

# KEEWAYTINOOK OKIMAKANAK (KO) eHEALTH SERVICE ANNUAL REPORT - ON

**DCI Number/Fiscal Year:** HC-P102 (2023-2024)

**NOTE:** This document is a representation of the reporting requirements for DCI HC-P102. It is not a reporting template or a data collection tool. Where applicable, reporting templates, guides and data collection tools that will assist you to complete your reporting requirements will be provided by your Regional Office. Please contact your [ISC-FNIHB Regional Office](#) if you have not received a copy of the documents, if you have questions, or require assistance.

## **Program Reporting Requirements:**

The recipient shall submit to the Minister, the eHealth Infostructure Annual Report, which should describe the activities undertaken and the progress made towards achieving project objectives, including any relevant financial information. The report should also include, but is not limited to, the following information:

1. Connectivity speed for the health facility; and
2. Name of application/tool/system and number of sites using: (i.e., Public health surveillance system (i.e., Panorama); Electronic Medical Record (EMR); Electronic Health Record (EHR); other eHealth tools).
3. If telehealth is offered, specify:
  - a. Number of sites; and
  - b. Utilization rate including number and type of clinical, patient education, professional development/training, and administrative telehealth sessions.
4. Summary of achievements, challenges, and future directions.
5. Results of any satisfaction surveys (client and provider).
6. Telehealth site/endpoint profiles:
  - a. Location;
  - b. Connectivity;
  - c. Equipment (year installed, anticipated evergreen date);
  - d. Down time at each site; and
  - e. Non-KO Telemedicine (KOTM) sites – identification of services provided.
7. Clinical Utilization:
  - a. Number of scheduled and delivered clinical consults by type/therapeutic areas of access of care;
  - b. Number and reason for cancellations (and any analysis thereof);

- c. Number and type of emergency consultations;
  - d. Number and type of 'provided' services; and
  - e. Number and type of 'enabled' services.
8. Education (managed, or accessed through the Ontario Telemedicine Network (OTN):
- a. Patient education - Number of and type (topics) of sessions and number of participants at each session;
  - b. Administrative meetings or administrative training – number and type (topics) of sessions, number of participants and participant types (i.e., community based workers, First Nations and Inuit Health Branch (FNIHB) staff);
  - c. Health training/education – number and type of events, number of participants, type of participants (i.e., Community Health Representatives, Community Health Nurses (CHN)-community, CHN-FNIHB); and
  - d. Other.
9. In support of the analysis of savings related to medical transportation:
- a. Provision of information to FNIHB-Ontario Region NIHB consistent with the agreed upon methodology (i.e., Monthly activity logs or other updated methodology); and
  - b. Statistics and estimated patient travel avoided.

The requested report is to be sent to the Minister's contact address as listed in the funding agreement or as identified by the region.