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

2012

- June: RCN agrees on ASCO driven requirements for EHR
- Sept: Multiple vendor & site demos including multi-disciplinary teams

2013

- Feb: Work flow mapping, requirements gathering and test scenarios developed
- June: Large scale architecture plan proposed, blue sky approach, $28M
- Sept: Major re-scoping of RAP, estimate project cost reduced from $28M
- Dec: RCN Governance Group requests further reduction in project cost

2014

- May: IT steering Committee created. Allows for more grounded clinician approach, simplified project scope and lower cost
- June: RCN Governance Group approves $13 M project with permission to prepare for public tender

Concord Period

- June
- Oct
- Nov
- RFI

RAP Period

- Sept
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 measurable 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
Thank you!