A Quebec perspective on Home Care standards

October 31st, 2017

Cindy Starnino

Director of Academic Affairs for the Integrated University Health and Social Service Centre of west-central Montreal

Centre intégré universitaire de santé et de services sociaux du Centre-Ouest-de-l'Île-de-Montréal

Québec

Integrated Health and Social Services University Network for West-Central Montreal

PRESENTATION PLAN

1. Evidence-informed care

- Paradox
- Multi-Dimensional model
- Application in Quebec
- Relevance of nation-wide standards

2. Integrated care

- Quebec Model of Integration
- Post-reform progress
- Home care engagement 2017

1. EVIDENCE-INFORMED CARE

Principle of Evidence-informed Care

Patients receive care that is informed by

- clinical expertise
- patient values
- research evidence

Involves:

1. Collecting and applying research evidence, provider expertise, and patient experience

2. Using standardized tools and methodology to strengthen the quality of services and programs

3. Creating a culture of innovation and ingenuity

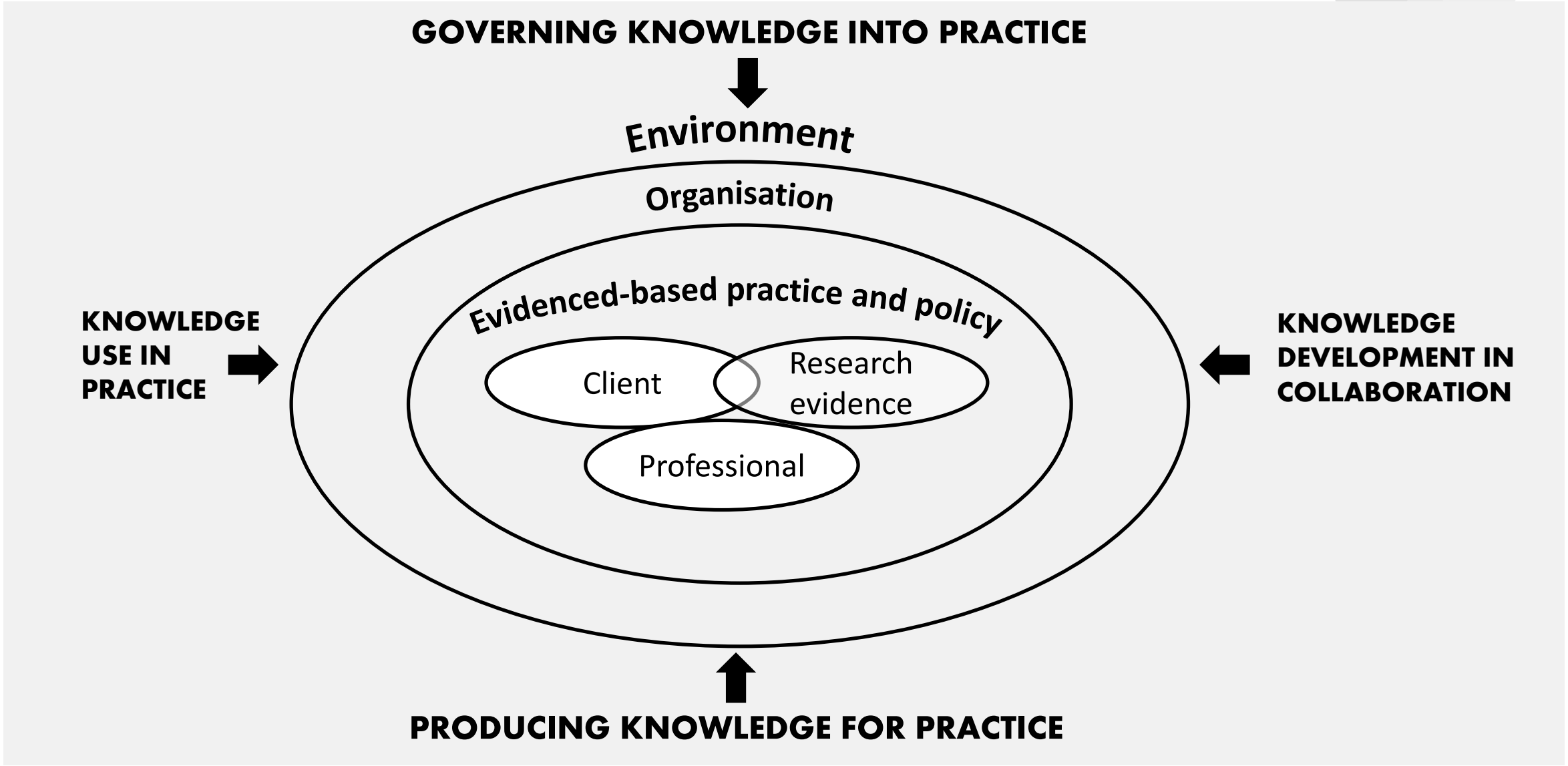
Evidence-informed Care - Paradox

- World movement
- Cost-effectiveness
- Accountability & Quality

VS

- Pressure to act
- Time
- Non-systematic use of evidence

Multi-Dimensional Evidence-based Model



Alexanderson,K. Beijer,E., Hyvonen, U., Karlsson,P., Marklund, K., 2012.

Example of Evidence-informed Care in Quebec

Project

- Palliative care for older adults: A guide to psychosocial support at home

Why?

- Gaps in response to the psychosocial needs of the elderly & caregivers living at home

How?

- Use of multi-dimentional knowledge sources to develop a guide based on evidence from practice, research and client experience.

Example of Evidence-informed Care in Quebec (continued)

Evidence-informed Care

1. Scientific and grey literature review

- Psychosocial practices, practices in palliative home care
- Policies, standards and existing norms, Canada and Quebec

2. Analysis of the context, practices and needs at the organizational level

- Study of perception and practice issues perceived by professionals
- Quebec portrait of palliative care in home services

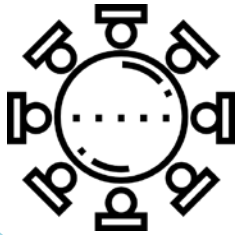
3. Collaboration between researchers, professionals and clients

- Staff in home care services participated in the editorial committee and scientific review
- Clients validated

Example of Evidence-informed Care in Quebec (continued)

Knowledge-use in practice

- Production of a guide “Intervention with seniors in palliative care; Guide for psychosocial support at home”
- Basic training in palliative care for interdisciplinary staff and students
- Increased interdisciplinary practice
- Accredited training by the Quebec Order of Social Workers and Marriage Therapists : province-wide training on approach
- Participation and use of guide by : Managers & clinical supervisors (46%), Community groups & services (25%), Education sector (10%), Other (19%)



Governing knowledge into policy

- Commission for end of life care, Quebec
- Committee on the organization of palliative home care for end of life, Montreal
- Committee norms, Accreditation Canada

Relevance of nation-wide standards in Québec?

Principles of home care align with strategic orientations of MSSS

- Culture of evidence-based care & innovation

Research Centers integrated within the health and social service organization

- In law of health and social services

Reorganization centered on Integrated care

2. INTEGRATED CARE

Principle of Integrated Care

Patients' needs are met through :
coordinated clinical and service-level planning and delivery
involving multiple health care providers and organizations.

This is achieved by

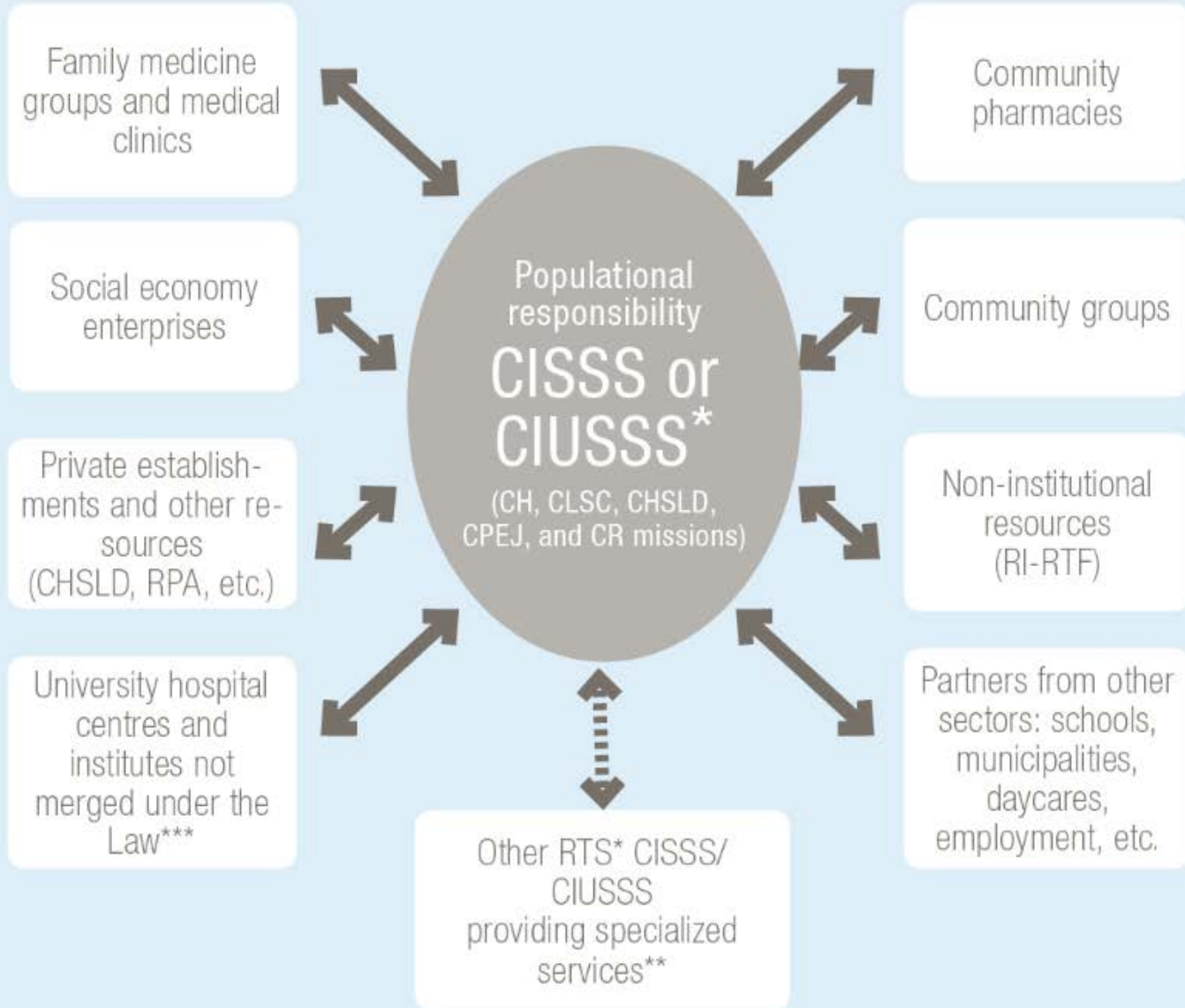
1. Building strong foundational partnerships between home care and primary care
2. Optimizing system resources and seamless navigation through care coordination
3. Facilitating joint planning, decision-making, and open communication
4. Engaging health and social care sectors with a focus on continuity for the client

Quebec Reform (2015)

WHY?

- Gaps in continuity of care
- Difficult flow of clinical information between establishments
- Lack of uniformity in the service offer
- Difficult access
- Heavy bureaucracy
- Negative patient experience
- Duplication
- Insufficient stakeholder collaboration

MAIN ACTORS OF A TERRITORIAL OR LOCAL HEALTH AND SOCIAL SERVICES NETWORK*



* Any given RTS may include more than one RLS that uses identical categories and partners at the local level.

** The CISSS or CIUSSS must establish, if necessary, regional or interregional service corridors in order to complete the services provided to the population of their territory.

*** An Act to Modify the Organization and Governance of the Health and Social Services Network, in Particular by Abolishing the Regional Agencies (CQLR, c. O-7.2).

POST REFORM PROGRESS – A SAMPLE

Governance

- One structure, one PDG, one board, common vision
- Tension between traditional vs collaborative model of leadership across directorates

Patient/Client Experience

- ↑ complaints related to continuity -
- 1/3 of patients surveyed did not feel that they received enough information about what to do if in need after they left the hospital

POST REFORM PROGRESS – A SAMPLE (CONTINUED)

Performance

- Transformation towards community
  - Increase of 10% in the number of interventions for seniors by home care SW
  - Decline of 5% in number of interventions for seniors by hospital SW
- Top performers in silos
- Different reports and stats used by directorates for the same population
- Hospital & community SWs involved with same client/patient in the same year

Volume

- Higher quantity of homecare services
- More intensive services/client
- Increased budget for home care

Quebec's Signed Agreement 2017: Best practice in Homecare Elements related to integrated care

#1 Offer personalized support to people and their caregivers who require home care services

- Case manager along the service continuum
- Identify caregivers with needs and provide appropriate services

#2 Assume leadership in consultation with all stakeholders in home care

- Develop formal collaboration agreements with partners
- Develop trajectories of service
- Organize & promote interdisciplinary teams and inter-professional collaboration

Quebec's Signed Agreement 2017: Best practice in Homecare Elements related to integrated care (continued)

#3 Ensure the necessary level of service at home for complex conditions & avoid inappropriate recourse to emergency room

- Establish an intensive home-based medical team associated with a family medicine group that provides a 24/7 coverage
- Early planning of discharge home upon admission
- Provide level of home care required to safely return home

NATION-WIDE STANDARDS FOR HOME CARE

- Opportunity
- Alignment with strategic orientations
- Transformation of care under way
- Accreditation standards
- Influence practice & policy
- CHCA leadership

Bricklayers or Cathedral ?

"A man came upon a construction site where three people were working. He asked the first, What are you doing? And the man answered, I am laying bricks. He asked the second, What are you doing? And the man answered, I am building a wall. He walked up to the third man, who was humming a tune as he worked and asked, What are you doing? And the man stood up and smiled and said, I am building a cathedral"

(Simmons, 2001)

THE END

Centre intégré
universitaire de santé
et de services sociaux
du Centre-Ouest-
de-l'Île-de-Montréal

Québec

Integrated Health
and Social Services
University Network
for West-Central Montreal