

camh Clinical Information
Transformation Project



Achieving Clinical Transformation with an Electronic Health Record: Progress Report

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CAMH Today: Transforming Lives



- Largest mental health and addictions hospital in Canada.
- University of Toronto-affiliated teaching hospital.
- 3 main sites.
- 30+ locations.
- 550 beds.
- 3,000 staff.
- 400 physicians.
- 30,000 unique clients.
- 500,000 ambulatory visits.
- Provincial and national reach.

Transformation Continues: Urban Village

- Therapeutic neighbourhood.
- Temerty Centre for Brain Intervention.
- Learning Centre.
- Gymnasium.
- Outpatient services.

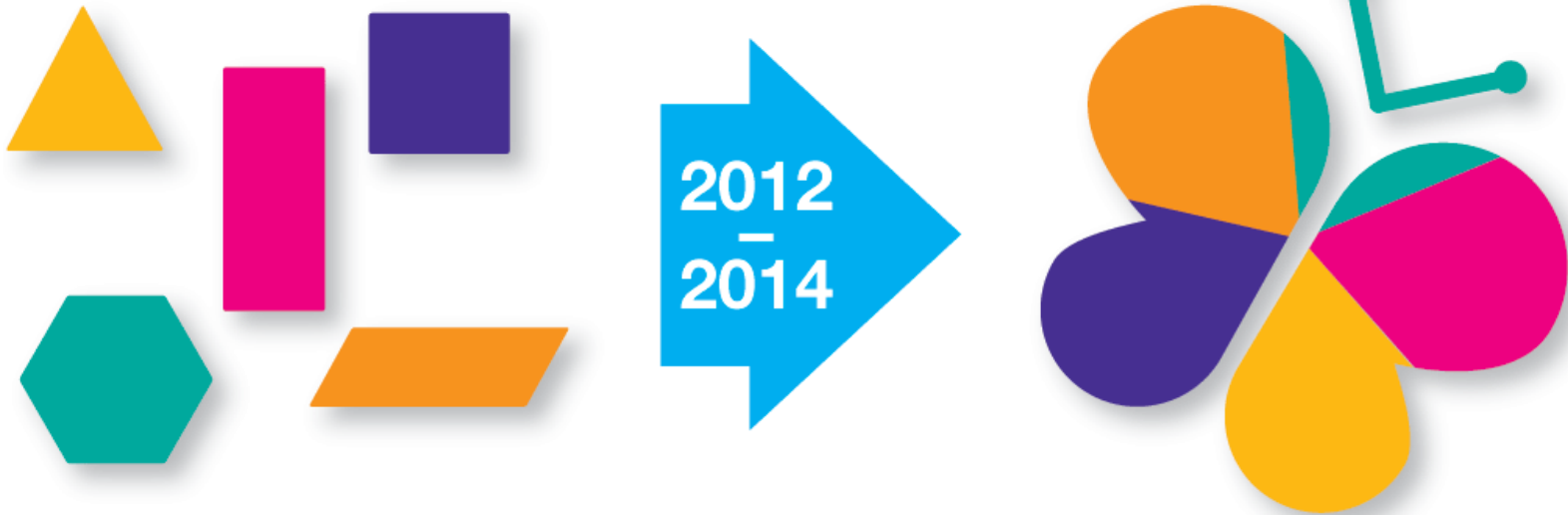


- Emergency and Urgent Care.
- Partial Hospital Program.
- Inter-generational Wellness Centre
- Youth Day Program.
- Complex Mental Health units.
- Community Outreach Services.

Clinical Information System Transformation

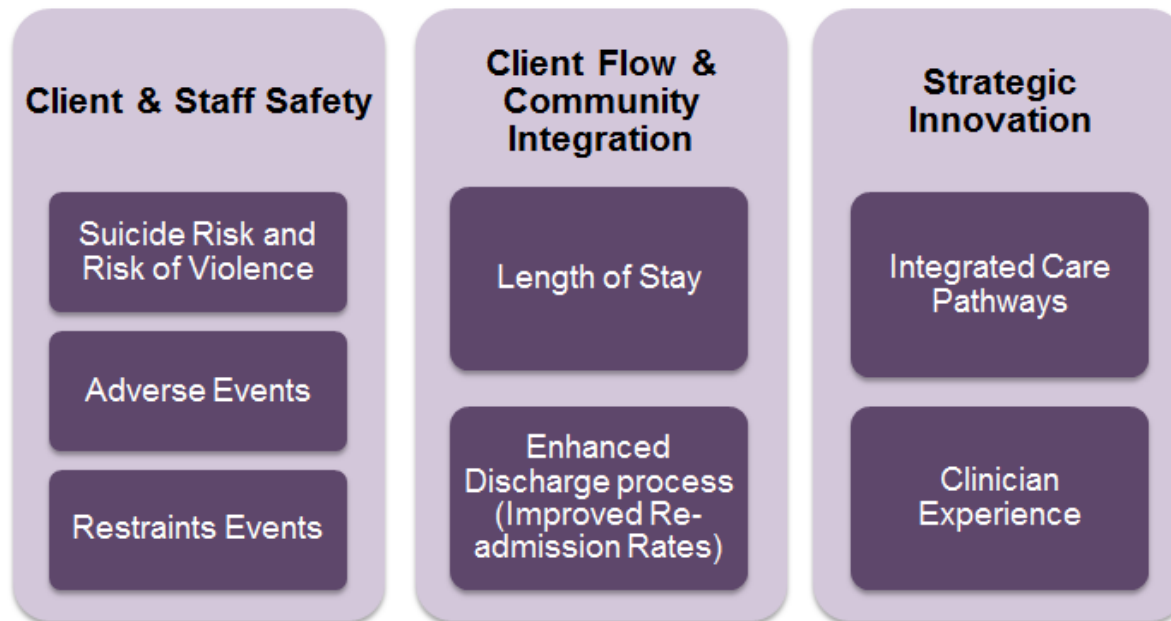
Goal:

- Replace various disparate clinical systems with one integrated solution in two years!



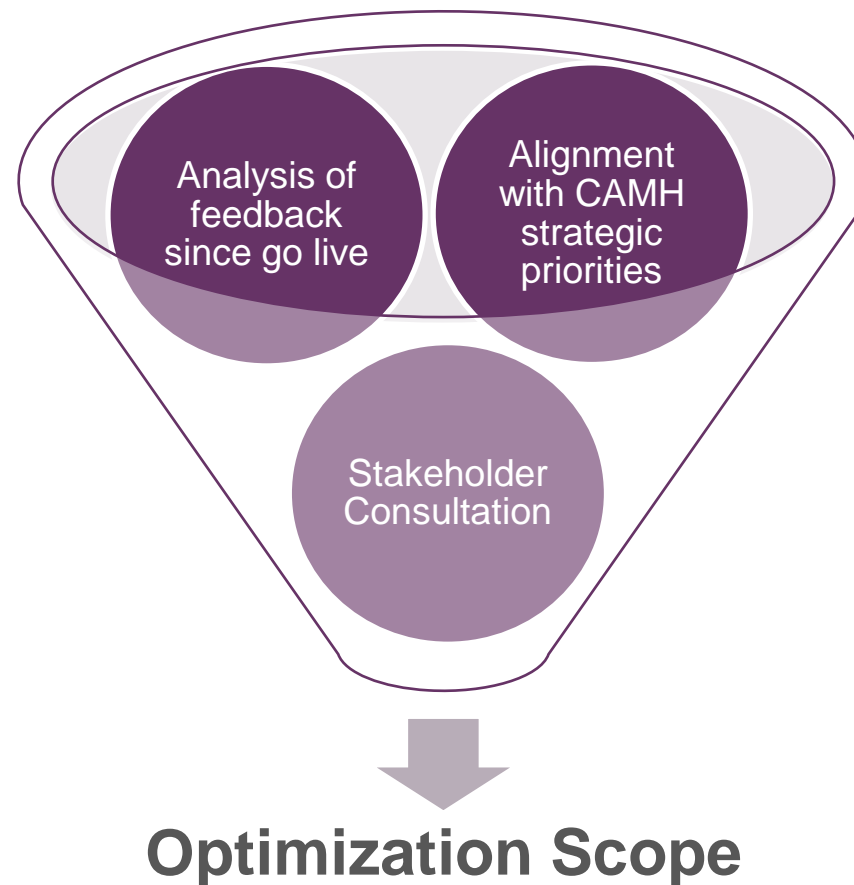
Optimization Project Background

- Following approval by CAMH Board, the I-CARE optimization project formally commenced in October 2015 and is scheduled to conclude by July 2016.
- Objective of optimization project is to evolve I-CARE to align with CAMH's strategic objectives.

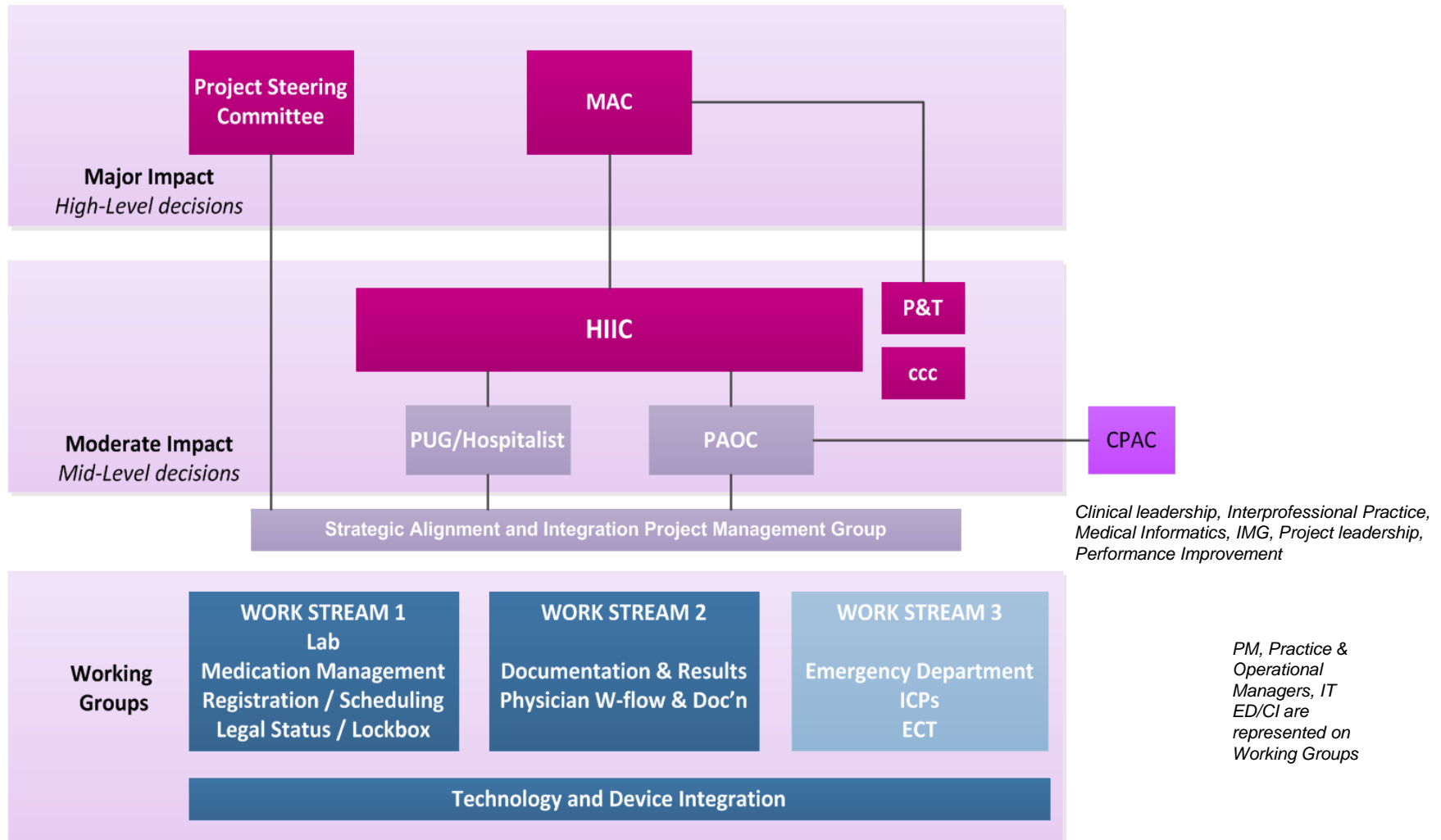


Optimization Project Scope

- The optimization project is a dedicated effort to address specific areas of scope, aligned to an allocated budget and defined timeline.



Optimization Project - Governance



Optimization Project - Governance and Working Groups

- Over 90 Clinicians / Physicians are engaged via 18 working groups and 3 governance committees.

Working Groups	
ACST	Integrated Care Pathways
Admission / Discharge	Lab / PathNet
CAMH Wide Assessments	Medication Management
Care Planning	Metabolic Monitoring
Child / Youth / Family	Registration & Scheduling
Device Integration	Restraints
ECT	Risk Flagging
ED / FirstNet	Safety and Comfort Plan
Forensic	Suicide Risk Assessment

Governance Committees
Physician User Group
Hospitalists
Practice Adoption & Optimization Council

Implementation Approach



Optimization changes will be implemented in waves, taking into consideration:

- Impact assessment: low, medium, high.
- Complexity of change.
- Number of disciplines, programs, affected.
- Training requirements.
- Other organizational initiatives.

Risk Flagging Background

- Emphasis nationally on staff safety.
- Bargaining units want to see evidence that employers are taking steps to protect safety of staff.
- There is a desire to implement tools that predict risk in patients.



Risk-Flagging in I-CARE

Guiding Principles

- High threshold for flagging risk.
- Minimize stigmatizing labels.
- Avoid flagging standards of practice.
- Avoid duplication where a single source of truth already exists.
- Detailed documentation related to risk is easily accessible.



Risk-Flagging in I-CARE

Recommended Flags

- Aggression/Violence Risk.
- Sexual Aggression Risk.
- Weapons Risk.
- Letter of Trespass.
- I-ULOA risk present.



Risk-Flagging in I-CARE

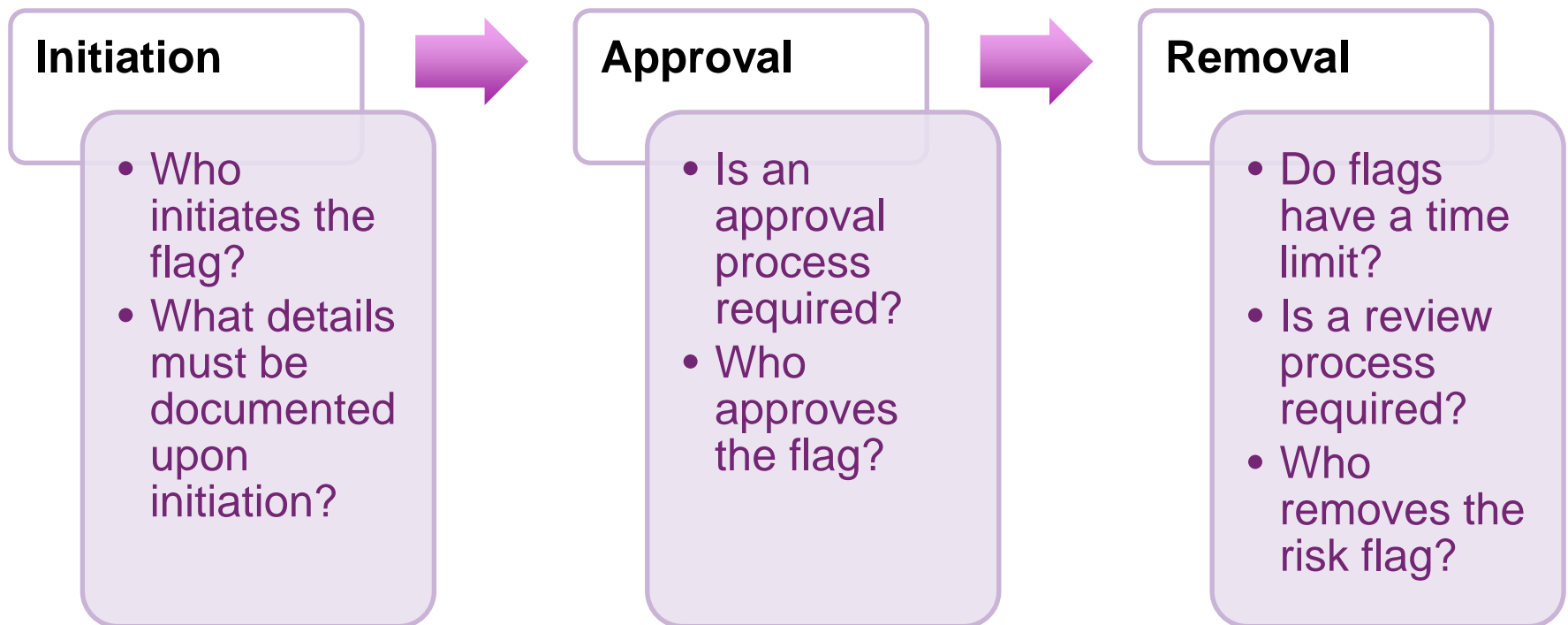
Not Recommended

- Smoking on premises risk.
- Self-harm/suicidality.
- Emotional dysregulation.
- Falls risk.
- Allergies.



Risk-Flagging in I-CARE

Workflow



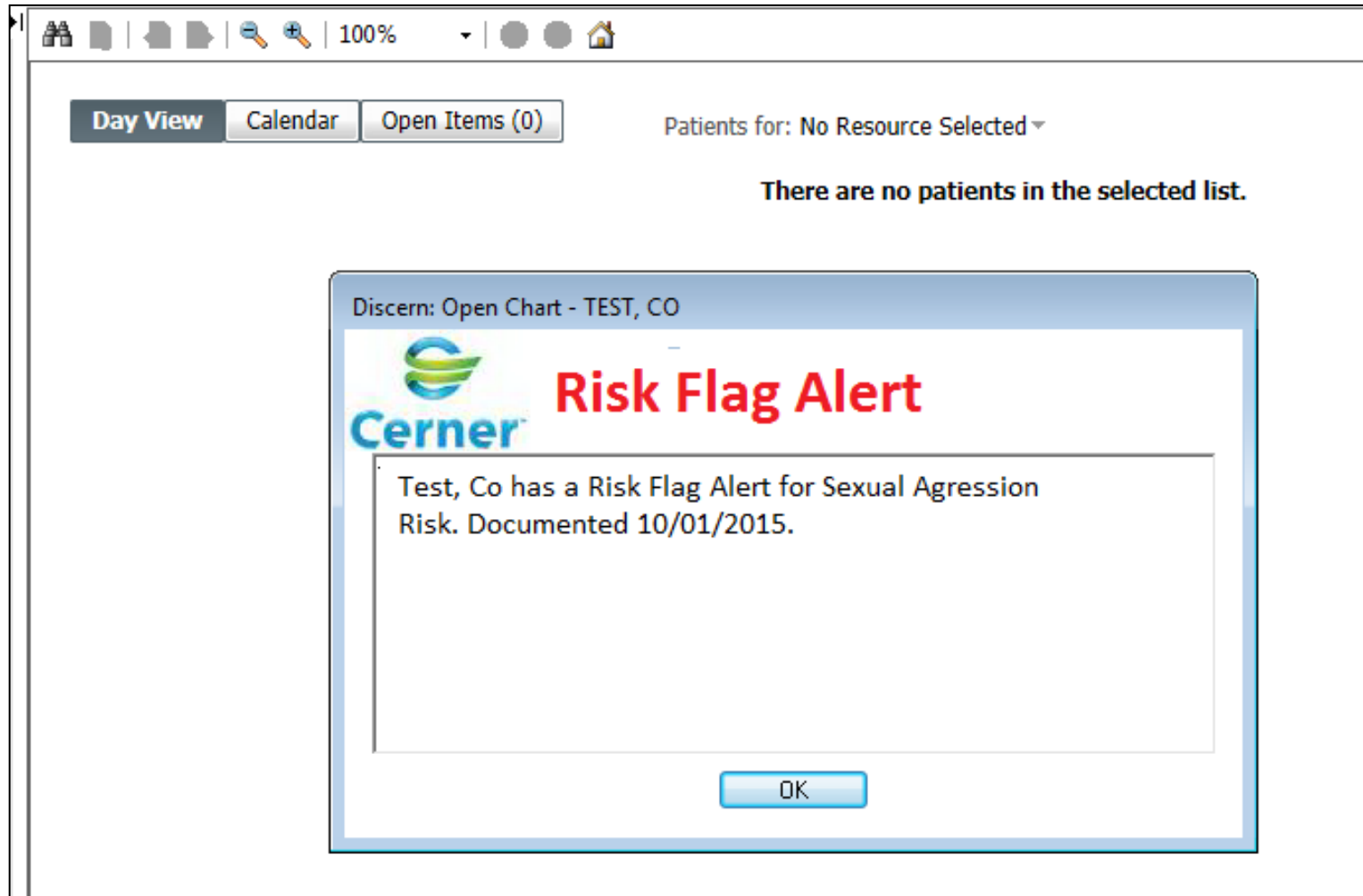
Risk Flagging in I-CARE – Proposal & Approval

		<i>This section is conditional based on selecting "yes" to the last field in the previous section.</i>	
		Review of Risk Flags	
Proposed Risk Flags			
Review of Risk Flags			
		Date/Time Risk Flag was reviewed	Review Completed By <i>(provider search)</i>
		Approved Risk Flag(s)	List Individual(s) who were involved in the review process <i>(free text)</i>
		<input type="checkbox"/> No Risk Flag <input type="checkbox"/> Aggression/Violence Risk <input type="checkbox"/> Sexual Aggression Risk <input type="checkbox"/> Weapons Risk <input type="checkbox"/> Letter of Trespass <input type="checkbox"/> AWOL Risk	
		Additional Comments	

Risk Flagging in I-CARE – Ongoing Reviews

Reassessment of Approved Risk Flags					
Reassessment					
	<table border="1"> <tr> <td>Date/Time Risk Flag was reviewed</td> <td>Review Completed By</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Date/Time Risk Flag was reviewed	Review Completed By		
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	<table border="1"> <tr> <td>Risk Behaviours (<i>Describe risk behaviour e.g. violence, threat; Victim(s) and injuries? Weapons use? What stopped the violent behaviour?</i>) (free text)</td> </tr> <tr> <td></td> </tr> </table>	Risk Behaviours (<i>Describe risk behaviour e.g. violence, threat; Victim(s) and injuries? Weapons use? What stopped the violent behaviour?</i>) (free text)			
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Risk Flagging in I-CARE – Example of Alert



The screenshot displays the I-CARE software interface. At the top, there is a navigation bar with icons for home, back, forward, and search, along with a 100% zoom level. Below this, there are buttons for 'Day View', 'Calendar', and 'Open Items (0)'. To the right, it says 'Patients for: No Resource Selected'. A message in the center reads 'There are no patients in the selected list.' A modal dialog box is open in the foreground, titled 'Discern: Open Chart - TEST, CO'. It features the Cerner logo and a prominent red 'Risk Flag Alert' heading. The alert text states: 'Test, Co has a Risk Flag Alert for Sexual Agression Risk. Documented 10/01/2015.' An 'OK' button is located at the bottom of the dialog box.

Questions

