# Nurses & Informatics: Transforming Healthcare Conference

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#### (« Daisy ») An electronic tool for inter-institution information transfer

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## Elements of the presentation

- •The Quebec information infrastructure
- •The McGill University Health Centre (MUHC)

•Historical development of



•Characteristics of



- •Benefits
- •Limitations, challenges
- •Key success factors and lessons learned

The Quebec information infrastructure



Demande de Services Interétablissements

> Réseau de télécommunication de la santé et des services sociaux

- •A secure telecommunication network for the Health Care system
- Lotus Notes was used to developed DSIE. Is also the software that connects all health care workers in the network for email
- •SOGIQUE (non-profit organization) is the mandatory of the ministery for many softwares





provincial technocentre
 regional technocentres
 institutions
 physical sites

Cable, satellite and microwave connections

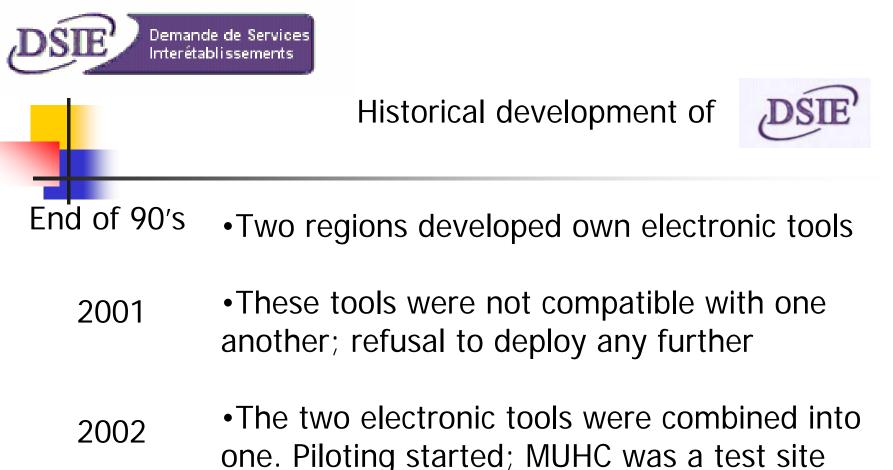


**Centre universitaire de santé McGill McGill University Health Centre** 

Merger of 5 institutions (1997) : 4 adult centres and one pediatric Located in downtown Montreal

> 1200 beds 40,000 inpatient days 1,000,000 ambulatory visits 3000 nurses

10,000 referals to home care and other institutions every year



- •Tool adopted and became the official provincial tool
- •Provincial deployment started



Deployment plan

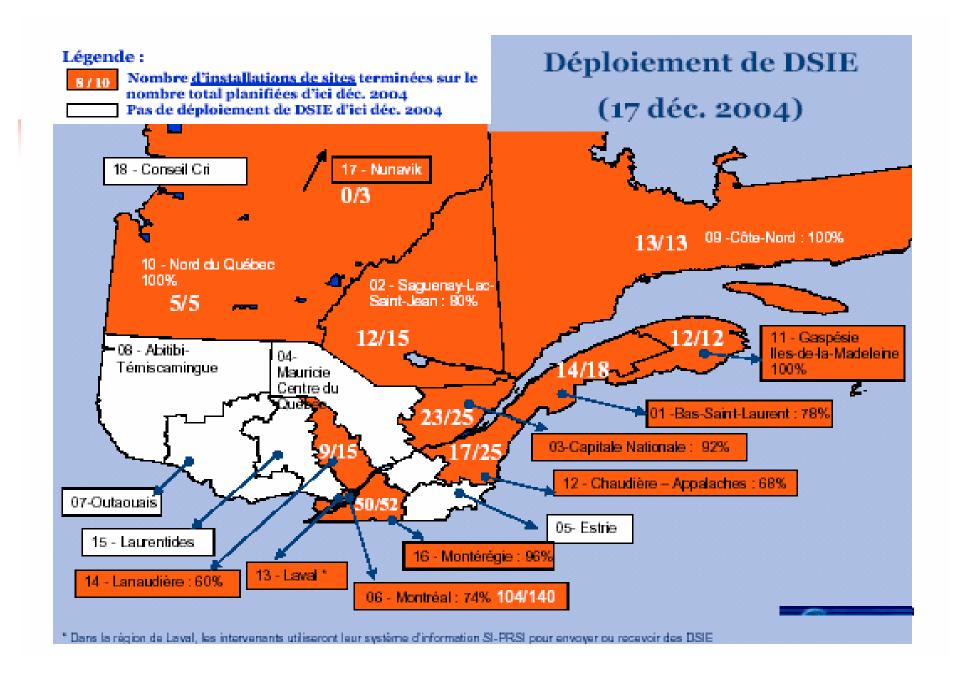
 Project manager was identified for the province and then one for each region

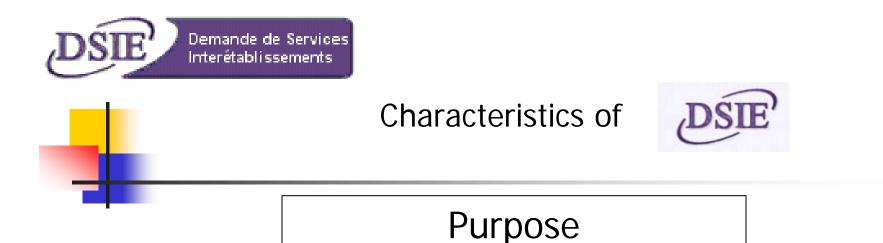
- Each institution was mandated to identify a local project manager
- Deployment tools were developed for all levels (user manuals, video presentations, recommendations for the choice of project managers, etc.)

•All information continuously available for download from SOGIQUE's web site

Accueil Quoi de neuf? Emplois Contacts Plan du site







- •Generates an electronic inter-institutional referral; replaces paper version
- •Used between Health care network partners,
  - -Hospitals
  - -CLSC (Local community service centre homecare)
  - -Rehabilitation hospitals / centers
  - -Long term care hospitals
  - -Geriatric Day Hospitals



Characteristics of



Creating a document

- Interface with Admission database identity information
- •Standard main form information fields expandable
- •Complementary pages for specific clinical conditions (COPD, Home IV therapy, etc.)
- •Local templates can be created (e.g. post heart surgery)
- •Electronic attachments (Word documents, scanned images)
- •Referral can be completed progressively by more than one user; identity of author is tracked



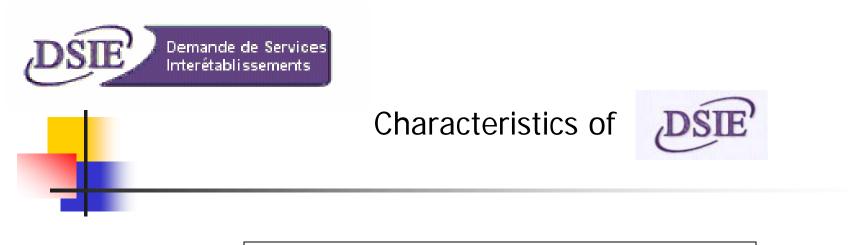
•Referrals can be duplicated and sent to more than one institution

•Transmission to another institution generates automatic confirmation of receipt message

•Documents are encrypted during transfer, decrypted when reaching an authorized organization

•Reply with Acceptance or Refusal of referral is sent, with comments if needed

•Referrals are stored for subsequent consultation, duplication



Management of files

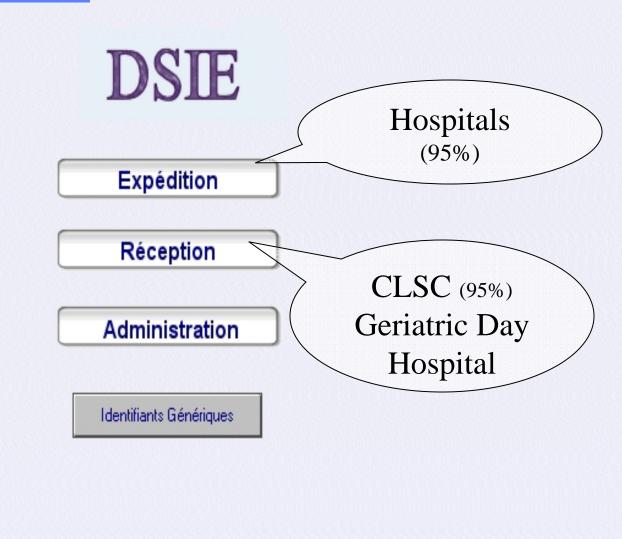
- •File is closed following transmission, patient discharge and confirmation of acceptance.
- •File is no longer « in progress », goes into specific folder called « terminated ».
- •File is printed for patient's hospital chart
- •Closed files are counted in statistics.



## Administration

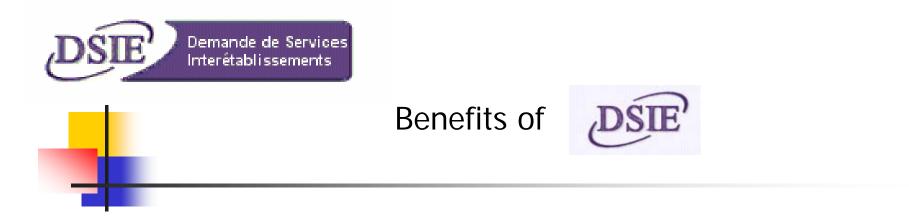
- •Administrator module for access management assigning users, creating templates, etc.
- •Possibility of using unit-generic code with individual identification

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- •Benefits for patients
- •Benefits for nurses
- •Benefits for the community
- •Pertinence, comprehensiveness, timeliness of information
- Readability and clarity
- •Condition-specific templates act as prompts
- Confidentiality and safety
- Reception acknowledged
- Provides statistics
- Access for subsequent consultation, duplication



Challenges, limitations

 Technical (hardware availability, scanner technology, portables, etc.)

•Funding (for hardware)

•Training and follow-up

•Organizational (workflow changes, Interprofessional relationships)

- Interinstitutional relationships
- •Legal (confidentiality issues)



## Key successes and lessons learned

- •Nurses must be involved in the development of the tools to ensure their clinical relevance
  - Ministery and regional leadership
  - Project managers were clinical, not technical personnel
  - •Need to highlight benefits
  - •Funding needs to be addressed
  - •Adapt the training to the different local needs
  - Stability in staffing and appropriate infrastructure
  - Identification of users who will become champions



Thank you

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References: <u>www.sogique.qc.ca</u>

Langowski, C. *The times they are achanging: Effects of online nursing documentation systems*. <u>Ouality Manag Health Care</u> (2005) Apr-Jun;14(2): 121-5 Timmons, S. *Nurses resisting infomration technology*. <u>Nursing Inq</u>. (2003) Dec;10(4):257-69