

Benefits evaluation is an important component of the connecting South West Ontario (cSWO) Program that helps to support and demonstrate the realization of health system benefits through the adoption of an electronic health record (EHR). By pursuing the measurement of organizational value (improvements in the efficiency of care delivery such as time-savings and redirected resources) and clinical value (patients undergo fewer unnecessary tests, patients have improved access to care) ultimately, patients benefit from higher quality, better informed clinical decision-making.

The cSWO Benefits Realization program uses a research-based approach to identify areas of clinical best practice that are affected by the use of the electronic health record (EHR), and works collaboratively with clinicians to understand the value of the EHR. This formative evaluation process informs change management and adoption, and enables clinicians to use the EHR more effectively. This research does not include the use of any personal health information.

The document is one in a series of case studies which describe the clinical value of the EHR in different clinical settings and contexts, particularly with respect to clinical best practices. The work of the cSWO Benefits Realization program is ongoing; in some cases, these cases raise questions for further investigation, and clinicians are invited to participate in benefits evaluation to continue to develop these answers.

Value statement

Using the cSWO Regional Clinical Viewer, ClinicalConnect™, clinicians responsible for providing more integrated, more proactive care for long-term care residents.

Information builds a more responsive care plan for residents transferring back from hospital

Ontario's Ministry of Health and Long-Term Care expects long-term care homes to complete the Resident Assessment Instrument - Minimum Data Set (RAI-MDS) tool when residents are admitted and when significant changes to a resident's condition occur. This expectation is understandable given that RAI tools were "designed to be clinical instruments that trigger individualized, targeted care planning efforts through standardized assessment protocols" (Hirdes et al., 1999).

One of the historical challenges for long-term care clinicians has been getting all of the relevant information about residents who have transferred to hospital. It is especially important to recognize the entire record of hospitalization for this frail patient group who can experience a number of challenges when transferred to a new, hospital environment.

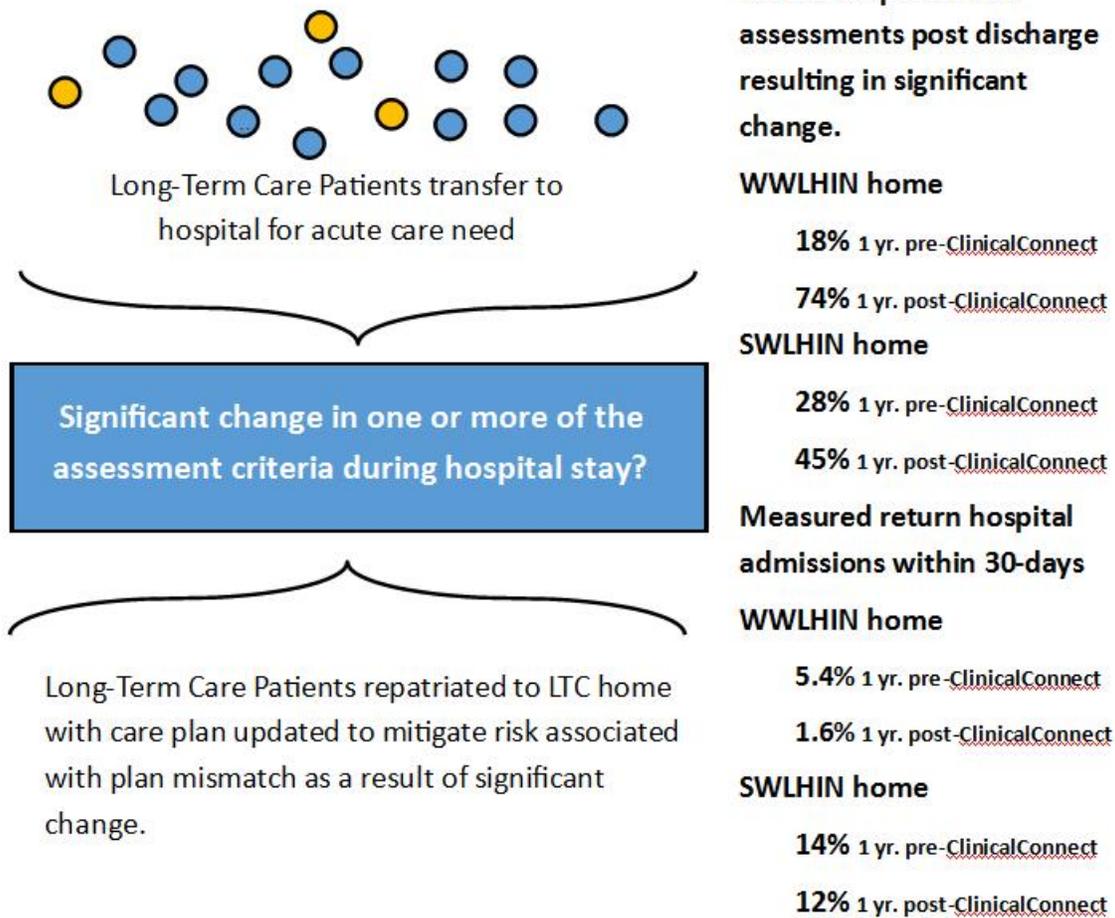
Using the EHR to determine significant changes in resident condition

Using ClinicalConnect, the peopleCARE corporation is providing better continuity of care and more proactive care for their residents. During and following a patient transfer to hospital, the nursing leadership team in a home consults the patient's record in ClinicalConnect. The review of the patient record informs a determination of whether the resident has had a significant change in their condition that requires a change in care plan and a full, inter-disciplinary reassessment using the RAI-MDS tools.

peopleCARE's use of ClinicalConnect is focused on delivering continuity of care (Reid, Haggerty, and McKendry, 2002):

- 1) Informational continuity - information on prior events is used to give care that is appropriate to the patient's current circumstance.
- 2) Relational continuity - knowledge of the patient as a person, and an ongoing relationship between patients and providers bridges discontinuous events.
- 3) Management continuity - care from different providers is connected in a coherent way.

Improving continuity of care and informed, in-home care for high-users of the health system



Testimonial

"ClinicalConnect has positively impacted peopleCare's nursing leadership team's ability to provide continuity of care to our residents upon return from acute care. In the past, we received limited knowledge regarding the care treatment of our residents. The ability to retrieve information through ClinicalConnect allows us to plan their ongoing care based on new medical information gathered during their hospital stay."

Susan Thibert, RPN, RAI-C,
Director Informatics and Data Quality, peopleCare Inc.

Questions

For questions, comments, or to participate in cSWO Program's Benefits Realization program, please contact:
Ted Alexander, Research Associate, cSWO Program: ted.alexander@ehealthce.ca

Sources

Hirdes, J. P. (1999). Integrated health information systems based on the RAI/MDS series of instruments. *Healthcare Management Forum*, 12(4), 30-40.

Reid, R., Haggerty, J., & McKendry, R. (2002). Defusing the confusion: Concepts and measures of continuity of healthcare. Retrieved from: http://www.cfhi-fcass.ca/Migrated/PDF/ResearchReports/CommissionedResearch/cr_contcare_e.pdf