

SaferCare Part 1 key updates FAQ

July 26, 2024

Q: What is changing?

A: The SaferCare project scope for Part 1 has undergone a thorough review by the SaferCare Steering Committee, identifying several constraints that make it necessary to revise scope. These changes mean that some of the project objective statements will be implemented in a limited capacity.

- The SaferCare project timeline now has the first go live planned for October 2025. This is later than originally anticipated and is due to external factors that cannot be adjusted.
- The SaferCare site sequence has been revised to four sites with a focus on implementing the digital technologies in the new hospital builds. The supported site sequence is as follows and may be subject to change if needed.
 - Haida Gwaii – Daajing Giids and Masset October 2025
 - Fort St James – Stuart Lake Hospital November 2025
 - Terrace – Mills Memorial Hospital Jan/Feb 2026
 - Dawson Creek – Late 2027 – Dependent on their move in timeline

Phase 1 Scope Changes

- Selected clinical services such as Perinatal/Maternity, Oncology, Dialysis and clinical services that receive referrals, will have limited electronic orders, workflows and documentation and will continue to have hybrid paper and electronic charts.
- Advancement of the HealthElife patient portal will be limited to what is available now.
- Integration of 3rd party systems will only focus on PharmaNet integration. PharmaNet integration is needed to support best possible medication history and medication reconciliation processes.

Q: Why is this change happening?

A: As the SaferCare Steering Committee reviewed the project scope for Part 1, several constraints were identified, making it necessary to revise scope. These constraints included: resource availability, funding and vendor contract constraints, timeline constraints, application limitations, and the provincial digital health strategy overlap/conflicts.

Q: My site is on the site sequence list. When will I hear more about the implementation and plan?

A: Implementation planning starts approximately 8 months prior to the go live date.

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Q: My site is not on the list. Does this mean I do not need to participate in SaferCare-related activities?

A: No. We are building the system for all facilities across NH, based on regional standards. Participation of sites and subject matter experts from across the organization are essential for a successful design and build.

Q: How will sites continue to be engaged?

A: Sites can stay engaged by participating in SaferCare committees and working groups as appropriate. Sites will be informed with ongoing communication and updates as they are available.

Q: How can I stay informed about further SaferCare updates?

A: Stay informed by reviewing the [SaferCare MyNH page](#), reading the [SaferCare initiative updates](#) or [CMIO updates](#), or attending scheduled townhalls when available.

Q: How will we manage the risk of having a hybrid record?

A: Workflows will be assessed on a site and service level basis and individual implications will be addressed as they arise and escalated as appropriate.

Q: How are we going to manage our regional service delivery and rural support implications (i.e. oncology, pharmacy).

A: The design phase of SaferCare includes the process and workflow analysis for all services and any service or supports for each site will be included in the engagement activities including workflow validation and training.

Q: Who can I ask if I have further questions?

A: Any questions can be sent to the SaferCare Executive Sponsors or the SaferCare Co-Leads:

- Jeff Hunter, VP Digital Health and CIO
- Dr. Ronald Chapman, VP Medicine & Clinical Programs
- Angela De Smit, VP Professional Practice / Chief Nursing & Allied Health Executive
- Dr. Kristina Garrels, Interim Chief Clinical Information Officer, SaferCare Medical Co-Lead
- Vanessa Kinch, SaferCare IMIT Co-Lead (covering for Bjorn Butow until Sept 3)
- Kim Cook, SaferCare Clinical Co-Lead