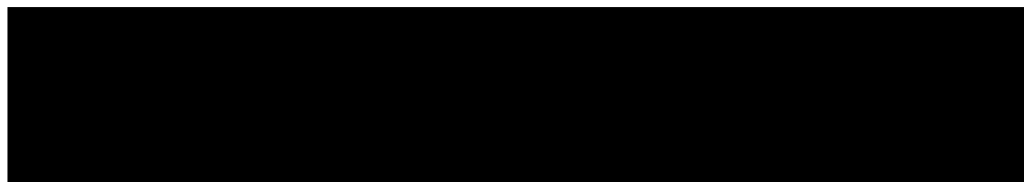
3.6.



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3.7.**3.8. Data Quality Working Group**

The draft indicators circulated at the last meeting were reviewed, and no revisions or additions were identified. A working model of the electronic balanced scorecard has been developed in Metrics Manager. The committee agreed to submit 10 – 12 of the core indicators to the development group to develop a basic framework in Metrics Manager and conduct a joint presentation for this committee and Executive Management. A demonstration of the cubes will also be done. Mr. Brown will follow up.

3.9.**4. Items Deferred from Previous Meeting****4.1.**

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5.5.



5.6.



5.7.



5.8. Point of Care Testing Committee

This committee reports to the Corporate Quality Initiatives Committee, and the terms of reference were circulated here for information.

6. New Business

6.1. Revised Format for Committee Reporting

Deferred to the next meeting.

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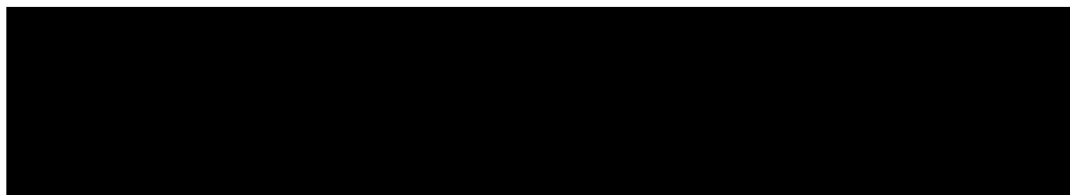
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6.2. Occurrence Reporting Software

An electronic, internet based occurrence reporting is available which can address many issues related to occurrence reporting, i.e. the functionality of the current software, follow up, tracking, accurate data, etc. Ms. Predham will complete the Software Acquisition/Development Form and submit it to Information Management and Technology for consideration.

6.3. Options for Recording Clinic Notes

This issue was raised at the last Corporate Quality Initiatives Committee and referred to this committee for consideration of other options. The only option is to revert to the manual system which is not preferred because of the move to the electronic health record, quality of the information, legibility, etc. Reliable information is required on the frequency of clinic notes not being available on the charts when needed, and Ms. Barrington will arrange for the clerks to track this for a month.

6.4.**6.5. Accreditation – Patient Consent to Access Health Records**

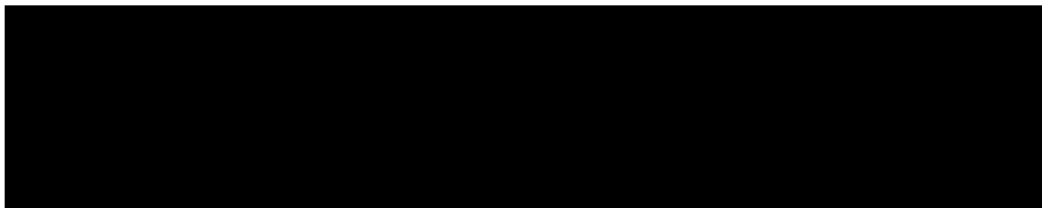
The Accreditation documentation references obtaining patient consent for the surveyors to view their charts, and the need to follow this process was raised. Ms. Penney will follow up with Ms. Smith.

6.6. Canada Health Infoway

Canada Health Infoway has announced that funding is available for provincial initiatives to move toward the development of electronic health records. In collaboration with the Newfoundland and Labrador Centre for Health Information, electronic laboratory reporting for the province was identified as a potential project, and preliminary meetings have been held to develop the ground work to draft a proposal.

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6.7.



6.8. Meditech Downtime

A network failure on March 1, 2004, resulted in Meditech downtime and had a major impact in some patient areas. This is a critical incident, and an occurrence report will be completed. Mr. Mouland will provide an update at the next meeting.

This has highlighted the need for a formal back up plan during failure of electronic processes.

7. **Next Meeting** – April 2, 2004

8. **Adjournment** – 11:27 a.m.

Information Management Committee
May 27, 2004 - 9 a.m. – Conference Room C, Corporate Office

Present:**Ms. P. Elliott, Chairperson**

Mr. J. Brown

Ms. H. Byrne

Ms. E. Connors

Ms. D. Cooper

Mr. I. Kendall

Ms. S. Lehr

Mr. C. Murphy

Ms. S. Pearce

Ms. S. Penney

Ms. H. Predham

Ms. S. Smith

Ms. J. Templeton

Regrets:

Ms. Rosemary Barrington

Dr. F. King

Mr. D. Macdonald

Mr. W. Miller

Mr. T. Moulard

Ms. S. Pereira

Mr. E. Wade

Ms. Elliott called the meeting to order noting that the main focus of the meeting is a review of the Accreditation standards for the Information Management Team.

1. Review of Accreditation Standards

The draft responses to the Accreditation standards as developed at previous meetings were reviewed.

It was agreed that references to “cubes” or “Cognos” should be changed throughout the entire document to “business intelligence tools”.

Standard 1.1. – “Required Information” – add:

- Pensions Division of the Department of Finance
- NLHBA
- Veterans’ Affairs
- Memorial University

Standard 1.2 – no change

Standard 1.3 – add:

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- improvements to network
- Privacy Impact Assessment

Standard 1.4 – no changes

Standard 1.5 – “Areas to Improve”

- highlight the intention to improve communication to all staff. Suggested that a standing section in the new electronic news bulletin could be dedicated to information management.

Standard 1.6 – no change

Standard 2.1 – “Areas to Improve” add:

- flow of information from the Security Committee to the Information Management Committee
- timeliness of reporting

“Required Information”

- identify other indicators for inclusion

Standard 2.2 – no change

Standard 2.3 - “Strengths” add:

- expansion of working from home concept – coding, abstracting, transcription

Standard 3.1 – “Strengths” add:

- use of wireless technology to facilitate data collection
- payroll information
- change “... clinical data to provide better information...” to “... clinical data to provide better more time information...”

“Areas to Improve”

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- change to “The 3M interface has taken longer to implement than anticipated.”

Standard 3.2 – “Strengths”

- change “...was formed to refine and define...” to “is refining and defining...”
- highlight single sources for key information have been identified.

Standard 3.3 – no change

Standard 3.4 – “Strengths” add:

- Documentation Coordinator has facilitated implementation of clinical information processes

Standard 3.5 – “Strengths” – add:

- organization is in the process of implementing the Metric Manager
- piloting of the Electronic Discharge Summary

Standard 3.6 – “Strengths” – add:

- Data Quality Committee

Standard 4.1 – “Strengths” – add:

- FIMS (Functional Independence Measurement System) is being used by Rehab.
- An information framework that mirrors the organization has been implemented

Standard 4.2 – “Strengths”

- add “implementation of focused charting”
- delete “through the Documentation Committee”

Standard 5.1 – “Strengths” add

- NLHBA Human Resource Review
- References to benchmarking, i.e. pediatric oncology data base, trauma

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- registry data base
- “Discharge summaries are sent to referring/family physicians.” Add “and are also available by Meditech
- physician education on documentation

“Areas to Improve”

- change “Chart completion” to “Documentation”

Standard 5.2 – no change

Standard 5.3 – “Strengths”

- checking spelling of CINAL (Janet Templeton)
- reference the fact that policies and procedures are available on line, i.e. nursing, CPS

Standard 5.4 – “Strengths” – add:

- Intranet launch in June
- Corporate Patient Information Handbook developed
- A policy on information available and how to access it exists
- Inventory of products
- Clinical utilization tools

Standard 5.5 – “Strengths” – add:

- reporting process was evaluated by users and changed to meet requirements
- be more specific, add satisfaction rate
- feedback from family physicians who receive EDS was very positive
- feedback from physicians on remote access (ask Terry Mouland to follow up)
- evaluation of web site should be more specific

“Areas to Improve”

- change to state that a survey of users of information needs to be conducted.

Standard 6.1- change rating to “6”

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“Strengths” – add:

- compulsory inservice for business intelligence tools and new payroll code was required
- training on admitting/registration modules
- established standardized training methodology and dedicated courses
- established the expectation that all technology requires training

Standard 6.2 – “Strengths” – add:

- customized training was provided for the CIHI business intelligence tool
- physician education for utilization data
- range of education sessions was provided for computer applications

Standard 6.3

- Terry Mouland and Jim Brown to explain the mechanism for tracking problems under “Guidelines”

Standard 6.4 – “Strengths”

- Reference to positive evaluations needs to be more specific, i.e. each workshop and session is evaluated and issues addressed; reference results of the evaluation of the Help Desk
- The appropriateness and effectiveness of education and training is reflected in Q.I. reports

Standard 7.1 –

- IM&T will be responsible for explaining the teams’ procedures for security and back up of information

“Strengths”

- delete “Paper charts are only available through Health Records processes.” There are paper charts in other areas, and many physicians have their own charts. Change to “There are processes in place to access charts through Health Records.”
- Add – external audit of purchase and payables processes conducted and changes implemented, and payroll audit being conducted

“Areas to Improve” – add:

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- reference to development of retention policies
- storage requirements for document retention is challenging

Standard 7.2 – no change

Standard 7.3 – “Strengths” – add

- frequent reminders about Meditech access and passwords are issued

Standard 7.4

Change rating to “5”

“Required Information” – Heather Predham will follow up on summary of major issues in confidentiality that are being addressed.

“Strengths” – add:

- reference to pledge of confidentiality
- enforcement of policy and disciplining of staff
- query a list of incidence of breaches (ask Terry Mouland to follow up)

Standard 8.1 – “Strengths”

- verbal order policy – include reference that compliance will be a focus of our Patient Safety Plan
- policy related to the use of abbreviations is “approved” rather than “under development...”
- add “a prohibitive list of abbreviations will be added to the policy”

Standard 8.2 – “Areas to Improve”

- change reference to linkage with Community Health to “improved information linkage with Community Health”
- completion of the electronic health record

“Strengths” – add:

- established a referral process to Health and Community Services and the long-term care system

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Standard 8.3 - “Strengths” – add:

- a corporate process is being developed for auditing and collating results
- audit results were used to develop an education program for physicians, housestaff and nursing staff

Standard 8.4 – “Strengths” – add:

- ATIPP Coordinator in place in anticipation of privacy legislation
- Health Records staff have well established policies and processes.
- Established HR Service Centre

Standard 8.5 – “Strengths”

- Two-step passwords; changed every six months
- review completed of staff with global access; increased scrutiny

“Areas to Improve”

- enforcement of policy related to accessing paper charts

“Required Information”

- summary of major issues in clients files that are being addressed (follow up by Dora Cooper)

Standard 9.1 – “Strengths” – add:

- plan and status regularly reviewed
- planning day held

Standard 9.2 – no change

The standards will be redrafted based on input from this meeting and circulated to the committee for a final review.

Adjournment – 10:50 a.m.

Information Management Committee
June 28, 2004 – 1:30 p.m. – Conference Room C, Corporate Office

Present:

Mr. S. Dodge, Chairperson
Ms. R. Barrington
Mr. J. Brown
Ms. E. Connors
Ms. D. Cooper
Mr. I. Kendall
Ms. S. Lehr
Mr. D. Macdonald
Mr. W. Miller

Mr. T. Mouland
Mr. C. Murphy
Ms. S. Pearce
Ms. S. Pereira
Ms. S. Penney
Ms. J. Templeton

Regrets:

Ms. H. Byrne
Dr. F. King
Ms. H. Predham
Ms. S. Smith
Mr. E. Wade

1. New Chairperson

Changes in Executive Management and the organizational reporting structure have occurred; and as a result, Mr. Steve Dodge, Vice President, Human Resources and Corporate Services, has assumed the position of Chairperson.

2. Review of Agenda

The following items were added to the agenda:

- Changes to Membership
- Security Policy
- Surgical Day Care Registrations

3. Length of Meetings

It was agreed to limit meetings to two hours.

4. Business Arising

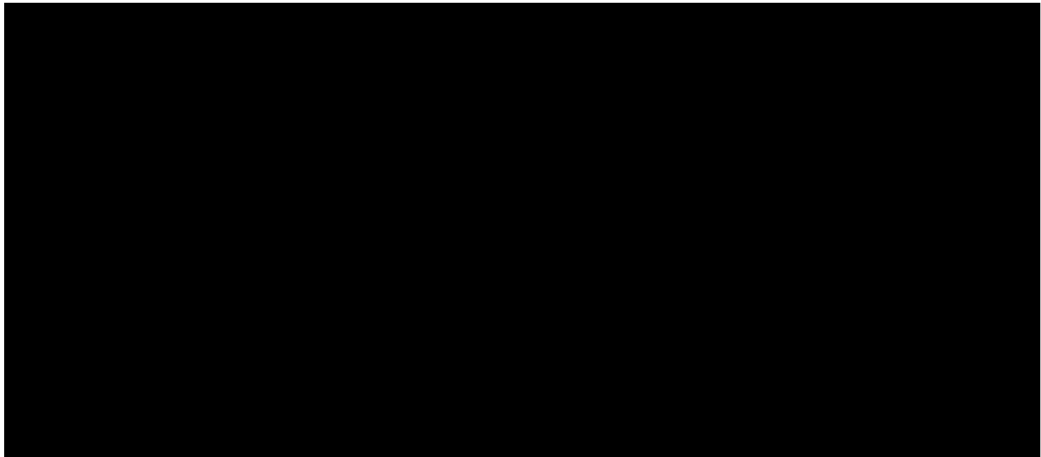
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4.1. Changes to Membership

Dr. Jim Hutchinson was advised that the committee appreciates his demanding schedule; and in the event meeting locations change, he will be considered for future opportunities to participate.

At the last meeting Dr. Gerard Farrell was suggested as a replacement, and Mr. Dodge will follow up with him on his interest.

There was some discussion on the potential for appointment of additional members from areas with a major interest in information and technology activities, i.e. Cardiac/Critical Care, Laboratory, Diagnostic Imaging, Pharmacy and Division Managers. Committee members will review the terms of reference and consider possible appointments for discussion at the September meeting.

4.2.**4.3. Feedback from Meditech Software Demonstrations**

A summary of the feedback from the Meditech software demonstrations held on June 10, 2004, was circulated. The sessions were not as well attended as expected. The evaluations ranked the appropriateness of the products to individual work environment and corporate wide. Generally, appropriateness corporate wide was positive. Mr. Mouland has requested confirmation of the cost of the products.

Discussion on moving forward with the software will be held late in the meeting during discussion of the IMC plan update and follow up.

4.4. Review of Amended Accreditation Standards

The latest draft of the Accreditation standards reflecting discussion held at the May 27th meeting will be circulated for a final review

4.5. IMC Plan Update and Follow Up

The update of the IMC Strategic Plan dated June 25, 2004, was reviewed and the following noted:

1.1, E. Department-based cubes will be developed as needed. It was agreed to develop a list of the areas requesting cube development for prioritization by the committee. Mr. Moulard and Mr. Kendall will follow up.

1.3.2 It is not expected that we will meet the target date of September for implementation of the staff self-service module. It was suggested that the timeline should be changed to October. Mr. Brown will follow up with Ms. Val Butler.

2.1 The demonstration of the Metrics Manager for the Information Management Committee and Executive Management is scheduled for July 6, 2004.

3.1 Point of Care Technology – the potential for Meditech to provide bar coding technology is being investigated.

3.2 Physician Order Entry and Documentation – Discussion began on whether to move forward on Physician Order Entry or explore other opportunities. It was noted that positive feedback was received during the demonstration. Our direction with respect to Physician Order Entry needs to be considered in light of other provincial initiatives currently underway, i.e. electronic charting by the NLMA and negotiations by NLCHI with government and Infoway on funding. Mr. Brown will obtain an update on these initiatives.

It was also agreed that the nursing module should be added to the plan.

3.3 The potential exists to save \$200,000 from the plan to go paperless. A policy decision is required, and a position paper should be developed for review by Executive Management. Mr. Brown will follow up.

During discussion of the key direction related to patient safety, the need to link the IM Strategic Plan with Patient Safety Plan initiatives was raised. Mr. Brown will follow up with Ms. Predham.

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5., 5.3 – Work from home solution – the pilot test strategies for coders and transcriptionists has been successful. It was agreed that a final report on the project with recommendations on the potential for implementing the concept in other areas should be developed for consideration by IMC and EMC. Ms. Penney will follow up.

6. Development of Electronic Health Record – Executive Management has identified this as a step which needs to occur as we operationalize our strategic directions and goals, and IM&T resources are required. Mr. Mouland and Mr. Kendall will review the list of IM&T projects with Mr. Dodge in an effort to prioritize projects and free up resources.

7.1 support and expand development of EDD – EDD will be expanded to the Cardiac/Critical Care Program. Implications:

- efficiencies can be achieved
- requires a wireless system for the whole program
- impacts Health Records staffing (concurrent coding requires more time than coding after discharge).

7.3 Waitlist Management System – Waitlist Manager has been hired.

7.4 Clinical Support Tool – waiting on approval.

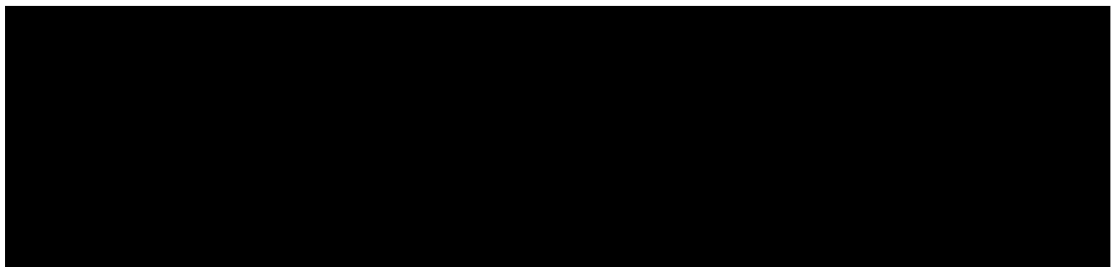
9. New direction added to plan – “Adapting to new technology, upgrades, capacity and presentation options.”

10. New direction added – “Developing and enhancing provincial and national partnerships”. The following will be added under this direction:

- Unique Patient Identifier (UPI)
- Provincial PACS
- Client Registry

The committee is supportive of the plan, and regular monitoring by the committee will continue. The word “draft” will be removed.

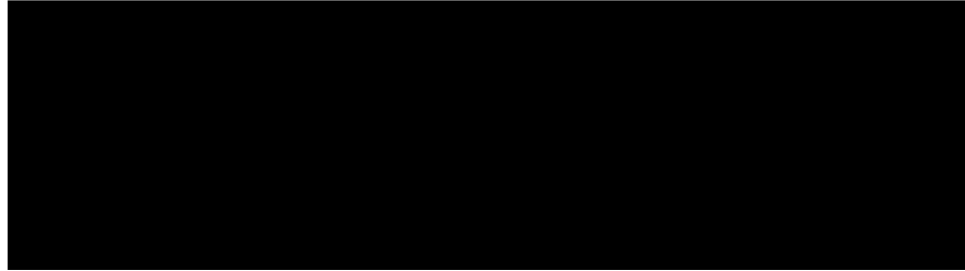
4.6.



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b. Occurrence Reporting

Deferred to the next meeting.

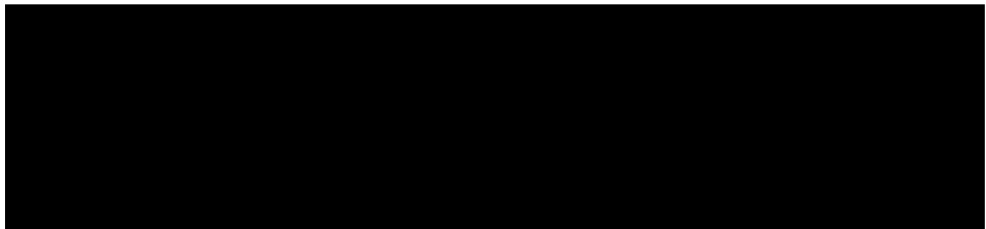
5.4. Communications Approach

Discussion was held on how to disseminate information within the organization to stakeholders and interest groups on information management issues. It was suggested that an Information management section could be added to E-news. Mr. Brown will follow up with Corporate Communications.

“Communications Approach” will be added to future agendas as a standing agenda item.

5.5. EHR Committee

a. Revision to Tender Specifications and Processing



Ms. Lehr advised that a Capital Equipment Acquisition Committee has been established. Appointment of an IM&T representative to this committee would help identify and address issues. Ms. Lehr will follow up.

b. Provincial EHR Initiatives –NLHMA & NLCHI

Dr. Gerard Farrell will be asked to conduct a presentation for IMC. Mr. Dodge will follow up.

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c. SDC Registrations



6. Next Meeting – September 3, 2004

7. Adjournment – 4 p.m.

Information Management Committee
September 17, 2004 – 9 a.m. – Conference Room A, Corporate Office

Present:

Mr. S. Dodge, Chairperson
Mr. J. Brown
Ms. D. Cooper
Mr. I. Kendall
Ms. S. Lehr
Mr. D. Macdonald
Mr. W. Miller

Ms. S. Pearce
Ms. S. Pereira
Ms. S. Penney
Ms. S. Smith

Regrets:

Ms. R. Barrington
Ms. H. Byrne
Ms. E. Connors
Dr. F. King
Mr. T. Moulard
Mr. C. Murphy
Ms. H. Predham
Ms. J. Templeton
Mr. E. Wade

1. Presentation**Follow Up**

Mr. Shawn Thomas, Director of Diagnostic Imaging, attended and conducted a presentation on PACS.

2. Minutes of the Last Meeting

The minutes of the meeting held on June 28, 2004, were approved as circulated.

3. Deferred from Last Meeting**3.1. Occurrence Reporting**

The potential for online occurrence reporting has been considered and is offered by some software companies but is being deferred due to the recently announced health boards restructuring.

4. Business Arising

Information Management Committee

Page 2

September 17, 2004

4.1. Committee Membership

As referenced at the last meeting, the need for additional committee members or a change in committee membership was discussed. It was agreed to continue with the membership as it currently stands and revisit it in the future if necessary. It was noted that:

- although clinical support, i.e. diagnostics, is not officially represented on the committee, input is gained from other perspectives
- input on issues coming forward can be obtained on an adhoc basis by inviting relevant individuals to meetings
- the current subcommittee structure provides input from a broad perspective
- linkages exist to ensure communication with the Corporate Q.I. Committee and Senior Management

4.2. Accreditation Preparation

The final schedule is being prepared and will be circulated to the members. The interviews for the Human Resources Team and Information Management Team are conflicting and will be rescheduled.

Sharon Smith

The evidence binder is being prepared, and the information to be included was reviewed. Information from an educational or consumer feedback perspective related to information management should be included, i.e.:

- examples of educational sessions on information management
- focus charting newsletter
- HRIS training
- Cubes training
- Online surveys of internal consumers

Information should be sent to Mary Haynes.

All Members

With respect to the recommendations from the previous survey, a report on the transcription turnaround times was submitted to

Information Management Committee

Page 3

September 17, 2004

CCHSA. There is evidence that this issue is examined and monitored regularly. Evidence also exists that other options were considered. The outsourcing pilot begins on October 4, 2004.

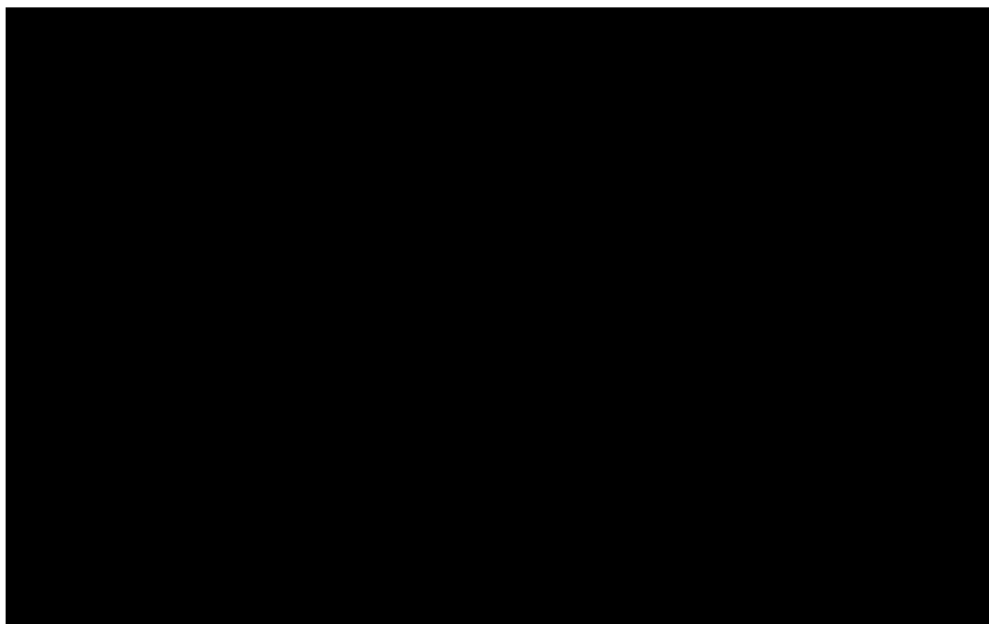
A brief summary identifying the issues in each standard will be prepared and provided to the Chair. Ms. Smith will follow up.

Sharon Smith

4.3. Information Strategic Plan Follow Up

a. **Priorization of Strategic Directions by EMC** - deferred to the next meeting.

b.



c. **Update on Provincial Initiatives**

Mr. MacDonald provided the following update

- provincial PACS system is moving forward in partnership with Canada Health Infoway
- RFP process for the provincial pharmacy network is expected to move forward pending final approval from Treasury Board.

Information Management Committee

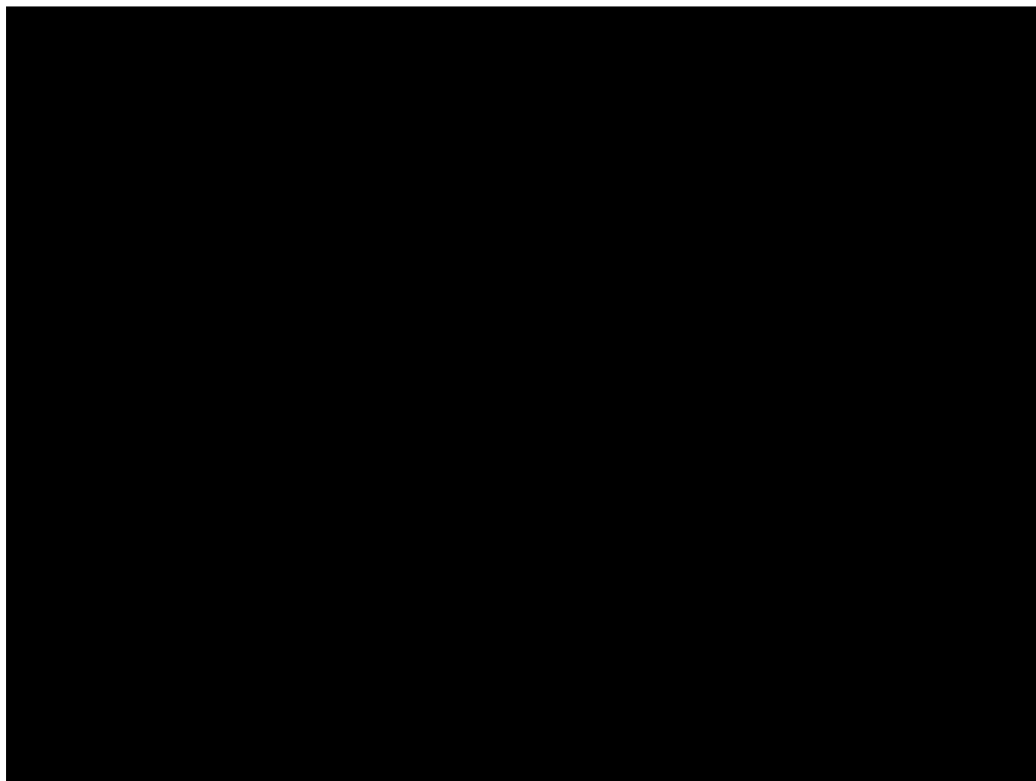
Page 4

September 17, 2004

- Funding will be provided to the province through the Federal Government's 10-year health plan focusing on reducing wait times, as well as establishing benchmarks for measuring system performance.
- Electronic Health Record - the province of Newfoundland and Labrador has been recognized by Canada Health Infoway as one of the lead provinces in this area.

Mr. Brown reported on a meeting of the Health Infoway EHR Steering committee. Three provincial laboratory projects have begun with respect to investigating basic standards. The potential exists to receive 100% funding for the development of a province-wide reporting structure.

d. Position Paper – Paperless Policy



Information Management Committee

Page 5

September 17, 2004

Electronic Authentication

Electronic authentication would eliminate the need for paper copies for physicians' signatures, provides timely completion of documentation, eliminates delays in printing, sorting and distribution for the physicians, and reports are immediately accessible. Critical to the success of this initiative is acceptance of the electronic version of reports as the 'original' health record.

IMC supports the policy. Final approval by the Administrative Policy Committee is scheduled for October 2004. Following this, Ms. Penney will submit the policy, through the Vice President, Medical Services, to the Clinical Chiefs advising that the policy will be implemented and identifying an effective date.

Sharon Pennev

e.

f.

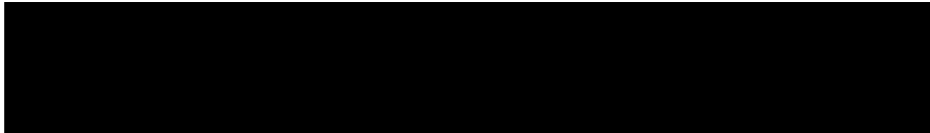
4.4.

4.5.

Information Management Committee

Page 6

September 17, 2004



5. Committee Reports

The following committee minutes were provided for review:

- Documentation Standards – March 25, 2004
- Electronic Health Record – May 28, 2004
- Forms Control – May 11, 2004
- Information Systems Security – June 22, 2004
- Library Advisory – June 17, 2004

6. New Business

6.1. Registries and Databases – deferred to next meeting.

6.2. Expo 2004 – October 23, 2004

There was some discussion on initiatives with an information management focus which could be presented at Expo. IM&T could provide support for other presentations, i.e. Admissions Management, HRIS, cubes, etc., and will also consider other possible initiatives for presentation.

6.3. Article

The article “The Impact of Healthcare Informatics on the Organization” was provided for information.

6.4. Cost per Weighted Case Presentation and Review – deferred to the next meeting.

6.5. UPI Implementation Update

UPI is now live on our system. Due to the size and complexity of our organization, there have been some ‘growing pains’. A committee is meeting weekly to resolve these. Meditech wants it up and running in our organization before it is implemented

Information Management Committee
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September 17, 2004

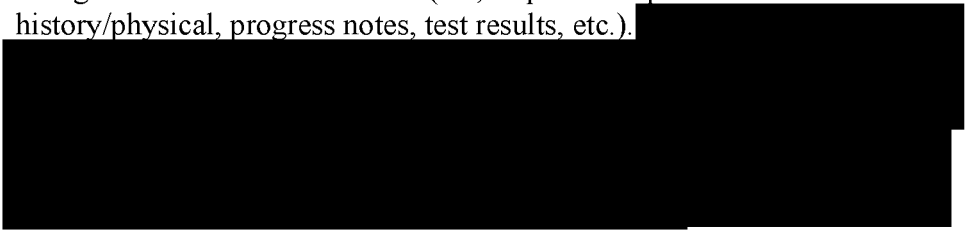
province-wide.

Because of concerns with our involvement in the design of this initiative, it was agreed that the committee should write the NLCHI requesting increased stakeholder involvement in any future provincial initiatives.

Stephen Dodge

6.6. Standardization of Chart Order

The Forms Control Committee has proposed the implementation of a single standardized chart order (i.e., sequence of presentation of history/physical, progress notes, test results, etc.).



- transition in change of practice
- education for staff

It was agreed that Ms. Penney would raise this issue with the Vice President, Medical Services.

Sharon Penney

7. Next Meeting

The meeting scheduled for October 1, 2004, is rescheduled to ***October 12, 2004***. The purpose will be review of the completed Accreditation standards prior to the Accreditation survey commencing on October 18, 2004.

Concern was expressed regarding rescheduling meetings and the inconvenience this causes some committee members. In November, it was

agreed to revert to our regularly scheduled meetings of the first Friday of every month.

8. Adjournment – 11 a.m.

Information Management Committee
November 5, 2004 – 9 a.m. – Conference Room C, Corporate Office

Present:

Mr. S. Dodge, Chairperson
Ms. R. Barrington
Mr. J. Brown
Ms. H. Byrne
Ms. E. Connors
Ms. D. Cooper
Dr. F. King
Mr. I. Kendall
Ms. S. Lehr
Mr. D. Macdonald

Mr. W. Miller
Mr. T. Moulard
Mr. C. Murphy
Ms. S. Pearce
Ms. S. Pereira
Ms. S. Penney
Ms. H. Predham
Ms. S. Smith
Ms. J. Templeton
Mr. E. Wade

**1. Presentation – Provincial Update -
Newfoundland & Labrador Centre for Health Information
(NLCHI)**

Follow Up

Mr. Steve O'Reilly and Mr. Mike Barron, NLCHI, attended and provided an update on the status of the Electronic Health Record strategy, lessons learned and current and future directions.

Lesson learned:

- need for communication
- dedicated resources required for major projects
- participation and willingness of regional boards
- Government funding is necessary for health care restructuring to ensure we have the required infrastructure.

EHR Strategy

- way ahead of other provinces
- Canada Health Infoway provided 98% of the funding for the client registry
- implemented working group prior to problems surfacing
- major benefit to the whole province, despite problems with data quality
- many opportunities to avail of funding from Canada Health Infoway
- received \$300,000 from Canada Health Infoway for EHR/Lab

Components of EHR

Information Management Committee

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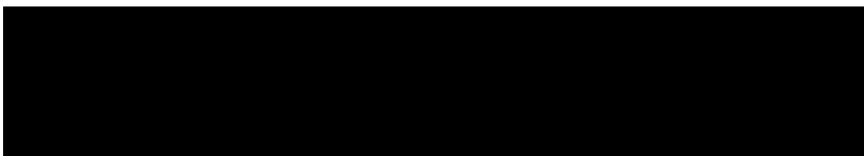
November 5, 2004

- client registry
- provider registry – currently determining the need
- Infoway considers Newfoundland a testing ground

Pharmacy

- approval received from Government for an RFP for a Pharmacy network – Infoway is providing 100% funding for the RFP with the proviso that it is a national RFP. Will be complete by January/February, 2005
- intent is for a phased incremental approach
 - o Phase 1 – collection information
 - o Phase 2 – integration of information from the institutional sector
 - o Phase 3 – e-prescribing
- Pharmacy network will include more than prescriptions drugs, i.e. over-the-counter medication, herbal remedies, etc.
- Duplication with the NLMA initiative? Mr. O'Reilly is a member of the steering committee for this initiative. Concerns have arisen with the process. The initiative is in the early stages, and we are conceptually trying to determine the feasibility. NLCHI continues to maintain close communication to avoid duplication.
- Sustainability will need to be addressed by Government
- Timeline for the three phases – 2007, depending on funding
- Funding for the Pharmacy and PACS initiatives has been approved and the projects will proceed. Challenge – to ensure new Boards and CEOs appreciate the importance.
- The current level of other regions was raised. If systems require consolidation, best practices will need to be rolled out into the new environment. In the short term, energy and resources will be required to bring us to that level; however, the opportunities are endless.

The Chairperson thanked Mr. O'Reilly and Mr. Barron for attending, and they withdrew from the meeting.



Information Management Committee

Page 3

November 5, 2004



3. Minutes of the Last Meeting

The minutes of the meeting held September 17, 2004, were approved as circulated.

4. Deferred from Last Meeting

4.1. IMC Strategic Plan

Mr. Brown circulated the third draft of the Information Management Strategic Plan which incorporates revisions from the last review. Members were asked to review the plan and send corrections to Mr. Brown.

All Members

It was noted that the support for the patient safety plan has been incorporated.

4.2. Voice Recognition Products

An article from Electronic Healthcare entitled "Focus: Dictation,

Information Management Committee

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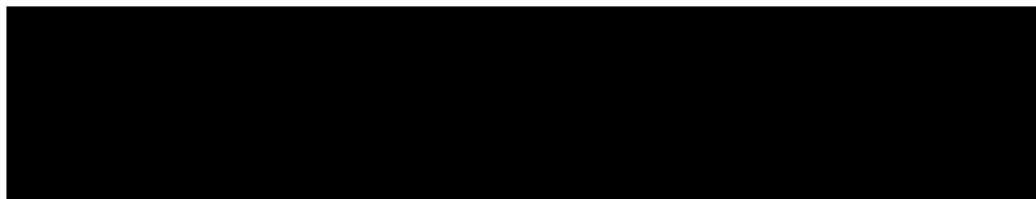
November 5, 2004

Transcription and Speech Recognition 2004” was provided with the agenda for information.

4.3. Registries and Databases

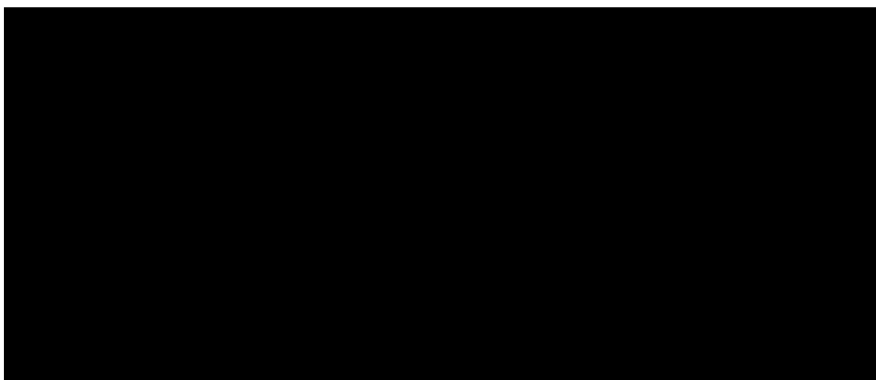
This item is deferred until the next meeting.

4.4.



5. Business Arising

5.1.



5.2. Accreditation Feedback

The CCHSA Accreditation survey conducted during the week of October 18, 2004, went very well. The surveyors were very impressed with the cohesiveness of the Information Management Committee and the fact that it focuses on organizational needs. Ms. Smith advised that there may be suggestions coming forward related to linking with the Evidence-based Practice Council and pulling together utilization tools. She has approached Corporate

Communications about having these tools included on our Intranet and advising staff of their availability and providing education sessions.

Information Management Committee

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November 5, 2004

5.3. Occurrence Reporting Proposal

IMC has revised its decision made at the last meeting to defer this proposal. The importance of continuing work on this proposal is recognized. Ms. Predham will investigate to determine if mechanisms currently exist in the region. As well, it is recognized that it supports the patient safety culture and will be identified in the Information Management Strategic Plan.

Predham

Ms. Templeton reported that there have been a number of occurrences related to the Client Registry, and it was questioned how these should be reported. Ms. Templeton and Ms. Predham will follow up.

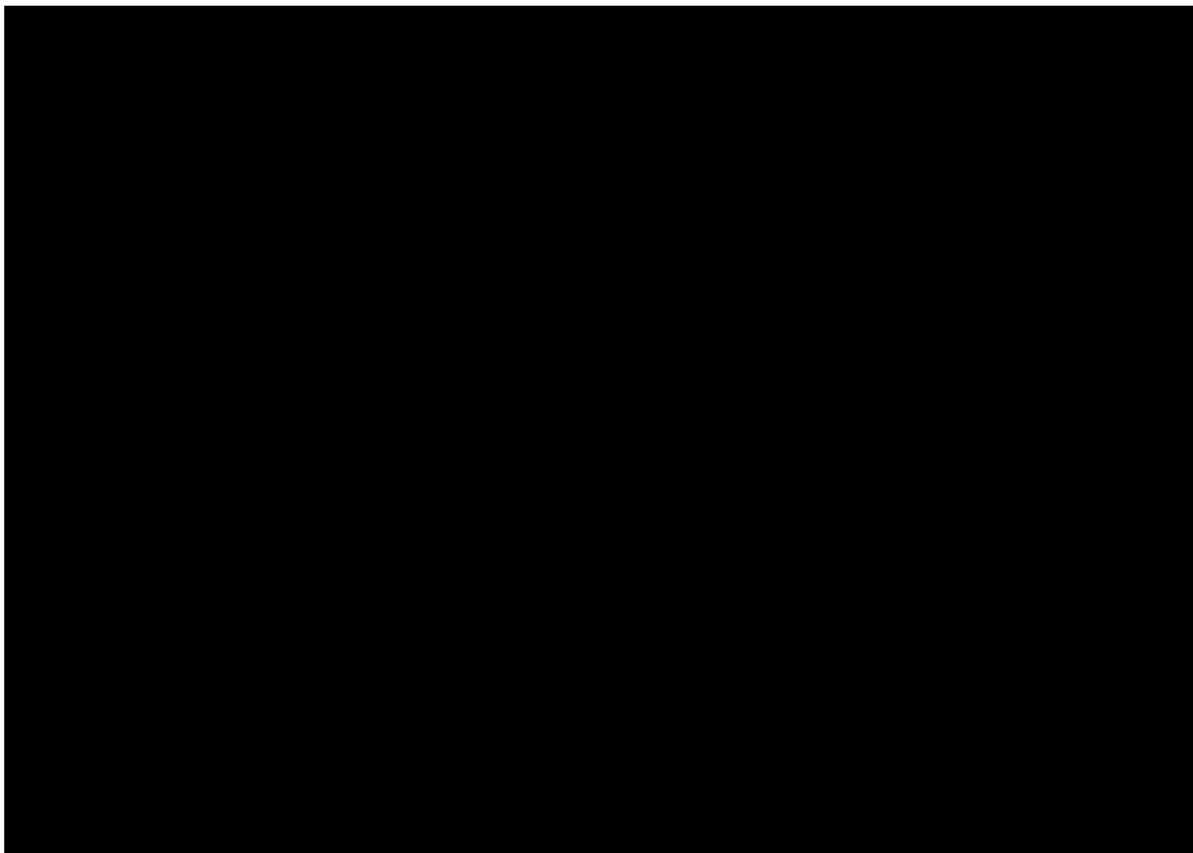
*Templeton/
Predham*

There was some discussion related to criteria for reporting occurrences and definitions of occurrences. This will be referred to the Corporate Quality Initiatives Committee for discussion.

Haynes

5.4.

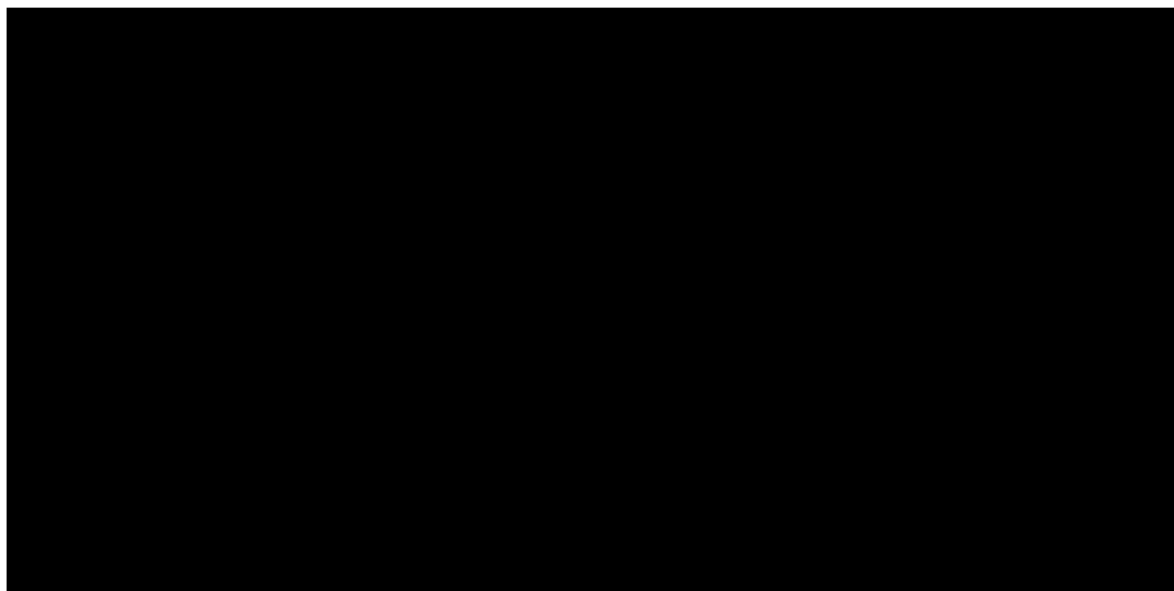
5.5.



Information Management Committee

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5.6. Standardization of Chart Order – Implementation Update

Ms. Penney reported that the forms are currently being identified in the appropriate chart section by a health record staff member. The intent is to have this available on our Intranet. Extensive education will be required with the ward clerks prior to implementation. The implementation date is tentatively scheduled for early January, 2005.

6. Standing Agenda Items

6.1. Communications Approach

No report.

6.2. Committee Reports:

The following minutes were provided for information:

- a. Documentation Standards Committee – September 30, 2004
- b. Electronic Health Record Committee – June 25 and October 29, 2004
- c. Forms control committee – September 14 and October 12, 2004

Information Management Committee
Page 7
November 5, 2004

As well, the Wait List Management Steering Committee will be requested to send their minutes to this committee for review.

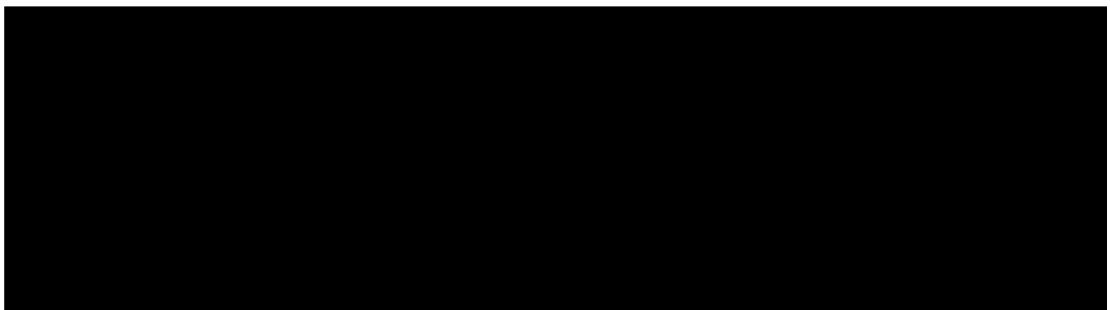
7. New Business

7.1. Report from Meditech Physician/Chief Information Officer Conference

This conference was attended Dr. Eric Stone, Clinical Chief, Cardiac Care; Dr. Scott Wilson, Clinical Chief, Emergency/Ambulatory Care; and Mr. Dodge and Mr. Kendall. The conference was attended by approximately 250 physicians and IT people. It was well received and also included a question and answer component. Mr. Kendall will arrange to have the PowerPoint presentation from the conference circulated to the committee.

Kendall

The intent of the conference was to educate the physician group on products available from Meditech and to seek physician support and feedback on future directions. The physicians who attended reported to the Clinical Chiefs that they are not supportive of Meditech. They have issues with the products being user friendly and unresponsive.



Meditech advises that there are more advanced products which could better meet the needs of the EDS.

7.2. Meditech/JJ Wild Bar Coding Demonstration

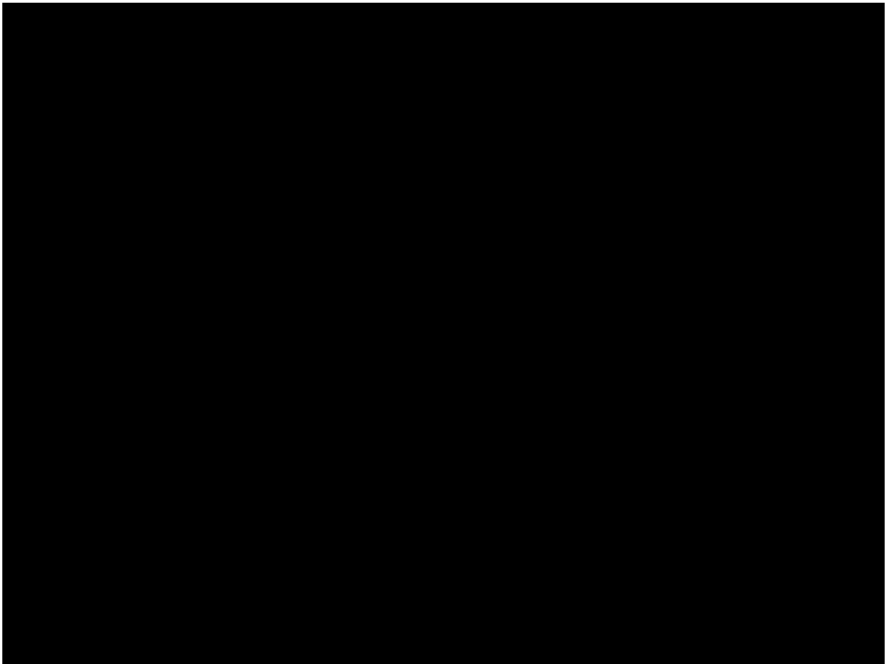
Meditech and JJ Wild are doing web-based demonstrations of their bar coding products on December 15, 2004. They will be asked to

Information Management Committee
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November 5, 2004

present the whole range of the bar coding potential. Laboratory staff and the Point of Care Committee will be invited to attend. *Kendall*

7.3. Data Standardization and the ERIHA Implementation

a. Provincial HRIS



b. Regional Working Groups



8. Other Business

8.1. 

Information Management Committee
December 3, 2004 – 9 a.m. – Conference Room C, Corporate Office

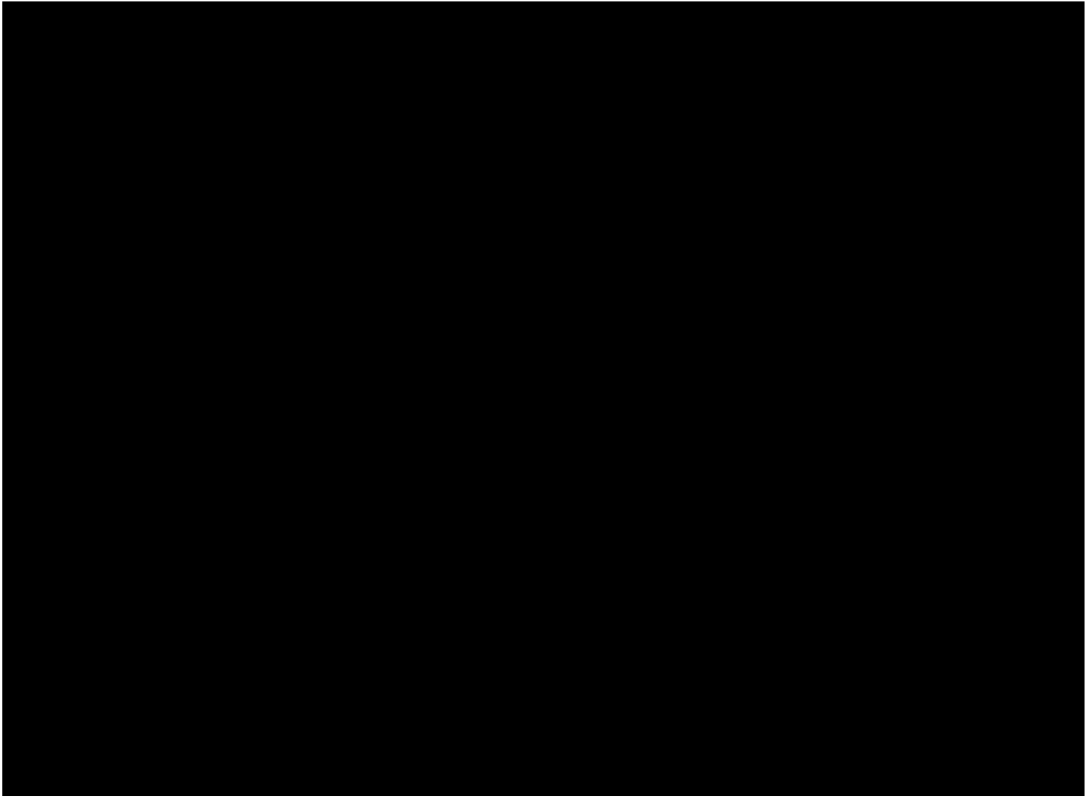
Present:

- | | |
|---------------------------|----------------|
| Mr. S. Dodge, Chairperson | Mr. T. Mouland |
| Mr. J. Brown | Mr. C. Murphy |
| Ms. H. Byrne | Ms. S. Pearce |
| Ms. E. Connors | Ms. S. Pereira |
| Dr. F. King | Ms. S. Penney |
| Mr. I. Kendall | Ms. H. Predham |
| Ms. S. Lehr | Ms. S. Smith |
| Mr. D. Macdonald | |
| Mr. W. Miller | |

Regrets:

- Ms. R. Barrington
Ms. D. Cooper
Ms. J. Templeton
Mr. E. Wade

- | | |
|---|------------------|
| 1. Allied Health Workload Measurement - | Follow Up |
| Ms. Janet Squires, Director, Allied Health Service Development | |



Information Management Committee

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December 3, 2004

2. Minutes of the Last Meeting

The minutes of the meeting held November 5, 2004, were approved as circulated.

3. Deferred from Last Meeting

3.1. Registries and Databases

With respect to the privacy legislation, Ms. Predham advised that it is possible that the legislation will be proclaimed during this sitting of the House of Assembly. This will mean an increased workload with respect to release of information and a need for increased staff education.

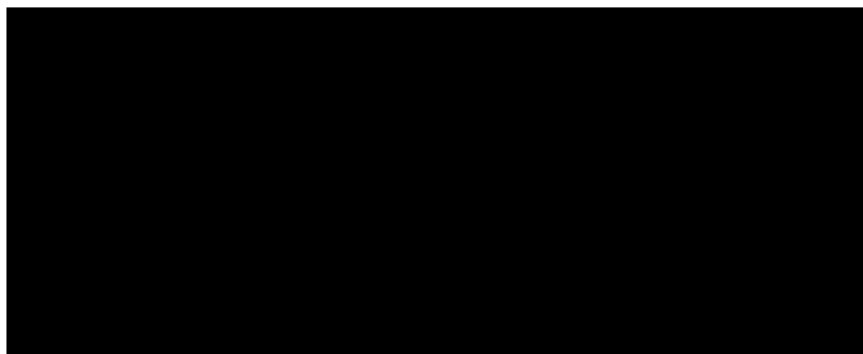
4. Business Arising

Information Management Committee

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4.1.



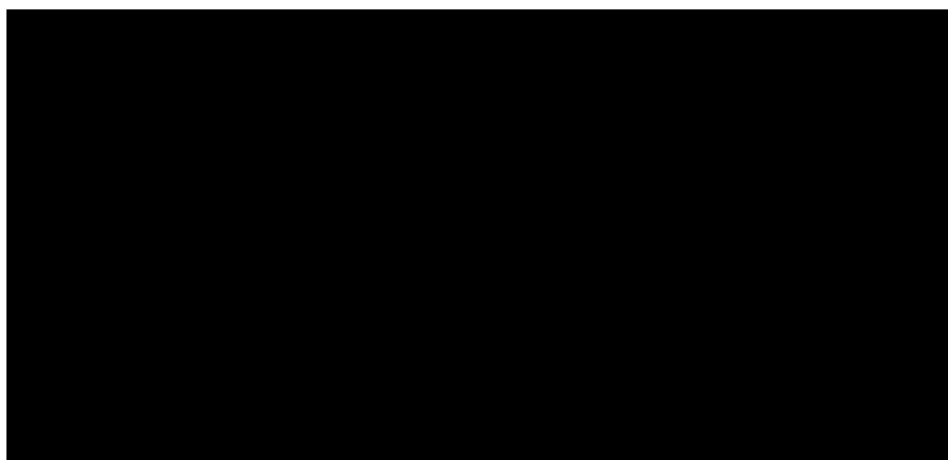
4.2. Occurrence Reporting Proposal

There is limited electronic occurrence reporting in the region. It was agreed that Ms. Predham will identify our minimum reporting requirements and ask our regional partners to review it and make additions. An RFI will then be developed in consultation with our regional partners.

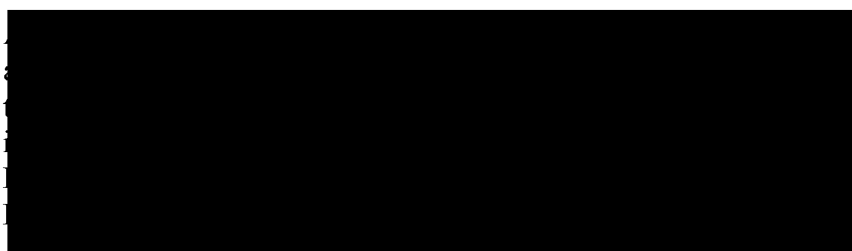
Predham

In terms of funding, it was suggested that the potential for obtaining funding from the National Patient Safety Institute be considered.

4.3.



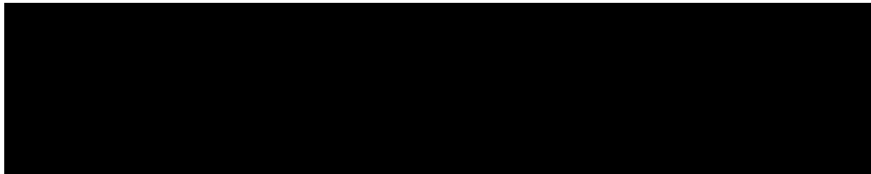
4.4. Electronic Discharge Summary



Information Management Committee

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December 3, 2004



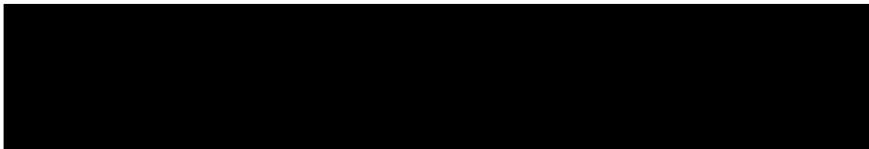
Flowing from this, discussion then centred on the electronic health record. The following issues were noted:

- A central vision for a provincial electronic record will be costly and will require resources, and we need to ensure we are on the same track provincially.
- Need to ensure that our EHR strategies link with the provincial initiative.
- Currently we are working within the resources we have and identifying what can be easily converted to an electronic format.
- Physician champions are required. Other organizations have physician committees which promote electronic solutions.
- Developing strategies and guidelines to identify the components which will feed the electronic health record is required. Ms. Penney advised that a sub-group of the EHR Committee is preparing a critical path with timelines to identify all existing documentation in the health record, methods to transition the documentation into the EHR and the potential technology required. The EHR Committee will update IMC on its work at an upcoming meeting.

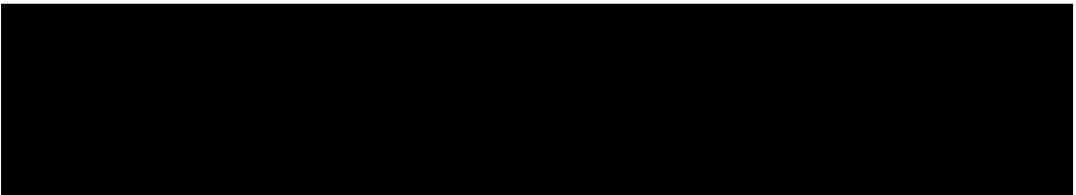
Penney

It is recognized that the electronic health record is still a long way off but that work continues on development of components. The new regional integrated health authority may facilitate development of the EHR, and the possibility of developing a vision in consultation with the NL Centre for Health Information and pursuing a broader picture of the needs in the region was raised.

4.5.



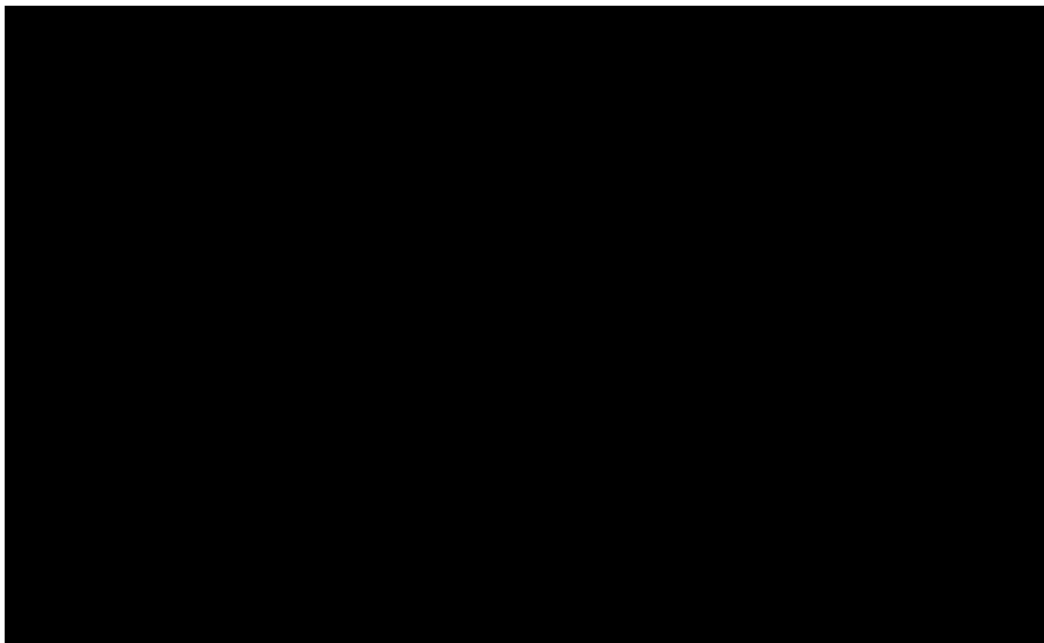
4.6.



Information Management Committee

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December 3, 2004



4.7. Client Registry

The Client Registry is improving, and many of the issues have been resolved.

5. Standing Agenda Items

5.1. Communications Approach

No report.

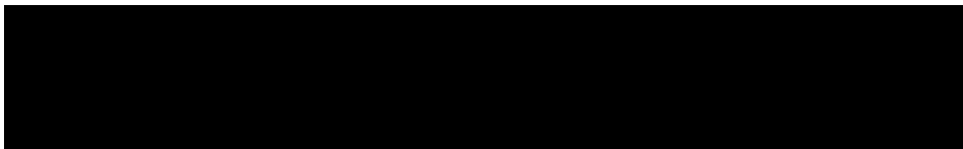
5.2. Committee Reports:

The following minutes were provided for information:

- a. Electronic Health Record Committee – November 26, 2004
- b. Forms Control Committee – November 9, 2004
- c. Waitlist Management Steering Committee – September 30, 2004, and Action Plan

6. New Business

6.1.



Information Management Committee
Page 7
December 3, 2004



In future, we need to ensure that what is generated by new equipment and software complies with our documentation criteria and forms specifications and to work with Materiels Management to ensure this is part of the RFI and tendering process.

6.4. Standardization of Human Resources Reporting in the Province – DHCS Proposal

Discussions are ongoing on the standardization of the dictionary. An update will be provided at an upcoming meeting.

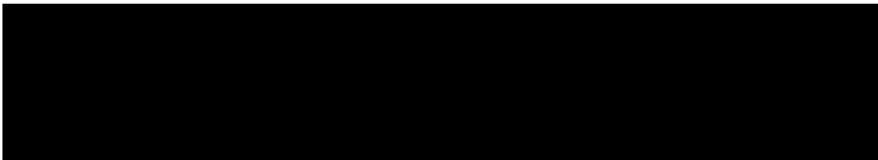
Dodge

6.5. NLMA Electronic Health Record Initiative

Mr. Tom Alteen and Dr. Gerard Farrell will be invited to do a presentation at a future IMC meeting.

Dodge

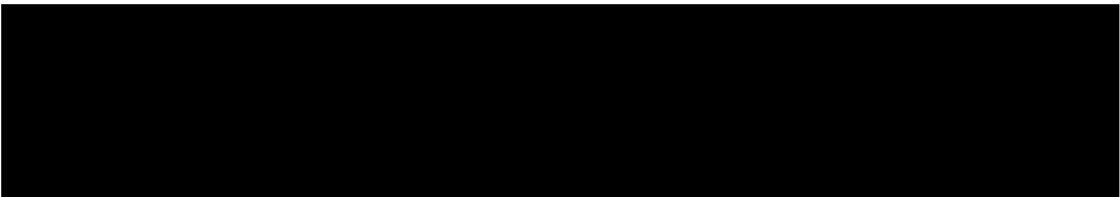
6.6. Staff Scheduling



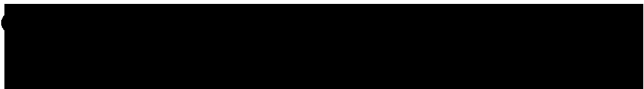
6.7. Annual Report

The Corporate Quality Initiatives Committee has requested an annual report on IMC’s activities. This is being drafted for review by the committee.

6.8.



6.9.



Information Management Committee
January 14, 2005 – 2:30 p.m. – HSC Board Room (1343)

Present:

Mr. S. Dodge, Chairperson
Ms. R. Barrington
Mr. J. Brown
Ms. H. Byrne
Ms. E. Connors
Ms. D. Cooper
Dr. F. King
Mr. I. Kendall
Ms. S. Lehr
Mr. W. Miller

Mr. T. Mouland
Mr. C. Murphy
Ms. S. Pearce
Ms. S. Pereira
Ms. S. Penney
Ms. H. Predham
Ms. S. Smith
Ms. J. Templeton

Regrets:

Mr. D. Macdonald
Mr. E. Wade

1. Presentation – EHR Aspects of Primary Health Care
Mr. Tom Alteen, Newfoundland & Labrador Centre for Health Information (NLCHI)

Action By

Mr. Alteen conducted a presentation on the EHR aspects related to Primary Health Care, and the following are the highlights:

- background on the Office of Primary Health Care goals and partnership with the NLCHI
- project status
- Goal – to implement electronic health record – establish two reference sites (one rural and one urban)
- partnership with NLCHI
 - o March 31, 2006 deadline
 - o perform needs assessment
 - o develop implementation plan
- needs assessment conducted and Sierra Consultants were hired
- June, 2005, urban site will open
- client registry fully implemented
- Pharmacy project received funding
- functional requirements of the reference sites identified
- future directions

Mr. Alteen indicated that the primary health EHR would likely be a

Action By

Information Management Committee

Page 2

January 14, 2005

subset of the ultimate provincial EHR.

2. Agenda

Due to the lengthy agenda and limited time, agenda items were prioritized as follows:

- EHR Committee Update & Physician Involvement
- IMC Annual Report
- 
-
-
-

3. Minutes of the Last Meeting

The minutes of the meeting held on December 3, 2004, were approved as circulated.

4. Business Arising

4.1. Electronic Health Record Committee (EHR) Update

The EHR Committee is developing a vision for an implementation plan which is expected to be available for review by this committee at its next meeting.

Penney

Physician Involvement

Physician involvement is increasing in electronic signature with some very enthusiastic physicians participating.

4.2. IMC Annual Report

A draft IMC annual report was provided with the agenda and reviewed by the committee. The detail on many of the initiatives identified in this report is already reported to Corporate Q.I. through program/departamental quality initiatives reports. As well, the minutes of IMC are also submitted to Corporate Q.I. for review. In light of this, the report will be shortened to highlight issues rather than provide detail.

Action By

Other changes should be submitted to Mr. Brown or Ms. Haynes.

*Brown
Haynes*

Information Management Committee

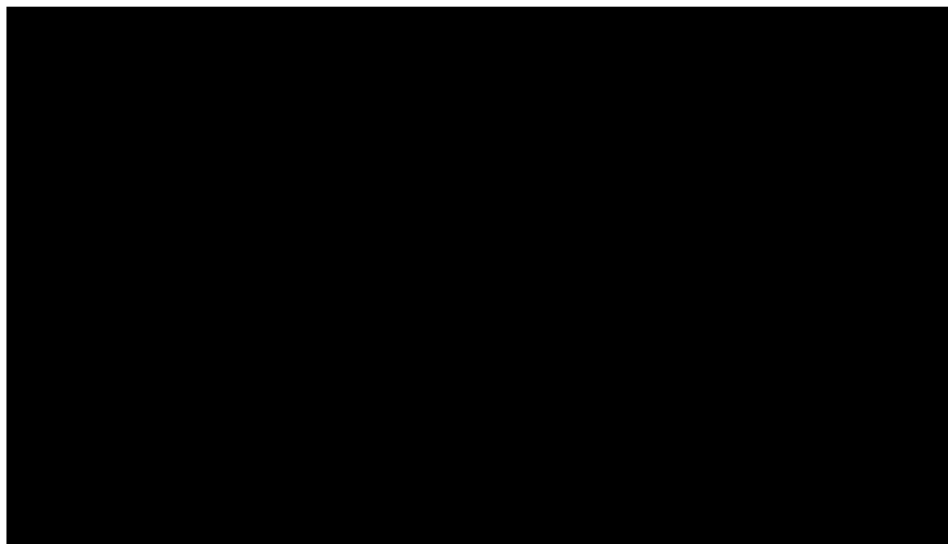
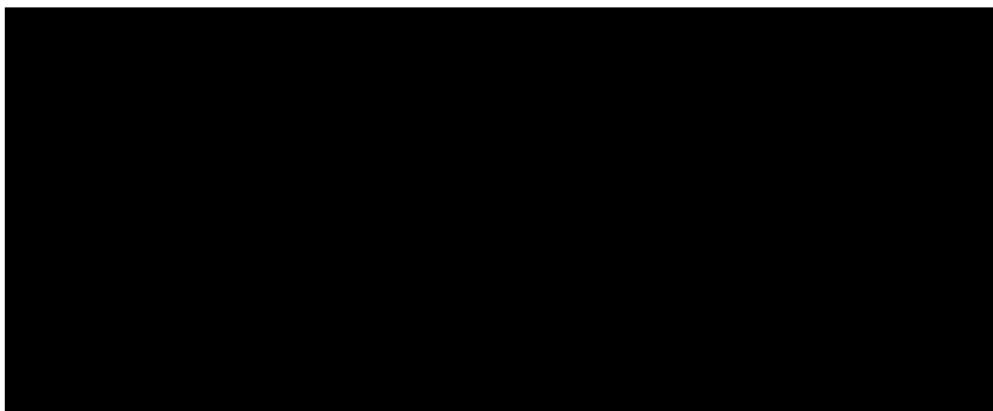
Page 3

January 14, 2005

The report will then be submitted to the Corporate Q.I. Committee.

5. New Business

5.1.



5.2. Computer System Downtime

Mr. Mouland briefed the committee on an unscheduled computer system downtime which occurred [REDACTED] The downtime resulted from a routine preventative maintenance process and a significant human error [REDACTED] Considerable effort and resources were spent trying to recover. IM&T is working with the company to identify an alternative support solution.

Action By

This event has highlighted a number of issues:

- Accountability and liability of the vendor

Information Management Committee

Page 4

January 14, 2005

- Concern with the organization's ability to recover quickly
- The level of service that we are able to provide during downtimes and the implementation of contingency plans, i.e. manual processes for business continuance
- The possibility that patient information was lost
- The need to advise the public
- Initiation of the process to address the event as a critical occurrence. IM&T has requested written reports on the impact of the downtime from the areas affected; however, it was agreed that it would be beneficial to schedule a debriefing with these areas. Quality and Systems Improvement and IM&T will follow up.

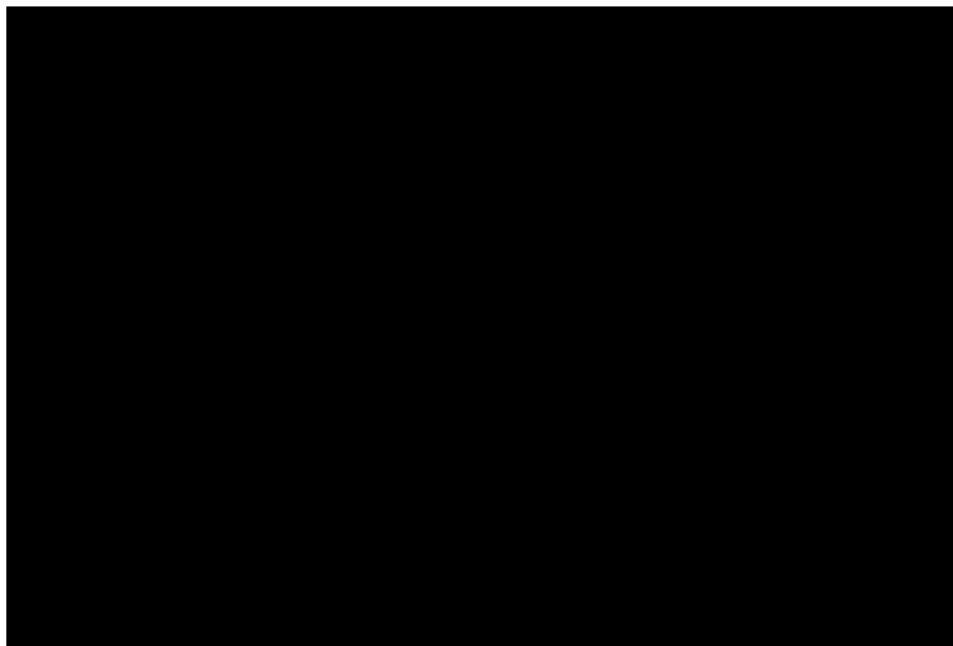
*Predham
Mouland*

A report is being developed for submission to EMC, and it was agreed the report should provide recommendations on how to address the issues noted above.

The issue will also be raised at Senior Management for a discussion on the risk issues.

Haynes

5.3.



5.4. Physician Access to Patient Charts

Information Management Committee
February 4, 2005 – 9 a.m. – HSC Lecture Theatre D

Present:

Mr. S. Dodge, Chairperson
Ms. R. Barrington
Mr. J. Brown
Ms. H. Byrne
Ms. E. Connors
Mr. I. Kendall
Ms. S. Lehr
Mr. D. Macdonald
Mr. T. Moulard

Mr. C. Murphy
Ms. S. Pearce
Ms. S. Pereira
Ms. S. Penney
Ms. H. Predham
Ms. S. **Smith**
Ms. J. Templeton
Mr. E. Wade

Regrets:

Ms. D. Cooper
Dr. F. King
Mr. W. Miller

1. Minutes of the Last Meeting*Action By:*

The minutes of the meeting held on January 14, 2005, were approved with the following change:

**2. Business Arising****2.1. AAHP Workload Measurement**

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Action by:



2.2. Registries and Databases Working Group

Mr. Miller and Mr. Brown are in the process of developing a terms of reference.

*Jim Brown
Wayne Miller*

2.3. Occurrence Reporting Proposal

A proposal with a regional perspective is being developed for research funding from the Canadian Patient Safety Institute.

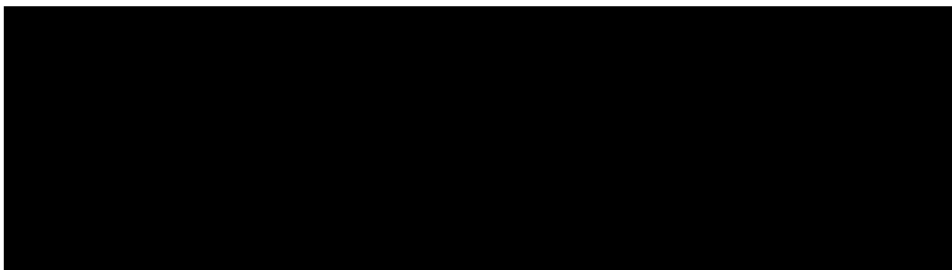
2.4. EHR Update

A draft document entitled “Vision for the Implementation of an Acute Care Electronic Health Record (EHR)” was circulated to the committee. The document outlines accomplishments to date and articulates the vision and direction for the next four years. Members were asked to review the document and consider it in light of “Agenda Item 4.4 – Vision and Priorities for Information Management”. This document can be used to support discussions with MAC on enhancing physician engagement as it relates to a vision and identifying priorities for information management. It was agreed to identify the critical elements in the document and develop a critical path and timeline for presentation to MAC. The critical path and timeline will be submitted to the committee for review.

Sharon Penney

Because of the potential for confusion with the provincial EHR initiative, there was some discussion on whether the EHR should be renamed Electronic Medical Record. This is not supported by the committee. EMR does not reflect the wide range of health information contained on a patient’s chart. It was pointed out that the definition of the EHR is “health information available anywhere, anytime to health care providers.”

2.5.



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2.10. Computer System Downtime

A debriefing was held on the unscheduled computer downtime which occurred [REDACTED]. The following are the highlights:

- occurrences of this nature should be addressed from a disaster perspective, and a proposal is being developed for submission to this committee.
- the system should be brought back all at once rather than one component at a time
- the possibility that electronic patient information is missing is a concern and will be difficult to identify; however, because manual processes were implemented, the patient's information is available on paper charts. The potential risk to the patient is minimal but will need to be clarified.

We are writing the vendor to address issues regarding accountability, cost to this organization, potential risk to patient care, our credibility in the community, etc.

2.11. Physician Access to Electronic Meditech Results

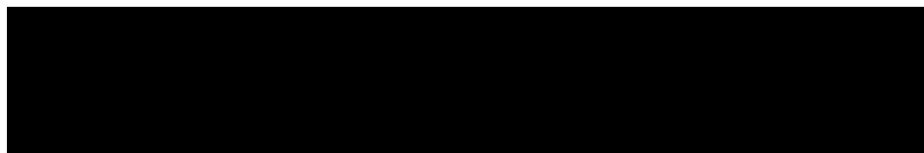
This issue was discussed at the Senior Management Committee meeting held on January 17, 2005, and Dr. R. Singleton is arranging for an ethical review.

3. Standing Agenda Items

3.1. Committee Minutes – Waitlist Management Steering Committee

The minutes of January 26, 2005, were provided for information.

Action By:



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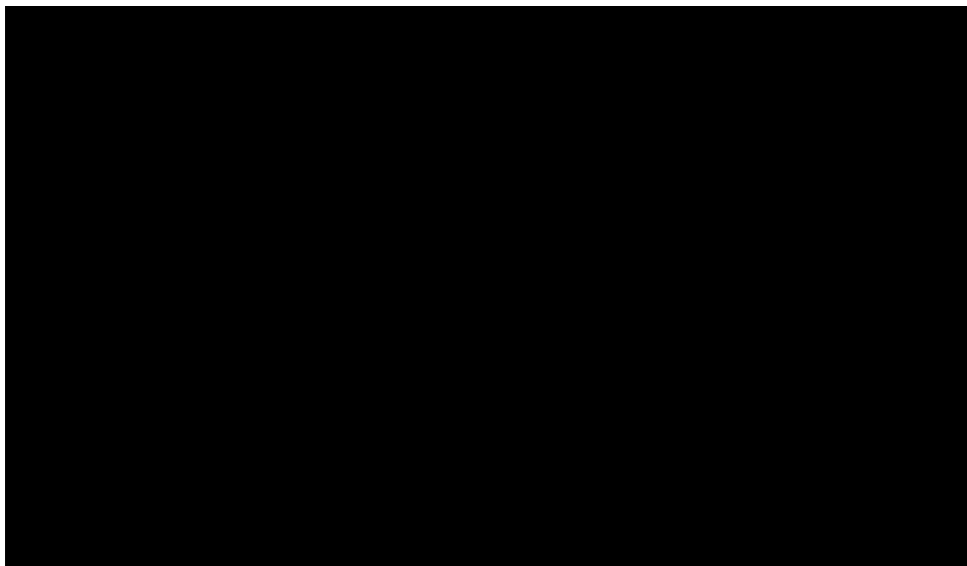
February 4, 2005

Mr. Macdonald reported that the Department of Health and Community Services has allocated \$10 million to develop a provincial wait list system and approached the NLCHI for estimates on the cost of development. Ms. Templeton will follow up with the Department (Ms. Loretta Chard) and also involve members of Executive Management in the discussions.

Janet Templeton

4. New Business

4.1.



4.2. CCHSA Accreditation Summary Report

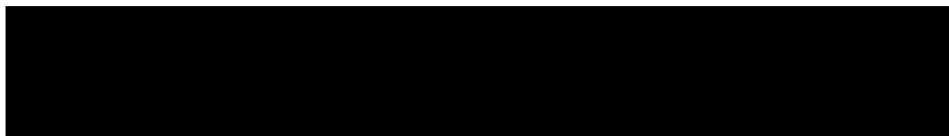
HCCSJ has been awarded “Accreditation with Report” by the Canadian Council on Health Facilities Accreditation. There are six recommendations, three of which will require submission of a written report to CCHSA by December, 2005. A summary of the report was circulated with the agenda.

Mr. Brown will review the report from the perspective of the need to revise or update the IMC Strategic Plan.

Jim Brown

Action By:

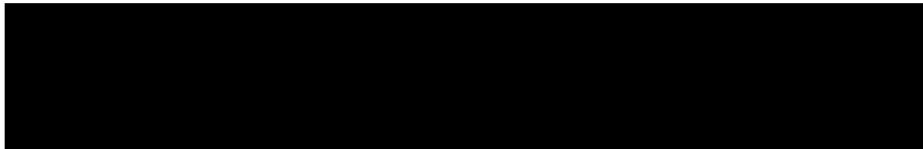
4.3. HSC Data Centre



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4.4. Vision and Priorities for Information Management

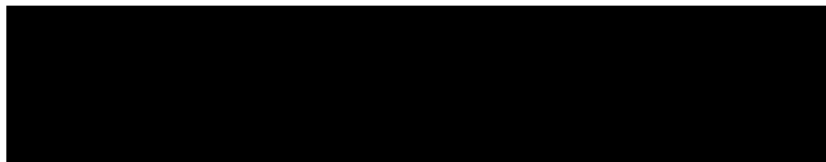
The need to adopt a vision for information management, identify priorities and move forward with the EHR is recognized. Critical to this is increased physician engagement. The EHR Committee recently discussed the possibility of increasing physician involvement by building on our success stories, i.e. paperless clinics, physicians e-signing reports, etc., and bringing a group of physicians/clinicians together who are already involved in these initiatives. A proposal for the development of a physician/clinical focus group to focus on increasing physician involvement will be prepared for review at the next meeting.

Sharon Penney

4.5. Articles

Articles circulated with the agenda from “Health Care Information Management and Communications” were provided for information.

4.6. Staff Scheduling Software



4.7. Feedback from CIHI

Information received from CIHI and circulated with the agenda was reviewed. Actions implemented in the last couple of years to address inappropriate coding in the DAD have shown an improvement. HCCSJ is now coding well above the Newfoundland average, just slightly above the national average but still below the average for all teaching hospitals.

Ms. Penney indicated that NLCHI error report for CIHI shows an improvement in our error rate from 10.24% last year to 1.19%. The national average is .81%.

Action By:

4.8. Coding in ERIHA

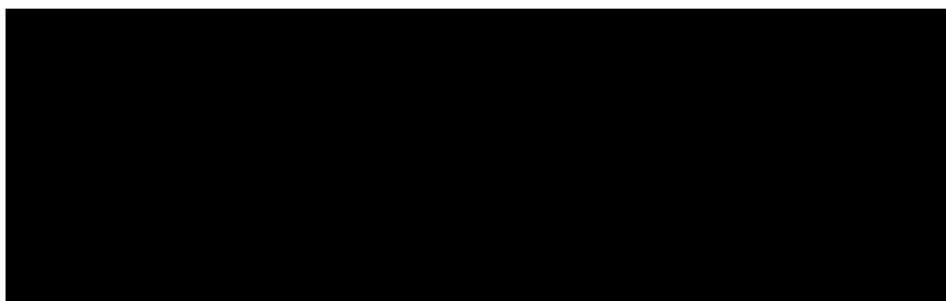
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The issue of whether we will continue coding site specific in the new ERIHA was raised. It is recognized that some programs require site specific information more than others.

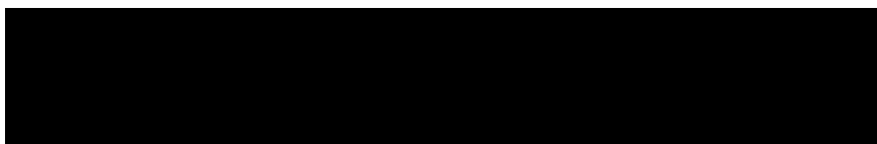
4.9. Access to PACS for Teaching Purposes



4.10. Reabstracting Project with NLCHI

Ms. Penney advised that the report has been received, and the findings are being reviewed and will be submitted to this committee for review.

4.11. Presentation – Nova Scotia Department of Health



5. Next Meeting – March 4, 2005

6. Adjournment – 11 a.m.

Information Management Committee
March 4, 2005 – 9 a.m. – Board Room, St. Clare's

Present:

Mr. S. Dodge, Chairperson
Ms. R. Barrington
Mr. J. Brown
Ms. E. Connors
Ms. D. Cooper
Mr. I. Kendall
Ms. S. Lehr

Mr. D. Macdonald
Mr. T. Moulard
Mr. C. Murphy
Ms. S. Pearce
Ms. S. Pereira
Ms. J. Templeton
Mr. E. Wade

Regrets:

Ms. H. Byrne
Dr. F. King
Mr. W. Miller
Ms. S. Penney
Ms. H. Predham
Ms. S. Smith

1. Minutes of the Last Meeting*Action By:*

The minutes of the meeting held on February 4, 2005, were approved as circulated.

2. Business Arising**2.1. Electronic Health Record**

Three documents developed by a sub-group of the Electronic Health Record Committee were provided related to the Electronic Health Record:

- EHR Implementation Flow Diagram
- EHR Four-year Plan Cost Estimates
- Physician Involvement in Information Management Issues

A four-year process for implementation of an electronic health record focusing on the inpatient side of the organization identifying accountable groups, activities and steps in the plan was reviewed.

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The cost of this initiative is estimated at \$10 million over a four-year period. The estimates include dedicated staff, the cost of back-filling positions and technology, as well as a 15% contingency.

Action by:

Following review and discussion, it was agreed to:

- include the cost of the physician involvement component
- identify and include the cost estimate for viewers
- develop a business case
- develop and include the outpatient component

Jim Brown

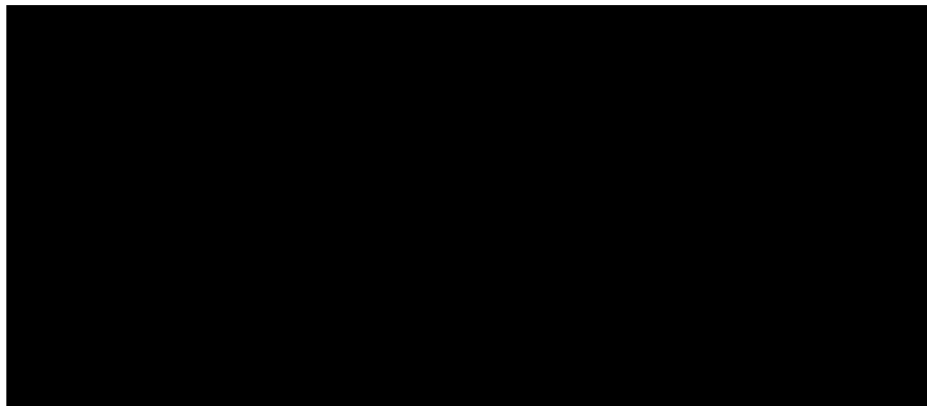
Following refinement of the estimates and plan, it will be submitted to Executive Management. It is recognized that this plan focuses on the HCCSJ and that the primary care and long-term components will be a consideration for the ERIHA.

The document on physician involvement in information management issues was then reviewed. The proposal recommends that meetings be scheduled with physicians who have demonstrated an interest in information management initiatives. The objectives of the meetings are to determine the critical success factors for physicians in an EHR implementation, discuss the proposed vision and workflow, identify issues and obtain physician engagement to support the process. It was agreed to further refine the document and submit it to Executive Management for review. Meetings with physicians will be scheduled after support from EMC is obtained.

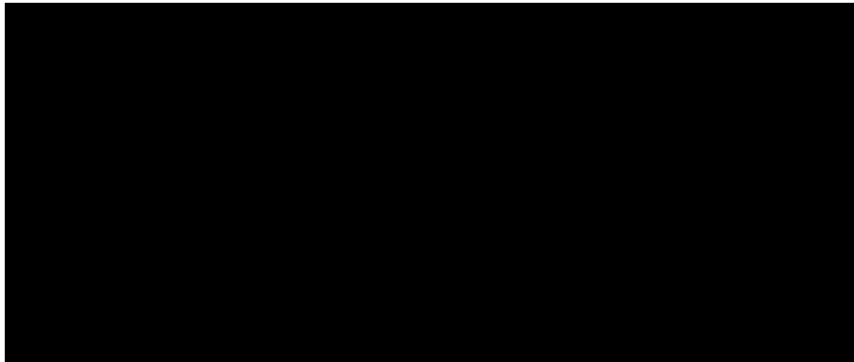
Funding for this initiative is a key issue, and it is anticipated that the new ERIHA will have major budget concerns. However, despite financial implications and funding challenges, the need to continue planning for this initiative is recognized.

Jim Brown

2.2.



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Jim Brown
Evelyn Connors

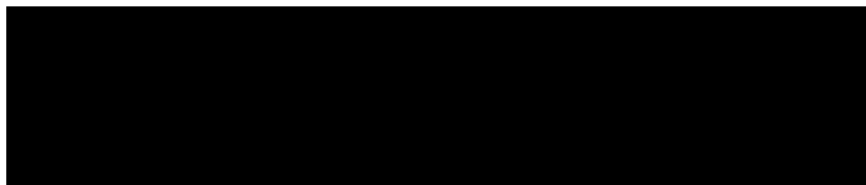
4.3. Data Quality of the Discharge Abstract Database

The report on the Data Quality of the Discharge Abstract Database Following the First Year Implementation of ICD-10-CA/CCI was provided with the agenda material and will be discussed at the next meeting. The report is positive.

4.4. Clinical Information Timeline Grid

Provided for information.

4.5. Clinical Decision Support Tool



5. Communications

5.1. Best Practices and Innovation

A copy of a proposal submitted to CCHSE for the 3M Health Care Quality Team Awards entitled “LINKAGE – Levering Information and Networked Knowledge to Achieve Gains in Effectiveness” was provided for information.

6. Other Business

Information Management Committee

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March 4, 2005

6.1. Client Registry

Phase I is complete. Turnaround time is less than 60 seconds. There were some issues with long wait lines during registration, but these have been resolved. The NLCHI is evaluating the client registry benefits for the province.

6.2. Unscheduled Computer Downtime

A report on the financial and risk implications of the downtime which occurred in December, 2004, is being developed. EMC will pursue with the vendor.

7. Next Meeting – April 1, 2005

8. Adjournment – 10:50 a.m.

Information Management Committee
May 6, 2005 – 9 a.m. – Conference Room C, Corporate Office

Present:

Ms. S. Lehr, Acting Chairperson
Ms. R. Barrington
Mr. J. Brown
Ms. H. Byrne
Ms. E. Connors
Ms. D. Cooper
Mr. I. Kendall

Mr. D. Macdonald
Mr. W. Miller
Mr. T. Mouland
Ms. S. Pearce
Ms. S. Pereira
Ms. H. Predham
Ms. S. Smith

Regrets:

Mr. S. Dodge
Dr. F. King
Mr. C. Murphy
Ms. S. Penney
Ms. J. Templeton
Mr. E. Wade

In the absence of Mr. Steve Dodge, Chairperson, Ms. Sharon Lehr assumed the Chair.

Action By:

1. Minutes of the Last Meeting

The minutes of the meeting held on March 4, 2005, were approved as circulated.

2. Deferred from Last Meeting**2.1. Data Quality of Discharge Abstract Database**

The report of the reabstracting study done in 2003 by CIHI on the first year of the new classification of the ICD10 was received and circulated at the last meeting. There were no major data quality issues identified. Those issues which were identified have been addressed.

3. Business Arising

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3.1. Electronic Health Record – Implementation Plan

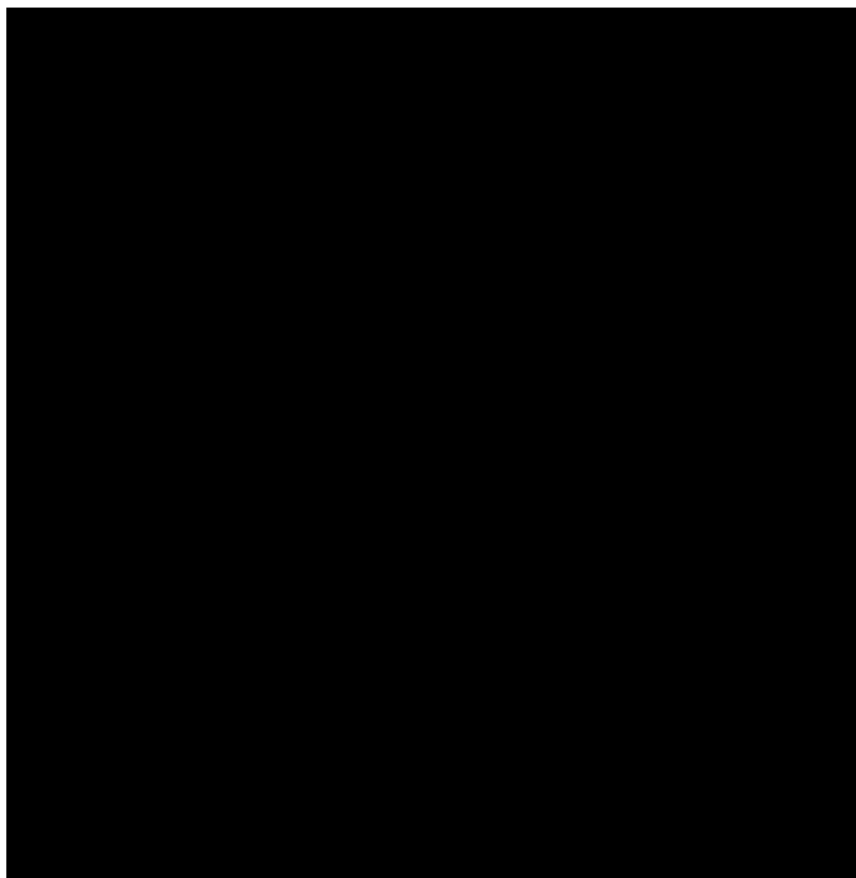
To avail of external expertise and to provide validation to the process, it was suggested that an external consultant be hired to develop a business case. The potential for a collaborative approach with a regional or provincial focus was raised. Ms. Lehr will raise this issue for discussion at the next meeting of the Executive Management Committee.

Sharon Lehr

In the interim, to limit costs and to complete as much preparation work as possible, this organization will continue development of the business case.

Physician Involvement – Vision for Information Management – We are awaiting direction from Executive Management.

3.2. Information Needs – Rehabilitation/Continuing Care



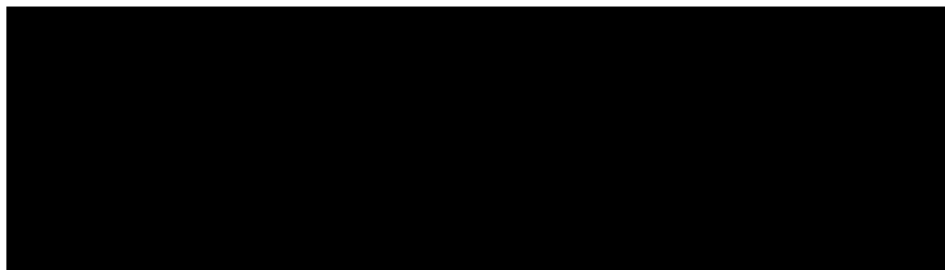
*Evelyn
Connors*

3.3.

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5. New Business

5.1. Tape Archiving

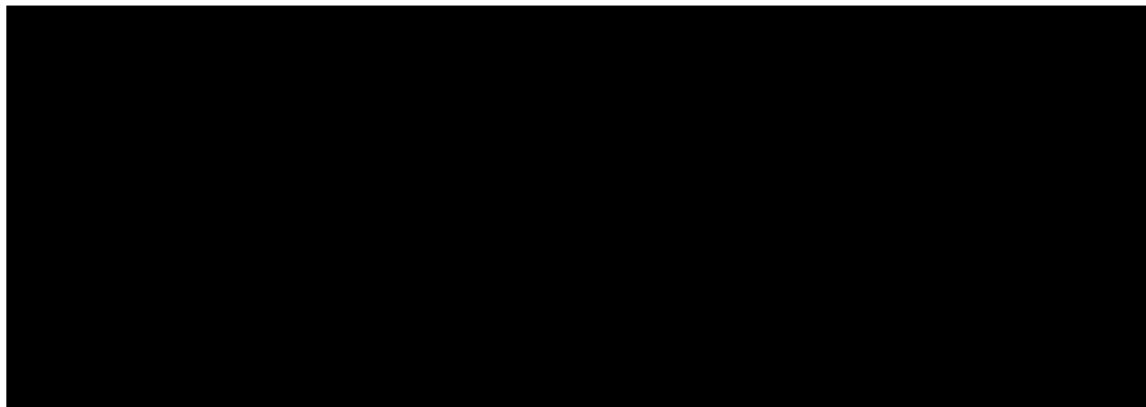
The use of reel-to-reel archive tapes and retention of older tapes has recently been raised for discussion. The new operating system (Meditech) will not support the reel-to-reel tape drive. The need to continue using and retaining these tapes was considered from the perspective of clinical use, legal requirements and space, and the following noted:

- the information is available on the chart
- the need to use the tapes is infrequent
- the recovery success rate from the tapes is approximately 25%

Following discussion, IMC supported the discontinuation of the reel-to-reel tapes. Ms. Predham and Mr. Kendall will develop a retention policy.

Ian Kendall
Heather Predham

5.2.



5.3. Nursing Access to PACS

The need for nurses to have access to PACS has been questioned. The issue will be referred to the Security Committee and Ms.

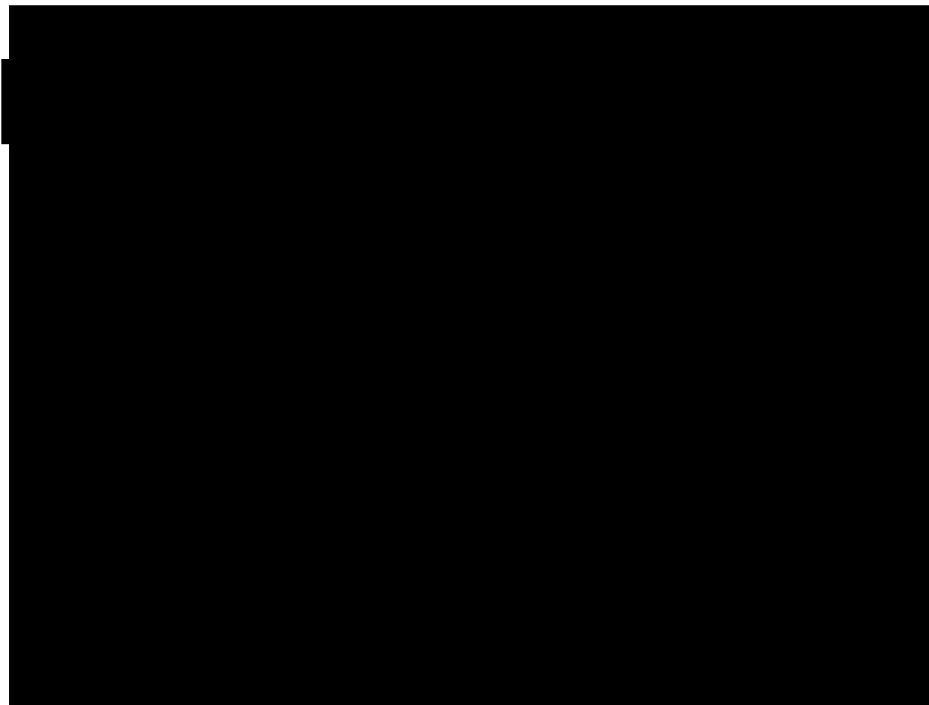
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Evelyn Connors

5.8. IDC Status Report on Canadian Health Care IT – VoIP

HCCSJ participated in a teleconference with IDC sponsored by IBM. Interviews were held with 50 hospitals across Canada, and the findings relate to the dominance of Meditech in the industry, development of an electronic health record is a key trend, hardware acquisition and network development are key issues, insufficient IT funding and staffing, Voice over Internet Protocol is gaining consideration, a large percentage of hospitals are investigating CPOE.

5.9. Allied Health WMS Reporting – Requirements and Progress Report



5.10. Occurrence Reporting Software – CPSI Opportunity

A demonstration of the product by one of the companies is scheduled for May 18, 2005. All the regional partners have expressed an interest. The potential for research is being pursued.

