

CST makes moves with data

Gone will be the days when staff are waiting to access charts to get the information they need. Soon, data from across VCH, PHSA and PHC will be available at the touch of a button as part of the Clinical & Systems Transformation (CST) project.

Enter data remediation and legacy: it might be a mouthful, but these terms explain how CST will achieve its vision of an integrated clinical information system.

Data remediation (amending data)

On day one, when VCH, PHSA and PHC switch over to the new CST platform, staff will have access to accurate historical patient records. Prior to this occurring, some data will need to be remediated. This is where Karen Davids, Data Remediation Lead, and her team come in; they're a small team with a big job to do.

"When you first start looking at the data, it seems like it would be simple, but it's not," says Karen.

She and her team are working closely with the Ministry of Health (MOH), which is analyzing VCH, PHSA and PHC patient data records and linking them with the provincial health care identity of the client. This identity is stored within the Enterprise Master Person Index (EMPI).



When the MOH analyzes the data, they look at name, date of birth, gender, address and/or provincial health number, and highlight records that require remediation. For example, there might be duplicate records for a client that should be merged, or incomplete or inaccurate information for clients that need to be corrected.

In some cases, the team will pull and review physical charts to ensure the correct identity is established. This reduces patient safety risks from identity errors and costs from duplicate services like repeat exams, says Karen.

With so many records to remediate, the commitment is to ensure the records for clients who have presented for service within the last five years are remediated and linked appropriately to their provincial health care identity.

Legacy data (historical data)

Through our data legacy work, we will ensure all staff has access to the key patient information they have today. That means making key data from dozens of systems available in the new clinical information system. CST's Data Legacy Team is tasked with making this happen.

"As each go-live occurs, we need to ensure that the data sets are available from day one," says Tony Mitchell, former Data Legacy Lead.

It's no easy task. The systems range from small specialty ones to major clinical systems. To streamline the new clinical information system, data in existing systems will be analyzed to ensure important information – like alerts and allergies – is migrated. It's still being decided how far back the team will go to capture legacy data.

The goal is for the data to be accessed through external viewers, so clinicians can easily access key patient data – without having to leave the context they're working in.



Putting patients first

There is a strategy to electronically capture and combine paper charts with the patient's electronic record, using document imaging to capture the paper-based records. This ensures patient documents are accessible electronically and reduces costs for storage and retrieval of records. After we go live with the new clinical information system, historical paper records will still be available in paper format because document imaging will be done starting from go-live.

Both Karen and Tony agree that remediation and legacy are about taking care of patients first. "We want to make sure that staff has access to all historical data that might be pertinent," says Karen.

Background information

The Clinical and Systems Transformation project is a joint initiative of three health organizations: Vancouver Coastal Health, Provincial Health Services Authority and Providence Health Care. The project is designed to transform health care delivery systems and processes to improve the safety, quality and consistency of the patient and caregiver experience. CST will support the health organizations in establishing common clinical and process standards, including work flows, order sets, clinical guidelines integrated plans of care and a common electronic health record. This clinical transformation will be supported by the implementation of a clinical information system that will replace aging existing systems. The project will be implemented in stages across the health organizations.

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