

LADY DUNN HEALTH CENTRE... A CATALYST FOR CHANGE...



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In March, 2006, the Lady Dunn Health Centre recognized their Information Technology (IT) software applications system was not meeting their clinical and financial needs. They were to become a catalyst for change...one that would require enormous Board and staff commitment. Not only did the Lady Dunn implement a new Hospital Information System, Meditech, it also transitioned to a new IT service provider which required the upgrade and swap-out of much of its IT hardware and software. To assist with this huge undertaking, Sally Garland, Chief Administrative Officer, contracted with Atticus' David Plouffe as interim Chief Information Officer to assist the Lady Dunn through the transitional period.

Lady Dunn's first change was the decision to become a member of the Northeastern Ontario Network (NEON) a consortium of hospital and health care agencies. NEON's goals include providing and expanding information technology infrastructure in order to meet the needs of patients and health system stakeholders in Northeastern Ontario. Lady Dunn's new service provider is the Sudbury Regional Hospital (HRSRH), the regional centre for NEON.

"David and Sally came to me in March 2006 with a team and a plan to replace their clinical and financial systems, along with an uplift of their desktop software and hardware by October 2006," said Gaston Roy, CIO for the HRSRH and Lead in NEON. HRSRH assessed Lady Dunn's needs, and then constructed, provided the training for, and implemented the new system. "What we agreed to was a turn key operation," added Roy. "When you consider a typical clinical and financial software replacement exceeds 12 months alone, Sally and her team needs to be commended for their leadership and success."

"From the region's perspective the implementation is directly in line with what the LHIN 13 (Local Health Integration Network) blueprint is and what the PAN-NORTHERN blueprint is," added Plouffe. "So often, smaller facilities are orphaned because of costs, or the inability to absorb technology, or to absorb the budget that goes along with it. This is an example of what can be accomplished when people have a common goal. What has been accomplished was a complete replacement of the hospital information system. That was accomplished by the Lady Dunn being at a stage in its evolution of recognizing what it wanted to do to move forward, joining the NEON group and bringing all those together within the regional structure [LHIN 13]. All those things played an active role... a catalyst for the change."

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"Everybody plays a role in change," continued Plouffe. "I appreciated the opportunity to work with Sally, Betty McCrea and other staff. Through leadership and involvement by staff, having an initiative manager that was able and capable, having a partner that was able and capable, having all those components in place was necessary in order to implement a successful change. It takes a lot of people and a lot of trust and respect to get things done. This is a model situation."

"Lady Dunn is an example for other smaller hospitals across LHIN 13, and across the province of what is possible with leadership, determination and a true spirit of partnership," concluded Plouffe."

...THE WHY AND THE HOW

By Sally Garland CEO

When I arrived here in August of 2004, the electronic information system in existence was both fragmented and failing. It was obvious, if we were to provide improved health services to our clients, that we had to change evolve and gain the capacity to participate with other health care facilities in this province.

The first step was participating with Timmins and District Hospital and the NORad (Northern Radiology) group in the implementation of the Picture Archiving Communications system (PAC's). The next step was to join with NEON (Northeastern Ontario Network) for the implementation of the registration, laboratory and Diagnostic Imaging information systems. Eventually over the next two years we will enter into a second and third phase and become fully electronic in our client documentation/health record processes.

While the changes made will provide a platform for further progress in the future it also brought with it challenges. This would be true of any significant change in practice in the highly complex and multifaceted health systems in which we function. Hopefully, we will continue to work together to resolve these challenges in the future.

I am taking this opportunity to thank all the people involved in making Phase I a success. The Board of Directors for their foresight and support as well as their generous contribution of Board funds which made this project possible. David Plouffe, of Atticus Interim Management, for his invaluable assistance in supporting a 'non-techi' in bringing this project to a successful conclusion. HRSRH (Sudbury Regional Hospital), Gaston Roy and his staff for having the courage and imagination to take on this project when they were on the brink of a major system revitalization themselves. Betty McCrea for all the additional responsibility and hours of work she took on over the summer months, to the "Superusers" and their staff for their commitment to making the systems work successfully. Once we have become familiar and at ease with this phase, succeeding phases will be easier to implement. My sincere appreciation to all of you for your contributions to a successful project.

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