

# Supporting *One Client, One Team* in Palliative Care

## PRESENTER

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# INTEGRATED PALLIATIVE SYSTEM OF CARE

**DESCRIPTION** *An integrated client care program where clients and families experience one team across multiple partners*

**KEY PARTNERS**

Temmy Latner Centre for Palliative Care	Dorothy Ley Palliative care physicians	Multiple Hospitals	Nursing Providers	Hospice
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## Together advancing One Client, One Team™



One Integrated EMR



One Brand



Single Point of Access



One Coordinated Care Plan



One Assessment



Cross Continuum Care



Daily Integrated Team Huddles



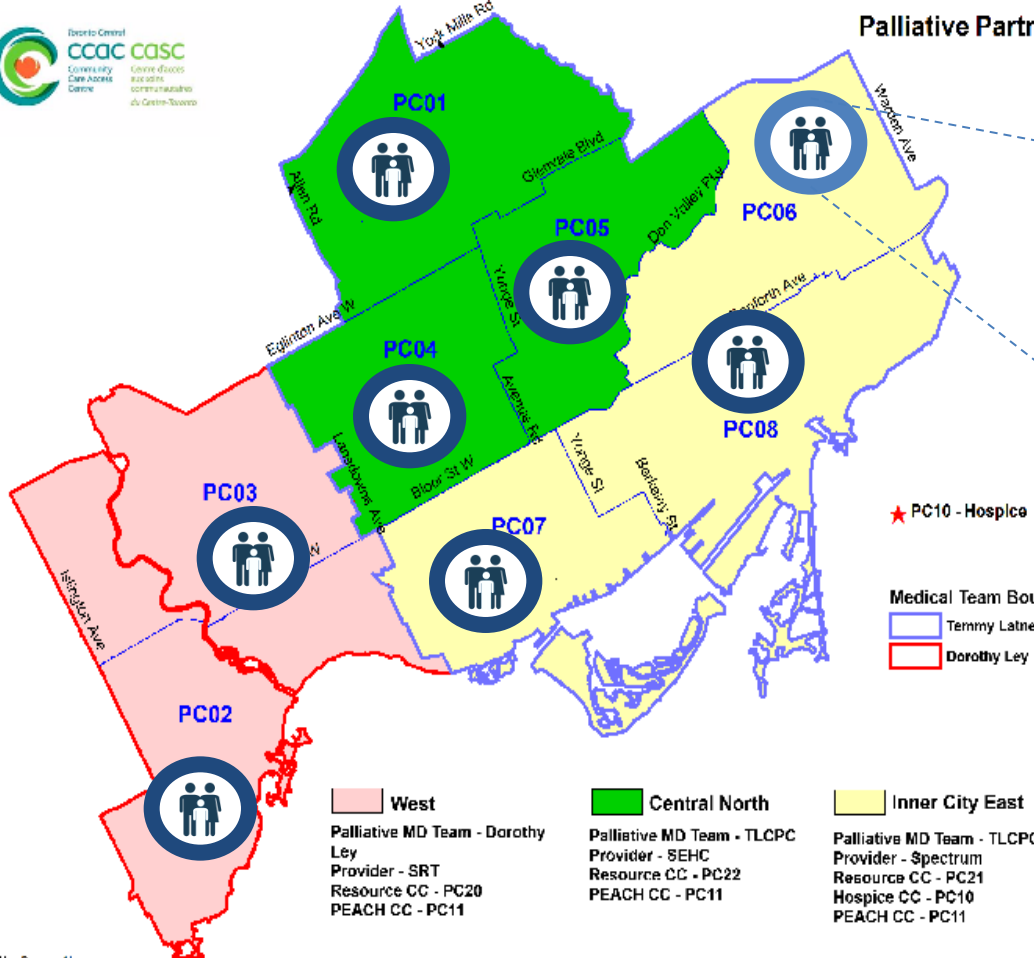
Caregiver and Patient Advisory



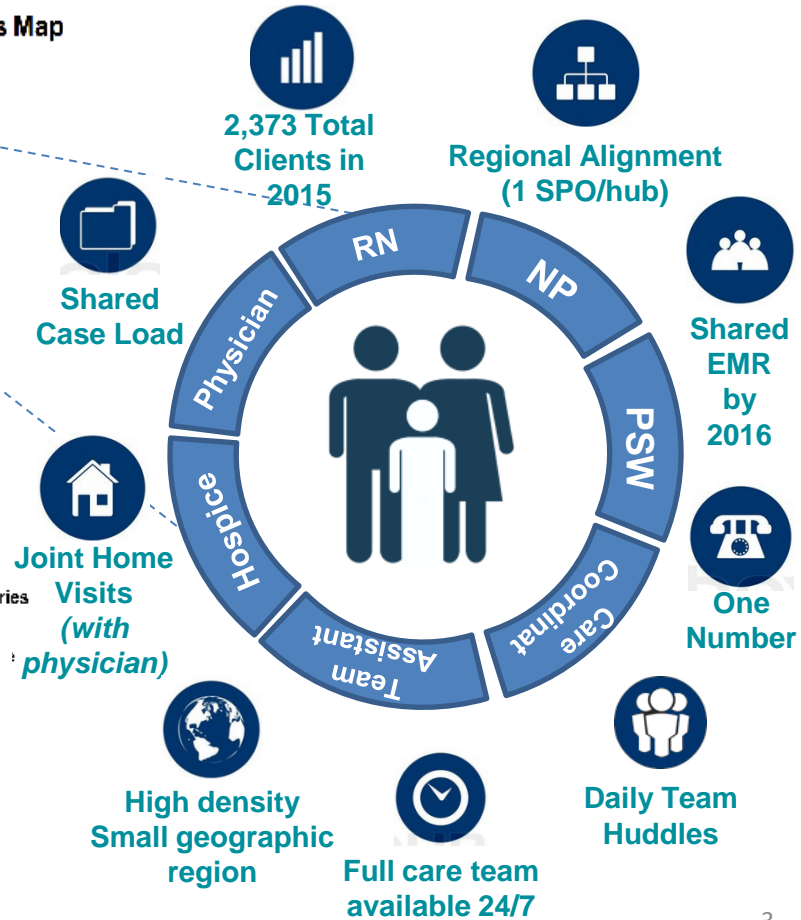
One Dedicated Care Team Aligned in Neighbourhoods

# PALLIATIVE APPROACH

Established & dedicated integrated care team members within each hub



Palliative Partners Map



# CURRENT CHALLENGES

- **Record of Care in the client's home used for nursing provider documentation**
  - Difficult to share clinical information with nursing providers
  - Not a good fit with workflow in the home
- **Team members fax documentation back and forth**
  - Inefficient workflow and delays decision making
- **Team members currently document clinical notes and process client records in multiple applications**
  - Team member on call may not have access to most recent information
  - CCAC systems support case management, not clinical documentation



# SHARED EMR PROJECT

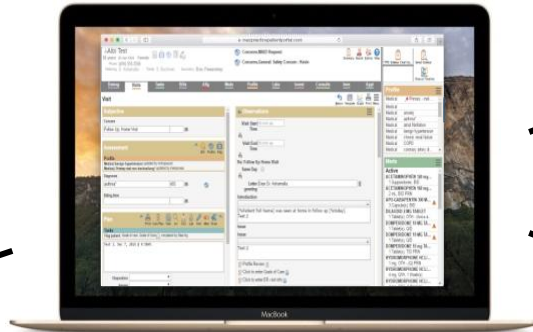
Expand access to central EMR system  
for clinical documentation between multiple organizations



**TEMMY LATNER**  
*PHYSICIAN*



**SERVICE PROVIDER**  
*NURSE*



**CCAC**  
*CARE COORDINATOR*



**CCAC**  
*NURSE PRACTITIONER*

**Client-Centred  
Approach**

**Release Time to Care**

**Support Virtual  
Team**



# SHARED EMR SCOPE

1

Determine what information is useful to share within the care team

2

Develop new workflows and business practices to support the sharing of information

3

Customize the EMR to meet the business needs of different providers

4

Implement a privacy framework that supports the sharing of information between organizations





# SHARED EMR APPROACH

## INTEGRATION AREAS

- 1) Workflow mapping to identify opportunities
- 2) Assess capabilities of the EMR
- 3) Customize EMR templates and settings

## PRIVACY

- 1) Privacy Impact Assessment
- 2) Privacy Framework
- 3) Operations Guide for shared EMR
- 4) Align operational privacy policies and practices between the organizations

# INTEGRATION AREAS

## Intake Process

Enabling a standardized intake referral process

## Joint Assessment and Care Plan

Providing a single shared template for joint visits

## Record of Care

Information available in the client's home





# LESSONS LEARNED

(or, Stating the Obvious)

1

EMRs are highly tailored to physician workflow

2

Data sharing and privacy approaches are designed for organizations with similar scale and maturity

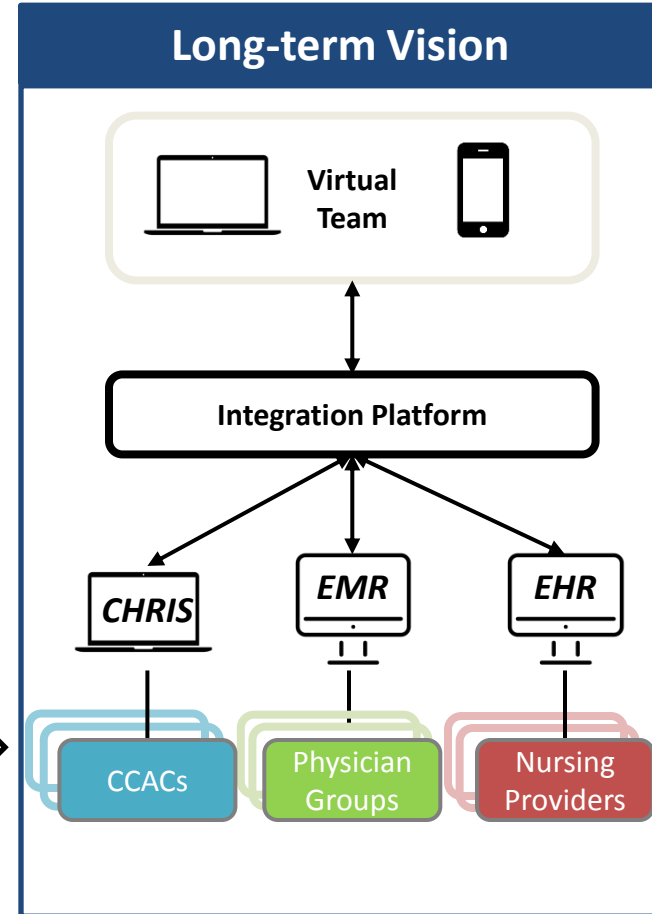
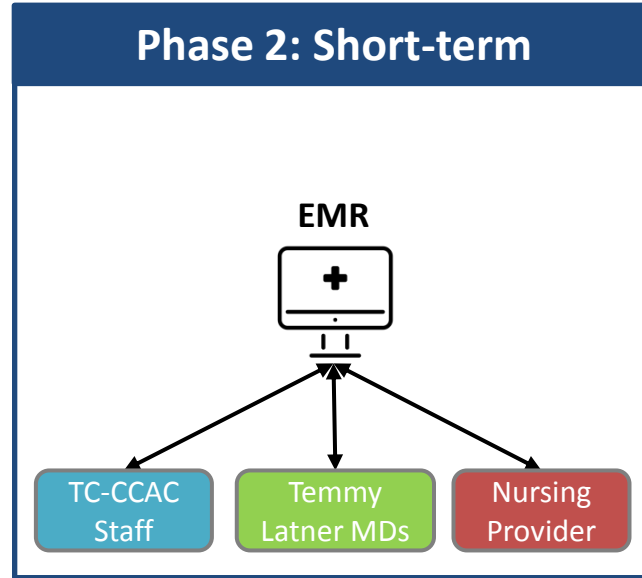
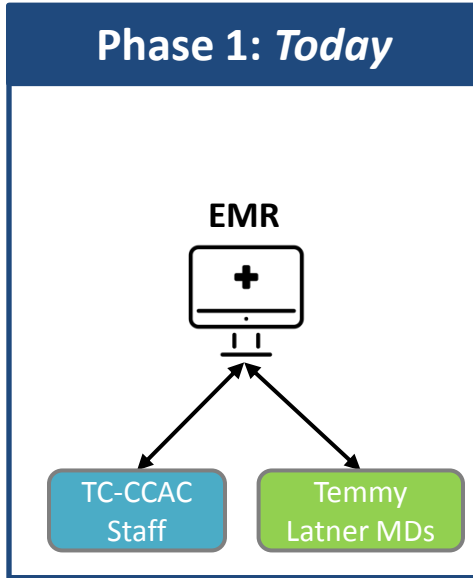
3

Small and mid-size physician groups do not have significant privacy and security infrastructure

4

Not everything has to be shared!

# INTEGRATED TEAM ROADMAP



- Confirm expanded regional model
- Identify preferred privacy model (shared record or HINP)

