

LHIN Home and Community Care Information in ClinicalConnect

The Home and Community Care module (formerly CCAC) includes data made available from the Client Health Related Information System (CHRIS) from the following Local Health Integration Networks (LHINs):

- **Hamilton Niagara Haldimand Brant (HNHB)**
- **Waterloo Wellington (WW)**
- **Erie St. Clair (ESC)**
- **South West (SW)**

Data Includes:

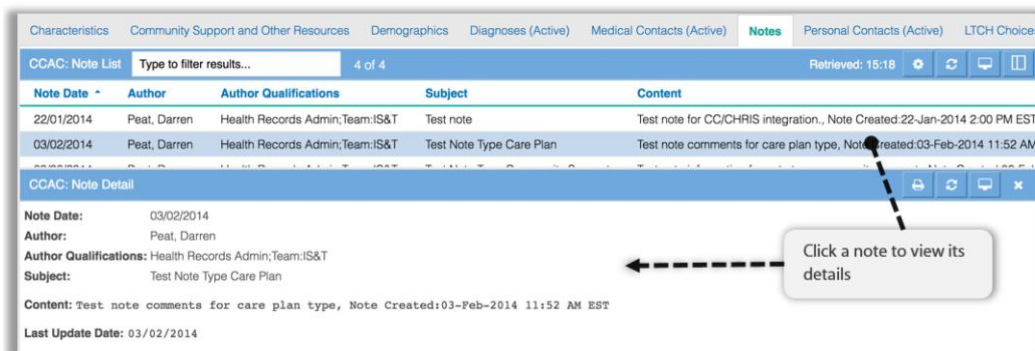
Care Plan Notes	Coordinated Care Plans (CCPs)
Demographics / Characteristics	Personal & Medical Contacts
Details about patients' in-home services	Equipment & Supplies list
Long-Term Care Home Choices & Bookings	Referral List
Risk List / Safety Issues	Allergies



*NOTE: If there is no data available for a specific tab, that tab will not display. Tabs identified as **Active** include information that is current. Historical data is not available. LHIN patients which are deemed as confidential, will not have any LHIN data displayed in ClinicalConnect*

Home and Community Care Notes in ClinicalConnect

Click the **Notes** tab. Notes are displayed in a sortable list. Click the row of the note you want to view to see more details about the note.



NOTE: Only certain note types created in CHRIS will appear in ClinicalConnect

Coordinated Care Plan (CCP) in ClinicalConnect

Coordinated Care Plans are displayed in a sortable list. Click a line item in the list to see a detailed PDF view of the selected CCP.

The screenshot shows the ClinicalConnect interface for patient MARX, GROUCHO. The patient's details include MRN: H000100, Encounter Date: 06/02/2017, Status: DIS IN, and Location: Surgical Unit. A 'Coordinated Care Plan' tab is selected, showing a list with one entry: 'CCAC: Coordinated Care Plan List (Active)' created on 28/07/2015 by Jones, Matt. A 'Smart Filter' dropdown is visible above the list.

The CCP consists of several patient-specific sections and can span across multiple pages of the PDF document. Sections can include **My Identifiers**; **My Plan to achieve my goals**; **My Care Team**; **My Health Conditions**; **My Situation and Lifestyle**; **My Most Recent Hospital Visit** and **My Current Supports and Services**

*NOTE: CCP data is currently only available from South West and Waterloo Wellington Home and Community Care for clients, as applicable. Patients that do not have a CCP will display the message **No items found**.*

The PDF document titled 'Coordinated Care Plan' for George Smith (DOB: 01/04/1967) includes the following sections:

- Document #:** 000-100103, Status: In Progress, Created by: Jones, Matt, Last updated by: Jones, Matt.
- My identifiers:** Lists patient name (George Smith), MRN (H000100), and other personal details.
- My plan to achieve my goals for care:** Includes 'What is most important to me' (To test the coordinated care plan) and 'What concerns me most about my healthcare right now' (Hardware failure).
- Server health:** Action plan for 'What can we do to address 1' (IT Tech) and 'Who will be responsible for 1' (Network admin).
- Software testing:** Action plan for 'What can we do to address 2' (Validate changes) and 'Who will be responsible for 2' (HHS/CCAC).

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