



Tactical Plan for  
Health Information Management  
in British Columbia:

Key Projects – 2004/05

PRESENTED BY THE HEALTH CHIEF INFORMATION OFFICER COUNCIL

January 2005

**National Library of Canada Cataloguing in Publication Data**

British Columbia. Health Chief Information Officer Council.  
Tactical plan for health information in British Columbia.

Cover title.  
Also available on the Internet.  
ISBN 0-7726-5016-0

1. Medical records - British Columbia - Data processing. 2.  
Medical records - Management - British Columbia. 3. Public  
health records - British Columbia - Data processing. 4.  
Information storage and retrieval systems - Public health. I.  
Title.

RA976 B74 2003      651.5'04261'09711      C2003-960168-4

For more information visit the web site: <http://healthnet.hnet.bc.ca/>

# Table of Contents

---

<b>INTRODUCTION.....</b>	<b>4</b>
<b>THE PROJECTS .....</b>	<b>6</b>
PROVIDER REGISTRY HA UPTAKE .....	7
AUTHENTICATION.....	8
PNG IMPLEMENTATION COMPLETION.....	12
E-HEALTH GATEWAY FOR PROVIDERS.....	14
PROVINCIAL CLIENT IDENTITY MANAGEMENT PROJECT .....	17
PROVINCIAL DIGITAL IMAGING ACCESS.....	18
PLCO IM/IT INITIATIVE .....	19
HOSPITAL PHARMA <span>NET</span> STRATEGY.....	22
TELE <span>HEALTH</span> CLINICAL NEEDS ASSESSMENT.....	23
ELECTRONIC MEDICAL SUMMARY (E-MS).....	25
PHYSICIAN CONNECTIVITY .....	28
<b>GLOSSARY OF TERMS.....</b>	<b>31</b>
<b>APPENDIX A</b>	
Outcomes Report to Tactical Plan 1.....	32

# Introduction

---

This document is the second in a series of tactical plans for health information management in British Columbia. It builds both on the first plan entitled *Tactical Plan for Health Information Management in British Columbia: Nine Key Projects in Six Months* and on the six goals outlined in the document entitled *Information for Health, A Strategic Plan for Health Information Management in British Columbia 2002/03 – 2006/07* (Strategic Plan). This document continues to provide a map on how the health authorities and the ministries plan to fulfill the strategic goals. The Outcomes Report for the Tactical Plan for Health Information Management in British Columbia “Nine Key Projects in Six Months” – May 2003 is appended.

Information for Health Six Goals
▪ SHARING OF CAREGIVER INFORMATION
▪ PUBLIC ACCESS TO HEALTH INFORMATION
▪ PROVISION OF AGGREGATE HEALTH INFORMATION
▪ LEVERAGING OF TECHNOLOGY
▪ EFFICIENT USE OF PUBLIC RESOURCES
▪ ENHANCED KNOWLEDGE MANAGEMENT

The Strategic Plan focuses on “what” whereas the tactical plans focus on “how”. Specifically, the tactical plans will focus on:

- Single health authority projects that have strong provincial implications
- Cross health authority projects that build common solutions and approaches
- Provincial projects

Each tactical plan will focus on a specific piece of the Health Chief Information Officer Council's (Health CIO Council) work over a defined time period. This plan, *Key Projects – 2004/05*, concentrates on key Electronic Health Record (EHR) projects for the period April 2004 to March 2005, continuing the movement towards EHR development in British Columbia.

The projects described in this document, despite being grouped under goal one of the Strategic Plan, also contribute to the plan's other five goals. The scope of these projects is such that their impact will be felt in all areas. All the projects are interrelated and dependent upon each other for long-term success.

The projects profiled in this document are complex and long-term undertakings. However, the major milestones outlined in each project description will be reached by March 2005.

In the coming months the Health CIO Council will profile specific projects on its website: <http://healthnet.hnet.bc.ca/>. This website will be a clearinghouse for data on Strategic Plan projects. It will allow the health authorities and the ministries an opportunity to share project plans, lessons learned and best practices. It will include the council's plans, reports, provincial initiatives, products, services, policies, standards and links to other relevant websites.

Tactical plans will be 'works in progress', given the dynamic nature of the information technology environment and the health care sector. They will be continuously updated to reflect new developments and approaches.

Creation of the Electronic Health Steering Committee comprised of Senior Representatives of the Ministry, Health Authorities and representatives from the care provider community has been established to guide and accelerate e-Health initiatives. This tactical plan will support the mandate of the committee.

# The Projects

---

The projects covered in this tactical plan are:

- Provider Registry HA Uptake
- Authentication
- PNG Implementation Completion
- E-Health Gateway for Providers
- Provincial Client Identity Management Project
- Provincial Digital Imaging Access
- PLCO IM/IT Initiative
- Hospital PharmaNet Strategy
- TeleHealth Clinical Needs Assessment
- Electronic Medical Summary (e-MS)
- Physician Connectivity

Ten key elements of each project are outlined. They are:

- Project Title
- Project Description
- Project Sponsors
- Stakeholders
- Objectives/Milestones
- Major Deliverables
- CIO Council Lead
- Working Group Lead
- Health Authority Participation/Resources Required
- Major Links to Other Projects
- National Context

<b>FOCUS AREA</b>	<b>Provider Registry</b>
<b>Project Title:</b>	<b>Provider Registry Health Authority Uptake</b>
<b>Project Description:</b>	Implementation Provider Registry use by all health authorities
<b>Project Sponsors:</b>	John Schinbein, CIO, MOHS
<b>Stakeholders:</b>	All HA CIOs
<b>Objectives/Milestones:</b>	Implementation of a least one business application/access to the Provincial Provider Registry by all health authorities by Mar 06
<b>Major Deliverables:</b>	New Provider Registry Access Agreement Strategy to facilitate HA update – Dec 04 Introduction of Provider Registry in all HAs – Mar 06
<b>CIO Council Lead:</b>	John Schinbein, CIO, MOHS
<b>Working Group Lead:</b>	Stu Frampton, MOHS
<b>Health Authority Participation/Resources Required:</b>	Business and Technical Resources required to implement Provider Registry
<b>Major Links to Other Projects:</b>	Provider Authentication/Clinical Portal
<b>National Context:</b>	Investment committed to by Infoway.

<b>Project Title:</b>	<b>AUTHENTICATION</b>
<b>Project Description:</b>	<p>There are two main parts to this initiative:</p> <ol style="list-style-type: none"> <li>1. Agree on a common approach to <b>two-factor authentication</b> (2FA) in the health care sector in the Province of British Columbia. There are immediate requirements for secure remote access to clinical applications, and provincial health authorities are in agreement that 2FA is a necessary requirement for secure remote access over un-trusted networks such as the Internet. There are a variety of pilot projects being undertaken by several Health Authorities involving various authentication technologies, and general agreement that efforts should be harmonized to standardize on an approach and to avoid authentication technology decisions with limited future prospects.</li> <li>2. Address the requirement for <b>cross-domain authentication</b>, and trust between the Health Authorities and the Ministry of Health (MoH), by creating a proof of concept for multi Authority access to clinical information via web portal and web based applications, using <b>Federated Identity Management</b> approaches. Identity Management is the process and technology used to manage digital identities as well as the policies that govern how the identities can be used to access IT resources. Federated Identity Management is the extension of Identity Management to include external individuals or organizations. In British Columbia, this would include Health Authorities making applications and services available through a common external Authentication and Authorization Framework to other Health Authorities, the Ministry of Health, Providers and other stakeholders.</li> </ol>
<b>Project Sponsors:</b>	CIO Council
<b>Stakeholders:</b>	All BC health authorities

<p><b>Objectives/Milestones:</b></p>	<p><b>Two-factor authentication:</b></p> <ul style="list-style-type: none"> <li>• Document requirements for two-factor authentication solutions (COMPLETE)</li> <li>• Review solutions implemented in BC and other jurisdictions (e.g., Alberta, Ontario) (COMPLETE)</li> <li>• Evaluate the most promising of the candidate technologies in terms of security, business fit, cost, etc. (COMPLETE)</li> <li>• Recommend a standard approach that is most suitable for use in the BC health care sector (DRAFT RECOMMENDATION COMPLETE – requires CIO Council direction on (a) physician engagement in decision process, (b) next steps including procurement)</li> <li>• Develop a set of minimum security standards for cross-authority authentication (based on ISO 17799) (COMPLETE)</li> </ul> <p><b>Cross-authority authentication and federated user identity management:</b></p> <ul style="list-style-type: none"> <li>• Investigate alternative approaches to cross-authority authentication (INITIAL DISCUSSIONS HELD)</li> <li>• Validate the Identity Management Strategy Architecture.</li> <li>• Understand the Architecture through User Scenarios. There are a number of user cases within the Health Authorities that are impacted by the Identity Management Strategy. Understanding the impact that the Framework has on each user type will provide a better understanding of the Architecture and outline the benefits and implications to the various organizations.</li> </ul>
--------------------------------------	--

<p><b>Objectives/Milestones (cont'd):</b></p>	<ul style="list-style-type: none"> <li>• Phase 1 Implementation: Deploy the Framework for Identity Management.</li> <li>• Internally deploy a meta-directory. The meta-directory is the foundation of an Identity Management solution. The meta-directory interconnects all of the disperse directories that exist within an organization. The meta-directory will handle the synchronization of the Health Authority internal user directory with the Health Authority external user directory (Active Directory or LDAP compliant). Numerous meta-directory vendors exist in the market. MIIS 2003 is an example of a meta-directory.             <ul style="list-style-type: none"> <li>i. Install meta-directory and begin synchronization with internal directory environment.</li> </ul> </li> <li>• Create a Health Authority External Directory. The external directory will hold users external to the Health Authority and the users from within the Health Authority that require access to federated services from other partner Authorities.             <ul style="list-style-type: none"> <li>ii. Establish directory synchronization and integration with internal directory to external directory.</li> </ul> </li> <li>• Establish Federated Trust Model. This is to create a proof of concept for the communities of practice to access the web portals. The Trust Model can be created using Active Directory Federation Services (ADFS) which is included in Windows Server 2003 Release 2 or through standards-based offerings from Oblix, OpenNetworks or RSA.</li> <li>• Create Best Practices Guidelines for Developing Identity Aware Applications. A standard for future application development is required to ensure that Health Authorities can continue to acquire and develop applications that can be made available to internal and external users through the common Authentication and Authorization Framework implemented through the Identity Management Strategy for BC.</li> </ul>
<p><b>Major Deliverables</b></p>	<p>Cross-authority agreement on 2-factor authentication solutions. Deployed Federated Identity Management framework.</p>
<p><b>CIO Council Leads</b></p>	<p>Don Henkelman, CIO PHSA Greg Feltmate, CIO VCHA</p>

<b>Health Authority Leads</b>	Colin King, VCHA Jamus Spink, PHSA James Reilly, IHA (DAWG)
<b>Health Authority Participation/Resources Required</b>	All, and the Ministry of Health Services
<b>Major Links to Other Projects</b>	Privacy & Security Working Group TeleHealth initiatives EHR Premier’s Technology Council’s recommendations (“bridging the digital divide”)
<b>National Context</b>	Link to federal government’s Broadband Taskforce Report Key Enabler in CHI Inc. Business Plan model.

<b>FOCUS AREA</b>	<b>Network PNG Implementation</b>
<b>Project Title:</b>	<b>PNG Implementation Completion</b>
<b>Project Description:</b>	Secure, reliable interconnection of all Provincial Health Authority networks
<b>Project Sponsors:</b>	Don Henkelman, CIO, PHSA
<b>Stakeholders:</b>	<ul style="list-style-type: none"> <li>• CIO Council</li> <li>• PNG Governance Committee</li> <li>• Technical Advisory Group</li> <li>• Telus</li> <li>• End Users</li> </ul>
<b>Objectives/Milestones:</b>	<ul style="list-style-type: none"> <li>• Completion of Telus infrastructure</li> <li>• Resolution of all inter-HA IP address conflicts</li> <li>• Migration of existing inter-HA connection off the existing Telus Health Net Gateway</li> <li>• Testing and implementation of early adopters</li> </ul>
<b>Major Deliverables:</b>	Integrated PNG between all BC health authorities
<b>CIO Council Lead:</b>	Greg Feltmate, CIO, VCHA Don Henkelman, CIO, PHSA
<b>Working Group Lead:</b>	Dave Parker
<b>Health Authority Participation/Resources Required:</b>	<ul style="list-style-type: none"> <li>• Report in progress to define HA resources, hardware costs and project completion timelines. Will be presented to CIO Council Sept. 17<sup>th</sup>.</li> <li>• Costs to be refined – estimate \$650,000 (TBC)</li> </ul>

<b>Major Links to Other Projects:</b>	<ul style="list-style-type: none"><li>• Foundational for the transport of all inter-HA data traffic. Highway system for the provincial EHR</li><li>• Supports Network BC initiative</li></ul>
<b>National Context:</b>	

<b>FOCUS AREA</b>	<b>Clinical Portal &amp; Web Service</b>
<b>Project Title:</b>	<b>e-Health Gateway for Providers</b>
<b>Project Description:</b>	<p>Create a proof of concept for provider access to clinical information using web-based portal technology</p> <ol style="list-style-type: none"> <li>1. Develop the Application level services and infrastructure building blocks for a EHR             <ol style="list-style-type: none"> <li>a. Create a network connectivity model that strengthens Primary Care delivery and supports lab reform by leveraging the e-Health network.                 <ol style="list-style-type: none"> <li>i. Connect physician offices, private clinics and lab clinics to the e-Health Network.</li> <li>ii. In consultation with HA's, develop a business case for access cost recovery.</li> <li>iii. Create a proof of concept for clinical information access using web based portal technology.</li> </ol> </li> </ol> </li> </ol>
<b>Project Sponsors:</b>	<p>Don Henkelman, CIO, PHSA Neil Currie, CIO, FHA</p>
<b>Stakeholders:</b>	Physicians, clinical staff, nursing staff, HA

<p><b>Objectives/Milestones:</b></p>	<p>Develop proof of concept for solutions that deliver expanded e-health systems value:</p> <ul style="list-style-type: none"> <li>▪ Provider security model</li> <li>▪ Provider identity management model</li> <li>▪ Provider ‘Portal access’ model</li> <li>▪ Diagnostic Image viewer access</li> <li>▪ Practice guideline access</li> <li>▪ E-procurement</li> <li>▪ Distribution of information i.e. SARS</li> </ul>
<p><b>Major Deliverables:</b></p>	<ul style="list-style-type: none"> <li>• Provider security &amp; identity management model</li> <li>• Web based ‘single point of access’ to clinical information</li> <li>• Improve access to lab and test results, acute patient information and health records</li> <li>• Create the connectivity layer for primary care to facilitate migration to common EHR</li> <li>• Delivering in year ROI for the HA’s</li> <li>• Enable significant improvements to health care delivery system</li> </ul>
<p><b>CIO Council Lead:</b></p>	<p>Don Henkelman, CIO, PHSA Neil Currie, CIO, FHA John Schinbein, CIO, MOHS</p>
<p><b>Working Group Lead:</b></p>	<p>BC Portal WG</p>
<p><b>Health Authority Participation/Resources Required:</b></p>	<p>PHSA &amp; FHA CIO PHSA &amp; FHA Managers to sit on Steering Committee PHSA &amp; FHA Web development and technical people to participate in development team</p>

<p><b>Major Links to Other Projects:</b></p>	<p>Technical Advisory Group  eHealth NW – PNG  NW &amp; Security Groups  Portal Working Group  IHA Physician project  Primary Care initiative in FHA &amp; PHSA  Lab reform</p>
<p><b>National Context:</b></p>	<p>Linkage with Smart Systems for Health in Ontario.</p>

<b>FOCUS AREA</b>	<b>Client Identity</b>
<b>Project Title:</b>	<b>Provincial Client Identity Management Project</b>
<b>Project Description:</b>	Implementation of Provincial EMPI system
<b>Project Sponsors:</b>	John Schinbein, CIO, MOHS
<b>Stakeholders:</b>	All HA CIOs
<b>Objectives/Milestones:</b>	Implementation of a Provincial EMPI system supporting effective and efficient client identity management necessary to support patient care within and across health authorities and the Ministry.
<b>Major Deliverables:</b>	Implementation of Provincial EMPI and initial sources – Fall 05
<b>CIO Council Lead:</b>	John Schinbein, CIO, MOHS
<b>Working Group Lead:</b>	Stu Frampton, MOHS
<b>Health Authority Participation/Resources Required:</b>	Business and Technical Resources required to implement EMPI solution and integrate source HA systems
<b>Major Links to Other Projects:</b>	Links to all initiatives having a client identity management component
<b>National Context:</b>	Infoway Investing in Project

<b>FOCUS AREA</b>	<b>Diagnostic Imaging</b>
<b>Project Title:</b>	<b>Provincial DI Access</b>
<b>Project Description:</b>	Development and implementation of a Provincial DI Access Strategy supporting the proactive sharing (push) of diagnostic images and reports between health authorities
<b>Project Sponsors:</b>	Don Henkelman, CIO, PHSA Pat Ryan, CIO, IHA
<b>Stakeholders:</b>	All health authorities
<b>Objectives/Milestones:</b>	Implementation of a Provincial wide strategy for the push of diagnostic images and reports between Health Authority DI storage systems that supports the priority clinical needs of health care providers
<b>Major Deliverables:</b>	High level Business and IT Strategy – Dec 04 Detailed clinical & business requirements and IT strategy – April 05 Implementation – March 06
<b>CIO Council Lead:</b>	Don Henkelman, CIO, PHSA John Schinbein, CIO, MOHS
<b>Working Group Lead:</b>	TBD
<b>Health Authority Participation/Resources Required:</b>	Clinicians, DI Management and IT Support
<b>Major Links to Other Projects:</b>	HA DI Strategies and Systems
<b>National Context:</b>	CHI Investment Opportunity

<b>FOCUS AREA</b>	<b>Laboratory System</b>
<b>Project Title:</b>	<b>Provincial Laboratory Coordinating Office (PLCO) IM/IT Initiative</b>
<b>Project Description:</b>	<p>The purpose of the PLCO IM/IT Initiative is to develop a province-wide laboratory test result information system. The new system will:</p> <ul style="list-style-type: none"> <li>• Allow laboratory test result information to be shared between locations within the province, providing physicians with more complete and relevant information to support medical decision-making;</li> <li>• Improve the efficiency of laboratory test ordering and results distribution;</li> <li>• Improve the ability to aggregate laboratory information in order to support both administrative and clinical decision-making; and</li> <li>• Provide a provincial capacity to measure and manage the provision of laboratory services.</li> </ul> <p>Through the use of technology and standards, the new system will ensure that laboratory information:</p> <ul style="list-style-type: none"> <li>• Is of a high quality;</li> <li>• Is available to health care providers and administrators throughout the province;</li> <li>• Is consistent with the province of British Columbia's Electronic Health Record (EHR) Solution; and</li> <li>• Is secured to protect patient privacy.</li> </ul>
<b>Project Sponsors:</b>	<ul style="list-style-type: none"> <li>• Executive Sponsor: Dr. Penny Ballem, Deputy Minister of Health Services</li> <li>• IM/IT Project Sponsor: Ron Danderfer, ADM, KMT, MOHS</li> </ul>

<p><b>Stakeholders:</b></p>	<ul style="list-style-type: none"> <li>• Health authorities</li> <li>• Physicians</li> <li>• Private laboratories</li> <li>• Infoway</li> </ul>
<p><b>Objectives/Milestones:</b></p>	<p>The overall project will have four phases. The objectives of each of the phases are:</p> <ul style="list-style-type: none"> <li>• Phase 1 – Develop the overall laboratory IM/IT strategy.</li> <li>• Phase 2 – Determine the provincial requirements for the laboratory test information system.</li> <li>• Phase 2 – Conduct a procurement process to acquire a vendor, and carry out pilots of the solution.</li> <li>• Phase 3 – Identify early adopters, and evaluate the implementation based on their experience, then develop and implement a strategy for a province-wide rollout.</li> </ul>
<p><b>Major Deliverables:</b></p>	<ul style="list-style-type: none"> <li>• High-level business requirements for the laboratory test information system;</li> <li>• Documentation of procurement strategy options;</li> <li>• Documentation of the procurement process;</li> <li>• Procurement documents (e.g. RFP or JSP, Proponent Guide, Evaluator Guide, Evaluator Workbook);</li> <li>• An investment strategy proposal for Canada Health Infoway;</li> <li>• An Engagement Agreement with Canada Health Infoway;</li> <li>• HL7 messaging standards;</li> <li>• An approved Privacy Impact Assessment document;</li> <li>• Contract(s) for the provision of the IM/IT Initiative solution; and</li> <li>• An implemented IM/IT solution.</li> </ul>
<p><b>CIO Council Lead:</b></p>	<p>John Schinbein, CIO, MOHS</p>
<p><b>Working Group Lead:</b></p>	<p>Bruce Tyshynski, MOHS</p>

<b>Health Authority Participation/Resources Required:</b>	Business delegates from all health authorities CIO delegates from all health authorities
<b>Major Links to Other Projects:</b>	Health Surveillance Project EHR Project Client Identity Management Project Health Authority laboratory projects Private sector laboratory projects
<b>National Context:</b>	Funding from Canada Health Infoway

<b>FOCUS AREA</b>	<b>Drugs</b>
<b>Project Title:</b>	<b>Hospital PharmaNet Strategy</b>
<b>Project Description:</b>	Develop strategy for and implementation of PharmaNet drug profiles access by physicians within health authority facilities, beyond the current EDs and in-house Pharmacies
<b>Project Sponsors:</b>	John Schinbein, CIO, MOHS
<b>Stakeholders:</b>	MoHS Pharmacare, HA CIOs, Physicians, College of Physicians & Surgeons
<b>Objectives/Milestones:</b>	Implementation of the policies, regulations, processes and technical capability (e.g. generic reusable PharmaNet viewer) to maximize the clinical value of PharmaNet profiles by physicians working in health authority facilities
<b>Major Deliverables:</b>	Policy/process framework in place – Jan, 2005 Reusable PharmaNet viewer available (if required) – June 2005 2+ HAs providing new PharmaNet access to physicians -Sept 2005
<b>CIO Council Lead:</b>	John Schinbein, CIO, MOHS
<b>Working Group Lead:</b>	Stu Frampton, MOHS
<b>Health Authority Participation/Resources Required:</b>	Lead Health Authority and resourcing to be identified
<b>Major Links to Other Projects:</b>	Health Authority Clinical Portal Projects
<b>National Context:</b>	Infoway Investment potential

<b>FOCUS AREA</b>	<b>TeleHealth</b>
<b>Project Title:</b>	<b>TeleHealth Clinical Needs Assessment</b>
<b>Project Description:</b>	<p>TeleHealth Clinical Needs Assessment</p> <ul style="list-style-type: none"> <li>• The needs assessment will result in the identification and prioritization of clinical TeleHealth services that can be successfully implemented to improve patient access to clinical services and ultimately patient health outcomes within Northern Health.</li> <li>• The primary goal of the needs assessment is to ensure that TeleHealth services developed are well integrated into service delivery models and are consistent with the needs of the north, and not driven by technology.</li> </ul>
<b>Project Sponsors:</b>	<p>David Butcher, VP of Medicine, NHA                  Joseph Mendez, CIO, NHA                  Cathy Ulrich, Reg. Dir. of Community Health Programs, NHA                  Consultant: Heather Garden, Director of TeleHealth, PHSA</p>
<b>Stakeholders:</b>	<ul style="list-style-type: none"> <li>• Administrators</li> <li>• Regional &amp; Provincial Service Delivery and Program Areas</li> <li>• Physicians</li> <li>• Nurses</li> <li>• TeleHealth Coordinators</li> <li>• Technical Teams Across the Northern HA</li> <li>• Provincial TeleHealth Office</li> </ul>

<b>Objectives/Milestones:</b>	Preparation of an implementation plan detailing the identification and prioritization of clinical TeleHealth applications over the next 3-5 years addressing secondary, tertiary and quaternary care requirements for the population of TeleHealth enabled communities.
<b>Major Deliverables:</b>	<ul style="list-style-type: none"> <li>• Development of a prioritization framework for the development of TeleHealth services</li> <li>• Identification of clinical applications that would be of greatest benefit to the region, and are consistent with regional and provincial planning and redesign initiatives.</li> </ul>
<b>CIO Council Lead:</b>	Joseph Mendez, CIO, NHA
<b>Working Group Lead:</b>	Helen Truran, TeleHealth Manager, ITS, NHA
<b>Health Authority Participation/Resources Required:</b>	TBD
<b>Major Links to Other Projects:</b>	<ul style="list-style-type: none"> <li>• Links with other Clinical Service Redesign</li> <li>• CIS (e.g. Telepharmacy will be most successful when pharmacists can access information from other NHA communities)</li> </ul>
<b>National Context:</b>	<ul style="list-style-type: none"> <li>• Infoway is looking to fund Provincial TeleHealth Initiatives</li> <li>• This Needs Assessment will support the development of a Provincial Strategy that is based on the clinical needs and existing technology infrastructure</li> <li>• Potentially to align other EHR Initiatives</li> </ul>

FOCUS AREA	EMS
<b>Project Title:</b>	<b>Electronic Medical Summary (e-MS)</b>
<b>Project Description:</b>	<p>An Electronic Medical Summary (e-MS) is a system to deliver a standard subset of patient data suitable for communication amongst practitioners for the purpose of sharing the care of an individual patient. The system and standards will provide the integration and interoperability between disparate electronic medical record (EMR) systems and primary care physicians to support the processes associated with patient referral, on-call, and emergency where the care of a patient is shared.</p>
<b>Project Sponsors:</b>	<p>Val Tregillus, Executive Director Strategic Initiatives, Ministry of Health Services John Schinbein, CIO , MOHS</p>
<b>Stakeholders:</b>	<p>Practicing physicians, nurses, and other care providers BC Medical Association Electronic Medical Record Software Vendors Ministry of Health Services Health Authorities College of Physician and Surgeons College of Family Practice</p>

<p><b>Objectives/Milestones:</b></p>	<p><b>Phase 1 (February 1, 2003 to December 4, 2003)</b></p> <ul style="list-style-type: none"> <li>• Conduct an environmental scan</li> <li>• Define the e-MS core data set</li> <li>• Establish stakeholder agreement on the functional and business requirements</li> <li>• Develop an e-MS Conceptual Solution</li> </ul> <p><b>Phase 2 (December 5, 2003 to March 31, 2005)</b></p> <ul style="list-style-type: none"> <li>• Complete Phase 2 Master Project Plan</li> <li>• Develop detailed business and technical requirements</li> <li>• Develop technical specifications for the clinical documents, messaging exchange protocol, and messaging broker</li> <li>• Develop EMR integration, a web application for manual offices, and a messaging broker</li> <li>• Test the standard prototype with a pilot group of physicians within the Vancouver Island Health Authority</li> <li>• Select at least 1 one project in another health authority to test the standard in Phase 3</li> <li>• Develop the Master Project Plan for Phase 3</li> </ul> <p><b>Phase 3 (April 1, 2005 to March 31, 2006)</b></p> <ul style="list-style-type: none"> <li>• Test the standard prototype in at least one other health authority</li> <li>• Present the proposed standard to the Health Information Standards Council for acceptance</li> <li>• Develop a provincial rollout strategy</li> </ul>
<p><b>Major Deliverables:</b></p>	<ul style="list-style-type: none"> <li>• e-MS standard including a clinical document specification and a messaging exchange protocol</li> <li>• The standard tested within the Vancouver Island Health Authority and at least 1 other health authority</li> <li>• A provincial rollout strategy</li> </ul>

<b>CIO Council Lead:</b>	Brian Shorter, CIO VIHA
<b>Working Group Lead:</b>	Karen Kuhn, e-MS Project Manager, VIHA George Fettes, Senior Business Consultant, MOHS
<b>Health Authority Participation/Resources Required:</b>	The Vancouver Island Health Authority will lead the project and implement the e-MS standard and technology in Phase 2. At least one other health authority will be selected to participate in Phase 3.  Resources Required: The project has an approved budget of \$2.3M.
<b>Major Links to Other Projects:</b>	Physician IM/IT Strategy Provider Registry Client Identity Management Electronic Health Record Architecture
<b>National Context:</b>	The project fits with Canada Health Infoway business plan.

<b>FOCUS AREA</b>	<b>Physician Connectivity</b>
<b>Project Title:</b>	<b>Physician Connectivity Project</b>
<b>Project Description:</b>	Provide secure efficient access into the NHA WAN for all NHA physicians
<b>Project Sponsors:</b>	Joseph Mendez, CIO, NHA
<b>Stakeholders:</b>	Physicians; NHA ITS including Core Technology and Client Support
<b>Objectives/Milestones:</b>	<ul style="list-style-type: none"> <li>• Improve delivery of care to remote communities.</li> <li>• Improve delivery of care to federally managed health facilities on First Nations reserves.</li> <li>• Improve ability to attract physicians to more rural locations due to improved access to resources.</li> <li>• Increase access to on-line learning opportunities for health care professionals.</li> <li>• Reduce stress and travel expenses for patients by bringing services closer to home.</li> <li>• Improve post-discharge patient care. Physicians in rural/remote communities could be notified directly when their patients are discharged from health facilities in the region (i.e. post-operation treatment required, prescriptions required).</li> <li>• Extension of standardized security over health information.</li> <li>• Provide the means to support other strategic goals such as Chronic Disease Management initiatives, Integrated Clinical Systems, TeleHealth and Electronic Health Record initiative.</li> </ul>

<p><b>Major Deliverables:</b></p>	<ul style="list-style-type: none"> <li>• Development of procedures and policies for Health Care professionals on the NHA Network</li> <li>• Development of Business Plan/ case by phase</li> <li>• Development of Pre-Qualifier for RFP responses</li> <li>• Development of RFP</li> <li>• Selection of proponent and development of contract</li> <li>• Construction and implementation of infrastructure required to provide NHA WAN access</li> <li>• Orientation for local IT on working with physicians on the NHA WAN</li> <li>• Acceptance testing approval procedures</li> <li>• Required network documentation</li> </ul>
<p><b>CIO Council Lead:</b></p>	<p>Joseph Mendez, CIO, NHA</p>
<p><b>Working Group Lead:</b></p>	<p>Jeff Hunter</p>
<p><b>Health Authority Participation/Resources Required:</b></p>	<p>Project Management</p>
<p><b>Major Links to Other Projects:</b></p>	<p>Clinical Information Systems          Chronic Disease Management          TeleHealth Initiatives          Electronic Health Record Initiative</p>
<p><b>National Context:</b></p>	<p>Digital Divide NetworkBC Project</p>

Working Group leads are responsible for providing periodic updates on the status of the projects to the Health CIO Council, including identifying any issues, delays or unanticipated barriers to achieving project milestones. A progress report will be prepared following the end of this phase as outlined in this Tactical Plan.

## Glossary of Terms

---

BCMA	BC Medical Association
CIHI	Canadian Institute for Health Information
EHR	Electronic Health Record
e-MS	Electronic Medical Summary
ERH	Eagle Ridge Hospital
FHA	Fraser Health Authority
Health CIO Council	Health Chief Information Officer Council
IHA	Interior Health Authority
IM/IT	Information Management/Information Technology
IMG	Information Management Group
MOHS	Ministry of Health Services
MPAP	Medical Practitioner Access to PharmaNet
MPI	Master Patient Index
NHA	Northern Health Authority
PACS	Picture Archiving and Communication Systems
PHSA	Provincial Health Services Authority
RCH	Royal Columbian Hospital
RMH	Ridge Meadows Hospital
Strategic Plan	<i>Information for Health, A Strategic Plan for Health Information Management in British Columbia 2002/03 – 2006/07</i>
VCHA	Vancouver Coastal Health Authority
VIHA	Vancouver Island Health Authority
WERC	Western EHR Regional Collaborative
WHIC	Western Health Information Collaborative

March 2004

## Introduction:

In May 2003 the Health Chief Information Officer Council published a document<sup>1</sup> outlining the nine key projects that would be managed collaboratively over the following six months. The document was the first in a series of tactical plans for health information management in British Columbia that would be developed and monitored by this group.

The projects chosen were those that met one or more of the following criteria:

- Single health authority projects that have strong provincial implications
- Cross health authority projects that build common solutions and approaches
- Provincial projects

This document captures the outcomes to the key projects identified in the May 2003 report.

The nine projects covered in the tactical plan are:

- Physician Information Management/Information Technology (IM/IT) Strategy
- Electronic Medical Summary (e-MS)
- Infrastructure
- BC Healthcare Client Identity Management Strategy
- Provider Registry Uptake
- Electronic Health Record (EHR) Architecture
- Diagnostic Imaging Services and Infrastructure
- Clinical Broker
- PharmaNet Uptake

A tenth project “Provincial Lab Coordinating Office Initiative” was subsequently added to the list and is included in this analysis.

## Analysis of Each Project:

The following analysis lists the objectives and deliverables as identified in the original plan, followed by the status and a report card rating for each project.

The scale used for the report card rating is:

- A = achieved all deliverables within the scope of intent
- B = significant progress made towards the majority of the deliverables
- C = tangible and meaningful progress made on many of the deliverables
- D = some progress made but much less than anticipated
- E = very little accomplished but the project is still worth pursuing
- F = project failed and should be reconstructed or dropped
- “+” (plus sign) = some extra value was accomplished
- “-“ (minus sign) = value of what has been accomplished is less than hoped.

---

<sup>1</sup> *Tactical Plan for Health Information Management in British Columbia: Nine Key Projects in Six Months*: presented by the Health Chief Information Officer Council May 2003

# TACTICAL PLAN FOR HEALTH INFORMATION MANAGEMENT IN BC – 2004/2005

Appendix A Tactical Plan for Health Information Management in British Columbia  
 “Nine Key Projects in Six Months” – May 2003  
 Outcomes Report

#	Project Name & Objectives	Planned Deliverables	Outcomes	Rating & Comments
1.	<p><b>Physician Information Management/Information Technology (IM/IT) Strategy</b></p> <ul style="list-style-type: none"> <li>• Establish stakeholder agreement on the scope and approach to engaging physicians and private sector</li> <li>• Identify the various existing physician groups and private sector players that should be brought into discussions</li> <li>• Enlist BCMA and direct physician support for processes</li> <li>• Define, agree-upon and implement processes for physicians participation</li> <li>• Identify and prioritize business needs</li> <li>• Identify and prioritize obstacles to physician acceptance and uptake of technology</li> <li>• Demonstrate convergence of various technology initiatives being undertaken across the healthcare sector</li> <li>• Gain a common understanding of ongoing support issues</li> <li>• Define pilot projects</li> <li>• Achieve understanding and support by physicians of the pathways and roadmap to electronic information access and electronic information sharing</li> </ul>	<ul style="list-style-type: none"> <li>• Analysis of current situation (environmental scan)</li> <li>• A detailed report identifying priority business needs and obstacles to widespread adoption</li> <li>• High-level report outlining a common physician engagement strategy and recommendations</li> <li>• Implemented process for physician involvement in EHR</li> <li>• High level report outlining and demonstrating convergence</li> <li>• Defined pilot projects</li> <li>• Recommendations on applicability of strategies for other healthcare professions</li> <li>• Strategic plan for the ongoing engagement of physicians over the remainder of the project</li> <li>• Detailed plan for the next stage</li> </ul>	<p>Met</p> <p>Met</p> <p>Met. “BC Physicians’ Involvement in IM/IT” Sept 30/03</p> <p>Recommendation with briefing note to the Deputy Minister. Also a Briefing Note to the Deputy Minister on need to establish a Provincial Physician Advisory Group.</p> <p>Implementation &amp; remaining deliverables depend on approval by DM and establishment of the Advisory Group</p>	<p><b>Rating = B</b></p> <p>One major document that covers first three deliverables completed. Recommendations for next steps completed.</p> <p>Good progress made but perhaps the planned deliverables were too ambitious for the time period. Remaining deliverables to be included in next tactical plan.</p>
2.	<p><b>Electronic Medical Summary (e-MS)</b></p> <ul style="list-style-type: none"> <li>• Establish stakeholder agreement on the functional and business requirements</li> <li>• Define the e-MS’s data content</li> </ul>	<ul style="list-style-type: none"> <li>• Analysis of current situation (environmental scan)</li> <li>• Establishment of e-MS business requirements</li> <li>• Exploration and</li> </ul>	<p>Met</p> <p>Met (High-level). Detail requirements in Phase 2</p> <p>Met</p>	<p><b>Rating = B</b></p> <p>Three major reports done.</p> <p>Due to the lack of an</p>

# TACTICAL PLAN FOR HEALTH INFORMATION MANAGEMENT IN BC – 2004/2005

## Appendix A Tactical Plan for Health Information Management in British Columbia “Nine Key Projects in Six Months” – May 2003 Outcomes Report

#	Project Name & Objectives	Planned Deliverables	Outcomes	Rating & Comments
	<p>standard</p> <ul style="list-style-type: none"> <li>• Define the preliminary application, technology and architecture standards</li> <li>• Gain preliminary endorsement of the standards</li> </ul>	<p>articulation of priority business processes</p> <ul style="list-style-type: none"> <li>• Exploration and articulation of e-MS advantages for primary health care providers</li> <li>• Confirmation of achievable priorities for the initiative based on consultation</li> <li>• Validation of the e-MS concept</li> <li>• Strategic plan for e-MS delivery over the remainder of the project</li> <li>• A detailed plan for the next stage</li> </ul>	<p>Met</p> <p>Met</p> <p>Met “conceptually”, but will need the prototype of Phase 2 to validate the concept.</p> <p>Not met. Move to next period.</p> <p>Internal plans completed.</p>	<p>existing infrastructure as well as privacy concerns, had to constrain the vision from a full pull-push to a directed “push” of patient data from one physician to another when sharing care of an individual patient. Scope to be reviewed in Phase 3.</p> <p>Not likely to meet the full scope of capability of implementation</p> <p>Remaining deliverables to be moved to next tactical plan.</p> <p>Objectives for Phase 2 include developing and implementing a pilot e-MS within VIHA and conducting a review. Detail business and technical requirements are in progress.</p>
<b>3.</b>	<p><b>Infrastructure</b></p> <p>Physical Network:</p> <ul style="list-style-type: none"> <li>• Complete a WAN/MAN network inventory in each HA and the ministries</li> <li>• Identify overlaps and duplication in network services and document redundancies</li> <li>• Define an agreed go-forward strategy and architecture for providing the secure network reach and capacity needed at the lowest overall cost</li> <li>• Develop a common strategic approach to BC Net and other major players</li> </ul> <p>Authentication Trusts and Directories:</p>	<p>Cross-authority agreement on:</p> <ul style="list-style-type: none"> <li>• Physical network strategy and architecture</li> <li>• IP address naming standards</li> <li>• Network security architecture</li> <li>• Authentication trust and directory architecture</li> <li>• Secure remote access architecture</li> </ul>	<p>Met</p> <p>Nearing completion</p> <p>In progress</p> <p>In progress</p> <p>In progress</p> <p>Established a new centralized interconnectivity hub at PHSA. Led to the</p>	<p><b>Rating = B</b></p> <p>Above and beyond in some areas but did not accomplish everything. Not all the authentication activities are done, due in part to lack of staff resources and conflicting health authority priorities</p> <p>Remaining activities to be included in next tactical plan.</p>

# TACTICAL PLAN FOR HEALTH INFORMATION MANAGEMENT IN BC – 2004/2005

Appendix A Tactical Plan for Health Information Management in British Columbia  
 “Nine Key Projects in Six Months” – May 2003  
 Outcomes Report

#	Project Name & Objectives	Planned Deliverables	Outcomes	Rating & Comments
	<ul style="list-style-type: none"> <li>• Assess current status/directions regarding authentication and directories</li> <li>• Identify areas of commonality and divergence</li> <li>• Define an agreed architecture and approach for directory integration and cross-domain trust models with a focus on immediate design guidance required by health authorities to ensure future interoperability</li> </ul> <p>Secure Remote Access:</p> <ul style="list-style-type: none"> <li>• Share remote access pilot experiences</li> </ul> <p>July – December 2003:</p> <p>Network Security Architecture:</p> <ul style="list-style-type: none"> <li>• Assess current status/directions regarding network security</li> <li>• Identify areas of commonality and divergence</li> <li>• Define an agreed architecture and approach for network security with a focus on network security tuning and best practices</li> </ul> <p>Secure Remote Access:</p> <ul style="list-style-type: none"> <li>• Assess current status/directions regarding secure remote access (VPN’s etc.)</li> <li>• Identify areas of commonality and divergence</li> <li>• Define an agreed architecture and approach for secure remote access that allows caregivers who cross health authorities to use consistent technologies and authentication factors</li> </ul>		<p>creation of a Provincial Network Gateway (PNG) with provides a cross-provincial linkage of all HA networks.</p> <p>Working with Digital Divide initiative on leveraging BC health network across broader government sector.</p>	
4.	<p><b>BC Healthcare Client Identity Management Strategy</b></p>	<ul style="list-style-type: none"> <li>• BC Healthcare Client Identity Management</li> </ul>	<p>Everything was met, well within the time lines. Now two-thirds</p>	<p><b>Rating = A</b> First phase complete.</p>

# TACTICAL PLAN FOR HEALTH INFORMATION MANAGEMENT IN BC – 2004/2005

Appendix A Tactical Plan for Health Information Management in British Columbia  
 “Nine Key Projects in Six Months” – May 2003  
 Outcomes Report

#	Project Name & Objectives	Planned Deliverables	Outcomes	Rating & Comments
	<ul style="list-style-type: none"> <li>•Review regional and provincial client identity management initiatives</li> <li>•Identify client identity management business problems</li> <li>•Gather and document high-level client identity management requirements</li> <li>•Review other jurisdiction and industry client identity management solutions</li> <li>•Investigate and develop options for client identity management strategies</li> <li>•Obtain consensus on provincial client identity management options and strategies, and make recommendations to the Health CIO Council</li> <li>•Consult with the Western EHR Regional Collaborative (WERC) to identify common business requirements and standards currently being developed in other provinces</li> <li>•Determine what level of participation will be required of service providers (i.e. practitioners, pharmacists) to identify client identity management strategies</li> </ul>	Strategy Report	through the next phase	<p>Next project is underway.</p> <p>From MPP, the purpose of the next phase is:</p> <p>“In support of the ‘Framework for an Electronic Health Record for BC’, ‘Infoway EHRS Blueprint’, Lab Reform and the recommended Client Identity Management (CIM) model and implementation strategy for the BC healthcare sector defined in phase 1 of this project, develop and reach consensus on provincial requirements for an Enterprise Master Patient Index (EMPI) and detailed planning activities for product acquisition and initial implementation. These deliverables will be used in the next phase to develop a Request for Proposal for a provincial EMPI.”</p>
5.	<p><b>Provider Registry Uptake</b></p> <ul style="list-style-type: none"> <li>•Identify opportunities within Health Authorities and Ministries to implement the Provider Registry in the next fiscal year</li> <li>•From defined opportunities define targets for early adoption</li> <li>•Identify potential inhibitors to uptake and develop mitigating strategies</li> <li>•Develop a plan for overall co-</li> </ul>	<ul style="list-style-type: none"> <li>•Provincial plan for co-ordinated Provider Registry uptake.</li> <li>•Agreed list for early Provider Registry uptake by Health Authorities and Ministries</li> <li>•Provider Registry uptake ‘Tool kit’</li> <li>•Early Health Authority Provider Registry uptake complete or</li> </ul>	<p>The HA uptake part of the PRS project is not as far along as was hoped.</p> <p>There are active projects in progress. PHSA has</p>	<p><b>Rating = C-</b></p> <p>Majority to be moved to next tactical plan.</p>

# TACTICAL PLAN FOR HEALTH INFORMATION MANAGEMENT IN BC – 2004/2005

Appendix A Tactical Plan for Health Information Management in British Columbia  
 “Nine Key Projects in Six Months” – May 2003  
 Outcomes Report

#	Project Name & Objectives	Planned Deliverables	Outcomes	Rating & Comments
	ordination and support of Provider Registry uptake <ul style="list-style-type: none"> <li>• Adapt the WHIC Provider Registry uptake tool kit for use in BC</li> <li>• Provide requirements to the Canada Health Infoway Inc. Provider Registry projects that will further assist in the adoption and business use and value of the Provider Registry</li> <li>• Develop within the Ministries the appropriate support to aid with Health Authority implementations</li> </ul>	active projects underway with target completion within fiscal year <ul style="list-style-type: none"> <li>• Provider Registry uptake support infrastructure established within Ministries</li> </ul>	implemented with VIHA an interface to support common distribution of information  Working on a workshop for uptake in terms of providing guidance and assistance.  Still negotiating with Infoway for their participation.	
6.	<b>Electronic Health Record (EHR) Architecture</b> <ul style="list-style-type: none"> <li>• Engage health authority and ministries architects in exploring potential approaches based on this theme</li> <li>• Determine level of detail required to document the city plan</li> <li>• Codify long-term intent, the evolution framework, design patterns, shared facilities, placement and approval standards so that development decisions can be made by Health Authorities</li> <li>• Recommend ongoing processes, roles and responsibilities</li> <li>• Clarify business-to-business (B2B) standards and components and</li> <li>• Identify roles and relationships</li> </ul>	<ul style="list-style-type: none"> <li>• High-level architectural design document</li> <li>• Recommended process for managing architectural decisions, including governance models and</li> <li>• Environmental scan of architectural approaches in other jurisdictions</li> </ul>	Early architectural design document completed  Set up a standing working group (EHRWG). Still exploring governance model  Engaged an architect with wide experience elsewhere but have not done a formal scan. Have done a mapping to the Infoway Blueprint	<b>Rating = B-</b>  Have made some good progress but not as solid or tangible as originally hoped for.  This initiative is multi-faceted and complex, and it is therefore difficult to define the end-deliverables and a logical completion point. It is an umbrella project or program that encompasses many other projects, including several in this tactical plan.
7.	<b>Diagnostic Imaging Services and Infrastructure</b>  By November 1, 2003 implement	<ul style="list-style-type: none"> <li>• RCH, ERH, Ridge Meadows Hospital (RMH) sites ‘film-less’ by January 1, 2004.</li> <li>• Begin integration with</li> </ul>	Objective was met.  All sites film-less. Numerous physician offices and homes set	<b>Rating = B+</b>  Working with CHI to develop a toolkit for replication at other sites.

# TACTICAL PLAN FOR HEALTH INFORMATION MANAGEMENT IN BC – 2004/2005

Appendix A Tactical Plan for Health Information Management in British Columbia  
 “Nine Key Projects in Six Months” – May 2003  
 Outcomes Report

#	Project Name & Objectives	Planned Deliverables	Outcomes	Rating & Comments
	all features of the PACS at Royal Columbian Hospital (RCH) and Eagle Ridge Hospital (ERH) sites.	physician offices	up and web tools being used to access images remotely.	First draft is nearing completion for expected delivery of April 2004.
<b>8.</b>	<p><b>Clinical Broker</b></p> <ul style="list-style-type: none"> <li>•Determine the functional requirements</li> <li>•Development strategy</li> <li>•Build and test initial functionality</li> <li>•Introduce initial Clinical Broker functionality to selected groups</li> <li>• Establish initial interfaces with selected physician office systems</li> </ul>	<ul style="list-style-type: none"> <li>•Strategy document for the development and implementation of the clinical broker</li> <li>•Architecture for development</li> <li>•Initial projects using functionality</li> <li>•Detailed plan for the next stage(s)</li> </ul>	<p>Not completed.</p> <p>Ideas but not formally documented.</p> <p>Complete. See below.</p> <p>Not formally documented.</p> <p>The Clinical Broker Version 1 has been built and tested and going into 'soft' production late March, with complete production over the next few weeks. Initial runs are all positive. Laboratory results from 'south' Vancouver Island Health Authority will be distributed to physicians throughout the province using the PHSA Document Distribution System via the Clinical Broker. The other two Clinical Broker Version 1 projects, involving the movement of laboratory results from public sector labs into physician office systems will be going live over the next few months.</p>	<p><b>Rating = B-</b></p> <p>Though not all the planned deliverables were completed, considerable progress was made towards meeting the project objectives with the building and testing of the initial clinical broker.</p> <p>The other deliverables depend on a level of clarity and consensus on the overall EHR architecture and the role of a clinic broker within the overall EHR strategy. The architecture is now sufficiently clear and consensus gained to enable a strategic plan for the broker's role, the architecture and the implementation plan to be developed and documented as part of the next tactical plan.</p>
<b>9.</b>	<p><b>PharmaNet Uptake</b></p> <ul style="list-style-type: none"> <li>•Identify opportunities within health authorities to increase the access to and use of PharmaNet Medical</li> </ul>	<ul style="list-style-type: none"> <li>•List of uptake opportunities for current fiscal year;</li> <li>•Net new accesses to PharmaNet enabled in</li> </ul>	<p>Limited</p> <p>Some. PathNet is including PharmaNet</p>	<p><b>Rating = C+</b></p> <p>Classic “corner of desk” project.</p>

# TACTICAL PLAN FOR HEALTH INFORMATION MANAGEMENT IN BC – 2004/2005

## Appendix A Tactical Plan for Health Information Management in British Columbia “Nine Key Projects in Six Months” – May 2003 Outcomes Report

#	Project Name & Objectives	Planned Deliverables	Outcomes	Rating & Comments
	<p>Practitioner Access to Pharmanet (MPAP) and emergency department access service offerings</p> <ul style="list-style-type: none"> <li>• Develop a plan for overall coordination and support of PharmaNet uptake by Health Authorities</li> <li>• Identify potential inhibitors to uptake and develop mitigating strategies and</li> <li>• Provide input to Pharmacare on strategies to improve uptake and value of MPAP and emergency department access to PharmaNet by health authorities</li> </ul>	<p>Health Authority facilities (target – 80 percent of uptake opportunities identified) and</p> <ul style="list-style-type: none"> <li>• A report or other coordinated mechanism for Health Authorities to provide feedback on to Pharmacare on PharmaNet access business value</li> </ul>	<p>access in lab results service. VCHA is working to provide access to PathNet/ PharmaNet in all emergency departments and pre-admission clinics.</p> <p>Some enabling activities done.</p> <p>Review between VCHA, MoHS and PathNET of how well the compliance specs align with provider needs led to updated client specs. Introduced flexibility and greater alignment and benefit for physicians.</p>	<p>Probed the topic with some incremental successes but did not reach PharmaNet uptake goal.</p> <p>Remaining work to be included in next tactical plan.</p>
10	<p><b>Provincial Lab Coordinating Office Initiative<sup>2</sup></b></p> <ul style="list-style-type: none"> <li>• Identify information management and technology requirements to support lab reform initiative, in conjunction with the Provincial Laboratory Coordinating Office (PLCO).</li> <li>• To develop an integrated, accessible, and high quality provincial lab system for clinical, management, research and system-wide planning.</li> </ul>	<ul style="list-style-type: none"> <li>• Identification of lab services long-term and short-term IM/IT requirements.</li> <li>• A management framework for the project.</li> <li>• An implementation mechanism to ensure that future lab services are integrated into the overall health information and systems architecture</li> <li>• Completion of the Electronic Access to and Delivery of Diagnostic Lab Results project.</li> </ul>	<p>The following deliverables were completed:</p> <ul style="list-style-type: none"> <li>• Review of existing situation in Private Sector.</li> <li>• Review of existing situation in Public Sector.</li> <li>• EHR architecture strategy</li> <li>• Analysis of technical architecture options to support PLCO objectives.</li> </ul>	<p><b>Rating = B+</b></p> <p>This initiative was added to the Tactical Plan later in the year.</p> <p>The architecture strategy is correlated with the overall EHR architecture strategy.</p> <p>Completed as much as could be expected in the short time frame.</p> <p>Will continue in the next tactical plan.</p>

<sup>2</sup> Objectives and Deliverables were extracted from “Information Management Group ADM Briefing Book – November 2003” and are longer-term than this tactical plan period.

## Observations and Conclusions:

Several global observations were made:

- Great progress was made on collaboration efforts.
- The development of the Tactical Plan was a good idea and should be continued on an annual basis
- The time period for projects should be extended to nine or ten months, with the following annual targets:
  - Annual Plan completed May
  - Projects defined with practical scope for completion by following February
  - Annual report completed first week of March to enable planning for next year.
- The number of projects on the plan should be kept short with the continued focus on cross health authority projects, common solutions and approaches, and provincial application.
- This year’s plan was too ambitious in some cases.
- Consider two-year tactical plans, with planning emphasis on the first year but with some identification of following year activities. This helps provide future direction and makes the development of subsequent plans easier. It also helps to contain the scope for the first year while maintaining continuity through two years.