

CTF Contributes to ISO Telehealth Standards Work



Several CTF: Canadian Telehealth Forum members are participating in the current telehealth standards work by ISO with Mike Nusbaum being the Canadian lead. The first topic this year is to establish an internationally accepted definition for telehealth. The following CTF members are currently part of the working group:

- Valerie Ashworth,
- Trevor Craddock,
- Carol Flewelling,
- Mike Heise,
- John Hogenbirk,
- Margarita Loyola,
- Gwendolyn Nyhoff,
- John Schinbein,

- Maryann Yeo,
- Paula Young and
- Sybil Young.

CTF has also initiated a separate project to look at the feasibility of updating the National Initiative for Telehealth (NIFTE) Guidelines. CTF is a forum of COACH: Canada's Health Informatics Association.

Recent funding announcement provides Clinicare upgrade path



Louise Smith, Executive Director Credit Valley FHT (Ontario) and her team pose in their 'I love Accuro' T-shirts celebrating their successful Accuro upgrade at summer picnic.

On November 29, QHR Technologies EMR division, Optimed Software Corporation of Kelowna, BC successfully completed the process for its Accuro® EMR to become an Ontario CMS 3.0 offering. This move allows physicians currently using Clinicare's EliteCare to upgrade to a modern platform, 21st century EMR program without funding interruption. Credit Valley Family Health Team (FHT) in Mississauga, Ontario switched to Accuro EMR in May of 2010, an upgrade from their Clinicare Corporation software that QHR acquired in December of 2009.

"Bottom line is that we've had a great experience so far, a bit uncommon for these types of purchases and transitions. We don't have any regrets, in fact, quite the opposite. The software just worked," said Louise Smith, Executive Director Credit Valley FHT.

The Clinicare software originated in 1984 and with today's changing technology was becoming limited in its ability to evolve. In contrast, Accuro with its first line of Java code written in 2002,

Microsoft SQL database and state of the art interface is a true 21st century system. Former Clinicare physicians upgrading to Accuro can look forward to a comprehensive migration of data, with many of Clinicare's large clinic features redeveloped into Accuro's workflow.

Across Canada, more than 175 physicians in 20 clinics have already upgraded from Clinicare to Accuro.

"Accuro EMR becoming a funding eligible offering in Ontario is a major milestone in our efforts to enhance patient care and physician productivity across Canada"

said Al Hildebrandt, CEO of QHR and President of Optimed.

With conformance status in Saskatchewan, Manitoba and Ontario, eligibility for BC's PITO Alternative Specialist Funding Program, the most EMR physicians of any vendor in Alberta, and a presence in Nova Scotia, the Yukon and a number of US states, Optimed is a solid company emerging as Canada's leading national EMR vendor.

"On November 1, 2010 we announced that already in 2010 we had successfully installed 500 physicians on Accuro EMR. Optimed's ability to implement at small and large sites in Ontario is key to successful conversions of Clinicare sites to Accuro and also to add new physicians in Ontario, who may apply under Ontario's EMR funding program," said Hildebrandt.

Optimed's team of professionals will continue to assist physician offices across Canada to meet prevention, screening and disease management objectives for their patients, through EMR adoption.

For more information visit: www.optimedsoftware.com or call 1-866-454-4681.

Optimization Services for CT and MR Wait Times

True North Consulting announced at the HealthAchieve Conference new services for Clearica³ CT and Clearica³ MR. These services are designed for institutions seeking to optimize their CT and MR operations, reduce costs, improve productivity and ensure the best possible value for money from their CT and MR is achieved.

TNC achieves this through the deployment of consultants with specific expertise in modality optimization using processes similar to LEAN and Six Sigma. What are unique about these offerings are as follows:

First, experienced Diagnostic Imaging Process Re-engineering Consultants are deployed on-site who understand Diagnostic Imaging (DI) workflows, DI informatics and how to optimize DI system integration resulting in improved productivity with increased capacity. Second, deployment of Clearica³ for CT and MR – a *real-time operational measurement tool* – will establish a wide variety of performance baselines using Key Performance Indicators to facilitate the in-depth analysis performed by the consultants on current operations. The analysis will reveal hidden and obvious workflow bottlenecks and points of lack of automation in processes where improvements will be made. Clearica³ will then indicate when process enhancements take affect and the magnitude of improvements made and if the improvements are sustainable over time.

Third, continuous monitoring using Clearica³ CT and MR KPIs after implementation of improvements will

ensure productivity improvements are sustained. These KPIs will be monitored internally within the hospital and by TNC so that when sustainability variations occur, TNC will deploy its Re-Engineering Consultants to work with the CT and MR teams to realign productivity back to appropriate levels. The monitoring service is maintained as long as Clearica³ is engaged in the department.

The benefits include:

1. Optimization of workflows resulting in reduction in cost per exam and reduction in patient Wait Times for CT and MR investments;
2. On-going electronic monitoring of productivity which does NOT require human intervention for data input to achieve operational measurements results in access to valuable productivity information to act upon sooner;
3. Access to accurate HL-7 and DICOM data for analysis results in decisions for departmental and hospital-wide improvements stemming from Diagnostic Imaging;
4. Demonstration of KPI Report Turn Around Times for Pay-for-Performance ER programs, resulting in real-time accurate reports in order to achieve

- and sustain identified ER targets;
5. Conversion of a percentage of increased CT and MR exam capacity to third party billing, results in increased revenue streams.

“These services have not been offered as a complete package of consulting and automated electronic monitoring for operational productivity for CT and MR before” stated Thomas Hough, President of True North Consulting & Associates Inc. Users will find a new level of data accuracy and consulting support which will result in achieving better quality benefits

Complex data collections you can understand.



STATCard Reports
Clearica³ provides comprehensive STATCard Reports to assist in tracking performance levels both at the individual site specific level (Local Reports), as well as benchmark comparisons between participating healthcare facilities (Regional Reports).
This on-demand STATCard reporting tool presents real-time data collections in a visually-rich and understandable format.



Clearica³ STATCard Reports provide operational insight for measuring, benchmarking, and monitoring 20 performance

faster and for longer periods of time. Contacting TNC for additional information on these services will provide further insight into how this methodology will reveal new opportunities for productivity improvements not previously exposed without automated monitoring.

For more information, please contact: Thomas Hough, CMC, President, True North Consulting & Associates Inc. tomhough@truenorthconsult.com

Cornwall Community Hospital - Advancing Health System Integration

Patients and physicians at Cornwall Community Hospital (CCH) will soon benefit from quick access to electronic medical imaging test results through the Northern and Eastern Ontario Diagnostic Imaging Network (NEODIN) DI-r.

The NEODIN DI-r is a regional imaging repository that connects hospitals throughout northern and eastern Ontario. It digitally stores medical images and reports, including x-rays, ultrasounds, nuclear medicine, BMD, MRI and CT scans in a central secure repository. Physicians can then access these important test results while providing care to their patients.

Access to images and reports through an electronic system like the NEODIN DI-r eliminates the need for physical transfer of test results, and the costly duplication of scans when a patient moves from one hospital to another. Most importantly for patients, this network allows specialists at one facility to access reports and images acquired at other hospitals; allowing for more informed, timely medical decisions.

According to Jeanette Despatie, Chief Executive Officer of CCH, this represents an important step in their pursuit of health system integration. "The NEODIN DI-r is part of our efforts to establish formal linkages and pathways amongst health care providers. We believe the ability to efficiently share information will help improve the quality of care for our patients."

"Investments like this one at Cornwall Community Hospital are dramatically improving access to patient images and reports," says Richard Alvarez, President and CEO of Canada Health Infoway. "NEODIN allows specialists to access images from any point in the network at anytime. Already, patients are getting treated sooner and closer to home."

Cornwall Community Hospital joins forty hospitals in the North West and North East Local Health Integration Networks (LHINs) and another 19 hospitals in the Champlain LHIN (the greater Ottawa region) in their involvement with NEODIN. Upon completion in 2011, NEODIN will

service almost two million Ontarians across 840,000 square kilometres, from the Manitoba border in the west to Hawkesbury in the east.

"We are proud to provide the network and be a funding partner on an initiative which advances health care delivery and benefits to Ontarians," said Greg Reed, President and CEO, eHealth Ontario. "This project illustrates how collaboration within the health care system can improve patient care."

Canada Health Infoway (Infoway) has provided \$21.7 million and eHealth Ontario has provided \$20 million in funding to support the transfer of diagnostic images and reports between the health care organizations in Northeastern Ontario. The project is part of the Ontario government's ehealth agenda and Infoway's vision for a pan-Canadian electronic health record system.

For more information contact: Dan Strasbourg at Canada Health Infoway -
dstrasbourg@infoway-inforoute.ca

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Increasing Patient Satisfaction and Clinician Productivity with the Extenway Bedside Terminal

An innovative new bedside terminal is making its mark on the North American healthcare sector. The Extenway Infotainment platform is an all-in-one media and connectivity solution that helps boost clinician efficiency, simplifies administration, and offers patients a significantly improved bedside environment. It can also generate new revenue channels for hospitals and foundations.

The first Extenway terminals were inaugurated in October 2010 at the Jewish Rehabilitation Hospital of Laval, Quebec – and now the solution has crossed over into America, with the Memorial Sloan-Kettering Cancer Center in New York investing in the platform for its outpatient chemotherapy unit.

A better patient experience

On the most basic level, the Extenway bedside terminal is a high-tech replacement for standard television. It provides a comprehensive on-demand entertainment experience, complete with educational and communication tools. By using the device's touch screen, patients can choose from a wealth of options, including digital TV, audio books, internet radio, music, internet access and video games. Alternatively, they can access a desktop work environment (e-mail, Microsoft Office, etc) and make use of the built-in USB ports and smart card reader for business purposes. The systems most popular application is social networking (Facebook and Twitter) allowing the patient to remain in contact with friends and family.

The terminal also offers educational content about the patients' condition and practical information about their caregiver team and healthcare facility. Furthermore, it doubles up as a communications tool. Thanks to its integrated IP telephone and webcam, patients can use video-chat and phone services to stay in touch with friends and family.

In brief, Extenway's solution brings the conveniences of home to the bedside. But it also does much more than this: it offers patients unprecedented autonomy, thereby freeing up staff time for more urgent tasks. Patients can, for example,

consult the hospital's menu directly on the terminal and send their orders online. They can even adjust the light and temperature in their room – without having to move.

Increased productivity

Clinicians will appreciate the platform's powerful potential as an internal communications and information hub. Nurses and staff can deliver their electronic library of patient education directly to the patient over the solution. Moreover, the terminal can be used as an access point to the hospital's existing medical software, thereby providing faster access to key information such as patient schedules, Electronic Health Records (EHR) and medical library records. In this way, it can literally save caregivers hours per shift. Other professional communications functionalities include doctor-to-doctor conferencing and remote doctor-to-doctor consultation.

Customization and scalability

In terms of technology, the solution uses an IP-over-Ethernet platform to deliver a secure, scalable, end-to-end network. The system is divided into three major components: the Network Operations Centre, which is centrally hosted and managed by Extenway; the Hospital Media Centre, which is located within the IT centre of the hospital; and the in-room hardware components, which typically consists of a bedside terminal, wireless keyboard and remote control. Additional

options include wireless connectivity.

The solution can be adapted for clients' specific needs and has already been redesigned from the wall-mounted configuration to a direct mounting version on chairs used for chemotherapy treatment. The platform offers the flexibility and scalability to evolve in the future. At a later date, customers may choose to integrate new media features or introduce compatibility with new third-party products and applications.

Additional cost savings

The Extenway Infotainment platform therefore offers a wide range of benefits for healthcare facilities, including enhanced operational efficiency, heightened patient satisfaction, and cost savings. The user interface can be customized to display the facility's logos, colours, key information and overall look and feel, and patients can choose to offer donations directly from their bedside.

There is even the possibility of generating extra revenue by charging channel partners and suppliers to place discrete messaging on the terminal.

In summary, the Extenway Infotainment terminal is an extremely interesting development in healthcare media and connectivity solutions. It represents the very latest in bedside point-of-care technology – and looks set to become an essential solution in the years to come.

For more information, visit www.extenway.com.



COACH Leads Expert TF for ISO Safe Health Software Initiative



Neil Gardner

COACH: Canada's Health Informatics Association is providing leadership and collaboration services for the new Expert Task Force (TF) supplying domestic support for the new ISO Technical Committee 215 (ISO/TC215) work item development on Standards Requirements for Enabling Safe Health Software.

This work item will identify the coherent set of standards required for the "patient-safe" development, implementation and use of health software, essentially a standards-based framework for safety in

software.

This standards framework will use a risk management approach in identifying best practices that can be applied to both the pre-market (design, development) and post-market (configuration, implementation, use, operation, maintenance) components involved in the safe implementation of electronic health records (EHR) and other electronic health information systems.

COACH and the Canada Health Infoway Standards Collaborative (SC) announced COACH's role in November. For ISO/TC215 standards developed with the involvement of or leadership from Canada, the associated domestic Expert Working Groups are often led and managed through a SC Working Group (SCWG). There does not yet exist a SCWG with responsibility for safe health

software; thus COACH is hosting this time-limited Expert TF. SC Members will have the opportunity to monitor and engage in this work via the ISO/TC215 Canadian constituency.

The contribution of COACH and its many members who are standards experts, along with other Canadian experts in health software safety and quality, will be well appreciated as this work item seeks to assemble a globally-accepted "package" of standards that will provide guidance to countries, health software developers, implementers and end users.

More Information

Please contact Don Newsham, CEO, COACH, dnewsham@coachorg.com, or Neil Gardner, Chair, Safe Health Software Expert Task Force, ngardner@health.gov.sk.ca.

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News Highlights

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Healthcare Information Management & Communications Canada readers can now obtain a guide to cutting costs of monitoring critical environments while controlling risk factors from Veriteq, a Vaisala company.

Copies of this no-cost white paper – “Compliance, Risk and Cost of Ownership Comparisons for Pharmaceutical Continuous Monitoring—Wired, Wireless and Standalone Monitoring Instruments” can be obtained by writing to ken.appel@vaisala.com.

Six different modalities used in pharmaceutical-related industries for continuous monitoring—chart recorders, standalone data loggers, wired LAN networks with UPS backups, wired LAN networks using Power over Ethernet; WiFi; and Wireless Mesh—are systematically explained and compared in terms of lifetime costs of ownership and risks of non-compliance in the context of today’s regulatory environment.

Ken Appel, Manager of Regulated Industries for Veriteq, a Vaisala company, and author of the white paper explains that he wrote it to address the commonly overlooked sources of human error inherent in various monitoring modalities and

Risks	Chart Recorders	Standalone Data Loggers	Wired—UPS only	Wired—PoE	Wireless WiFi	Wireless Mesh
Power outage risk impacts to data loss	Moderate (3-yr battery) to High (AC only)	Moderate—3-yr battery and data storage capacity	Low—dependent on device battery maintenance	Low—dependent on device battery maintenance	Low to Moderate—dependent on device and radio battery maintenance	Low to Moderate—dependent on device and radio battery maintenance
Human error risk—Adhering to maintenance schedules	Highest—charts, pens, batteries need frequent attention	High—data downloading before overload capacity and battery life	Lowest	Lowest	Low (if AC-powered)—Higher (dependent on battery replacement frequency)	Moderate—unpredictable drains on battery life require more frequent attention
Data security risks	High—paper chart data can be manipulated	Low	Low	Low	Moderate—access to data possible from outside facility	Low—proprietary networks prevent easy access
Risk of gaps in data records due to network downtime	Not Applicable	Not Applicable	Low—with redundant data capability, otherwise high risk	Low—with redundant data capability, otherwise high risk	Low—with redundant data capability, otherwise high risk	Low—with redundant data capability, otherwise high risk
Risks of IT training gaps and breakdown in IT staff turnovers	Not Applicable	Not Applicable	Low—Ethernet protocols widely understood	Low—Ethernet protocols widely understood	Low—WiFi protocols widely understood	Moderate—proprietary networks requiring additional training
Combined sources of human error posing risks to quality	High—frequent staff hours required to stock supplies, change paper & pens; check readings; retrieve records	Moderate—adherence to data download schedules required and to check for excursions and/or change batteries	Low—requires adherence to schedule of changing device batteries	Lowest—system least dependent on battery maintenance	Low—requires adherence to schedule of changing device batteries	Low to Moderate—requires adherence to schedule of changing device batteries and IT training on proprietary protocols

to provide a systematic way for quality managers to weigh the pros and cons of different approaches to continuous monitoring. Mr. Appel says, “Whether you choose one connectivity method over the other or a combination, you will have to decide what makes the most sense in your organization. There is no one solution that fits every situation. Always though, a concern is to address the level of risk you can afford, and to know what these risks

are. Understandably, these decisions do not occur in a vacuum. Physical plant layout, existing IT infrastructure, support resources and management buy-in to name a few, will likely influence your path.”

To obtain a copy of the white paper write to ken.appel@vaisala.com. For a preview of the white paper, go to (<http://www.veriteq.com/cost-ownership-white-paper/index.htm>).

Oracle Health Management Platform Helps Providers and Payors Gain New Insight into Operations and Outcomes for More Effective and Efficient Care Delivery

Oracle Health Sciences has released the Oracle Health Management Platform, an open and integrated suite of unified solutions, combined with a framework on which healthcare providers and payors can build secure applications and services. The new platform is designed to help providers and payors reduce administrative costs and gain increased insight into operations and patient outcomes, while enabling more effective and secure interactions with patients, sales teams and enrolled members.

The new solution provides a framework in which healthcare organizations can build secure applications and services, tailored to their specific needs and requirements, including patient discharge management, provider referral analysis, patient outreach and relationship management, member enrollment and relationship management, medications reconciliation, chronic disease management and Thin Electronic Health Records.

The Oracle Health Management Platform

addresses the need for validated and integrated solutions in the areas of business intelligence, interoperability, relationship management and operations management, all critical components of effective business strategy in the healthcare industry.

"Providers and payors are looking for ways to extend their interaction with patients and members beyond the walls of healthcare facilities to drive more effective and cost-efficient care," said Lynne A. Dunbrack, Program Director, Connected Health IT Strategies, IDC Health Insights. "To achieve this goal, they require flexible IT frameworks and integrated platforms that give them the ability to deploy new applications quickly, as needed to meet changing demand. Oracle Health Management Platform delivers a scalable foundation that supports efforts to reduce operational costs and enable accountable care."

Developed with an industry-tailored, hot-pluggable architecture, the Oracle Health Management Platform, which

includes Oracle Database, Oracle Fusion Middleware and Oracle Applications, helps provider and payor organizations support immediate business requirements while providing additional insight in a clear, integrated framework to which they can add additional applications as business requirements change.

"To fulfill the potential of healthcare reform initiatives and citizen health management, today's healthcare industry requires greater levels of flexibility, transparency and insight across the healthcare continuum to enable better care coordination and improved outcomes at lower costs," said Marc Perlman, Global Vice President for Healthcare and Life Sciences, Oracle Healthcare. "Oracle Health Management Platform combines Oracle's technology and services offerings to reduce costs while advancing provider and payor efforts to implement accountable care infrastructures, and improve patient interactions, collaboration, and outcomes."

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Student Innovation Competition Focuses on Social Media & Mobile Technology

How can social media and mobile technology be leveraged to improve patient safety and quality of care?

COACH: Canada's Health Informatics Association student members can share their ideas on this subject in the 2011 Student Innovation Competition. Participants must be COACH individual or Academic Institutional (AIM) student members in good standing.

Students are required to write a 2,000-word essay in English or French about:

"Improving patient safety and quality of care are two goals of health informatics. How can social media and mobile technology be leveraged to further these important goals? What could be the potential benefits, and what challenges would need to be addressed?"

Essays are due March 7, 2011 and can be uploaded at www.coachorg.com

The winning essay will be published in this journal, Healthcare Information Management & Communications Canada, and the author will receive:

- \$500 cash
- Complimentary registration to e-Health 2011: Enabling Healthy Outcomes Conference in Toronto May 29 – June 1
- \$500 towards travel to e-Health 2011
- The opportunity to present at e-Health 2011

For more information

Visit www.coachorg.com/Career_Development/careers/student_innovation_competition.htm or contact COACH, info@coachorg.com, phone 1.888.253.8554, 416.494.9324.

eShift: Cloning Nurses in South West Ontario

In 2008, the South West Community Care Access Centre (CCAC) in London, Ontario hit a wall when it came to overnight home care for medically fragile children with complex needs.

"We faced a real challenge: How do we keep supporting this population with a shrinking human resources base of nurses?" says Gordon Milak, Senior Director of Performance Management and Accountability with the CCAC.

"Overnight in a client's home isn't like covering an overnight shift in a hospital – the nurse is alone, one-on-one with a child and there are few supports. The shifts are difficult to fill and when you're dealing with medically fragile children ... you need nurses with a paediatric specialty. Essentially, we needed to find a way to clone the nurses we already had."

The solution was eShift, an innovative mobile tool developed in partnership with Sensory Technologies that connects an enhanced-skill Personal Support Worker (PSW) in the home with a registered nurse via a web-enabled iPhone.

PSWs and nurses use the device to share client information securely through a web portal. The software developed for the project is intuitive and includes highly customizable clinical decision support tools, a reference library, chat and phone capability and supplies ordering features."

eShift is essentially a force multiplier," explains Patrick Blanshard, president of Sensory Technologies.

"But the story here isn't so much about the technology as it is about the people. The technology is in the background; it's what the technology enables people to do that is exciting."

Case in point? The paediatric trial. Two families with medically fragile children participated, he says: One who already had a nurse on site and another, who were on a waiting list for help.

"eShift gave one remote nurse eyes, ears and hands at both locations. It was a paradigm shift. All of the efficiencies of a hospital without the overhead; real time information not just about one client, but about two. When we saw that, we knew we had to go somewhere with it."

Although the eShift pilot started with just two locations, increased funding – first, from HealthForce Ontario and more recently, from the South West Local Health Integration Network (LHIN) – has enabled the program to evolve.

Today, the program has the capacity to support up to 30 clients and has been expanded through the LHIN's urgent priorities fund to include patients requiring palliative care.

"There are so many areas in health care where mobile and telehealth solutions can make a difference," says Michael Barrett, Chief Executive Officer of the South West LHIN.

"But whether we're talking about capacity management, electronic health record integration or the optimization of health care resources, eShift is playing a role. It's very exciting to see this program grow."

Lana Papps, the Victoria Order of Nurses' eShift palliative care lead, says the expansion from paediatrics into palliative was a natural one for the enabling technology.

"When something goes wrong, the knee-jerk response from families caring for a loved one is the emergency room," explains Papps. "But acute care often doesn't meet the needs of the palliative patient."

Hospital emergency rooms are designed

to rescue, Papps explains. "What we want to do is palliate. eShift enables us to do that and helps us deliver the right care at the right time in the place of the patient's choice."

Like the paediatric program, Papps says eShift has enabled VON to extend the reach of its existing advanced practice palliative care nurses through enhanced skill PSWs equipped with web-enabled iPhones.

Not only has it helped the agency maximize the use of existing health care dollars, she says, it's also resulted in improved diagnosis and treatment.

PSWs, she says, often get to spend more time with patients than nurses do, meaning they stand a greater chance of witnessing symptoms that may not present during a shorter visit.

It's also resulted in improved quality of life for client's families.

"We're talking about people who often need 24-hour assistance," Papps explains.

"Not everyone can take three to four months off work to care for grandma ... in many cases, our ability to provide care gives them their lives back."

Contact info: For more information on eShift, contact Sensory Technologies at 519-663-2057 or visit the South West LHIN's eHealth pages at www.southwestlh.in.on.ca.



Lana Papps of VON holds up an iPhone equipped with the eShift interface that extends the reach of health care services, dollars and personnel – without increasing costs.

Canadian Pharmaceutical Distribution Network's Hospitals to Gain Greater Visibility into Pharmaceutical Purchases Through GHX

Helps close the pharmacy purchasing visibility gap for hospitals integrated to the GHX exchange

The Canadian Pharmaceutical Distribution Network (CPDN) has joined GHX, enabling participating hospitals to gain greater visibility into their pharmaceutical purchasing. CPDN is a service provider to independent drug manufacturers comprising 19 of the leading pharmaceutical companies serving the Canadian hospital market.

Approximately 80 percent of Canadian hospitals that maintain accounts with pharmaceutical companies use the CPDN Program to consolidate ordering and delivery of pharmaceutical products from independent pharmaceutical companies. Using the CPDN Web OMS browser-based ordering system, participating hospital pharmacies can place a single order to purchase products from multiple manufacturers, receive the products in a single shipment and make a single invoice payment.

A significant challenge is that most hospital pharmacies conduct their purchasing processes outside of their parent hospitals' central supply chain channels, with the pharmacies placing orders using standalone systems that are typically not integrated with their hospitals' enterprise resource planning (ERP) or materials management information (MMIS) systems. As a result, hospitals frequently experience a visibility gap in their supply chain operations, with the inability to access a centralized view of all of their purchases.

By joining GHX, CPDN has helped solve this issue for Canadian hospitals that are integrated to the GHX electronic trading exchange. Orders will be placed through the GHX exchange, which integrates with a hospital's ERP and/or MMIS system, enabling participating hospitals to gain greater visibility into their pharmacy purchases. Furthermore, these hospitals can leverage this information to make more strategic

purchasing decisions across their organizations, which will also be visible in the CPDN Web OMS system.

"Joining GHX supports our mission to provide the healthcare industry with consolidated and cost-effective buying solutions that meet the needs of both manufacturers and hospitals," said Greg Gauthier, president and CEO of CPDN. "Integrating our CPDN Web

OMS system to operate in parallel with the GHX exchange benefits not only pharmaceutical personnel seeking to streamline their ordering processes, but also hospital executives who are interested in gaining greater insights into their overall supply spend."

CPDN is scheduled to begin processing pharmaceutical orders placed through the GHX exchange with an initial hospital customer this fall, with the target of bringing additional hospital sites on board as early as Q1 2011. In addition to placing orders, hospitals connected to GHX will have the ability to process advanced transactions from CPDN, including electronic invoices and electronic shipment notifications, for greater supply chain accuracy and efficiency.

"GHX shares in CPDN's mission to drive cost savings for both healthcare providers and suppliers by improving process efficiency and providing greater visibility into accurate and timely supply chain data," said Nils Clausen, general manager, GHX Canada. "With CPDN processing a substantial volume of pharmacy orders placed by Canadian healthcare providers, their participation in the GHX exchange enables us to significantly expand our reach into the pharmaceutical distribution marketplace."

For more information about GHX visit their website at www.ghx.com.

For more information about Canadian Pharmaceutical Distribution Network (CPDN) visit their website at www.cpdn.ca



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