AFHTO-PSS Working Group
Final Action items list **May 21, 2013**

Priority Area	Action item	Rationale/ Explanation:
Data Extraction	**Provide access to the data base**	*Provide user with interface within PS that would allow direct querying of the database:* *Allow users to edit their own custom queries in PS, possibly restrict the user queries so that they can only view results rather than make any changes to the data.*
	Improve Search Capacity	*There are numerous limitations to the types of searches that can be created and the criteria that can be used to create them. For example:* *• Presently all searches only produce lists of patients. We need to be able to program searches to produce list based on the search criteria rather than just which patients meet the criteria. For example, we might need to find out how many times a BP was taken last month. Presently we could run a search to find out how many patients had their BP checked last month, but because some patients may have had it checked several times in that period, the search would not provide the information that we need.* *• When using search criteria such as 'months since latest', the criteria are always measured against the date that the search is run. We need to be able to specify a different reference date. For example, we need to produce reports of how many of our diabetic patients had done a blood test within the past 6 months and also how these results are changing from one month to the next. We cannot create a search that asks, "as of last December 31, how many of our diabetic patients had done a blood test within the past 6 months".*
	Provide an effective and efficient way to extract data from PS	*As an alternative to allowing users direct query access to the data in PS, provide an effective and efficient way to export data out of PS so that it can be imported into our own databases where we can create our own searches and reports without PS limitations.*
	Create a more efficient way to enter diagnostic codes into the CPP	• *Presently users have to open the diagnostic code entry screen, enter search criteria for code, look through very long lists of matching codes, select a particular code, save the changes to the CPP.* • *Although there are thousands of codes, a small collection of codes will be used most of the time* • *Suggestions were made which included allowing the user to save a customized list of favourite diagnostic codes which could be presented as a pick list in a pop up window from the CPP (in this way most of the time a code could be entered in 3 simple clicks – other EMR's already have similar solutions).*
	Search for third next available appointment	*This is an exciting function that does not work –* ***Existing Ticket***

	Create capacity to extract administrative data specifically for the MOHLTC quarterly reporting.	*The Working group will provide the administrative data that is required for submission on a quarterly.*
	Create a tool to extract new patient data.	*Capacity currently is in place to access this information, however it is not clearly standardize.*
	Create a standardize means of tracking patients appointments scheduled within one week of hospital discharge.	• *Create a standardize way of entering discharge date.* • *Perhaps this information could be included in the Inpatient window and then programmed as a searchable item. Note how there is an Admission date but not a discharge date.*
Interfaces	Lab interfaces: **Create the capacity to fax a prescription after it has been posted:**	• *This will be available as part of the new release at the end of July 2013.*
	Tablet/Device interface: **Create the capacity to interface with portable devices.**	
	Create a user friendly interface with WSIB	*Presently, when completing a WSIB Form 8 through the portal, the user has to type in the patient's name and demographic information. The EMR should be exporting this information directly to the form on the portal. Given that it is actually Telus that provides the WSIB portal, they should be able to create an interface for it (https://providereservices.telushealth.com/).*
	Create functional interface with key partners HRM, OLIS, Clinical Connect.	• *HRM: Ready - waiting on OMD to proceed.* • *OLIS: Read - deployment planning underway.* • *Clinical Connect - Available today.*

	Create a functional patient portal	*Mydoctor.ca was an extremely limited patient portal provided by PS under the CMA. Telus has decided not to continue development of Mydoctor.ca. They are reportedly designing a new portal. Patient portals are already being used by FHT's with different EMR systems and they play a vital role in the delivery of effective health care. We would like to know what Telus is working on and we would like to have some input into the portal design. We would also like to know when we can expect this to ready for implementation.*
Communications	**Provide definite timelines and description of the improvement in communication initiatives proposed.**	
	Respond to the request for a consistent point person for each FHT.	
FHT working environment	**Allow multiple users to edit searches simultaneously.**	• *Presently only one user at a time can edit searches* • *In a FHT environment, different types of staff need to be working on differently searches at the same time (ex. Admin, finance, physicians, nurses …)* • *Concerns were raised about different users editing the same search at the same time but this could be easily addressed by locking a search that is being edited in a similar way that a patient record is locked (checked out) when someone is making changes to it.*
	Ensure that all Allied Health Professionals have access to the problem list and all parts of the patient chart.	*Presently only doctors can get emergency access to private patient charts. Strong and obvious audit trails are created when this occurs. In a FHT environment, however, other staff such as nurses and allied health professionals also need access to private charts. This should be done with a similar audit trail.*
	Create capacity to archive a group of messages.	*Currently user can only archive one message at a time.*

	Improve the capacity to create groups and message them easily.	• *Create capacity for a user to be included in more than one communication group.* • *Create capacity to send messages only to Active users.*
	Improve communication capacity between sites for multi-sites FHTs	• *For FHTs with "hub and spoke" model, currently when a user is a different site than where the file is "located", to access the chart it has to be downloaded – is there another more effective way of accessing chart distantly.*
	System Backups	*Due to the large amount data in a FHT system, the backups tend to take a very long time and use up tremendous amounts of hard drive space. In a 10 doctor FHT using 1 server, for example, the backup is taking almost 6 hours and the large server hard drive is almost full. A more efficient backup system needs to be designed.*