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# A Common IT Architecture for the RCN

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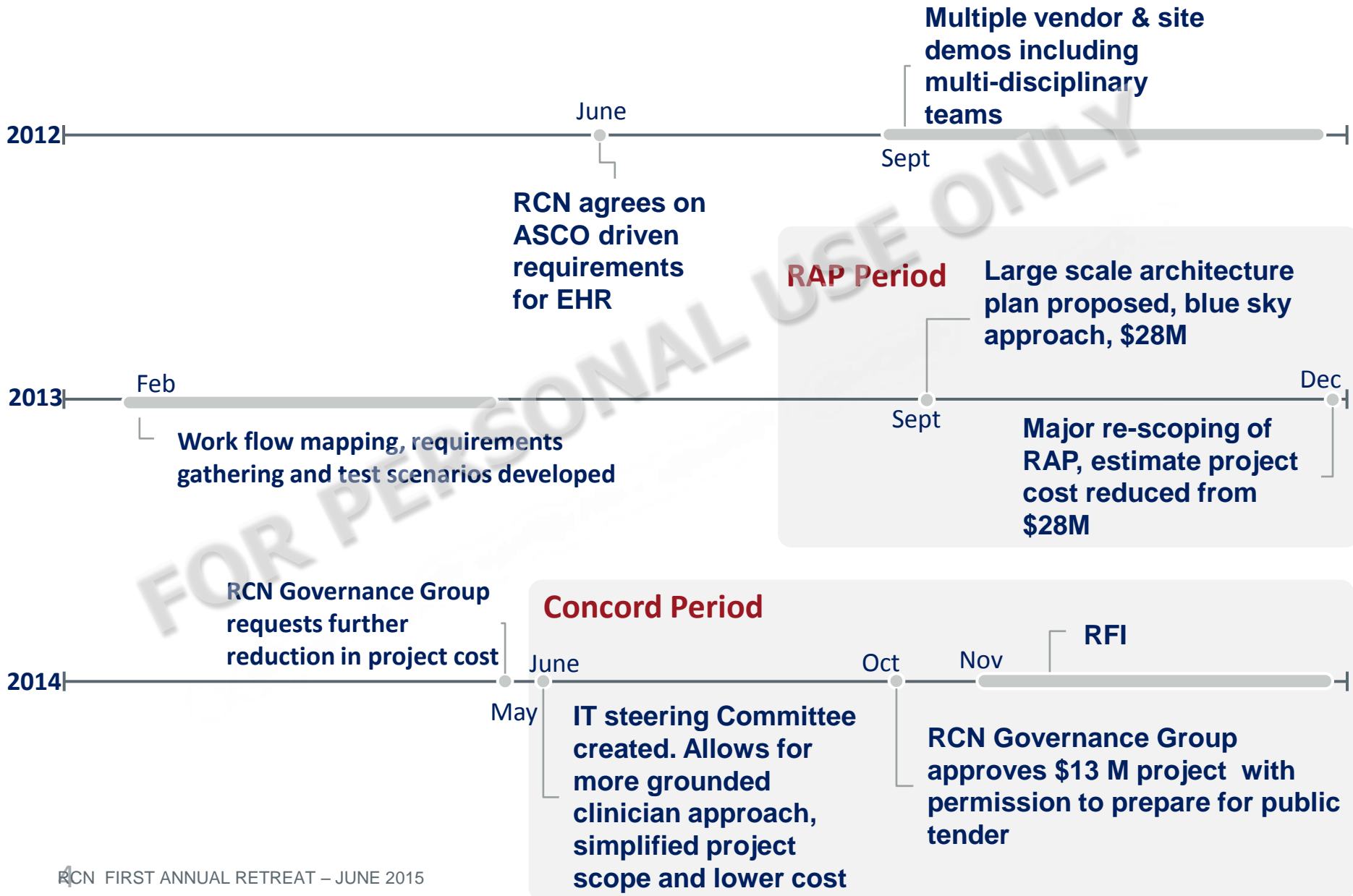
# Why project Concord (IT infrastructure)?

- As of 2012, RCN focused on 4 work streams
  - Integrated View of Patients & Data (IVPD)
  - Synoptic Reporting
  - Indicators & Outcomes
  - Patient Experience
- The goal of IVPD was to integrate RCN patient data so that care providers treating those patients had quick access to the data
- To accomplish this, a *common IT architecture* was deemed essential and had to be defined

# Why a common IT Architecture?

- Paperless data records are essential to share information for services received in more than one RCN hospital or on multiple sites at once
- No electronic prescribing to reduce medication errors
- No specialized decision support systems: e.g.: to link eligible patients to clinical trials

# Chronology



# Main Concord Features

## 3 core components in Concord

- Electronic Health Record
  - Oncology Data Analytics (“ODA”- data warehouse)
  - Oncology Patient Portal
- Turn-key approach
    - RCN covers funding capital and all recurring costs over a 5 year period.
  - Gated Project Plan
    - Funding released upon measureable success criteria (EHR is first deployment to allow early use of meaningful data)
  - Federated Model
    - EHR already deployed at JGH; will not change (Network data consolidation occurs at ODA Level)

# Today

- RFP document is complete, ready to publish publically
- Awaiting Governance Group go-ahead to apply for MSSS permission to go to public tender.

## Timeline:

- Current assumptions, and MSSS approvals, yields a vendor selection date +/- Fall 2015.
- First EHR deployment complete late 2016
  - First at MUHC (ready to start)
  - SMHC will follow when CIUSSS-appropriate



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**Thank you !**



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