

# Electronic Health Information in Meadow Lake Tribal Council and First Nations

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AHTF Knowledge Transfer Conference

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# Meadow Lake Tribal Council

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- Located in northwest Saskatchewan
- Nine member First Nations:
  - Birch Narrows Dene Nation
  - Buffalo River Dene Nation
  - Canoe Lake Cree Nation
  - Clearwater River Dene Nation
  - English River First Nation
  - Flying Dust First Nation
  - Island Lake First Nation
  - Makwa Sahgaiehcan First Nation
  - Waterhen Lake First Nation

# The MLTC Health and Social Development Authority

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- “will provide culturally-appropriate, community-based, First Nations-controlled health and social services to its members
  - which will foster their physical, mental, emotional, and spiritual well-being.”

# Programs

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- All 9 FN communities in MLTC have a health centre and deliver community health programs. Some deliver primary care.
  - Community nursing, home care, dental therapy and nutrition.
  - Addictions, wellness and mental health.
  - Community health representatives, health promotion, environmental health.
  - Child and family services, family support, child care, child and youth, Aboriginal head start.

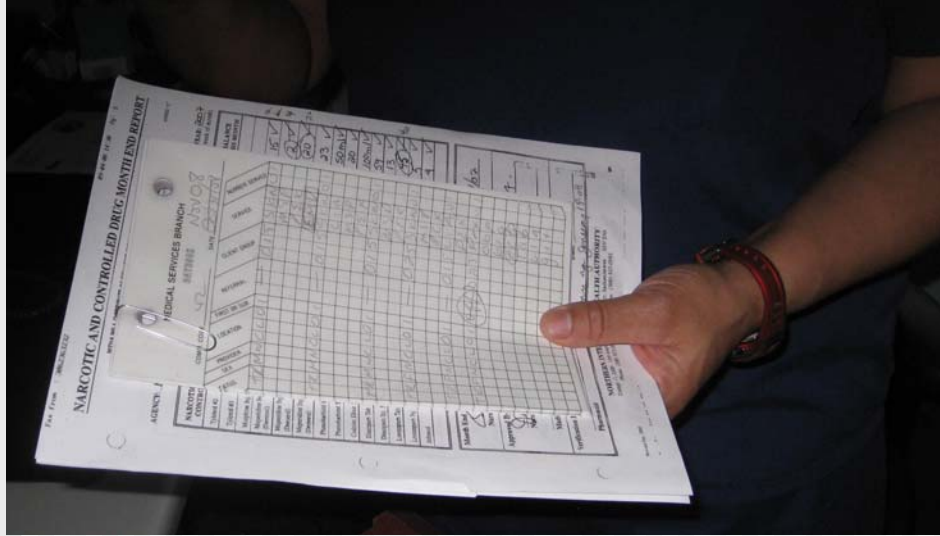


# MLTC project

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- AHTF grant (2008-2011) to create integrated health information system
  - Lots of reporting for different programs
  - Not good enough *information*
    - Fragmented and incomplete
    - Volumes of services rather than experience of clients





# MLTC EMR project

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- Project partners
  - Northern Inter-Tribal Health Authority (NITHA); Saskatchewan Health; FNIH
- Focus initially on reporting, then June 2008, decided to implement an Electronic Medical Record (EMR)
  - Better reporting
  - Better care



# What is an electronic medical record (EMR)?

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- A client or patient's record on computer, that contains information on all his/her health services provided by a facility
  - Name/address/family, visits/services, conditions...
- EMR software is the computer-based tool to create and use the record, also to schedule visits, do billings, etc.
- Limited to "facility" – just first step toward more comprehensive electronic health record

# Advantages: Better care

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- View of client is more wholistic
  - One comprehensive client record, over many providers (Client care teams)
  - Care plans documented and monitored
- More information to providers, timely
  - Monitoring and alerts
  - Medication management
  - Referrals management
  - Provide decision support
  - Reports for treatment purposes

# Advantages: Better planning

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- Reporting
  - Provides reports for performance statistics and accountability
  - Reporting better done because same data is used for client care

# Steps: 2008-2009

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- Meet with partners, form steering committee
- June 2008 steering committee meeting
  - Review need and process
  - Review benefits of electronic health and medical records
  - Decide to pursue EMRs as a solution for MLTC
- July, learn of SK Health's move to EMR
  - Decide to coordinate with that process
- 2009: Sask Health decides vendor (Med-Access)
- MLTC discussions/contract preparation with Med-Access
- Ongoing discussions with RHAs, NMS, others.

# 2010

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- Sign contract and begin implementation
- Formulate detailed plan with Med-Access
  - Which programs, users, when and how
  - Plan for transfer of existing patient data
  - Customization of software
  - Hardware upgrades where required
  - Training
- Next Steps: Implementation in each FN
  - Ongoing communication/meetings with FN members
  - Ongoing training, customization and support
- Evaluation and Knowledge Transfer

# Issues and challenges

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- Software selection and system design
  - What elements to include, when
- Data ownership, privacy, security
- Communication, training and human resources
  - Attitude, skills
- Infrastructure
  - Hardware, connectivity
- Cost (\$, time, morale)
- Collaborations
  - Other First Nations, Other providers, FNIH, SK Health, RHAs