

Canadian Update: Delivering large-scale health care implementations collaboratively and maximizing the opportunities

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Committing to a Healthcare Information System (HCIS) is a key strategic decision for any organization. There is little doubt that information systems are, and will continue to be, a driving force as healthcare organizations work to deliver high quality healthcare in the most efficient and cost-effective manner possible. To do so when the environment itself is changing, adds complexities that need to be carefully and skillfully managed. Sound business practices and solid decision making—while always looking to the end goal—are critical to success.

To address the issues of quality and cost, healthcare in Canada continues to move toward regional healthcare organizations encompassing acute care, long term/continuing care, public health, and behavioural health sectors. In many cases, organizations align their corporate services, such as Information Services, before a formal merger or new governance structure is implemented. As a result, these multi-sectoral, multi-facility implementations require more diligent project organization and management strategies. This is a challenge when regional sponsorship and cooperation may not be fully engaged due to the infancy of the new organizations.

JJWild and MEDITECH have assisted organizations across Canada with challenging issues that are unique to large-scale implementations, helping them realize economies of scale and improved clinical practices. JJWild's knowledge and experience is now becoming even more relevant as Ontario moves to restructure its healthcare delivery model into Local Health Integration Networks (LHINs).

Clearly, properly executed information system solutions can help organizations manage and respond to pressures of reorganization while improving healthcare. And on the flip side, poorly executed technology solutions in the healthcare industry – just like in any other industry – can drive costs up and distract focus from the core mission. The potential for this is especially true of healthcare agencies evolving into large regional organizations.

Of course, some organizations will continue to choose to “do their own thing,” not understanding that much of the work they do will be reworked—and in many cases, completely replaced—when they try to join into emerging large-scale organizations. Furthermore, many organizations are currently scrambling to implement systems and processes of their liking in order to lock down or influence future LHIN decisions.

Collaboration or strong interim governance must be exercised in order to ensure the best path forward as the LHIN restructuring evolves. For example, there are many challenges to address when implementing a shared enterprise medical record in existing health care organizations. Our experience has shown that a mix of systems and standards, despite best intentions, will not work effectively in large-scale implementations.

In the first half of 2005, JJWild has worked to develop a comprehensive strategy for implementing MEDITECH in a LHIN structure. By drawing on our expertise from Alberta, British Columbia, and the Maritime Provinces, LHINs wishing to coordinate their care processes and streamline their support and administrative costs can count on JJWild to effectively plan for and implement a complete healthcare information system based on

MEDITECH. If we can help you deliver large-scale implementations collaboratively with many separate organizations, realize IT goals, and attract funding, email us at editor@jjwild.com or call your Account Representative for more information.

Rob Goodlad brings 28 years of information systems experience, 21 of which have been in healthcare. Rob has extensive project management experience helping organizations transition to new information systems, including merging multiple disparate databases and converting from legacy to new systems. He has led and coached process-reengineering teams for information systems departments, primarily in MEDITECH environments.