

Preparing for 2020 Strategic Planning: Environmental Scan

August 20, 2014



Content

- Intent of environmental scan
- Population & diversity
- Demand for and access to health services
- Use of hospital health services
- Current performance & gaps
- Funding & efficiency
- Reorganizing healthcare
- Global trends
- Political climate
- Informatics



Intent of Environmental Scan

- Provide high level information useful in preparing for TBRHSC's 2020 strategic planning process
- Identify demand and utilization trends and anomalies
- Highlight current performance and related gaps
- Assess current political climate and related implications for long term planning



Population & diversity

SOCIO-DEMOGRAPHIC CHARACTERISTICS, NORTH WEST LHIN

	NORTH WEST LHIN	Ontario	Comments
Population, 2011 (MinFin)*	239,816	13,372,996	Least populous
% population aged 65+	15.2%	14.2%	
% population aged 75+	7.2%	6.6%	
Population growth, past 5 years (2006-2011) (MinFin)	-1.4%	5.6%	2 nd largest decline*
Projected population, 2016	239,201	14,195,099	
Projected population, 2021	239,635	15,067,531	
% growth forecasted, 2011-2016	0.2%	6.2%	Smallest increase
% growth forecasted, 2011-2021	0.4%	12.7%	Smallest increase
% living in a rural area (2011) (Census)	34.2%	14.1%	2 nd highest LHIN
% living in a large urban centre (2011) (Census)	46.0%	69.3%	

Population & diversity (cont'd)

SOCIO-DEMOGRAPHIC CHARACTERISTICS (% POPULATION)	Northwest LHIN	Ontario	Comments
English Mother Tongue	82.3%	69.8%	
French Mother Tongue	3.5%	4.4%	
No knowledge of English or French	0.6%	2.2%	
Immigrants	8.7%	28.3%	2 nd lowest LHIN
Recent immigrants (2001-2006)	0.5%	4.8%	2 nd lowest LHIN
Visible minorities	1.9%	22.8%	2 nd lowest LHIN
Aboriginal Identity	19.0%	2.0%	Highest LHIN
Labour force participation rate (aged 15+)	64.1%	67.1%	3 rd lowest LHIN
Unemployment rate, 2011 (aged 15+)	7.4%	7.8%	
Without certificate/degree/diploma (aged 25-64)	19.9%	13.5%	Highest LHIN
Completed post-secondary education (aged 25-64)	54.8%	61.4%	Lowest LHIN
Living in low-income	10.7%	14.7%	3 rd lowest LHIN

* (MinFin) Ministry of Finance estimates and projections

Demand for health services

- Demand difficult to forecast accurately as influenced by age, population growth/decline, population health, various demographic factors, and also available service.
- Research-based projections suggest growth in demand due to incidence & aging of ~2.2% annually, slightly lower than the 3% predicted for Ontario overall (key difference being population growth for Ontario overall)
- Implication: In the absence of demographic or provider changes, volumes will increase by ~2.2% annually through 2025, after which time growth should taper off.



Access to health services

- Access to primary care:
 - 83.2% of NWLHIN residents report having a regular medical doctor, vs 91.2% for Ontario
 - Recent reports suggest Canada will have an overall surplus of physicians by 2020. Given the potential for increased access to primary care, potential opportunities and related impacts should be considered during the 2020 strategic planning process
- Access to specialist care:
 - 15.8% of Ontario patients report having to wait longer than 3 months for a specialist appointment vs 16.4% for Canada
 - Unfortunately, results not formally measured at LHIN level but anecdotal reports suggest waits for specialist care in NWLHIN can be very long
 - Median wait times for various surgical and diagnostic procedures are quite good and compare well to the rest of Ontario. However, 90th percentile waits in for some surgeries and procedures are very long.



Use of hospital health services

2012-13 Results for Admissions				
Patient Region Name	Population (estimated)	Activity	Activity per 100,000 Population	Rank
Mississauga Halton	1,179,791	81,847	6,937	1
Central	1,768,550	128,731	7,279	2
Waterloo Wellington	758,084	57,454	7,579	3
Toronto Central	1,195,032	93,212	7,800	4
Central East	1,572,453	124,615	7,925	5
Champlain	1,261,493	100,028	7,929	6
Central West	856,656	69,930	8,163	7
Erie St. Clair	643,391	57,343	8,913	8
South East	491,996	43,999	8,943	9
North Simcoe Muskoka	461,737	41,355	8,956	10
Hamilton Niagara Haldimand Brant	1,417,408	127,417	8,989	11
South West	962,539	89,067	9,253	12
North East	564,050	68,998	12,233	13
North West	239,816	32,310	13,473	14
	13,372,996	1,116,306		
		ON Average	8,884	
		ON Minimum	6,937	
		ON Maximum	13,473	



Use of HHS (cont'd)

2012-13 Results for IP Days				
Patient Region Name	Population (estimated)	Activity	Activity per 100,000	Rank
Central East	1,572,453	206,465	13,130	1
Champlain	1,261,493	226,459	17,952	2
Central	1,768,550	402,232	22,744	3
Central West	856,656	261,969	30,580	4
Waterloo Wellington	758,084	234,904	30,987	5
Toronto Central	1,195,032	392,326	32,830	6
South East	491,996	179,320	36,447	7
Hamilton Niagara Haldimand Brant	1,417,408	659,158	46,504	8
South West	962,539	522,111	54,243	9
Mississauga Halton	1,179,791	694,166	58,838	10
Erie St. Clair	643,391	521,640	81,077	11
North West	239,816	230,996	96,322	12
North Simcoe Muskoka	461,737	490,049	106,132	13
North East	564,050	901,817	159,882	14
	13,372,996	5,923,612		
		ON Average	56,262	
		ON Minimum	13,130	
		ON Maximum	159,882	



Use of HHS (cont'd)

2012-13 Results for IP Mental Health Days				
Patient Region Name	Population (estimated)	Activity	Activity per 100,000	Rank
Toronto Central	1,195,032	43,246	3,619	1
Waterloo Wellington	758,084	32,826	4,330	2
Central	1,768,550	97,730	5,526	3
Central West	856,656	55,270	6,452	4
Champlain	1,261,493	87,411	6,929	5
Central East	1,572,453	118,643	7,545	6
South East	491,996	46,598	9,471	7
Erie St. Clair	643,391	60,967	9,476	8
Mississauga Halton	1,179,791	133,799	11,341	9
Hamilton Niagara Haldimand Brant	1,417,408	162,842	11,489	10
South West	962,539	177,354	18,426	11
North Simcoe Muskoka	461,737	157,345	34,077	12
North East	564,050	258,771	45,877	13
North West	239,816	145,102	60,506	14
	13,372,996	1,577,904		
		ON Average	16,790	
		ON Minimum	3,619	
		ON Maximum	60,506	



Use of HHS (cont'd)

2012-13 Results for Surgical Cases				
Patient Region Name	Population (estimated)	Activity	Activity per 100,000	Rank
Central East	1,572,453	52,381	3,331	1
Central	1,768,550	87,917	4,971	2
Champlain	1,261,493	71,944	5,703	3
South East	491,996	33,218	6,752	4
Waterloo Wellington	758,084	59,569	7,858	5
Toronto Central	1,195,032	98,921	8,278	6
Central West	856,656	81,944	9,566	7
Hamilton Niagara Haldimand Brant	1,417,408	150,199	10,597	8
Mississauga Halton	1,179,791	173,568	14,712	9
South West	962,539	159,551	16,576	10
North Simcoe Muskoka	461,737	123,325	26,709	11
Erie St. Clair	643,391	174,787	27,167	12
North West	239,816	74,218	30,948	13
North East	564,050	190,545	33,782	14
	13,372,996	1,532,087		
		ON Average	14,782	
		ON Minimum	3,331	
		ON Maximum	33,782	



Use of HHS (cont'd)

2012-13 Endoscopies per 100,000 Population				
Patient Region Name	Population (estimated)	Activity	Activity per 100,000	Rank
Central East	1,572,453	18,512	1,177	1
Central	1,768,550	28,230	1,596	2
Champlain	1,261,493	22,115	1,753	3
Toronto Central	1,195,032	31,501	2,636	4
South East	491,996	13,062	2,655	5
Hamilton Niagara Haldimand Brant	1,417,408	41,291	2,913	6
Central West	856,656	27,402	3,199	7
Waterloo Wellington	758,084	24,251	3,199	8
South West	962,539	48,925	5,083	9
Mississauga Halton	1,179,791	65,859	5,582	10
North Simcoe Muskoka	461,737	29,799	6,454	11
North West	239,816	22,356	9,322	12
Erie St. Clair	643,391	65,086	10,116	13
North East	564,050	69,760	12,368	14
	13,372,996	508,149		
		ON Average	4,861	
		ON Minimum	1,177	
		ON Maximum	12,368	



Use of HHS (cont'd)

2012-13 Results for ED Visits				
Patient Region Name	Population (estimated)	Activity	Activity per 100,000	Rank
Central East	1,572,453	250,813	15,950	1
Champlain	1,261,493	305,134	24,188	2
Central	1,768,550	460,552	26,041	3
Toronto Central	1,195,032	373,332	31,240	4
Waterloo Wellington	758,084	237,930	31,386	5
Central West	856,656	307,325	35,875	6
Hamilton Niagara Haldimand Brant	1,417,408	648,656	45,764	7
South East	491,996	226,352	46,007	8
Mississauga Halton	1,179,791	654,285	55,458	9
South West	962,539	576,670	59,911	10
Erie St. Clair	643,391	517,609	80,450	11
North East	564,050	524,187	92,933	12
North West	239,816	267,115	111,383	13
North Simcoe Muskoka	461,737	616,594	133,538	14
	13,372,996	5,966,554		
		ON Average	56,437	
		ON Minimum	15,950	
		ON Maximum	133,538	



Use of HHS (cont'd)

2012-13 Results for Ambulatory (Day/Night) Care				
Patient Region Name	Population (estimated)	Activity	Activity per 100,000	Rank
Central East	1,572,453	72,319	4,599	1
Central	1,768,550	109,882	6,213	2
Champlain	1,261,493	95,373	7,560	3
Central West	856,656	82,102	9,584	4
South East	491,996	56,054	11,393	5
Waterloo Wellington	758,084	87,454	11,536	6
Hamilton Niagara Haldimand Brant	1,417,408	223,720	15,784	7
Toronto Central	1,195,032	193,600	16,200	8
Mississauga Halton	1,179,791	247,523	20,980	9
South West	962,539	283,691	29,473	10
North Simcoe Muskoka	461,737	166,539	36,068	11
Erie St. Clair	643,391	291,102	45,245	12
North West	239,816	114,375	47,693	13
North East	564,050	400,574	71,017	14
	13,372,996	2,424,308		
	ON Average		23,810	
	ON Minimum		4,599	
	ON Maximum		71,017	



Use of HHS (cont'd)

2012-13 Results for Clinic Visits				
Patient Region Name	Population (estimated)	Activity	Activity per 100,000	Rank
Central East	1,572,453	231,669	14,733	1
Central	1,768,550	483,771	27,354	2
Champlain	1,261,493	496,036	39,321	3
Waterloo Wellington	758,084	347,081	45,784	4
South East	491,996	251,764	51,172	5
Toronto Central	1,195,032	617,274	51,653	6
Central West	856,656	474,034	55,335	7
South West	962,539	697,620	72,477	8
Mississauga Halton	1,179,791	1,073,238	90,968	9
Hamilton Niagara Haldimand Brant	1,417,408	1,308,491	92,316	10
Erie St. Clair	643,391	644,835	100,224	11
North West	239,816	334,353	139,421	12
North Simcoe Muskoka	461,737	1,333,983	288,905	13
North East	564,050	3,193,011	566,087	14
	13,372,996	11,487,160		
	ON Average		116,839	
	ON Minimum		14,733	
	ON Maximum		566,087	



Use of HHS (cont'd)

2012-13 Diagnostic Exams per 100,000 Population				
Patient Region Name	Population (estimated)	Activity	Activity per 100,000	Rank
Central East	1,572,453	421,449	26,802	1
Champlain	1,261,493	481,907	38,201	2
Central	1,768,550	707,888	40,026	3
Toronto Central	1,195,032	716,852	59,986	4
South East	491,996	306,192	62,235	5
Waterloo Wellington	758,084	502,387	66,271	6
Central West	856,656	583,521	68,116	7
South West	962,539	897,508	93,244	8
Hamilton Niagara Haldimand Brant	1,417,408	1,342,969	94,748	9
Mississauga Halton	1,179,791	1,331,019	112,818	10
Erie St. Clair	643,391	1,030,927	160,233	11
North West	239,816	486,937	203,046	12
North Simcoe Muskoka	461,737	1,081,510	234,226	13
North East	564,050	1,795,009	318,236	14
	13,372,996	11,686,075		
		ON Average	112,728	
		ON Minimum	26,802	
		ON Maximum	318,236	



Use of HHS (cont'd)

2012-13 Lab Tests/Procedures per 100,000 Population				
Patient Region Name	Population (estimated)	Activity	Activity per 100,000	Rank
Champlain	1,261,493	3,766,497	298,575	1
Central East	1,572,453	5,034,746	320,184	2
Mississauga Halton	1,179,791	5,642,837	478,291	3
Central	1,768,550	8,606,606	486,648	4
Toronto Central	1,195,032	6,346,376	531,063	5
Waterloo Wellington	758,084	5,178,051	683,044	6
Central West	856,656	6,441,470	751,932	7
South West	962,539	9,808,715	1,019,046	8
Hamilton Niagara Haldimand Brant	1,417,408	18,427,615	1,300,092	9
South East	491,996	7,997,917	1,625,606	10
Erie St. Clair	643,391	10,938,483	1,700,130	11
North West	239,816	4,908,222	2,046,662	12
North Simcoe Muskoka	461,737	12,990,217	2,813,337	13
North East	564,050	48,794,196	8,650,686	14
	13,372,996	154,881,948	1,158,169	
		ON Average	1,621,807	
		ON Minimum	298,575	
		ON Maximum	8,650,686	



Use of HHS - summary

- Use of hospital health services by residents of NWLHIN is consistently among highest in Ontario
- Some of high usage is attributable to higher than average health needs of population
- However, a significant portion of the higher usage is likely attributable to:
 - Fundamental differences in practice
 - Health system design & service organization
 - Insufficient and/or ineffective primary care
- **Use management, motivated by evidence-based practice required by QBP funding is an area of significant savings opportunity for TBRHSC**



Current performance & gaps

- **Balanced scorecard (BSC) & QIP**
 - In 3rd full year, BSC & QIP progress is significant
 - Results more green and yellow than red, both due to real improvements and more realistic targets
 - BSC & QIP results reviewed monthly & quarterly, by SMC and prg/serv councils
 - For 2014-15, have introduced more formalized approach to tracking progress on performance improvement initiatives, and adjusted roles in Strategy & Performance Group to ensure better support for performance improvement activities



Current performance (cont'd)

	TBRHSC 2010-11	TBRHSC 2011-12	TBRHSC 2012-13	TBRHSC 2013-14 YTD	TBRHSC Final Period Available	Ontario Peers
Mortality						
Hospital standardized mortality ratio	74	75	73	77	Q1 - Q3	89
5-Day In-Hospital Mortality Following Major Surgery (rate per 1,000)	10.86	10.31	12.60	6.40	Q1 - Q4	8.68



Current performance (cont'd)

	TBRHSC 2012-13	TBRHSC 2013-14 YTD	TBRHSC Final Period Available	Ontario Peers
Patient safety				
Central line infections	0.0	0.0	Apr - Mar	0.5
C-difficile infections	0.2	0.2	Apr - Mar	0.2
MRSA infections	0.0	0.0	Apr - Mar	0.0
VRE infections	0.010	0.000	Apr - Mar	0.005
VAP	0.8	0.0	Apr - Mar	0.9
Hand hygiene - before contact	66.0	92.7	Apr - Mar	86.2
Hand hygiene - after contact	82.3	95.4	Apr - Mar	91.2
Surgical safety checklist compliance	99.6	99.8	Apr - Mar	99.5



Current performance(cont'd)

Patient satisfaction

% positive responses on NRC Picker surveys for question "Overall, how would you rate the care and services you received at the hospital?" - Inpatient

% positive responses on NRC Picker surveys for "All Dimensions Combined" - Inpatient

% positive responses on NRC Picker surveys for question "Overall, how would you rate the care and services you received at the hospital?" - ED Patients

% positive responses on NRC Picker surveys for "All Dimensions Combined" - ED Patients

	TBRHSC 2012-13	TBRHSC 2013-14 YTD	TBRHSC Final Period Available	Ontario Peers
% positive responses on NRC Picker surveys for question "Overall, how would you rate the care and services you received at the hospital?" - Inpatient	93.2	91.9	Apr - Mar	94.8
% positive responses on NRC Picker surveys for "All Dimensions Combined" - Inpatient	73.6	72.2	Apr - Mar	76.2
% positive responses on NRC Picker surveys for question "Overall, how would you rate the care and services you received at the hospital?" - ED Patients	80.0	81.4	Apr - Mar	86.6
% positive responses on NRC Picker surveys for "All Dimensions Combined" - ED Patients	71.3	64.9	Apr - Mar	66.9



Current performance & gaps (cont'd)

Readmissions & related

	TBRHSC 2012-13	TBRHSC 2013-14 YTD	TBRHSC Final Period Available	Ontario Peers
30-day readmission rate - overall	9.60	10.00	Apr - Nov	8.86
Readmission rate for selected CMGs	18.16	19.20	Jul 12 - Sep 13	16.40
28-day readmission rate - cardiology patients	8.10	10.80	Apr - Dec	8.10
Length of stay (excluding ALC days)	5.70	5.92	Apr - Mar	6.09



Current performance & gaps - summary

- TBRHSC performs well on a variety of measurements typically used to measure hospital performance
- Many measurements have been incorporated into TBRSHC's BSC & QIP, ensuring that performance is monitored on an ongoing basis
- Where evidence suggests there are opportunities for improvement, TBRHSC investigates and adjusts operations to ensure improvement
- It is often a challenge accessing timely data related to current performance and in drilling down into detailed data to support root cause analysis. The planned business intelligence system will assist in this regard.



Reorganizing healthcare

- Several health systems in Canada have already undergone significant restructuring resulting in considerable streamlining and centralization in efforts to improve outcomes for patients.
- In Ontario, government driven restructuring has been limited although some hospitals in southern Ontario are amalgamating and/or consolidating services.
- In its Blueprint report, the Northwest LHIN identified new organizational models for health care services within the Northwest.
- New structures include local health hubs, integrated district networks, and district health campuses.
- The new model and related structures are taking time to evolve, but will no doubt result in serious impacts on health care services and related structures within the Northwest region.



Global trends

- Most countries organize health care around hospitals and provider care.
- Medically complex patients (high users) exist in every country and every country struggles with caring for them.
- Some hospitals transforming into health systems.
- Patients/payers are becoming activists.
- Patients are becoming active partners in care.
- Increased focus on innovation, integration and partnerships.
- Most high performing countries have independent organizations that evaluates care and think tanks that help frame and drive improvements in health care.



Political climate

- Canada ranks poorly (7th of 8) OECD countries on quality of health care. Other countries are achieving considerably better results for less money
- Cdn gov'ts feel that 6% annual increases in funding for healthcare are unsustainable
- Experts are calling for major reform of health care in Canada
- However, politicians face a difficult challenge . . . Canadian public feels health care in Canada is just fine, so is likely to resist any effort to change it
- Federal gov't is providing funding and focusing on accountability, leaving reform to the provinces



INFORMATICS



Current State

1. Canada Health Infoway Blueprint - 2013
2. Ontario eHealth Blueprint
3. OHA Strategic Plan – 2013-2016
4. LHIN eHealth Services Plan (2013-2016)
5. Information Technology
6. Internal



Canada Health Infoway

5 Opportunities for action

- Bring care closer to home
- Provide Easier Access
- Support New Models of Care
- Improve Patient Safety
- Enable a High-Performing Health System



Bring Care Closer to Home



- Patient monitoring solutions
- Telehome monitoring
- Personal Health Records

Provide Easier Access



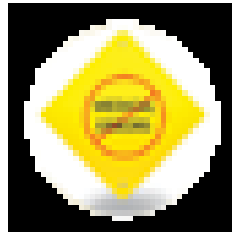
- e-Scheduling
- e-Rx renewal
- e-Navigation
- e-Visits

Support New Models of Care



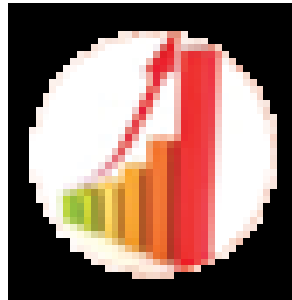
- EMR, HER
- Referral Management
- Discharge Summaries
- Care Transitions
- Chronic Disease Mngt
- Telepathology

Improve Patient Safety



- e-Prescribing
- CPOE, closed loop medication mngt
- Medication reconciliation

Enable a High Performing Health System



- Clinical Analytics
- Health System Analytics
- Population Health
- LEAN

Ontario eHealth

A provincial EHR, 4 data streams:

- Laboratory results
- Diagnostic imaging reports
- Medications
- Discharge Summaries



Ontario eHealth

Additional initiatives

- Community & physician EMR adoption
- Regional integration
- Drug Profile Viewer



OHA Strategic Plan – 2013-2016

- Advancing Integrated Care
 - Health IT Adoption
- Realizing Quality
- Delivering value



OHA Strategic Plan – 2013-2016

TBRHSC EMRAM Score = 3.0950

Ontario EMRAM	Q4 2010	Q4 2011	Q4 2012	Q4 2013	Q1 2014	Change From last Quarter
Stage 7	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Stage 6	1.6%	1.6%	2.4%	3.2%	3.2%	0.0%
Stage 5	0.0%	1.6%	0.8%	0.0%	2.4%	2.4%
Stage 4	8.1%	7.3%	7.2%	8.1%	7.3%	-0.8%
Stage 3	39.8%	40.3%	39.2%	37.1%	37.1%	0.0%
Stage 2	29.3%	30.6%	31.2%	41.1%	41.1%	0.0%
Stage 1	3.3%	4.8%	4.8%	1.6%	2.4%	0.8%
Stage 0	17.9%	13.7%	13.6%	8.9%	6.5%	-2.4%



LHIN eHealth Blueprint 13-16)

- Integrate EHRs to Improve Patient-Centered Care
- Build Regional Capacity to Accelerate Adoption of eHealth Systems & Technologies
- Advance the use of Innovate Technology Solutions



Information Technology Trends in Healthcare

- Social Media
 - using social networking sites to stay in touch and communicate
- Consumerization
 - Applications for mobile devices & phone
- Resource management
 - Servers virtualized, reducing work load management



Information Technology Trends in Healthcare

- Data Security - Privacy and Integrity of Data
- Big Data/Analytics
- Interoperable IT environment
- Clinical Decision Support



Internal - Informatics

- 2010-2015 Strategic Plan
- State of IT Infrastructure
- Existing enterprise systems
- Stakeholder Engagement (still in progress)



IS/IT Current State

- Robust infrastructure
- Good wireless coverage
- **Data centre – at risk**
- Highly skilled staff
- Low turnover, high employee satisfaction
- Privacy/security – increasing demand/need
- Highly integrated HIS/EMR/Clinical systems



HCM Data

- 3rd lowest spend in IS/IT in Teaching Hospitals

	Valid N	Best Quartile (25th %)	50th Percentile (Median)	Worst Quartile (75th %)	Min	Max	Mean	TBRHSC Rank
Systems Support	24	1.34%	1.82%	1.98%	0.86%	2.79 %	1.77%	12 – 1.30%

- Ranks 12/24 of Large Hospitals

	Valid N	Best Quartile (25th %)	50th Percentile (Median)	Worst Quartile (75th %)	Min	Max	Mean	TBRHSC Rank
Systems Support	15	1.85	2.27	3.35	1.23	5.84	2.60	13 – 1.30%



GAP ANALYSIS

Access to Care			
		Others	TBRHSC
Patient Monitoring Solutions	Limited to CCDC	●	●
Telehome Monitoring	Limited to CCDC	●	●
Personal Health Records	None	●	●
e-Visits	Mental Health	●	●
e-Scheduling	N/A	●	●
e-prescription renewal	N/A	●	●
e-navigation	Limited Cancer Program	●	●

















GAP ANALYSIS

Access			
		Others	TBRHSC
Mobility	<ul style="list-style-type: none"> • Support personal devices • Wireless infrastructure 	●	●
Tools	<ul style="list-style-type: none"> • Adequate devices • Newer devices • Appropriate type 	●	●
Access	Single sign on – too many pw	●	●
Consumerization	Adoption of mobile apps in physician practice more than hospitals	●	●



GAP ANALYSIS

New Models of Care			
EMR/EHR	Integrated EMR with all hospitals in LHIN		
Referral Mngt	In-patient to CCAC		
Discharge Summaries	Physician Office Integration		
Care Transitions	N/A		
Chronic Disease Mngt	<ul style="list-style-type: none"> • Integrated to Hospital CCDC • Provincial EHR 		
			
Telepathology	N/A		



GAP ANALYSIS













Improve Patient Safety			
		Others	TBRHSC
e-Prescribing	N/A	●	●
CPOE, Closed Loop MA	N/A Only 10% of hospitals	●	●
Medication Reconciliation	In progress	●	●

Gap Analysis

Enable a High Performing Health System			
		Others	TBRHSC
Clinical Analytics	N/A	●	●
Health System Analytics	Investment in BI – just starting	●	●
Population Health	LHIN provides data	●	●
LEAN	N/A	●	●










GAP ANALYSIS









Integration			
		Others	TBRHSC
Regional Hospital EHR	13 Hospitals – clinical data		
Clinical Systems	8 systems		
Electronic Dist Reports			
Physician Offices/Community	N/A		
CCAC	Referrals & Clients		
Oncology			



GAP ANALYSIS

Infrastructure			
		Others	TBRHSC
Network	Resource Management		
Data Center	• Risk Mitigation		
	• Estimated to reach capacity in 2 years		
	• Mirrored Meditech		

GAP ANALYSIS

Communication			
		Others	TBRHSC
Social Media	Using social networking sites to stay in touch and communicate		
Secure Messaging	To communicate with patients & clinicians		
Secure sharing of	•Images		
	•photos		



Opportunities

Canada Health Infoway

- Potential partial funding for eHealth initiatives i.e. PHR, telemonitoring

Leverage Ontario eHealth agenda

- Integration to OLIS (short term)
- Integration to Medication (longer term)
- PHR (timeline not defined)



Opportunities

Heritage

- Possible funds for data

LHIN

Internal

- Leverage existing internal systems
 - Meditech, RM&R, Connexal

