



AMPLIFI



Project AMPLIFI: LTCH Change Management Toolkit



AMPLIFI

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Purpose

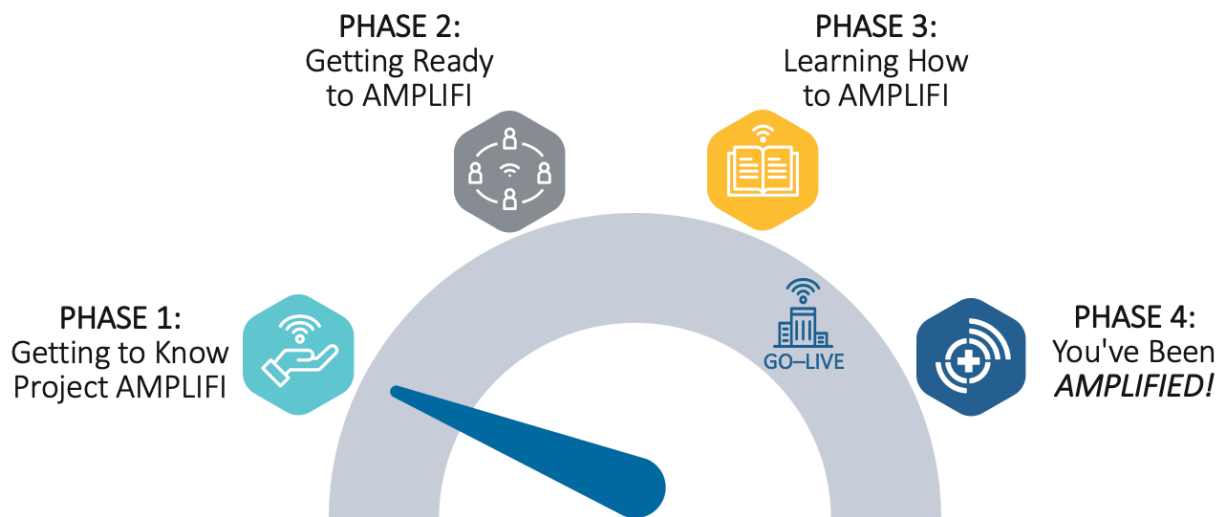
This Change Management Toolkit contains content to support the people side of change during the transition, as well as the skills and behaviours needed to support the technological side of change. The Toolkit uses *Prosci*® change management methodologies to support the adoption of digital workflows, optimize transitions between healthcare institutions, and improve the healthcare journey of residents.

Audience

- Long-Term Care Home Administrators
- Long-Term Care Home Directors of Care
- Long-Term Care People Managers
- RAI Coordinators
- Change Leaders

AMPLIFI Meter

The Change Management Toolkit is guided by our AMPLIFI Meter. As you enter a Phase, jump to that section of the Toolkit for resources to support successful change management.



AMPLIFI Meter

Glossary

AMPLIFI

A = Allergies, M = Medications, PL = Problem List, I = Immunizations, F = Fun, I = Integration

- Acronym for data that can be easily updated in a resident's chart utilizing Project AMPLIFI workflows

Bi-Directional Health Information Exchange

- A data exchange functionality that provides the ability to electronically exchange resident clinical data between Hospitals and Long-Term Care homes, referred to as the *Post-Acute Care (PAC) Network*
- The PAC Network supports the exchange of read-only data and discrete data that can be reconciled within the local resident chart

CCD (Continuity of Care Document)

- Electronic document containing resident health information that is digitally transmitted between hospitals and Long-Term Care Homes, and vice-versa

External Pending

- A search for resident records from an outside organization using *PointClickCare* if there is no match or partial match of the resident's identifiers; ideally performed during resident arrival

** see Phase 3 Training Materials for more information*

LTCH (Long-Term Care Home)

Resident Authorization

- Some LTCHs require resident authorization to be obtained prior to searching for outside resident records
- Each LTCH is responsible for ensuring staff are following internal LTCH policies and procedures when accessing resident records

** see Phase 3 Training Materials for more information*

PCC (PointClickCare)

- Electronic Health Record used to store resident health information by the majority of Long-Term Care Homes in Ontario






Reconciling Outside Information

- When you see the *Inbound Tab*, it indicates you have access to add external clinical information directly into the resident's local chart. This reconciled information becomes part of the resident's LTCH chart
- Of note, on the LTCH side, allergies and immunizations are not yet reconcilable but will be in the near future.

** see Phase 3 Training Materials for more information*



Implementation Timeline
Key Milestones in Each Phase


AMPLIFI = The Project AMPLIFI Team is responsible for the milestone
Internal = Your LTCH is responsible for the milestone



Phase	Week	Key Milestones
 Phase 1: Getting to Know Project AMPLIFI	1	<ul style="list-style-type: none"> ▪ AMPLIFI: Engages with LTCH Leadership
	2	<ul style="list-style-type: none"> ▪ Internal and AMPLIFI: Identify training dates and sign Network Sharing Agreement
 Phase 2: Getting Ready to AMPLIFI	5	<ul style="list-style-type: none"> ▪ AMPLIFI: emails Change Management Toolkit to LTCH Leadership ▪ Internal: Distribute Toolkit to Change Leaders and People Managers
	5	<ul style="list-style-type: none"> ▪ AMPLIFI: Hosts virtual engagement meeting within your region for LTCH and Long-Term Care home Leadership ▪ Internal: Leadership announces Project AMPLIFI participation to staff ▪ Internal and AMPLIFI: Identify opportunities to complete SmartZone eCourses (Clinical Data Exchange (CDX) - PCC-CSNF-218) for End User Training (30-minutes or 60-minutes)
 Phase 3: Learning How to AMPLIFI	5	<ul style="list-style-type: none"> ▪ AMPLIFI: Hosts virtual People Manager/LTCH Leadership training session ▪ Internal: Training materials made available to staff to review
	2	<ul style="list-style-type: none"> ▪ Configuration: Engage in security and role configuration and clinical review processes to optimize data sharing
 GO-LIVE	6	GO-LIVE
 Phase 4: You've Been AMPLIFIED!	10	<ul style="list-style-type: none"> ▪ AMPLIFI: Continued support via newsletters and Virtual Learning Table meetings ▪ AMPLIFI: Issue investigation support through PointClickCare's Customer Support Portal
	12	<ul style="list-style-type: none"> ▪ Internal: Share staff feedback with our Project Team at projectamplifi@stjoes.ca ▪ Internal: For inquires related to PointClickCare's interface and training materials, reach out to pacnetworkcdn@pointclickcare.com

Call to Action

Checklist Broken Down by Phases

Phase	When	What	Resources	Who
Phase 1: Getting to Know Project AMPLIFI 	1-2 weeks prior to Go-Live	Attend virtual Engagement session	Zoom link will be emailed by Project AMPLIFI Team	<input checked="" type="checkbox"/> LTCH Leadership/ Change Leaders <input checked="" type="checkbox"/> People Managers <input type="checkbox"/> Front Line Staff
	1-2 weeks prior to Go-Live	Send email to staff announcing Project AMPLIFI <ul style="list-style-type: none"> - The number one indicator to success of an implementation is messaging from Leadership! - Messaging will provide staff awareness of the project and desire to participate (What's in it for me?) 	Jump to email Template	<input checked="" type="checkbox"/> LTCH Leadership/ Change Leaders <input type="checkbox"/> People Managers <input type="checkbox"/> Front Line Staff
Phase 2: Getting Ready to AMPLIFI 	2 weeks prior to Go-Live	Know how to access training materials: <ul style="list-style-type: none"> - SmartZone eModules (provided directly in your PointClickCare database) - End-User Training: Clinical Data Exchange (CDX) - PCC-CSNF-218 - Configuration Training: Clinical Data Exchange (CDX Setup) – PCC-CSNF-219 - 60-minute webinar with Software Implementation Consultant 	Jump to Phase 3	<input checked="" type="checkbox"/> LTCH Leadership/ Change Leaders <input checked="" type="checkbox"/> People Managers <input checked="" type="checkbox"/> Front Line Staff

	2 weeks prior to Go-Live	Send email to staff announcing Project AMPLIFI to build awareness and desire to participate	Jump to email template	<input type="checkbox"/> LTCH Leadership/ Change Leaders <input checked="" type="checkbox"/> People Managers <input type="checkbox"/> Front Line Staff
	2 weeks prior to Go-Live	Post screensavers/internal social media templates to promote Project AMPLIFI within the organization	Jump to Screensaver/Internal Social Media Templates	<input checked="" type="checkbox"/> LTCH Leadership/ Change Leaders <input type="checkbox"/> People Managers <input type="checkbox"/> Front Line Staff
Phase 3: Learning How to AMPLIFI 	1 – 2 weeks prior to Go-Live	Discuss Project AMPLIFI at Team Huddles	Jump to Huddle template	<input checked="" type="checkbox"/> LTCH Leadership/ Change Leaders <input checked="" type="checkbox"/> People Managers <input type="checkbox"/> Front Line Staff
	1 week prior to Go-Live	Send email to staff with Go-Live date and how to access training materials	Jump to email template	<input type="checkbox"/> LTCH Leadership/ Change Leaders <input checked="" type="checkbox"/> People Managers <input type="checkbox"/> Front Line Staff
	1 week prior to Go-Live	Support staff in reviewing training materials, assist with questions, and <u>promote Go-Live dates</u>	Jump to Phase 3	<input type="checkbox"/> LTCH Leadership/ Change Leaders <input checked="" type="checkbox"/> People Managers <input checked="" type="checkbox"/> Front Line Staff

GO-LIVE 	Day of Go-Live	Send email announcing Go-Live of Project AMPLIFI to all staff	Jump to email template	<input checked="" type="checkbox"/> LTCH Leadership/ Change Leaders <input type="checkbox"/> People Managers <input type="checkbox"/> Front Line Staff
	Day of Go-Live	Support staff on Go-Live day by encouraging utilization of SmartZone eModule <ul style="list-style-type: none"> Clinical Data Exchange (CDX) - PCC-CSNF-218 	Refer staff to training materials	<input type="checkbox"/> LTCH Leadership/ Change Leaders <input checked="" type="checkbox"/> People Managers <input type="checkbox"/> Front Line Staff
	Day of Go-Live	Be available to staff during Go-Live by being visible and demonstrating support of the change		<input checked="" type="checkbox"/> LTCH Leadership/ Change Leaders <input type="checkbox"/> People Managers <input type="checkbox"/> Front Line Staff
Phase 4: You've Been AMPLIFIED! 	1 – 2 weeks post Go-Live	<p>Check-in with staff on comfort level in adopting workflows into daily practice.</p> <p>For any questions related to PointClickCare's interface, reach out to pacnetworkcdn@pointclickcare.com or submit a Support Case through the Customer Support Portal</p> <p>Garner feedback from staff (What's working? What's not?) - Send feedback to projectamplifi@stjoes.ca</p>	<p>We truly appreciate feedback to improve our implementation process as we AMPLIFI across the province!</p>	<input type="checkbox"/> LTCH Leadership/ Change Leaders <input checked="" type="checkbox"/> People Managers <input type="checkbox"/> Front Line Staff

	4 weeks post Go-Live	Encourage staff with questions/concerns to attend “You’ve Been AMPLIFIED! Virtual Learning Table”	30-min Zoom session hosted by Project AMPLIFI Team. Invite to be sent.	<input type="checkbox"/> LTCH Leadership/ Change Leaders <input checked="" type="checkbox"/> People Managers <input checked="" type="checkbox"/> Front Line Staff
	~6 weeks post Go-Live	<p>Email staff to request they engage in providing feedback about Project AMPLIFI</p> <p>Project AMPLIFI will provide survey link to include in email distributed to staff</p>	Jump to email template	<input checked="" type="checkbox"/> LTCH Leadership/ Change Leaders <input type="checkbox"/> People Managers <input type="checkbox"/> Front Line Staff



PHASE 1:

Phase 1: Getting to Know Project AMPLIFI



St. Joseph's Healthcare Hamilton has been tasked to lead Project AMPLIFI by the Ministry of Health and Ministry of Long-term Care. Find out more in summary video below!



Vision

To improve the continuity of care for Long-Term Care residents by streamlining transitions between care institutions, leading to safer care for Ontarians, and more efficient workflows for providers.



Project AMPLIFI
St. Joseph's Healthcare Hamilton
50 Charlton Ave East
Hamilton, Ontario L8N 4A6

Project AMPLIFI Overview

St. Joseph's Healthcare Hamilton has been tasked to lead Project AMPLIFI by the Ministry of Health and the Ministry of Long-Term Care. Project AMPLIFI is intended to digitally integrate the Long-Term Care Home's PointClickCare electronic health record (EHR) with acute care hospitals' health information system (HIS) through a bi-directional data exchange. Over the duration of the project, Long-Term Care Homes will be connected to the eligible acute care hospitals within their geographic region in phases.

Project AMPLIFI Vision: To improve the continuity of care for Ontario Long-Term Care residents by streamlining transitions between care institutions, leading to safer care for patients, and more efficient workflows for providers.

The Long-Term Care COVID-19 Commission report highlighted the need to strengthen health care integration and recommended that a coordinated continuum of care exist for hospitals and Long-Term Care Homes. The COVID-19 pandemic solidified the need for more integrated healthcare services where the system works more seamlessly to support and provide care to our most vulnerable and those in need. As part of the *2021 Ontario Economic Outlook and Fiscal Review: Build Ontario*, improving patient transitions and sharing of clinical data between the care continuum has become a provincial priority.

The bidirectional exchange of patient health information will provide improved visibility into the patient or resident's clinical condition upon admission to the receiving healthcare facility. Clinical staff that access the patient's chart will have an up-to-date electronic summary detailing the patient's condition upon arrival. Through the completion of discrete data reconciliation, clinicians at both the hospital and Long-Term Care Home will spend less time manually entering clinical information from paper with the intent of reducing transcription errors. Patients are expected to experience higher quality of care, and a reduced need to re-share their story and clinical history repeatedly across care settings.

The Ministry of Health has funded Project AMPLIFI through March 21st, 2024. The software implementation fee and annual license fees are fully funded as part of Project AMPLIFI. Post March 2024, annual license fees will be charged to the hospital systems, meaning that Long-Term Care Homes will not bear the cost of this functionality.

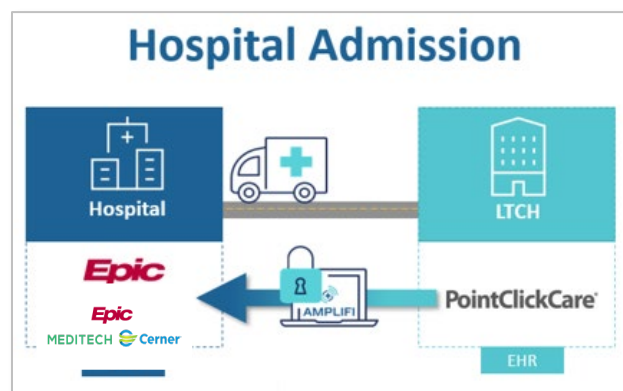
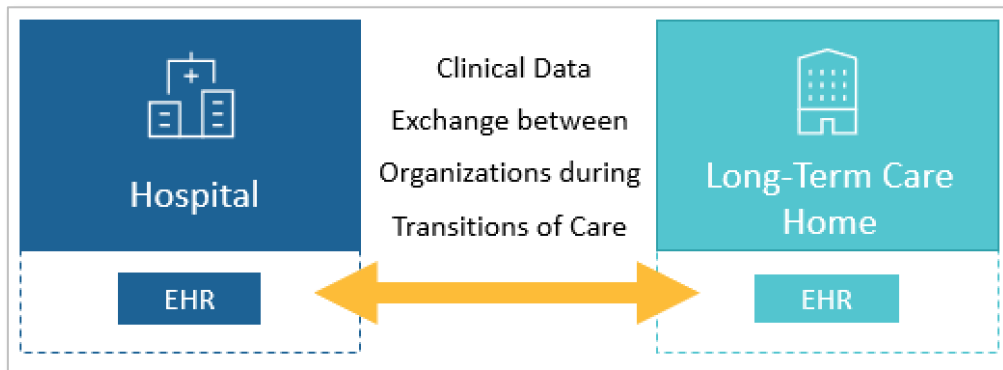
Should you have any questions about Project AMPLIFI, please contact a member of the Project Leadership team.

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St. Joseph's Healthcare Hamilton
alukich@stjoes.ca

Tyler Aird
Senior Project Manager, Project AMPLIFI
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Overview

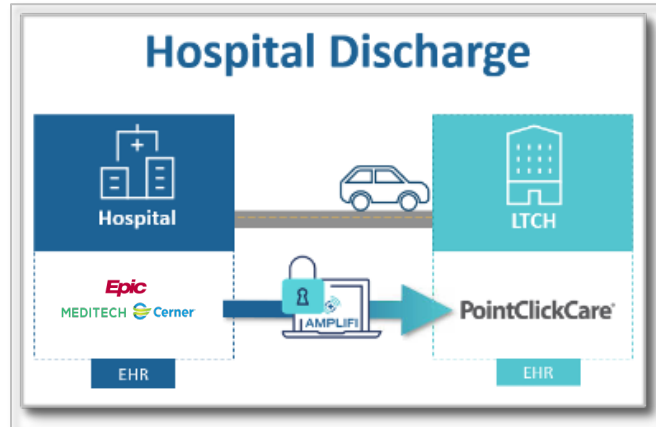


When a Long-Term Care Home resident is **admitted to the hospital**, the following information is viewable within the hospital health information system:

- Medications Administered
- Results
- Vital Signs
- Procedures
- Assessments
- Resident Demographics
- Care Team and Insurance Information

When a Long-Term Care Home resident is **admitted to the hospital**, the following four (4) data sets can be reconciled directly into the resident's hospital chart:

- **A** – Allergies
- **M** – Medications
- **PL** – Problem List
- **I** – Immunizations



When a resident is **discharged back to the Long-Term Care Home**, the following information is viewable by staff at the LTCH (pending clinical activity and documentation when the resident was at the hospital):

- Reason for Visit
- Encounter Details
- Allergies
- Immunizations
- Social History
- Vital Sign Data (Last Filed)
- Nutrition
- Discharge Summaries
- Plan of Treatment
- Procedures
- Results
- Visit Diagnosis
- Administered Medications
- Additional Health Concerns
- Advance Directives
- Care Team and Insurance Information

When a resident is **discharged back to the Long-Term Care Home**, the following two (2) data sets can be reconciled in the LTCH resident's chart:

- **M** – Medications
- **PL** – Problem List

Workflows

Clinical Data Exchange Inbound Tab

- When a resident is discharged from an inpatient hospital stay or transferred back from an ED visit, clinical information is sent from the hospital to the *Inbound* tab of the resident's chart for review

- Filter options can be selected (*Care Period, Upload Date and Sender*) to specify the information of interest
 - Care Period: The date range of the hospital stay. Hospital stay dates are set by the hospital.
 - Upload Date: The date the inbound data is uploaded.
 - Sender: The hospital providing the inbound clinical data.
- The inbound tab will not be visible until the first patient in the facility receives clinical data from the hospital encounter
- Viewing the Inbound Tab is a role-based permission so if you are not seeing it when you expect clinical data upon admission, please confirm you were assigned permission to view it

External Pending

- The External Pending tab allows you to manage potential admissions to the facility when there is no match or a partial match of the resident’s demographic identifiers from an external provider. For example, if the resident’s date of birth (DOB) from the provider does not match the resident’s DOB in PointClickCare, the resident will appear on the External Pending Tab instead of information automatically flowing to the Inbound tab
- The following actions can be taken: create a new resident, merge contact with an existing resident or delete the resident information.

Discharge using Quick ADT (Admission, Discharge, and Transfer)

- The Discharge process for the resident must be completed to identify the “Action Code” (*Transfer out to ER*), “To/From Type” as acute care hospital and selecting the name of the hospital for the “To/From Location”.
- Training materials reinforce the need for accurate discharge location documentation to support the push of resident health data from your LTCH’s PointClickCare system to the hospital’s system.

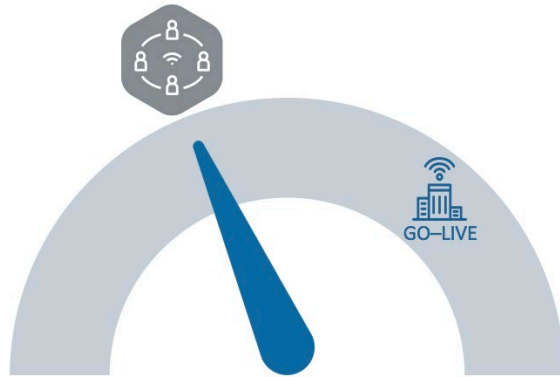
Change Impact Management Plans

LTCH Management & Leadership Teams

Change	Adoption Challenge	Mitigation
Implementation of a new data integration software	<ul style="list-style-type: none"> ▪ Ability to address staff member questions about Inbound Tab, Quick ADT functionality 	<ul style="list-style-type: none"> ▪ Review Project AMPLIFI training material ▪ Communicate with the applicable Trainer for PointClickCare functionality
New functionality and workflows available	<ul style="list-style-type: none"> ▪ How to get assistance when needed 	<ul style="list-style-type: none"> ▪ Connect with the PointClickCare team for additional support ▪ Connect with the LTCH Site Lead for further assistance

Clinical Staff

Change	Adoption Challenge	Mitigation
Adoption of a digital health integration solution	<ul style="list-style-type: none"> ▪ Ability to adapt functionality ▪ Hesitancy of reviewing and trusting of information from external sources 	<ul style="list-style-type: none"> ▪ Training ▪ Re-assurance from operational management and demonstration of support through change
Perform external pending workflow during triage	<ul style="list-style-type: none"> ▪ Increase in the amount of time to complete triage process ▪ Resident linking challenges between software systems 	<ul style="list-style-type: none"> ▪ Utilization of eModules ▪ Connect with Department Leadership regarding clinical practice ▪ Re-assurance from operational management and demonstration of support through change
Ability to complete electronic reconciliation	<ul style="list-style-type: none"> ▪ Hesitancy to make changes to a resident's chart ▪ Inability to find a match for reconcilable data type 	<ul style="list-style-type: none"> ▪ Utilization of eModules ▪ Connect with Department Leadership regarding clinical practice ▪ Re-assurance from operational management and demonstration of support through change



Phase 2: Getting Ready to AMPLIFI



User Role Expectations

What are RAI Coordinator Expectations?

Support for Resident Matching

In the event a possible match is not found for a resident, navigate to the External Pending tab and perform the appropriate actions to locate resident health information.

Discharge

RAI Coordinators must follow the discharge workflow to ensure the resident's health information is exchanged with the acute care facility upon leaving the LTCH.

What are Nursing Expectations?

Support for Resident Matching

In the event a possible match is not found for a resident, navigate to the External Pending tab and perform the appropriate actions to locate resident health information.

Reconciling Outside Records

Nurses will also be expected to reconcile all available information from the external facility to ensure the most up-to-date information is in the resident's chart for review by the healthcare team. If this workflow is not completed during intake, the receiving nurse should query and update the chart. The following data elements can be reconciled by nurses:

- Medications
- Problems List

Discharge

Nurses must follow the discharge workflow to ensure the resident's health information is exchanged with the acute care facility upon leaving the LTCH.

What is Physician/Pharmacist Expectations?

Reconciling Outside Records

Ideally, reconciliation of health information will be completed by nursing staff prior to

physician/pharmacist assessment, however, physicians/pharmacists should be aware of how to reconcile the information retrieved from the acute care facility.

Physicians/Pharmacists can reconcile all available information from the external facility to ensure the most up-to-date information is in the resident's chart. The following data elements can be reconciled by physicians:

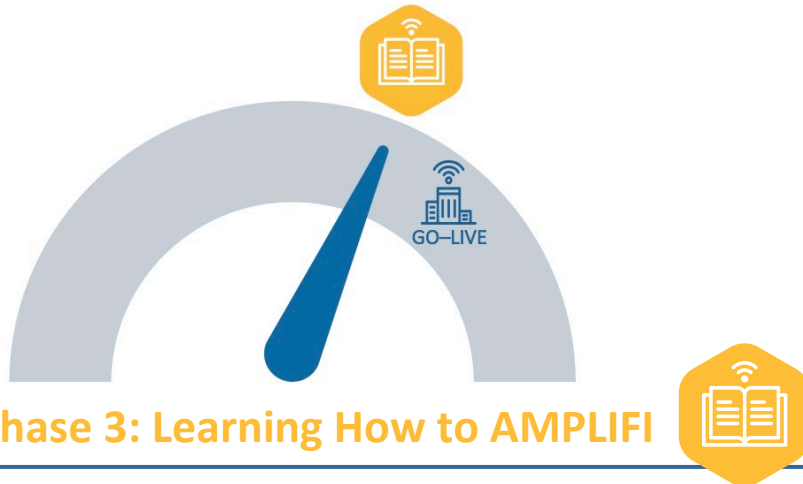
- Problems List
- Immunizations

What are Administration Staff Expectations?

Administrative staff will be expected to manage policies and procedures associated with resident authorization scans, resident linking/unlinking, and residents opting out of sharing their personal health information digitally.

Discharge

Administrative staff must follow the discharge workflow to ensure the resident's health information is exchanged with the acute care facility upon leaving the LTCH.



The purpose of Phase 3 is to develop the skills to complete Project AMPLIFI workflows. Training content is developed to:

- Communicate the purpose of Project AMPLIFI
- Support adoption of clinical and non-clinical workflows
- Reconcile discrete data exchanged with acute care facilities
- Reinforce the importance of completing the discharge activity, including documenting the discharge destination type and discharge location

Training Resources

Guide

- *Clinical Data Exchange User Guide* – a detailed document that guides users through PCC tabs and functionalities that facilitate the Clinical Data Exchange
 - Video Links:
 - [Overview of Clinical Data Exchange](#)
 - [Clinical Data Exchange Inbound Clinical Information Quick Start](#)
 - [Using Quick ADT](#)
 - [Managing the Inbound Tab](#)
 - [Navigating the External Pending Tab Quick Start](#)
 - [Managing Residents on the External Pending Tab](#)
 - [Managing Medications on the Inbound Tab](#)
 - [Managing Medical Diagnoses on the Inbound Tab](#)
 - [Viewing Documents on the Inbound Tab](#)
 - [Managing Inbound Alerts](#)

eModules

- eModules are videos that review workflows. They are available within PCC:
 - End-User Training: [Clinical Data Exchange | Review 360 \(articulate.com\)](#)
 - Configuration Training: [Clinical Data Exchange \(CDX\) Setup | Review 360 \(articulate.com\)](#)

***If there are challenges opening the hyperlinks, these resources can be found under the Resource Hub Icon (question mark) in the upper right-hand corner of your PointClickCare database. Navigate to *Resource Hub > Support Me* and type *Clinical Data Exchange* in the Search field.



Phase 4: You've Been **AMPLIFIED!**

Who is the Project AMPLIFI Team?

The Project AMPLIFI Team is small, but mighty. We come from a variety of backgrounds, such as Nursing, Education, Business and Digital Health Leadership.

Our greatest commonality is our passion for improving transitions of care between hospitals and Long-Term Care Homes for all Ontarians.

If you have any questions, please contact us at projectamplifi@stjoes.ca. Connect with us on [Twitter](#) and [LinkedIn](#) for latest updates!

Sincerely,

Andriana, Dan, Tyler, Rob, Sherri, Roberto, Nikita, Raneel, Emily, Cheryl, Shawna, and Andrei

Troubleshooting

What if a resident wants to opt out of sharing personal health information digitally?

- Direct residents to contact a RAI coordinator to opt out of exchanging PHI.

What if a wrong resident link is made?

- If an incorrect link is made with a resident record at a LTCH, please contact your Health Information Management Team/Health Records who will follow the appropriate chart correction process.

Go-Live Support & Incident Management Process

- LTCH staff are not required to field calls from hospitals related to data exchange issues. If a hospital staff member does contact the LTCH in relation to not receiving Project AMPLIFI information, please direct them to follow their internal issue submission process for issues with their health information system.
- Post Go-Live incident management of PointClickCare workflows are managed by existing internal LTCH processes and software systems

- Submitting a Support Case for Project AMPLIFI
- 1. Click on their username in top right corner
- 2. Choose Customer Support Portal
- 3. Search our Knowledge Base
- 4. If nothing is found, click on “Open a Case”.
- 5. Complete the form using these items:

Templates

Email Templates

Phase 1: To be sent by LTCH Leadership/Change Leaders

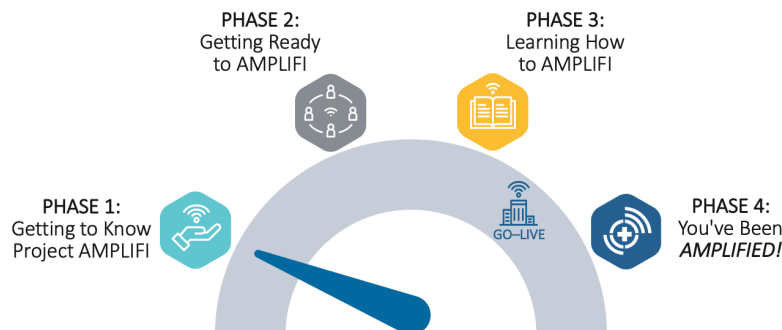
Email title: Getting to Know Project AMPLIFI!

Dear Nursing, PSW Staff,

Ontario is home to a thriving population of over 2 million seniors, many of whom reside in Long Term Care homes. Each year in Ontario, there are more than 37,000 transfers from LTCH to Long-Term Care (OLTCA, Aug 2022). We know one of the keys to aging well is having access to high-quality healthcare across the care continuum.

How can we ensure our residents arriving from Long-Term Care receive streamlined, high-quality, and resident centred care?

Through an exciting digital health partnership with [Project AMPLIFI](#).



AMPLIFI Meter

We are in Phase 1 of implementing Project AMPLIFI!



St. Joseph's Healthcare Hamilton is the delivery partner leading **Project AMPLIFI** over a three-year period and will be supporting sites across Ontario to implement a bi-directional data exchange between Long-Term Care Homes and hospitals. **Project AMPLIFI** uses *PointClickCare*, of which you may already be familiar, to exchange resident health data hospitals in our region.

LTCH healthcare providers who work with residents arriving from hospitals will be able to do the following:

- Upon arrival, immediately access to up-to-date and accurate resident health records from the inpatient stay or ED visit
- Save time and resources normally spent faxing and phoning the hospital
- Quickly and easily reconcile Medications and Problem Lists into the resident's LTCH chart
- Increase resident safety by reducing transcription and medical errors during care transitions
- In the event of an emergency or discharge, instantly send digital documentation of the resident to acute care facility

The goal is for our residents to experience a higher quality of care, a reduced need to re-share their story and clinical history repeatedly across care settings, and decreased readmissions to the hospital.

Our leadership and management teams are very excited about this opportunity, and here to support you through the implementation!

Over the next few weeks, your manager will provide more information, such as where to find training materials.

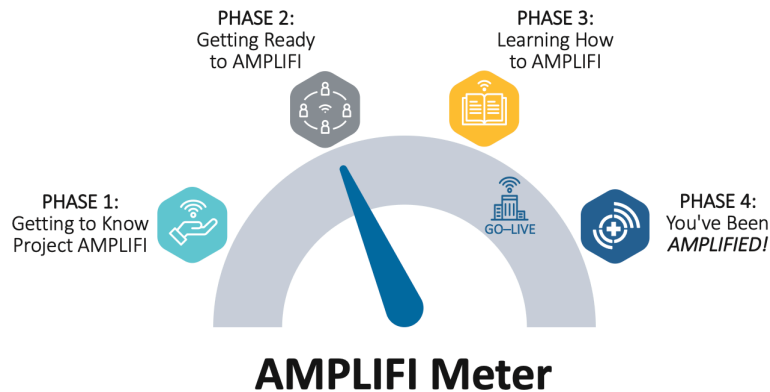
If you have any questions about **Project AMPLIFI**, you can email your manager or the Project AMPLIFI Team at projectamplifi@stjoes.ca. Follow Project AMPLIFI on [Twitter](#) and [LinkedIn](#) for latest updates!



Phase 2: To be sent by People Managers

Email title: Let's Get Ready to AMPLIFI!

Dear Staff,



We are in Phase 2 of implementing Project AMPLIFI!



Project AMPLIFI enables data exchange using *PointClickCare*, creating a seamless communication exchange between physicians, nurses, and caregivers on both ends of the care continuum. The goal of this instantaneous, secure transfer of resident health information is to reduce delays in care, inconsistencies in resident information, unnecessary diagnostic tests, and readmissions to the hospital.

By eliminating the time staff spend sorting through fragmented data – we create more time to focus on what matters – caring for our residents.

Opportunities to learn and train on the new workflows will soon be provided through *PointClickCare*.

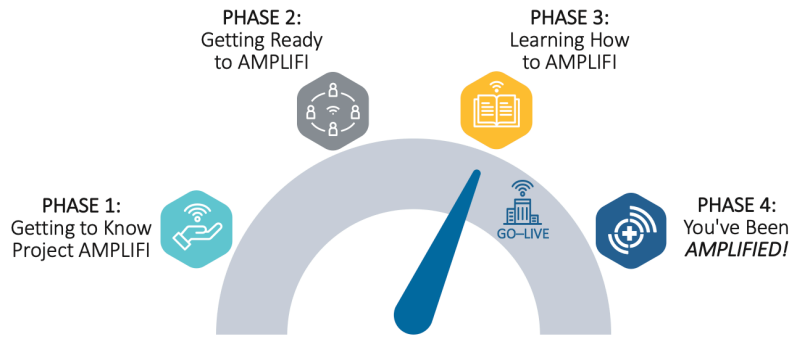
If you have any questions about **Project AMPLIFI**, you can email me or the Project AMPLIFI Team at projectamplifi@stjoes.ca. Follow Project AMPLIFI on [Twitter](#) and [LinkedIn](#) for latest updates!



Phase 3: To be sent by People Managers

Email title: Let's Learn How to AMPLIFI!

Dear Staff,



AMPLIFI Meter

**We are in Phase 3 of implementing Project AMPLIFI!
Our Go-Live date is set for <enter date>.**



Our Go-Live date for Project AMPLIFI is <enter date>!

Project AMPLIFI will enable <enter LTCH organization> to utilize *PointClickCare* to exchange health information with <Enter Name of Hospital System>.

Additional hospitals in the region will be phased onto the AMPLIFI over the next few years.

*If you are admitting or discharging a resident from Long-Term Care,
think AMPLIFI!*

TRAINING

- Training materials are quick to review
- Useful video links listed below:
 - [Overview of Clinical Data Exchange](#)
 - [Clinical Data Exchange Inbound Clinical Information Quick Start](#)
 - [Using Quick ADT](#)
 - [Managing the Inbound Tab](#)
 - [Navigating the External Pending Tab Quick Start](#)
 - [Managing Residents on the External Pending Tab](#)

- [Managing Medications on the Inbound Tab](#)
- [Managing Medical Diagnoses on the Inbound Tab](#)
- [Viewing Documents on the Inbound Tab](#)
- [Managing Inbound Alerts](#)

In **PCC**, access online Help resources by clicking on the Help under your name in upper right-hand corner. Navigate to Clinical > Clinical Data Exchange.

If you have any questions about **Project AMPLIFI**, you can email me or the Project AMPLIFI Team at projectamplifi@stjoes.ca. Follow Project AMPLIFI on [Twitter](#) and [LinkedIn](#) for latest updates!



Go-Live: To be sent by LTCH Leadership/Change Leaders

Email title: We are AMPLIFIED!



- As of <date>, <LTCH name> is now live on Project AMPLIFI!
- <LTCH name> can now share health information with the following hospitals:
 - <Enter name of hospital system>
 - <add names of hospitals part of health system>
 - Hospitals will continue to be phased in (only include if applicable)

Training Materials Available

In **PCC**, access online Help resources by clicking on the Help under your name in upper right-hand corner.
Navigate to **Clinical > Clinical Data Exchange**

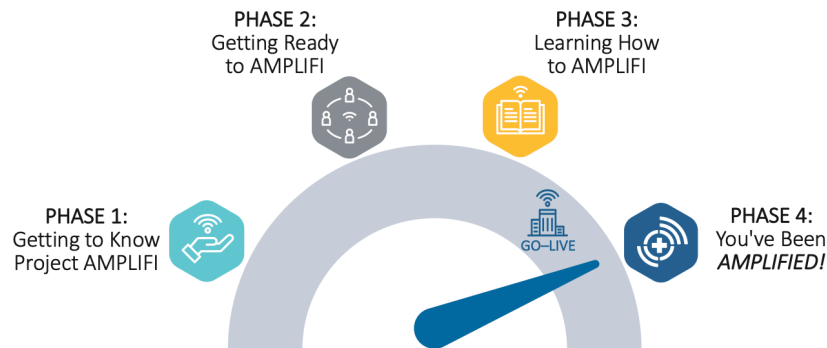
Questions?

For more information, ask your manager or email projectamplifi@stjoes.ca

Phase 4: To be Sent by LTCH Leadership/Change Leaders

Email title: Lessons Learned from being AMPLIFIED!

Dear Staff,



AMPLIFI Meter

We have been Live on AMPLIFI for <enter length of time>.
We would truly appreciate feedback on your experience.



Some prompting questions:

1. Has AMPLIFI enhanced your ability to provide care to resident's returning from hospitals?
2. Has AMPLIFI been easy to integrate into your daily practice?
3. Has AMPLIFI saved you time reviewing and reconciling resident health data in their chart (such as medications & problem lists)?
4. Has AMPLIFI reduced faxing and phoning between the resident's Long-Term Care home and the hospital?

Your feedback is extremely valuable in relation to the continued implementation of AMPLIFI in our LTCH system. In addition, the Project AMPLIFI Team greatly appreciates your expertise as they continue integrating Long-Term Care Homes across the province with other hospitals and health systems

If you have any questions about **Project AMPLIFI**, you can email you can email me or the Project AMPLIFI Team at projectamplifi@stjoes.ca. Follow Project AMPLIFI on [Twitter](#) and [LinkedIn](#) for latest updates!



Resident and Family Brochure

In an effort to communicate the benefits derived from this integration to residents and families, the Project Team has developed an informational brochure. Digital versions will be sent alongside the Change Management Toolkit. Should you wish to receive printed copies, reach out to the Project Team directly at projectamplifi@stjoes.ca with the following information:

- Key Contact Name
- Mailing Address
- # of English Copies Required
- # French Copies Required

In order to ensure maximum reach, consider the following recommended distribution channels: Share digital or physical copies of the brochure with your Resident and Family Councils seeking support for further dissemination

Include the brochure in the Welcome Package for new residents

Attach the brochure alongside newsletters or flyers that go out to families

Attach the brochure alongside billing communications

Feature a digital copy of the brochure on the LTCH website and socials

These suggestions are not exhaustive – feel free to employ methods that you are confident work best for your LTCH facility.



The graphic is a promotional slide for Project AMPLIFI. It features a blue and white color scheme. On the left, there are three images: a group of healthcare professionals in a meeting, hands being held together, and a healthcare worker attending to an elderly patient. The text 'PROJECT AMPLIFI' is prominently displayed in white on a blue background. To the right, the text describes the project's goal of integrating Ontario's healthcare systems. A teal box at the bottom right contains the project's vision statement. The AMPLIFI logo is in the bottom right corner.

Integrating Ontario

St. Joseph's Healthcare Hamilton (SJHH) completed a pilot project that enabled the sharing of resident health information between St. Joseph's Villa Long-Term Care home in Dundas, Ontario and the hospital. The pilot demonstrated value for residents and health care providers, and resulted in funding to expand health information exchange across the province. SJHH has been tasked to lead **Project AMPLIFI** by the Ministry of Health and Ministry of Long-Term Care.

Our Vision

To improve the continuity of care for Long-Term Care residents by streamlining transitions between care institutions, leading to safer care for Ontarians, and more efficient workflows for providers.


PROJECT AMPLIFI




Screen Saver/Internal Social Media Templates


These images are created in PowerPoint. Editable versions will be sent alongside the Change Management Toolkit.

Resident Returning from ED? AMPLIFI your Charts!






PointClickCare now enables instant access to resident health information when returning from an acute care facility




Save time adding medications & problem lists, directly into the local resident chart





Training Materials Available


In PCC, access online Help resources by clicking on the Help under your name in upper right-hand corner. Navigate to **Clinical > Clinical Data Exchange**

Long-Term Care Resident Health Information is now Digital! AMPLIFI your Charts!











Reduce manual entry of health care information for resident's returning from hospitals



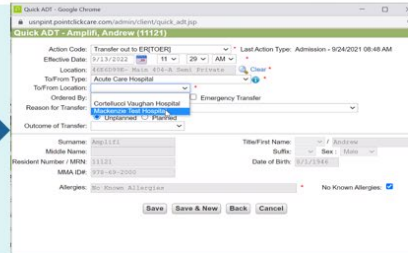
Use the Inbound Tab to easily view and reconcile resident information



Training Materials Available

In PCC, access online Help resources by clicking on the Help under your name in upper right-hand corner. Navigate to **Clinical > Clinical Data Exchange**

Resident Discharged to a Hospital?


Upon Discharge, send LTCH information instantly to the hospital!



Hospitals will receive:

- Medications Administered
- Vital Signs
- Resident Demographics
- Advance Directives
- plus much more...

Training Materials Available

In PCC, access online Help resources by clicking on the Help under your name in upper right-hand corner. Navigate to **Clinical > Clinical Data Exchange**

Team Huddle Script for People Managers

Rationale for Using this Resource

Team huddles present an opportune time for people leaders (i.e., Managers, LTCH Administrators, Directors of Care and Charge Nurses) to communicate new, upcoming, or key pieces of information to their team members. The below script has been prepared for use by people leaders who are responsible for management of staff whose work is directly impacted by the implementation of Project AMPLIFI.

Key Points for Discussion during Team Huddle

- **What is Project AMPLIFI? Key pieces for end users:**
 - Project AMPLIFI allows for the exchange of clinical information between hospitals and Long-Term Care Homes (LTCH)
 - The exchange of information will be facilitated through the hospital's health information system and PointClickCare
 - Clinical information including medications & problems will be readily available and reconcilable directly in the resident's chart
 - Project AMPLIFI aims to improve continuity of care for our residents and increase resident safety by reducing transcription and medical errors during care transitions
- **How does this impact me?**
 - Reduce time spent manually entering key clinical information into the resident's chart at time of triage by quickly and easily reconciling this data
 - Reduce time and resources spent manually reviewing and transcribing printed records or faxes
 - Minor changes to current triage, discharge, and health information management workflows that can be readily learned by accessing the available resources
- **Where can I find more information about training materials and how to integrate Project AMPLIFI into my daily workflow?**
 - You can access the online Help resources by clicking on Help under your name in upper right-hand corner of PointClickCare.
 - Navigate to Clinical > Clinical Data Exchange
 - For any additional inquiries, reach out to the team at pacnetworkcdn@pointclickcare.com