

News Highlights

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Global Standards Proposed For Canada's Healthcare System

New survey finds GS1 standards key to improving patient safety and saving money

A majority of Canadian healthcare institutions and their suppliers support moving to a pan-Canadian approach to bar coding healthcare products as well as sharing administrative data electronically, based on the GS1 System of standards. According to a survey conducted by Innovative Research Group Inc. (INNOVATIVE), the sector believes that such a unified approach will improve patient safety and generate significant system-wide cost savings.

The survey found 89% of healthcare institutions and 75% of healthcare suppliers who took part in this study believe that harmonizing healthcare product identification practices as well as inventory management processes using globally-recognized GS1 standards will generate substantial benefits for the Canadian healthcare system.

"At a time when Canadian healthcare budgets are being frozen and governments are working to address chronic deficits, these findings demonstrate that the healthcare sector is ready to embrace a more sustainable, innovative approach to managing the flow of products and related information in the healthcare supply chain," said Alicia Duval, Senior Vice-President, Healthcare, GS1 Canada. "A coordinated approach to modernizing the healthcare supply chain through use of globally-recognized GS1 standards is a crucial step

in improving the way healthcare services in Canada are delivered; ultimately enhancing the quality of patient care."

The Canadian Healthcare Supply Chain Standards Survey was conducted online polling 294 Canadian healthcare sector stakeholders representing a blend of healthcare institutions, shared services organizations and product suppliers. The survey is part of the Canadian Healthcare Supply Chain Standards Project, a national initiative spearheaded by GS1 Canada in collaboration with industry and government to facilitate the adoption of a common system of supply chain practices in healthcare. This cross-Canada collaboration will enable the sector to achieve critical cost-savings through the creation of a seamless system for product identification as well as management of related information for billing, inventory and clinical care purposes.

"Healthcare delivery may be managed provincially, but the products we use and the suppliers we interact with come from across Canada and internationally," said David Loukras, Provincial Director, Performance, Integration & Transformation for the British Columbia Health Authority Shared Services Organization (SSO), and co-chair of GS1 Canada's Carenet Healthcare Sector Board. "Coming from a provincial supply chain organization, it is absolutely critical that healthcare institutions and suppliers are speaking the same language when it

comes to ordering the products distributed throughout our healthcare facilities, and used in patient care. The GS1 System of standards is the language we all need to be speaking in our healthcare supply chain."

The Canadian Healthcare Supply Chain Standards Survey was conducted between September 25 and October 23, 2009. An unweighted probability sample for the healthcare providers who participated in the survey (n=104) would have an estimated margin of error of ± 8.8 percentage points, 19 times out of 20; while an unweighted probability sample for the product suppliers (n=190) would have an estimated margin of error of ± 7.0 percentage points, 19 times out of 20.

Other key findings included:

- 52% of healthcare institutions and 72% of product suppliers either use or plan to use bar codes in the next two years to capture, store, retrieve and transmit information about medical-surgical products.
- 48% of healthcare providers and 40% of product suppliers have implemented or are currently implementing a strategic initiative to increase interoperability with supply chain partners.
- The leading standard for medical-surgical product identification in the Canadian healthcare sector is the GS1 Global Trade Item Number (commonly recognized as the bar code).

For more information visit www.gs1ca.org.

Case studies profile EMR benefits from physicians, for physicians

Despite overwhelming anecdotal evidence that doctors who have switched to an electronic medical record (EMR) system would never return to paper records, solid evidence to support this premise has been lacking – until now.

In response to this knowledge gap, Canada Health Infoway sponsored the Canadian Medical Association in its undertaking of national research in support of the promotion and adoption of EMRs. Academic researchers from across the country were engaged to carry out the first evidence-based work to examine this question at the primary care level. Compiled as 20 case studies, Experiences from the Forefront of EMR Use shows how physicians and their care teams in community practice are using technology to improve care and practice efficiency.

Get online to access the full EMR case studies and additional resources. Visit www.cma.ca/

emrcasestudies and www.infoway-inforoute.ca.

"Electronic medical records are a key component of the national vision of an electronic health record. Electronic medical records place vital health information such as test results and allergies at the fingertips of physicians, supporting more informed and coordinated care decisions, resulting in better health outcomes." - Richard Alvarez, President and CEO, Canada Health Infoway.

"I know firsthand how valuable electronic medical records are in terms of providing high-quality patient care and Canadians stand to benefit greatly by our continued push to grow the use of IT in health care. Such efforts will not only lead to better coordination and communication, they will also empower patients and help them become true partners in managing and improving their health." - Dr. Anne Doig, President, Canadian Medical Association.

"Our results demonstrate the breadth and depth of Canadian primary care practice and that the drivers for EMR implementation and use are as variable as the practices themselves. Despite this, the common message is that not one clinic would return to paper-based charts, even if paid to do so." Dr. Nicola Shaw, Principal Investigator, University of Alberta.

"There are big advantages in having an EMR. Less waiting, less unnecessary tests, quicker, easier access to information I need as a physician, and the end result is better overall care for my patients." - Dr. Norman Yee, Alberta family physician

"Having access to our files wherever we are, whenever we need them is a huge benefit to us, and a huge benefit to our patients. It's health care the way it is supposed to be." - Dr. Jean-Francois Rancourt, Quebec family physician

New solutions to ease interaction between healthcare professionals and patients

Roche Diabetes Care, a global leader in diabetes care and eHealth specialist InterComponentWare (ICW) today announced a multi-year, global partnership to develop a next-generation web-based solution for efficient diabetes management. The structured evaluation and communication of blood glucose monitoring and insulin data is a pivotal part in efficient diabetes management. Until today, this poses a significant challenge for both people with diabetes and healthcare professionals. Developing a solution to ease the interaction between patients and healthcare providers will be the goal of the technology partnership Roche Diabetes Care and ICW have announced today. Using the very successful Accu-Chek® 360° software and the powerful ICW eHealth Framework (eHF) as well as other solution components, Roche Diabetes Care and ICW

will jointly develop a technology platform that will facilitate the secure sharing of data and communications between healthcare professionals and people with diabetes via the web and allow patients and caregivers to manage diabetes even more efficiently. Already today, the Accu-Chek 360° software allows for well-structured visualization and assessment of important blood glucose and insulin data and enables healthcare professionals, as well as people with diabetes, to determine appropriate therapy. Burkhard G. Piper, President Roche Diabetes Care, notes, "We conducted a comprehensive search for a technology partner and we were pleased to select ICW. It is our goal to continuously improve the information exchange between patients and their caregivers. We aim to provide new solutions that can facilitate the exchange of health data that are key for successful

therapeutic interventions. Combining our knowledge and expertise, we will be able to leverage web-based technologies and make significant advances in the areas of connectivity between patients and healthcare professionals."

"The agreement with Roche Diabetes Care represents a culmination of our development efforts to date," explains Peter Kirschbauer, CEO of ICW AG. "Roche Diabetes Care will leverage the ICW eHealth Framework and our successful deployment of the highest security standards for information exchange, as we co-develop new and advanced approaches to sharing relevant diabetes data. We are very pleased to have Roche Diabetes Care as our partner."

For more information visit www.icw-global.com and www.roche.com

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It Begins With Service

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Canada invests \$500 million in electronic health record (EHR) systems with a focus on physicians and nurse practitioners across Canada

Canadian physicians and nurse practitioners will benefit from a \$500 million investment made by the Government of Canada in Budget 2010, announced Richard Alvarez, President and CEO of Canada Health Infoway (Infoway).

Of the total amount allocated to Infoway, \$380 million of the new money will be directed to speed up the implementation of electronic medical record systems.

EMR systems are the gateway that will enable physicians and nurse practitioners to securely access vital patient information including diagnostic images, blood test results, drug histories and clinical reports.

"A number of provinces and territories are making solid progress developing systems to electronically store the patient information that is far too often unavailable

when health providers need it," said Alvarez. "The time has come to shift our attention to the front-lines, where the lion's share of care is delivered, so more physicians and nurse practitioners can access and retrieve the information stored in these systems."

EMRs will provide physicians and nurse practitioners with a better picture of their patients' overall health so better informed care decisions can be made. They also allow health care professionals to record their clinical notes electronically, eliminating the need for inefficient paper-based systems.

"Electronic medical records will allow health professionals to access the vital patient information that is too often lacking in a paper-based environment," added Alvarez. "Currently, 37 per cent of

community-based physicians have adopted EMR systems across Canada. The new funding is intended to significantly increase their use in clinics, clinician offices and ambulatory care clinics."

In addition, funding from the \$500 million invested by the Government of Canada will be used to support consumer health, diagnostic imaging and telehealth solutions.

Canada Health Infoway is an independent, not-for-profit organization funded by the federal government. Infoway jointly invests with every province and territory to accelerate the development and adoption of electronic health record projects in Canada.

For more information visit -www.infoway-inforoute.ca

Krista Anderson & Valerie Sutherland Honoured for Distinguished Service



Mark Ahrens-Townsend (Librestream), Krista Anderson, Valerie Sutherland and Trevor Craddock (Keston Group) are shown at the awards presentation.

The CTF: Canadian Telehealth Forum of COACH: Canada's Health Informatics Association is pleased to announce the 2010 winners of the National Telehealth Coordinator Distinguished Service Award:

- Krista Anderson, Tri-District Telehealth

Coordinator, Nova Scotia Telehealth Network,

- Valerie Sutherland, Telemedicine Coordinator, Sunnybrook Health Sciences Centre.

Krista has been a key member of Nova Scotia telehealth and an active Canadian Society of Telehealth (CST) member since 2004. (CST and COACH have now merged.) Involved in a number of projects, she has actively supported the advancement of telehealth. Her accomplishments with the National Telehealth Coordinators Special Interest Group (NTG-SIG) include serving as Vice-Chair for 2005-2006 and Chair for 2006-2007.

Valerie, a key member of Sunnybrook Health Sciences Centre Telemedicine Program in Toronto since 2001, has been an active CST member. She has also

actively supported the advancement of telemedicine in her healthcare centre and the Ontario Telemedicine Network. Valerie has been an energetic participant in CST conferences as an abstract and poster presentation judge and numerous NTC-SIG activities.

CST launched this award, sponsored by the Keston Group, in 2005. The award recognizes individuals who have gone above and beyond in their support for and service to the NTG-SIG, CTF (formerly CST) and telehealth in Canada. The award provides financial support of up to \$2,500 for the winner to attend the annual conference. This year marks the award's fifth anniversary and the end of the Keston Group's commitment. Librestream has generously agreed to continue the support, enabling two individuals to be recognized this year.

Agfa HealthCare to Install First DX-D 500n Direct Radiography system in Canada at Sunnybrook Health Sciences Centre

Adding the DX-D 500n will compliment the existing Agfa HealthCare CR solution streamlining the departmental workflow

Agfa HealthCare, a leading provider of diagnostic imaging and healthcare IT solutions, announced that it will be installing its DX-D 500n Direct Radiography X-Ray Suite at Sunnybrook Health Sciences Centre in Toronto, Canada. Building upon Agfa HealthCare's expertise and history in imaging, the DX-D 500n completes Agfa HealthCare's digital imaging portfolio.

Sunnybrook Health Sciences Centre is a large trauma center in Toronto with a need for efficient imaging solutions when time is of the essence in the treatment of patients.

The versatile DX-D 500n X-ray system fulfills this need with the flexibility to handle a very comprehensive range of X-ray exams including general radiography, emergency work and pediatrics; at the same time allowing the creation of a system configuration to handle almost any facility's specific diagnostic imaging needs. Optional

CR integration allows a single exposure for Full Leg Full Spine studies as well as the ability to acquire exposures that are otherwise difficult to perform using a DR detector.

The DX-D 500n solution generator interfaces with Agfa HealthCare's NX workstation, for an integrated workflow, and utilizes MUSICA post processing algorithms. For ultimate ease of operation, TechVision, a tube-side touch screen monitor provides remote generator control, image preview and image accept/reject functionality. With this convenient feature, the technologist can spend more time at the patient's side for increased comfort and productivity.

"Sunnybrook is looking forward to this exciting addition of the integrated DX-D 500n DR/CR systems. Our patients and

health care teams needing radiographic services will greatly benefit from the high productivity, features/functionalities and optimal image quality of the systems," said Henry Sinn, Director of Medical Imaging, Sunnybrook Health Sciences Centre.

"Agfa HealthCare is pleased and excited to have Sunnybrook as the first site in Canada to install the DX-D 500n. Agfa HealthCare and Sunnybrook have a long-standing working relationship, and the implementation of our DR solution further solidifies this relationship. The addition of the DX-D 500n alongside Agfa HealthCare's CR solution will enhance and simplify the overall general radiography workflow." said Andy Hind, General Manager, Agfa HealthCare Canada.

For more information visit www.agfahealthcare.com

Committed to Clinicians: COACH Task Force Focuses on Meeting Needs

Many healthcare professionals recognize the need for health informatics (HI) to be a core competency in their community, similar to continuing education on disease knowledge. Now, COACH: Canada's Health Informatics Association is responding to this need through its Clinician Engagement Task Force (CETF).

The first phase of CETF activity, spearheaded by past Chair Dr. Marion Lyver, focused on identifying and prioritizing clinician interests with respect to services and programs that COACH can offer in relation to its mandate. Now that this work has been completed, the CETF has been re-launched with the goal of fulfilling two main objectives:

1. Refining and begin executing COACH's strategy for clinical engagement and outreach;
2. Contributing to the development of clinician-specific or clinician-targeted products and services.

Watch for future reports about CETF's activities.

The CETF is made up of clinician representatives such as physicians, nurses, occupational therapists and pharmacists. The current Chair is Maureen Charlebois, Chief Nursing Executive and Group Director, Clinical Adoption, Canada Health Infoway.

For more information, contact Alison Gardner, COACH Director, Programs, agardner@coachorg.com.

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Carefx and the University HealthSystem Consortium Introduce an Intuitive, Analytic Dashboard to UHC Membership

Physician Insight Plus™ Leverages Power of UHC's Clinical Data Base/Resource Manager™ to Improve Enterprise Performance and Meet Demands of Ongoing Professional Practice Evaluation (OPPE)

Carefx Corp., a leading provider of interoperable workflow solutions, is introducing a new business intelligence dashboard, Physician Insight Plus™, to University HealthSystem Consortium (UHC) members, an alliance of academic medical centers (AMCs) representing approximately 90 percent of the nation's nonprofit academic medical centers.

UHC is a membership organization of 107 AMCs and 241 of their affiliated hospitals. Physician Insight Plus is an extension of UHC's Clinical Data Base/Resource Manager (CDB/RM), a robust, transparent, patient-level tool with comparative performance data. The new Physician Insight Plus dashboard will allow UHC physicians to access, track, analyze and compare their own

performance on clinical and operational outcomes, safety and utilization.

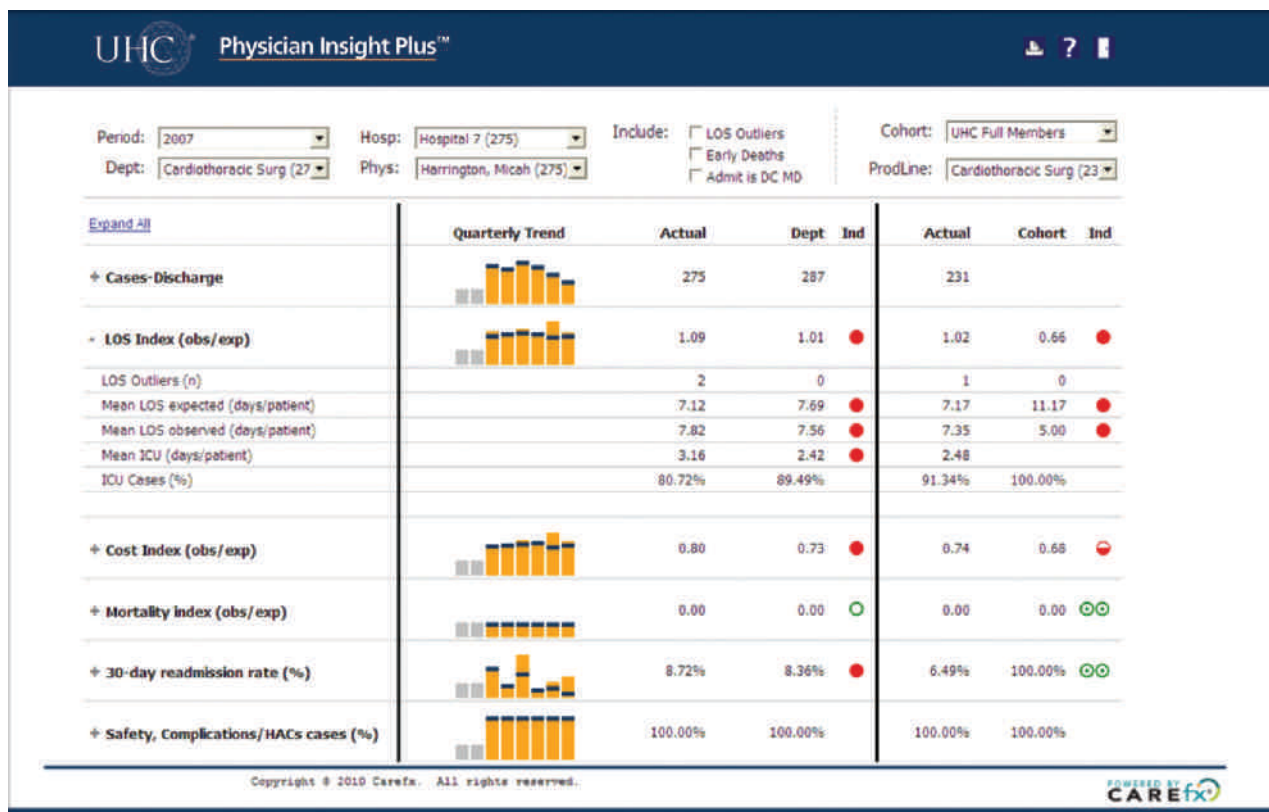
"Physician Insight Plus will support accountability, transparency and continued improvement across UHC, accelerating its strategic success," says Steve Meurer, PhD, MHA, MBA, Senior Vice President, UHC Comparative Data & Informatics. "Physicians and executives are sure to benefit from this new dashboard's intuitive, easy-to-use interface, single view of interrelated factors, and leveraging of data from our existing CDB/RM as UHC moves forward to create a new standard for intelligence-driven enterprise performance."

Physician Insight Plus highlights relationships between operational and quality performance on a single screen, while users can select from multiple cohorts or product lines to benchmark performance. Physician Insight Plus allows physicians to drill down to detailed comparisons and case-level data to measure their performance

on Length of Stay (LOS); Hospital Cost; Agency for Healthcare Research and Quality (AHRQ) indicators; and Readmission Rate and Mortality. The dashboard also provides Chief Medical Officers the ability to identify variation in physician performance in order to improve quality and utilization, satisfying the physician oversight mandates of OPPE.

"Carefx is proud to partner with UHC in developing creative strategies to gather, share and leverage comparative data to create the next generation of enterprise performance improvement solutions," said Andrew Hurd, Chairman and CEO of Carefx. "Solutions such as Physician Insight Plus will be extremely valuable in supporting UHC physicians and executives as they grapple with challenges ranging from accountable care and shrinking reimbursement, to meaningful use and Joint Commission standards for ongoing physician review."

For more information visit www.uhc.edu



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The SPIRE Project: Increasing the value of EMRs in South West Ontario

When Dr. Sonny Cejic of the Byron Family Medical Clinic in London, Ontario, talks about the South West Physicians' Office Interface to Regional Electronic Medical Records project (SPIRE) the excitement in his voice is audible.

"SPIRE is an electronic interface that allows us to get patient information from the hospital directly into our patients' Electronic Medical Record (EMR)," says Cejic, an early adopter of the interface and now one of more than 350 physicians using it in the South West Local Health Integration Network (LHIN) – an area stretching from the northern shore of Lake Erie to the tip of the Bruce Peninsula.

"Hospital discharge summaries, clinic notes, digital imaging like MRIs or CT scans ... we used to get them on paper and now we get them electronically."

Eliminating the need to scan documents into EMRs is a significant step forward for family practices throughout the region. One physician using SPIRE estimates the interface saves her office two hours worth of paperwork every week.

But SPIRE's value to the health-care system transcends reduced paper demands and time savings in doctors' offices. EMRs are only as good as the data they contain; SPIRE ensures that data is timely, legible and relevant to the continuity of care patients receive.

"It started in 2006 ... a physician came to me and said 'I'm going to be putting in an Electronic Medical Record system and I'd like to get results directly from the hospital,'" says Rob Croft, Chief Information Officer at Grey Bruce Health Services. "I said 'sure; let's try to do this' and we started."

Since then, Croft says, SPIRE has seen investment from both the public and the private sector. Under the South West LHIN's stewardship, the project has received year-over-year funding from eHealth Ontario - and most top EMR

vendors are either SPIRE-compatible or working on it.

SPIRE uses an extraction program operating within the hospital system to find and isolate the reports it needs. After formatting the records into a message type compatible with compliant EMR vendors, it loads the reports into a data migration utility and – using an internal database of physician locations – sends them to a download server.

As physicians' EMR systems connect to the server, the applicable records are downloaded directly into their EMR platform. No more scanning, no more transcribing: Just patient data, faster than it has ever been received before.

Not only does the interface work across a variety of platforms, it holds the potential to enable two-way communication – meaning data stored in physicians' offices could one day be accessible to hospitals, too.

Although many hospitals in the South West LHIN are at different stages of connectivity with SPIRE, virtually all are working towards the day when faxed reports will be a thing of the past.

"For patients it's great because a lot of the information I get I'll review with them on-screen," Dr. Cejic continues. "They can see the report, they can see how I'm using it and I think that increases their confidence in the health care system overall."

Cejic predicts additional public confidence will be gained as new features – like discharge medication lists - are added to the basket of information SPIRE already transfers.

"There's still a lot to be done ... like a summary of the medication a patient has been on," he says. "If we can get the medications in, we can reconcile them with what we actually have in our own electronic chart and make sure for patients' safety and their optimal care that we know exactly what doses they're on and what they left

the hospital with."

Glenn Lanteigne, Chief Information Officer and eHealth Lead for the South West LHIN, agrees.

"SPIRE opens the door for broader EMR integration options that further support the physician as well as other providers involved in the patients care," says Lanteigne. "This is an excellent example of eHealth meeting local needs while being in alignment with the investment priorities of Canada Health Infoway and eHealth Ontario."

Just how far SPIRE will take us down the integration road remains to be seen; work on the interface continues on numerous fronts.

But Dr. Cathy Faulds, another London-based physician, says it's enough that SPIRE is encouraging other doctors to make the leap to electronic records.

"SPIRE has been instrumental in closing the communication gap between the hospital and the community in the provision of patient care," says Faulds. "That on its own is thrilling; it's a wonderful project."

Contact info: For more information on the SPIRE interface, contact Project Manager Jason Langdon at 519-672-2608 or visit www.southwestlhin.on.ca



Mark Ahrens-Townsend (Librestream), Krista Anderson, Valerie Sutherland and Trevor Craddock (Keston Group are shown at the awards presentation.

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COACH Founding President's Winner Contributes to Renal Info Systems



Gurprit Randhawa

Gurprit Randhawa's scholastic achievement and potential for becoming a major contributor to advancing IT in the Canadian healthcare system have been recognized with the 2010 Founding President's Award, presented by COACH: Canada's Health Informatics Association.

Gurprit, an exemplary student at the University of Victoria's (UVic) School of Health Information Science, was recognized at the Annual General Meeting during the

e-Health conference in Vancouver June 1. Gurprit's most significant professional accomplishment to date has been her research and review of the data quality of renal information systems in Canada. Cancer Care Ontario (CCO) is using her report and recommendations to develop a data quality management plan for the Ontario Renal Registry System. She has completed co-op work terms at CCO in Toronto and Providence Health Care in Vancouver.

Gurprit is an International Baccalaureate (IB) graduate and UVic entrance scholarship winner. She has been actively involved with the Kiwanis Educating Youth (KEY) Club and has served as a Lieutenant Governor for the

Pacific Northwest District.

COACH Founding President, the late Steven Huesing, established this award to encourage students to take an active interest in healthcare informatics. A recipient is selected, on an annual basis, by the UVic School of Health Information Science based on the candidate's academic standing and future likelihood of making a major contribution to the advancement of informatics in Canadian healthcare.

The award includes a cash stipend from Healthcare Information Management & Communications Canada, a complimentary one-year COACH membership and full registration at the e-Health conference.

Champlain Health Supply Services Gains Control Over Data

Champlain Health Supply Services (CHSS) was formed to integrate sourcing, procurement and logistics for a group of 12 hospitals in the greater Ottawa area, all with different information technology systems. CHSS chose a combination of GHX connectivity and software solutions to increase efficiencies, reduce costs and improve data quality across its multiple facilities. Among the selected solutions is Procurement Suite, a GHX solution to gain better control over non-file, off-contract spending. With these capabilities, decision-makers receive sound content, accurate contract price validation and contract alignment

during the procurement process rather than after the fact.

"Building on a foundation of accurate, up-to date data—which is crucial—we will be able to capture demand electronically at the time the demand is generated while also having a better view into our supply chain," said John Martin, director Hospital Services, Queensway Carleton Hospital, and regional lead for Integrated Supply Services for CHSS. "That will help enable our member hospitals to cut supply chain costs by better managing their supply spend to take advantage of contract pricing. It is a large part of our vision to

make our supply chain a strategic asset."

Within a short six months, CHSS was able to record \$467,000 in aggregated costs savings—nearly twice the amount targeted for their first year—in part by improving data quality across its participating hospitals. At the end of its first year, CHSS achieved one-third of its savings goal of \$1.5 million for the next year and has targeted \$34 million in savings over the next nine years. For further information, please contact Nils Clausen, general manager, GHX Canada at (905) 361-6610 or by email at nclausen@ghx.com.

Electronic Hospital Reports Improving Patient Care in Barrie

Barrie's Royal Victoria Hospital (RVH) is now electronically sending 2,500 patient reports per week to physicians at the Barrie and Community Family Health Team (BCFHT). The reports are sent directly into the patient's Electronic Medical Record (EMR) at the BCFHT.

"Timely access to hospital reports on my patients helps me offer better care," says Dr. Anne DuVall, Lead Physician at the BCFHT. "When patients come in for follow-up care after visiting Royal Victoria Hospital, I already have received an electronic copy of their report." In the past, these reports were sent in paper format (mail, fax, hospital pick

up), taking as long as 12 days to reach the patient's family physician.

Jennifer Paradis, a patient at the BCFHT, says: "I have experienced firsthand how this new system can speed up access to care. After a recent trip to Royal Victoria Hospital's Emergency on a Monday, my test results were sent back to Dr. DuVall that very same day and by the end of the week, I had a referral to another physician and a treatment plan laid out. Knowing that the wheels were in motion so quickly greatly reduced my anxiety over having to wait for results." This new electronic Hospital Report Manager has been developed as a computer application

that can work at any hospital in Ontario to communicate with physicians using an EMR subsidized by Ontario's EMR Adoption Program.

The partners for this project include RVH, the BCFHT, OntarioMD (a subsidiary of the Ontario Medical Association that manages Ontario's EMR Adoption Program), eHealth Ontario (which funded and provided network services for this project) and the North Simcoe Muskoka Local Health Integration Network (which sponsored the proposal and coordinated the partners' participation).

For more information visit – www.ontariomd.ca