CHCA SUMMIT
Going Beyond Integration: Venue Agnostic
Quality Care

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Agenda

- ➤ CIUSSS COMTL
- ➤ Context
- ➤ Integration: Agnostic Venue
  - ➤ IPU Concept
  - ➤ Governance
  - ➤ Model / Framework
- ➤ Examples
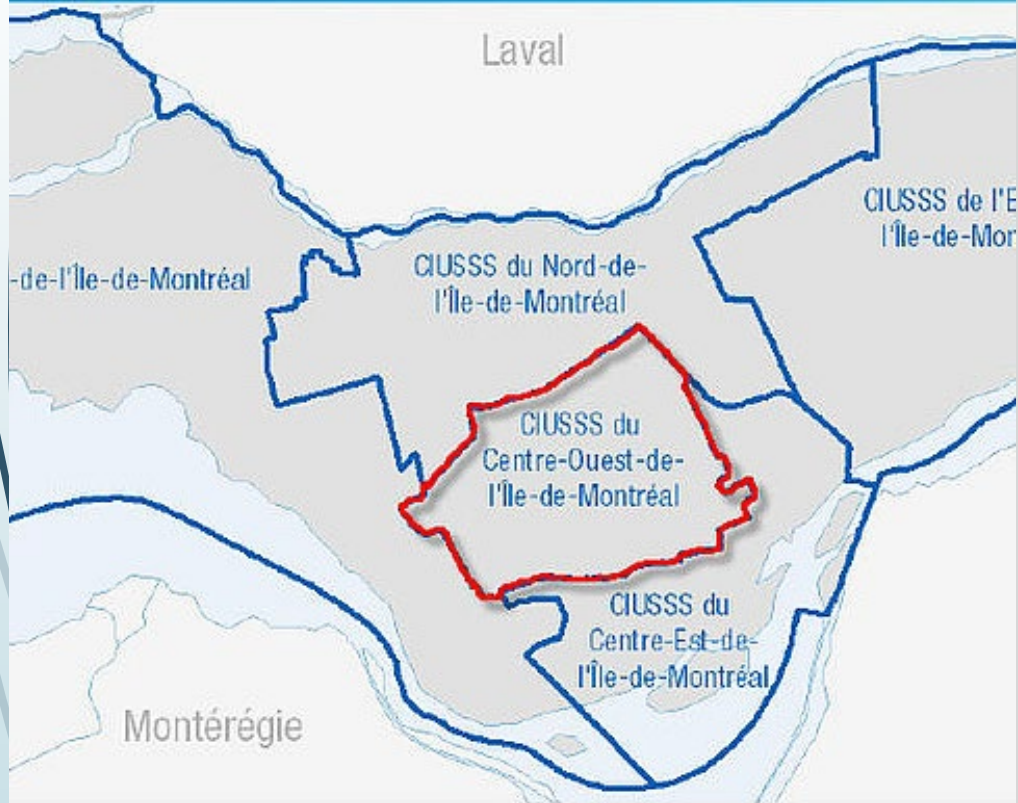- ➤ Benefits – Conditions of success
- ➤ Challenges – Lessons Learned

Innovation Team
Building on each other strengths

West-Center Montreal Integrated Health Care Network

Who we are

The CIUSSS territory: 54 km2.

It covers **five boroughs**, either completely or partially: Côte-des-Neiges/Notre-Dame-de-Grâce, Villeray/Saint-Michel/Parc-Extension, Rosemont/La Petite Patrie, Plateau Mont-Royal and Montreal)

Five cities:
Hampstead, Westmount, Montreal West, Town of Mount-Royal and Côte Saint-Luc

Who we are

+ 9000 employees
+ 700 physicians
+ 3200 students

Population of 357 000
On 31 sites

CIUSSS West-Central

Long-term care

Rehabilitation

CLSC

Acute care

Long-term care

Donald Berman Maimonides

Donald Berman Jewish Eldercare

Saint-Andrew Residential Centre

Saint-Margaret Residential Centre

Henri-Bradet Residential Centre

Father-Dowd Residential Centre

Mount Sinai Hospital

1177 beds

Rehabilitation

Miriam Home and Centre

Lethbridge-Layton-Mackay

Catherine Booth

Richardson Hospital

143 beds
7100 ambulatory patients

CLSC

CLSC Benny Farm

CLSC René-Cassin

CLSC Côte-des-Neiges

CLSC Parc-Extension

CLSC Métro

Groupe de Médecine Familiale (GMF) : **15**

GMF-Réseau: **6**

650 000 visits

Acute care

Jewish General Hospital

536 beds
24 777 admissions
90 000 ED visits
628 000 ambulatory visits

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Context

The reason behind

« *From a network of institutions to a network of patient services* »

➢ April 1ˢᵗ, 2015: Bill 10: Merging
   From 320 health care institutions in
   the provincial network → 34

➢ Reorganization of all our services
   from sites to services → transversal

Integration:
An Agnostic Venue

Agnostic - Definition

➤ Not preferring a particular device or system

Source: Merriam-Webster

➤ The word *agnostic* comes from the Greek *a-,* meaning *without* and *gnōsis,* meaning *knowledge*. In IT, that translates to the ability of something to function without "knowing" the underlying details of a system that it is working within. As with interoperability, agnosticism is typically enabled by either compliance with widely-used standards or added elements (such as coding) that will enable one system to function in a variety of environments.

Source: WhatIs.com

How can we translate this in Health Care ?

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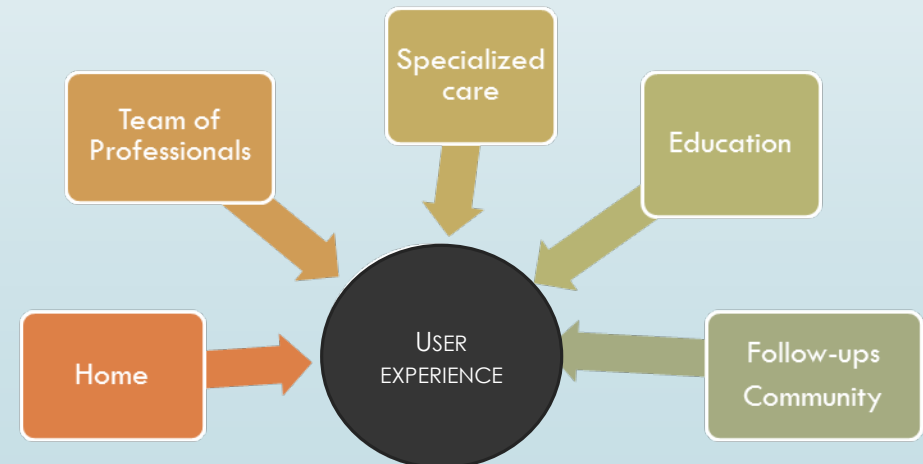**Building on each other strengths**

Concept: An Integrated Practice Unit

Organization and delivery of a comprehensive continuum (Integration of the full cycle of care) of services around a major disease, age group or patient population.

Provides patient care that is:

- Accessible (right place, right time, right person)
- Appropriate
- Flexible & adaptable
- Coordinated
- Multi/interdisciplinary

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Complete cycle of care and services

Clinical programs

Synergy with Academic programs

Quality & Safety

User's experience

Values

Outcome indicators

Multi/inter disciplinary teams

What is a trajectory?

Specialized care

Rehabilitation

Health promotion Prevention

Home care General services

User's journey across services
Sequence of events

GMF

Long term care

Palliative care

Organization of care and services throughout care path

Complete cycle of care and services

Leadership & Management

Systemness: The Next Frontier for Integrated Health Delivery

Written by Alan M. Zuckerman, FACHE, FAAHC, president of Health Strategies & Solutions, Inc. | March 10, 2014 | Print |

Rethinking the Organization of Delivery of Care

- ➡ **« *Systemness* »**

- ▪ A complex system whose interconnected elements demonstrate a global behavior distinct from the behavior of its various parts.

- ▪ Every partner, facility & staff member that the system interacts with is harmonized such as when combined they operate as more than the sum of their parts.

For what purpose?

To maximize value for patients: improving quality, health outcomes, patient experience and cost

TO MOVE AWAY FROM

- **A supply-driven health care system organized around what physicians do**
- **A fragmented system**
- **Focusing on performing procedures and treatments, leaving behind the patient**

TOWARD

- **A patient-centered system**
- **That improves care continuously**
- **With volume feeding learning and improvements in a continuous feedback loop**
- **Where patients' experience is everyone business**

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Governance IPU

Strategic committee
- Sponsor
- Composition: CEO, DCEO, DDG, DON, DPS, Ad Innovation

Clinical Coordination, Committee
- Guardian
- Composition: DCEO, DDG/Quality, DPS, DON, DMS, DISFL, SAPA, DMHD, REHAB, AD Innovation, Academic Affairs

Steering committee
- Co-Leads (2–3 pillars)
- Composition: DON, DPS, DMS, DISIFL, REHAB, SAPA, **Patient /user**, Quality, IM, Innovation, Community partner and/or Network partner

Trajectory committee
- DON, DPS, DMS, REHAB, DISFL, SAPA, DMHD, Quality, Innovation, Information management, **Patient/user,** Academic affairs, Innovation, Community organizations & Community partners

IPUs currently in development

Developmental delays 0-7 yrs

Cardiovascular

Neurosciences

Proximity Services

Mother-Child-Family

Musculo-squeletal

Mental Health 12-25 yo

Visual – Framework Job aid

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

Timeline IPU /Trajectory

IPU name:	Co-leads :
Trajectory name :	Date:

Plan **Do** **Check** **Act**

Define **Mesure** **Analyze** **Innovate** **Implement** **Control**

Defining and designing the IPU	Measure	Analyze	Innovate	Implement	Control
Determine the raison and constitution of IPU	Document current trajectory and detailed patient path	Evaluate current performance	Identify and prioritize improvement opportunities	Implement action plan	Measure performance and results, adjust

Deliverables

Define:
- Define the vision IPU
- Define the IPU mission: objectives and guiding principles
- Establish governance
- Identify medical condition and target group
- Analyze and identify stakeholders
- Identify the IPU trajectories
- Identify Trajectory committee

Measure:
- Collect trajectory data
- Mapping the current trajectory in terms of access mechanisms, assessment and prioritization mechanisms
- Diagnostic of current situation

Analyze:
- Analyze current trajectory
- Identify value added activities for patient and organization, wastage, issues and risks.
- Define problems and analyze causes
- Identify IPU performance indicators and health condition for patient
- Document and communicate the decisions and actions

Innovate:
- Define objectives of future trajectory
- Define scope and limits of future trajectory
- Map the future trajectory
- Gap analysis: identify improvement opportunities
- Prioritize actions
- Mandate workgroups
- Establish action plan including change management and communication
- Document and communicate the decisions and actions

Implement:
- Carry out and monitor action plan
- Identify solutions to issues
- Update the action plan and make it available and accessible to employees
- Document and communicate decisions and actions after each follow up meeting.

Control:
- Analyze and monitor identified indicators: management, quality, safety, accessibility, performance.
- Analyze health improvement indicator (patient outcomes)
- Document lessons learned and good moves
- Make necessary adjustments
- Adopt and sustain actions
- Consolidate learnings
- Document and communicate actions

Milestone **Milestone** **Milestone** **Milestone** **Milestone** **Milestone**

Équipe Innovation

Did you think of … ?

- Best practice
  - Benchmark
- Education & Research
  - Staff
  - Patients / users
- Innovate – How can we provide services differently?
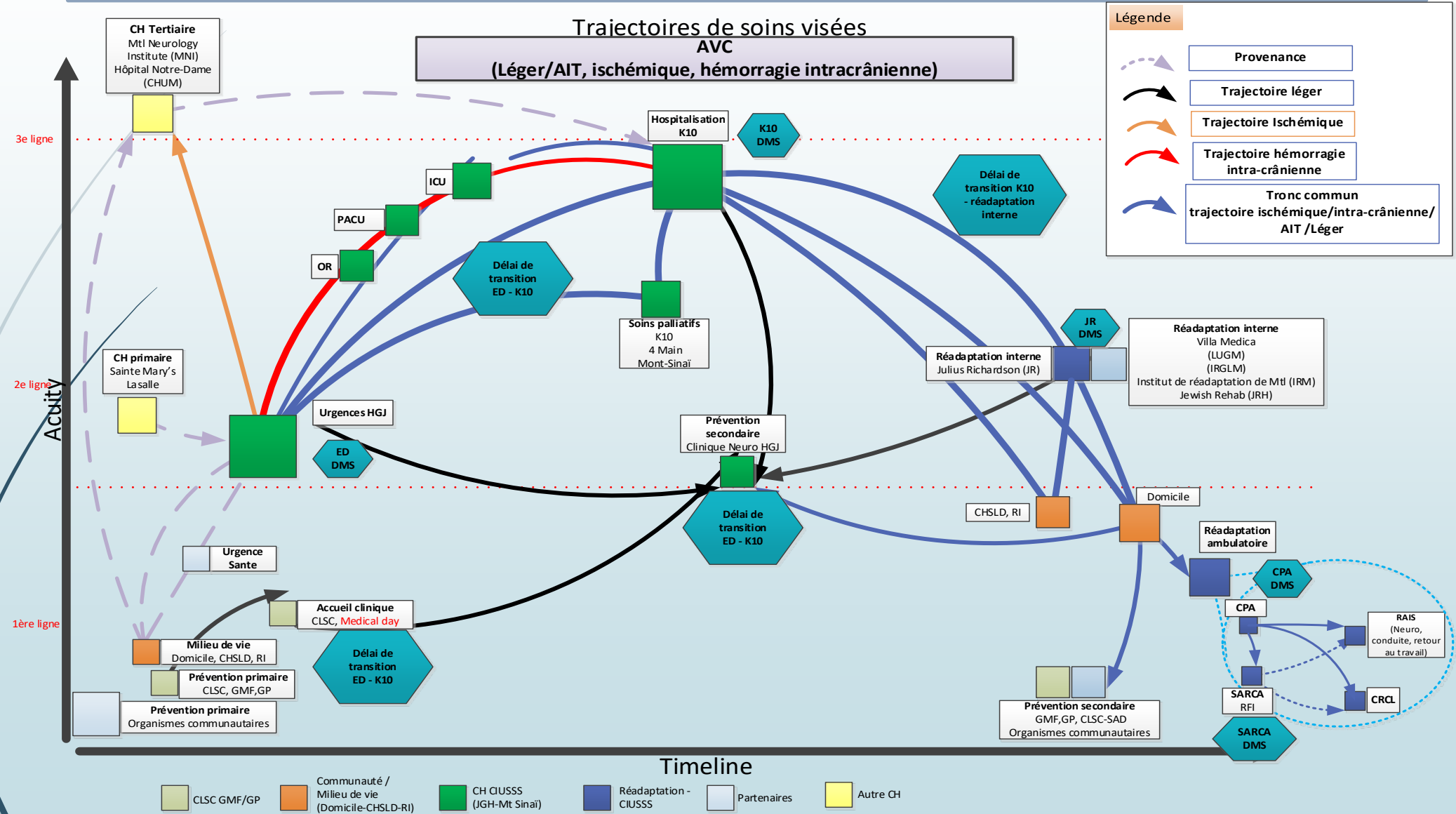 - Digital Health
  - Tele-Health
- Space requirements

Examples of trajectories

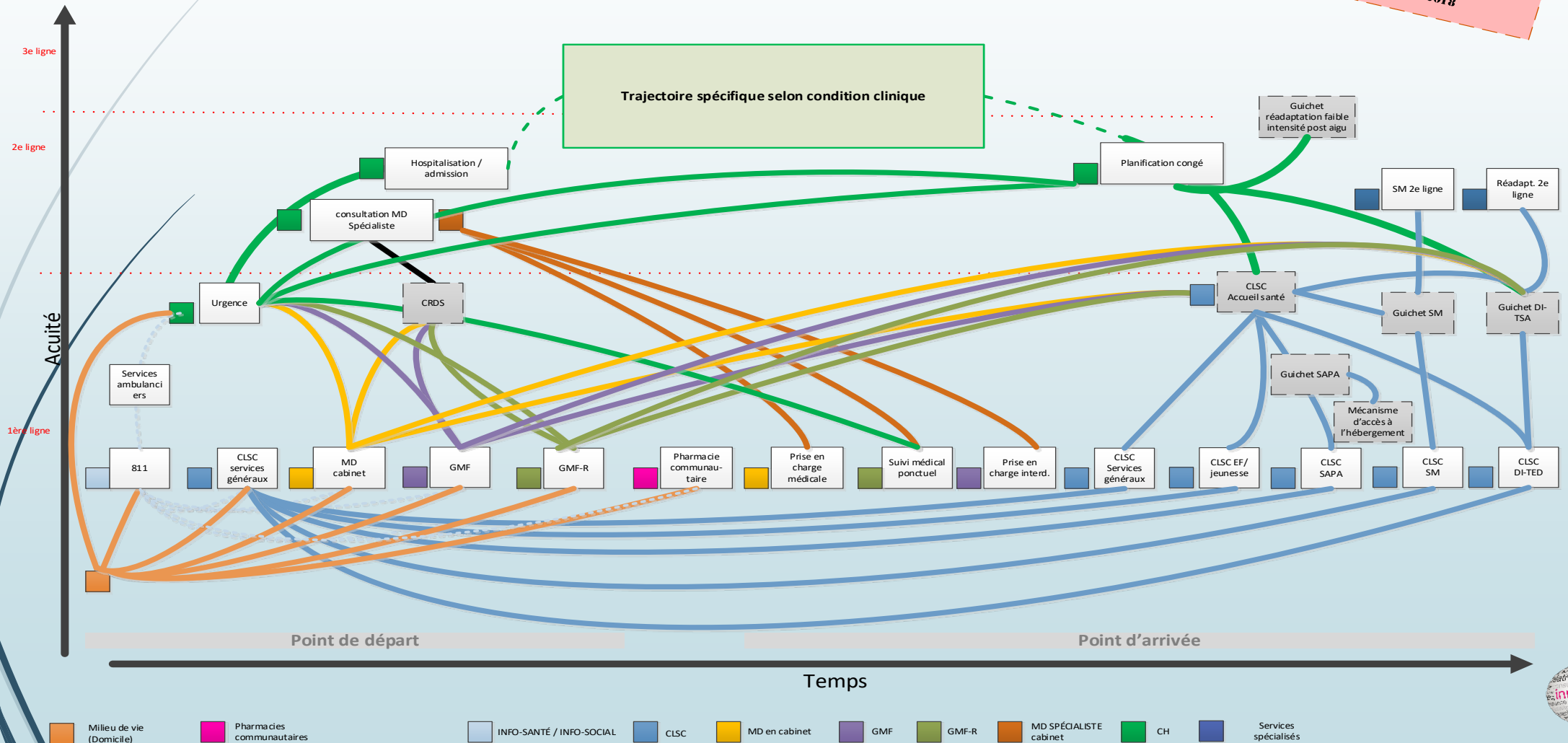➢ Medical Condition / Disease

➢ Population

Trajectory: Medical Condition

Trajectoires de soins visées

AVC
(Léger/AIT, ischémique, hémorragie intracrânienne)

Benefits – Conditions of success

➢ **Benefits**

- ▪ Alignment with the True North

- ▪ Improved integration and coordination of care & services according to added value

- ▪ Improved accessibility and continuity of care & services

- ▪ Dedicated, specialized team accountable for its actions, for the user & his needs

- ▪ Multidisciplinary collaboration with several actors

- ▪ Collective knowledge

- ▪ Excellence in practice

➢ **Conditions of success**

- ▪ Leadership engagement

- ▪ Common vision / Commitment to a shared purpose

- ▪ Respect

- ▪ Listen to …

- ▪ Ensuring a strong alliance between users, employees, management and the medical professionals

- ▪ Mutual trust

- ▪ Stay on course on True North – Vision

- ▪ Stay focus on the WHY - Purpose

Challenges & Lessons Learned

➢ **Challenges**

- Transversality

- Who owns the patient? Accountability of the continuum

- Geographic limitations

- Integration of the various trajectories into the proximity services (first line)

- Access to information (EMR)

- Merging 9 information technology platforms

➢ **Lessons Learned**

- Framework, methodology & structure

- Sharing a common vision by the stakeholders facilitates the development of trajectories

- Standardized approach

- Importance of training

- Value of Expert Users / Patients

- Regular reporting mechanism (CEO & DCEO)

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Looking Forward

➢ Next steps?

- Implementation
- Monitoring and control: Outcomes measurement
  - Health status achieved or retained (clinical & functional)
  - Process of recovery
  - Sustainability of health (long term)

  Mechanism:
  - Obeya room – Steering Committee: Global continuum (macro level)
  - Visual Stations – Operational levels (specific metrics)
- Calculating the cost of a trajectory
- More trajectories …
- More IPUs …