

ONE Client ONE Plan *draft* WAVE 2 Work Plan

OCOP is using "rolling wave planning" project management methodology. This means we plan tasks to the extent of our current knowledge; as we learn more (climb each wave) we do more detailed planning (when we seen into the valley). Knowledge is gained through extensive engagement with stakeholders locally and across Ontario.

WAVE 1 - High Level Planning and Engagement

- Complete** · Project Mgt Plan (Project Charter, Risk Register, HR Plan, Stakeholder Register, High Level Work Plan)
- Ongoing** · Stakeholder engagement with ~70 organizations to introduce the project
- Complete** · Establish OCOP Vision, Goals & Objectives
- Complete** · Information gathering from stakeholders to define milestones (aka common themes)
- Complete** · Confirm HCC current state issues, needs, strengths (Betty's Journey Workshop)
- Complete** · Improvement ideas from providers (Betty's Journey Workshop)
- Complete** · High level metrics
- Complete** · Project Kick Off (official launch)
- Ongoing** · Relationship building; stakeholder engagement

WAVE 2 - Granular Planning and Design

- On Track** · Build detailed OCOP work plan based on stakeholder engagement
- On Track** · Leverage; expand successful local and provincial solutions, e.g. eNotification
- On Track** · Metrics; baseline data collection
- Not Started** · Focus Groups to define and design solutions for each OCOP Objective
- Not Started** · Define single point of access; design single point of access processes
- Not Started** · Select software solutions; design processes to utilize selected software
- Not Started** · Identify assessment duplication; design processes to minimize assessment duplication
- Ongoing** · Relationship building; stakeholder engagement

WAVE 3 - PDSA Testing & Implementation

- Not Started** · Plan Do Study Act (PDSA) approach to testing and refining each of the designed technical and process solutions
- Not Started** · Evaluate solutions compared to Betty's Ideal State
- Not Started** · Roll out planning
- Not Started** · Regional Training and Education
- Not Started** · Establish ongoing support (technical and process) for project stakeholders
- Not Started** · Relationship building

WAVE 4 - Evaluate & Celebrate

- Not Started** · Collect post-implementation data; measure project performance
- Not Started** · Address outstanding needs
- Not Started** · Celebrate successes

draft WAVE 2 Work Plan Tasks

At Betty's Workshop, improvement ideas were generated. The OCOP core project team analyzed and grouped the ideas into common themes then broke them down further into detailed work packages (groups of tasks below). They are plotted here in 'medium level' detail.

Workshop Theme

Work Packages (tasks)

Improve Information Sharing

Relationship Building Knowledge Exchange:

- Develop OCOP project team(s) that include Francophone and Indigenous people
- Create Guiding Principles document
- Knowledge exchange RE HCC services in general

Metrics - Measure Project performance

- Develop metrics (process metrics and outcome metrics)
- Collect pre-implementation data from provider perspective
- Collect post implementation data from provider perspective
- Evaluate the data

Leverage Technology:

Requirements gathering for Electronic Information Sharing:

- Produce Draft Business Requirements Document (Software Solutions)
- Produce Final BRD
- Define how to move forward with electronic information sharing (i.e. software solution)
- Define funding approach for software solution(s)
- Determine "formal documentation" required (RFI, BRD, RFP, etc.)
- Make a list of vendors to fill/respond to the formal document
- Create short list of vendors to receive "Formal Document"
- Finalize "Formal Document"
- Send "Formal Document" to the listed vendors
- Decide which vendor to procure
- Procure Selected Solution

WAVE 3: DEVELOP TASKS TO OPERATIONALIZE THE SOLUTION E.G. PROCESS CREATION, TRAINING ETC.

Leverage Technology:

Establish computer equipment regional standard

- Environmental Scan to define who has/does not have technology e.g. hardware, software, network connectivity
- Analyse the data to confirm current state
- Pursue provision of ongoing NE centralized IT support to HSP's
- Gather REQUIREMENTS to bring applicable HSPs up to minimum technology standard to support day-to-day operations
- Execute bringing applicable HSPs up to minimum technology standard to support day-to-day operations

- Gather REQUIREMENTS to bring applicable HSPs up to minimum technology standard to support OCOP technological solutions

- Execute bringing applicable HSPs up to minimum technology standard to support day-to-day operations
- Develop training plan to support providers' staff use of computer hardware/software

Leverage Technology:

Expand existing technology to applicable providers

- Expand use of IAR to participating organizations
 - Identify providers' perception of IAR (value vs. non-value)
 - Simplify consent wording/process for Integrated Assessment Record (IAR)
 - Develop collaborative regional education/training plan

- Expand use of HPG
 - Collect (reference existing) HPG-CV expansion requirements
 - Maximize current features of HPG (opportunities for two way communication)
 - Maximize provider usage of HPG
 - Develop common HPG-CV usage policies for all HCC
 - Set up HPG with current (applicable) non-users

- Expand use of eNotification
 - Define current state eNotification usage to establish baseline for expansion
 - Leverage current eNotification models; identify processes to build upon for expansion
 - Collect (reference existing) eNotification expansion requirements (tech & process)
 - Develop eNotification roll out plan and schedule

- Evaluate current Healthline common referral form (interim solution)
 - Deploy common referral form (if applicable)

Investigate other eReferral opportunities
Research other LHINs eReferral solutions

DEVELOP TASKS WHEN WE KNOW WHICH SOFTWARE SOLUTION IS SELECTED -- IT'S ARCHITECTURE WILL DETERMINE PROCESS DEVELOPMENT

Improve Information Sharing

Leverage Levels of Care Framework Workgroup

Enhance core team knowledge of Levels of Care framework (LCF)

DEVELOP TASKS WHEN WE KNOW ENOUGH TO PROCEED FROM PROVINCIAL TABLE.
LCF will impact standardized assessments and care coordination.

Improve Information Sharing

Design Standard Operating Guidelines for Privacy & Consent Management:

Develop Privacy & Information Security Framework

Garner support for regional privacy framework

Set up Privacy & Security Work Group; including Francophones, Indigenous, HCC (NE LHIN & NE LHIN funded)

Develop (or leverage existing) cultural sensitivity guidelines related to privacy and consent

Define Health Information Custodian current state

Build a model for ongoing privacy support for HSPs (risk mitigation)

Define current state privacy policy among providers

Research/leverage "ONE" Project (involving 24 NE LHIN acute care hospitals)

Develop Future State Privacy Process (aka create a simple privacy tool kit)

Investigate "expressed consent" model to see if it can be used for all HCC

Harmonize Privacy Policies across all HCC

Improve Information Sharing

Standardize Consent:

Consult stakeholders to create consent language that is inclusive of, and utilized by all HCC providers

Recommend a "Standardized Consent" model

DEVELOP TASKS FURTHER WHEN STANDARDIZED CONSENT MODEL IS ESTABLISHED

Single Point of Access:

Develop Single Point of Access Model:

Develop Care Coordination Focus Group (culturally sensitive representation)

Research existing ideas/options/models from NE and other HCC e.g. HNH B LHIN, Waterloo Wellington LHIN, Champlain BSO

Map current state intake process

Analyze various models of single point of access - weigh pros & cons of each model
Define Single Point of Access
Garner stakeholder support and obtain required approvals for recommended Single Point of Access model
 Develop communication strategy to engage HCC stakeholders (e.g., LHIN & HCC leaders & PFAC) to confirm and/or elicit feedback)
 Obtain sign-off to move forward with confirmed intake model

Single Point of Access:

Develop Processes for Single Point of Access Regional

Evaluate current state/gap analysis
Write detailed framework (e.g. staffing requirements, phone number requirements, physical plant requirements, etc.) for Single Point of Access

DEVELOP PROCESS BUILDING TASKS WHEN WE HAVE THE SINGLE POINT OF ACCESS MODEL CONFIRMED

Improve Information Sharing:

Care Coordination Model & Common/Standard Inter-RAI Assessments:

Create Care Coordination Focus Group (CCFG) (culturally sensitive representation)
Utilize case studies to build relationships and identify areas for improvement
Analyze current state - find duplication
 Engage with community providers who conduct intake assessments
 Generate improvement ideas

DEVELOP WORK PLAN TASKS WHEN WE HAVE THE SINGLE POINT OF ACCESS MODEL CONFIRMED

Improve Information Sharing:

Standardize Care Planning and Care Plan:

Research other sectors' common care planning processes
Determine if the Health Link coordinated care plan can be leveraged for the project
Design common care plan - define requirements