



MASS-CUSTOMIZATION, A NATIONAL APPROACH TO COMPLEX CARE

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HISTORICALLY, HEALTHCARE HAS BEEN
DELIVERED THROUGH RIGID CONCEPTS

Today, successful
healthcare delivery is a
balancing act between:

Best patient experience,
Best outcomes,
at the Best cost.



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PATIENT EXPERIENCE TOP 3 DRIVERS:

EMOTIONAL DRIVERS

Individualism

Security

Freedom/Autonomy

FUNCTIONAL DRIVERS

Best People

Quality Outcomes

Empathy

Patient confidence and support structures improve
outcomes

The Truth about malpractice

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healthcare delivery is a
balancing act between:

Best patient experience,
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FALL
REDUCTIONS



FUNCTIONAL
CAPACITY
MEASURES



BEHAVIOURAL
IMPROVEMENTS



At CBI Health Group We organize our teams and community services to ensure the right professionals and caregivers provide the right service, at the right time, in the right place.



REHABILITATION

Physiotherapy, sports medicine, occupational therapy and kinesiology for timely and effective patient recovery.



HOME HEALTH

In-home or in-facility nursing, personal care, rehabilitation and support services for improved patient security, recovery and independence.



NEURODEVELOPMENTAL

Best-practice-based treatment services for individuals with behaviour, communication, learning and motor skills challenges.



RESIDENTIAL AND TRANSITIONAL CARE

Transitional and Residential Care homes providing multi-disciplinary and specialized care to support patients with a variety of needs.



WORKPLACE SOLUTIONS

Health and safety services designed to reduce risk and injury and improve workplace productivity.



ASSESSMENT SERVICES

Independent medical evaluations, disability management and dispute resolution for timely and cost-effective outcomes.

Our belief is that:





RESIDENTIAL & TRANSITIONAL CARE

Where we started...



The ALC Problem

COST TO THE SYSTEM:

The average cost per day of a person in hospital is \$1,000+ per day, when the required service for those ALC clients can be serviced by up to 60% less.

FLOW ISSUES:

Patients tagged for LTC , Retirement Homes, or Home Care remain in hospital without an alternative and therefore are left in hospital costing the system billions. Issue with Patient flow, inability to admit from ER, Elective Surgery cancellation, patients in longer than benchmark length of stay.

LACK OF TREATMENT OPTIONS:

There are very few residential options for adults with Development Disabilities and dual diagnoses that also include an appropriate and cost effective treatment model.



RESIDENTIAL & TRANSITIONAL CARE

Where we are today.

Residential & Transitional Care

WHERE WE ARE TODAY.

RESIDENTIAL		TRANSITIONAL
WE PROVIDE:	A place to call home for clients requiring around the clock community living care and support	A temporary home for clients with complex medical needs, who have had serious injuries and accident
WE DELIVER:	High quality services to clients who have been diagnosed with: <ul style="list-style-type: none">• Autism Spectrum Disorder• Mental Health Disorder• Brain Injury• Intellectual Delay• Development Disability• Physical Disability	High quality services to clients who have been diagnosed with: <ul style="list-style-type: none">• Paraplegia• Quadriplegia• Brain Injury• Stroke• Substance Use Disorder
OUR FOCUS:	<ul style="list-style-type: none">• The Achievement of Person Centered Goals• Functional Improvement• Community Inclusion• Skill Acquisition• Enhancing Quality of Life	





OUR PHILOSOPHY & SERVICE MODEL

Philosophy

FIRST WE NEED TO IDENTIFY WHAT IS THE SAME

PERSON CENTERED...

- We ensure our clients are front and center in everything that we do
- We establish rapport, trust and a caring relationship with our clients so we can understand them and their needs
- Client Involvement
- Client Choice

INTERDISCIPLINARY...

- Our approach is interdisciplinary and collaborative to achieve the best possible client outcomes
- We actively involve the patient, their family and the interdisciplinary team to wrap the right services around the client



Service Model

PERSON CENTRED & INTERDISCIPLINARY

INDIVIDUALIZED CARE MANAGEMENT

- Person centered care planning
- Care coordination and system navigation
- Enables clients to achieve care goals
- Community integration/inclusion
- Crises intervention

LIFE ENRICHMENT

- Person centered Recreational Therapy to enhance quality of life and meet health goals
- Activities centered around client choice
- Social gatherings and wellness groups to reduce isolation

HOUSEKEEPING & LAUNDRY

- Cleaning of client rooms, common areas and staff offices
- Laundry on site
- Personal laundry by clients and support staff

BEHAVIOR SUPPORT – WHEN NEEDED

- Behavioural Support Plan (BSP) developed by BCBA and in collaboration with the person, family and care team
- RN, RBT, Team Lead and Support staff responsible for the implementation of the BSP

MEALS

- 3 healthy meals and snacks provided daily
- Prepared in collaboration with clients, whenever possible
- Meals are eaten together (when possible)

SAFETY & SECURITY

- Safe and secure home environment
- Camera's located throughout premise (when needed)

PSYCHIATRY/MEDICAL CARE – WHEN NEEDED

- Psychiatry
- Access to CBI PTs, OTs, RDs, SLPs
- MD/GP Dental Care coordination
- Medication process established with nearby pharmacy

PERSONAL CARE AND ADLs

- Assistance with bathing, personal hygiene, incontinence care, etc.
- Medication support
- Assistance learning or re-learning basic life skills



Challenges

Staff isolation



Online Community

Customizing care
behavioural vs. Medical



Better Onboarding &
variable care planning

Care coordination

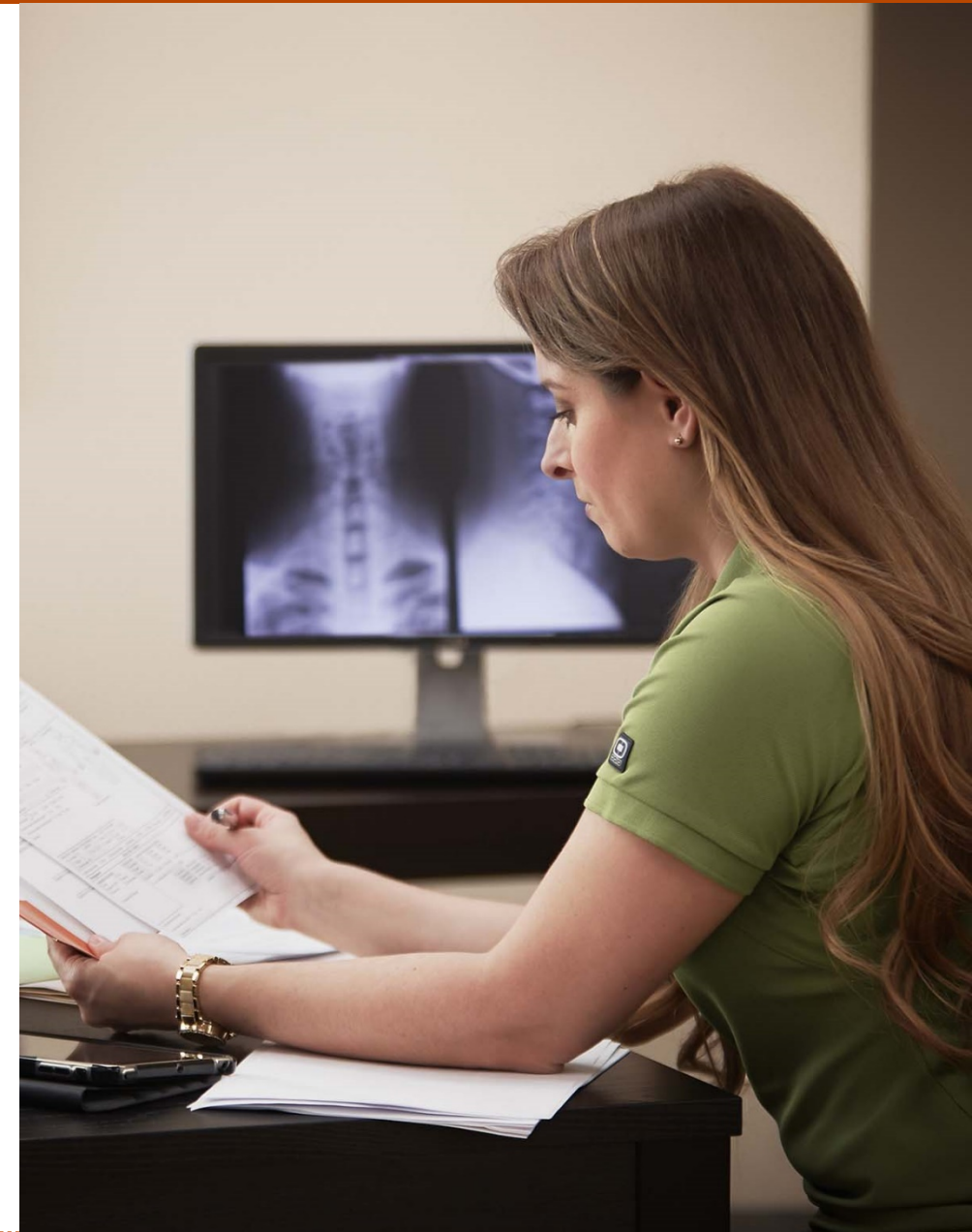


Collaboration

Real-estate



Sourcing &
development partner

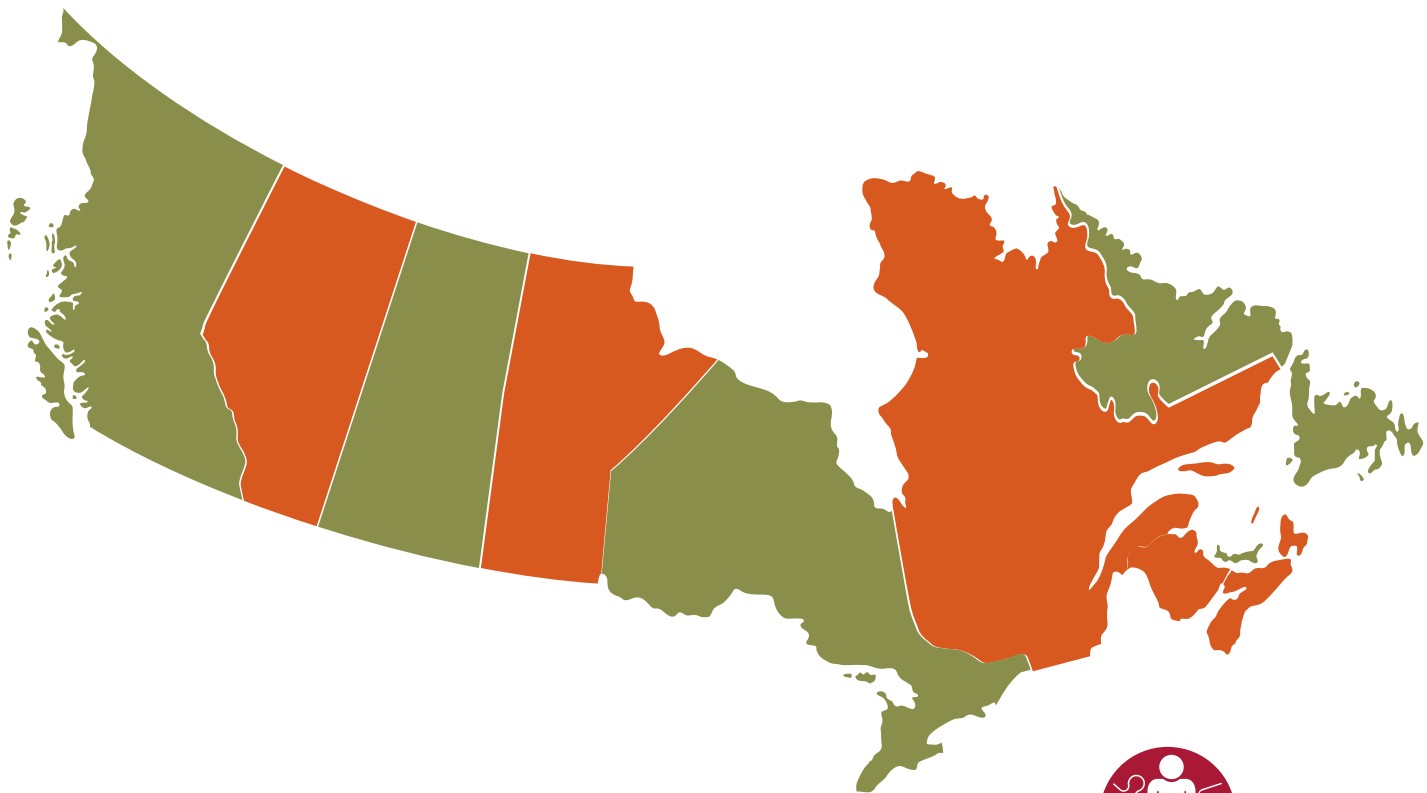


Residential & Transitional Care – 2 years in National



Top Conditions and/or Diagnosis supported by CBI's interdisciplinary network

Mental Health Disorder	Physical Disability
Developmental Disability	Brain Injury
Autism Spectrum Disorder	Intellectual Delay



Funder types

79%
Ministries and Government

15%
WCBs

2%
Private Funding

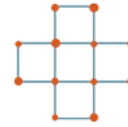


Interdisciplinary Care is about organizing people



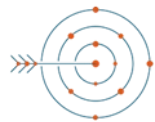
COORDINATE

We coordinate the whole process, from leaving the hospital to arriving at one of our residences and back to the community. We manage successful transitions on behalf of our funders.



COLLABORATE

Our clinical teams collaborate and regional best practices are shared in between provinces, creating an evidence-based interdisciplinary clinical network.



ACHIEVE

Strong key performance and service delivery metrics allow individuals to reach their health goals, achieving better health outcomes and reducing the number of readmissions to hospitals.



FOCUS

Every CBI residence is managed by a clinician, who makes sure the client-centred care model is being applied to every client or group of clients.

What's next for the healthcare community?

The bigger the **challenge**, the more **people** we should involve, and the more **focused** we need to be.





Together, we believe we can deliver BETTER PATIENT EXPERIENCES,
BETTER OUTCOMES, at a LOWER COST



ACCREDITATION
CANADA

THANK YOU.

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