

Enhancing Care Through System Integration: The INSPIRED COPD Collaborative

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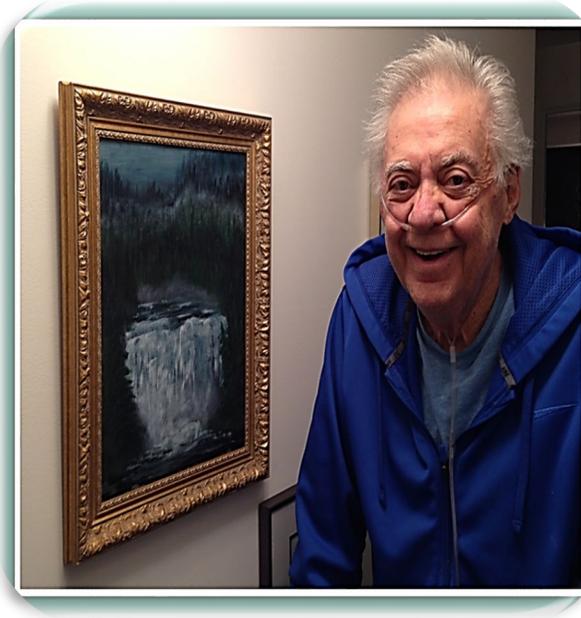


Objectives for the Presentation

- 1) Explore current Alberta Health Services (AHS) Provincial and Edmonton Zone (EZ) Integration Initiatives for COPD Care
- 2) Describe the Alberta INSPIRED COPD Scale Collaborative
- 3) Highlight the outcomes of helping individuals receive the care and support they need in their homes.

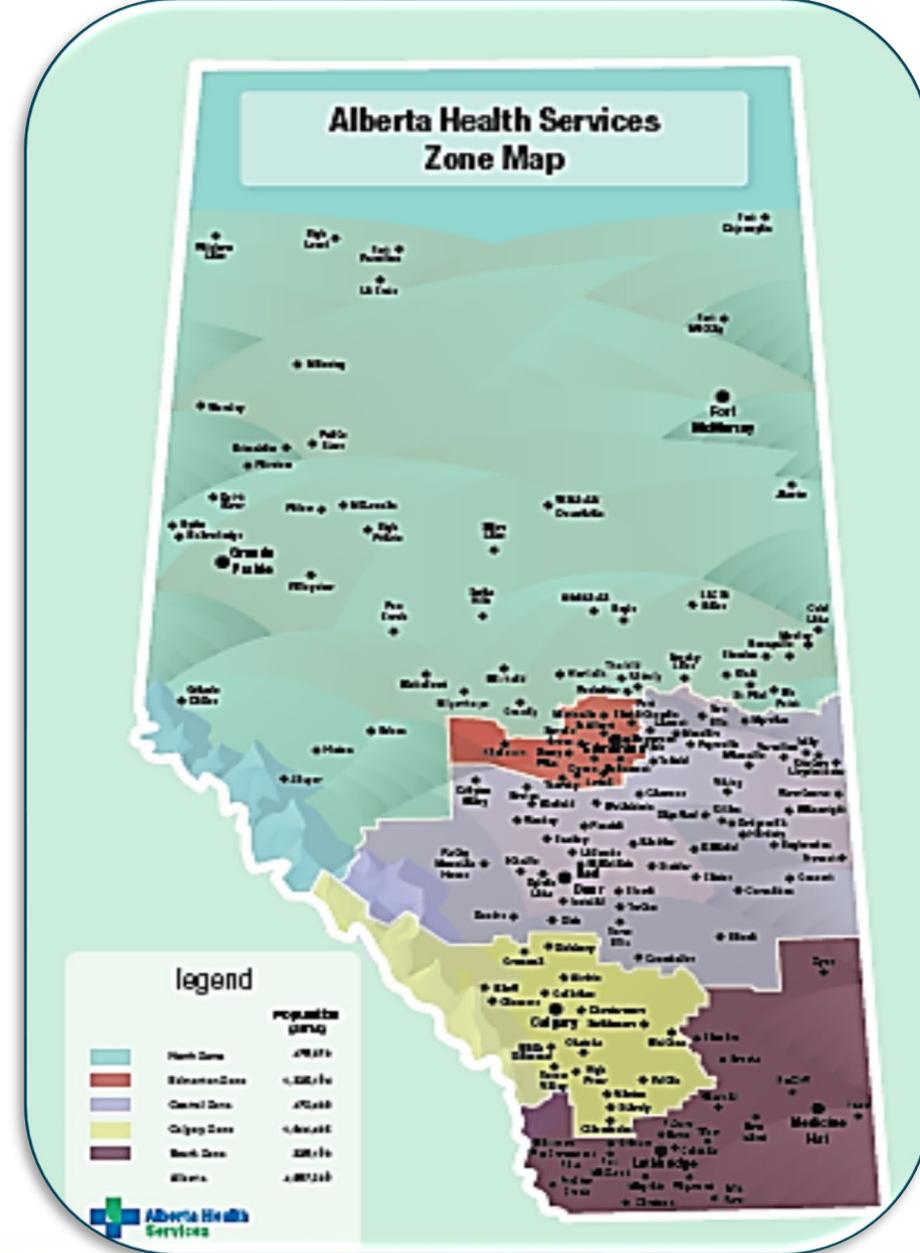
Living With Advanced COPD

The week before you die with COPD begins like all other weeks that you have lived with advanced stages of the disease



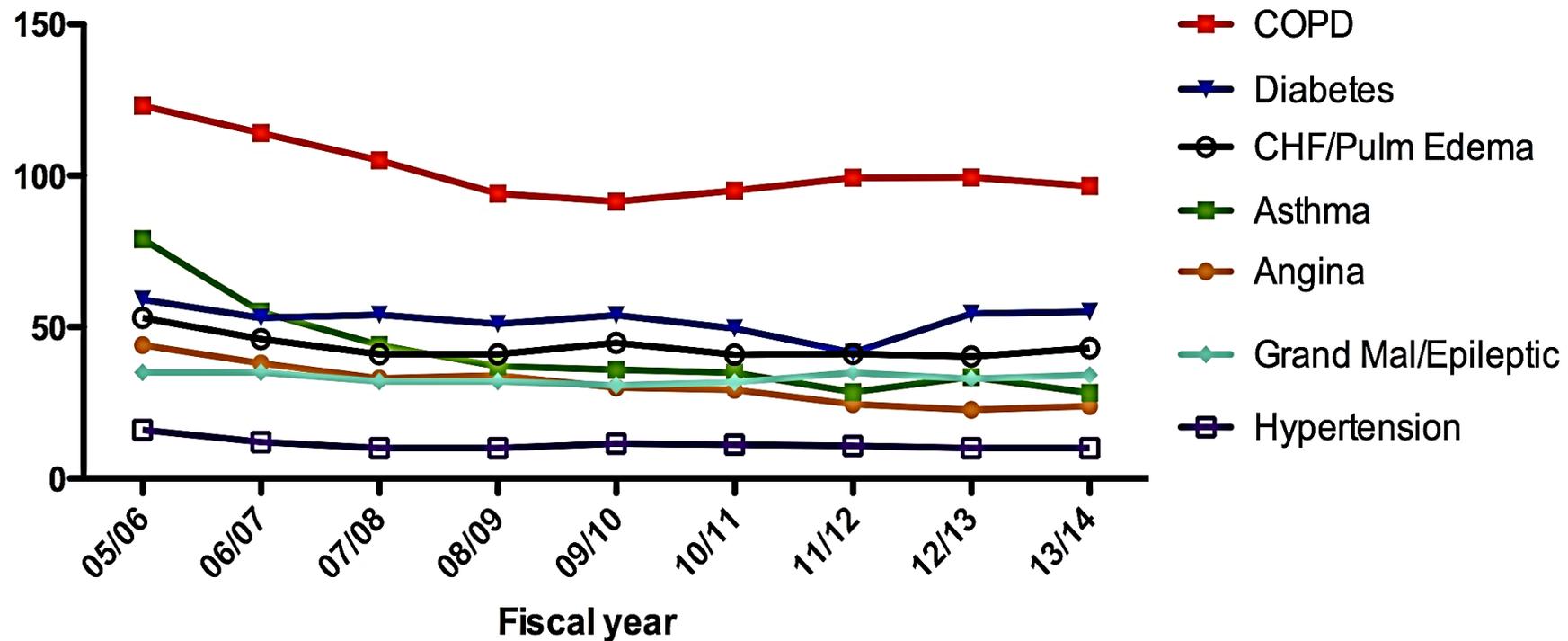
Alberta Health Services (AHS)

- Canada's first province-wide, fully integrated health system serving more than 4 million Albertans
- Nearly 110,000 employees, 16,000 volunteers and 9,300 physicians
- Recently Named Top 5 Integrated Health Care Authorities globally
- The fastest growing population in Canada
- Extensive networks of community based health services linking Albertans to care

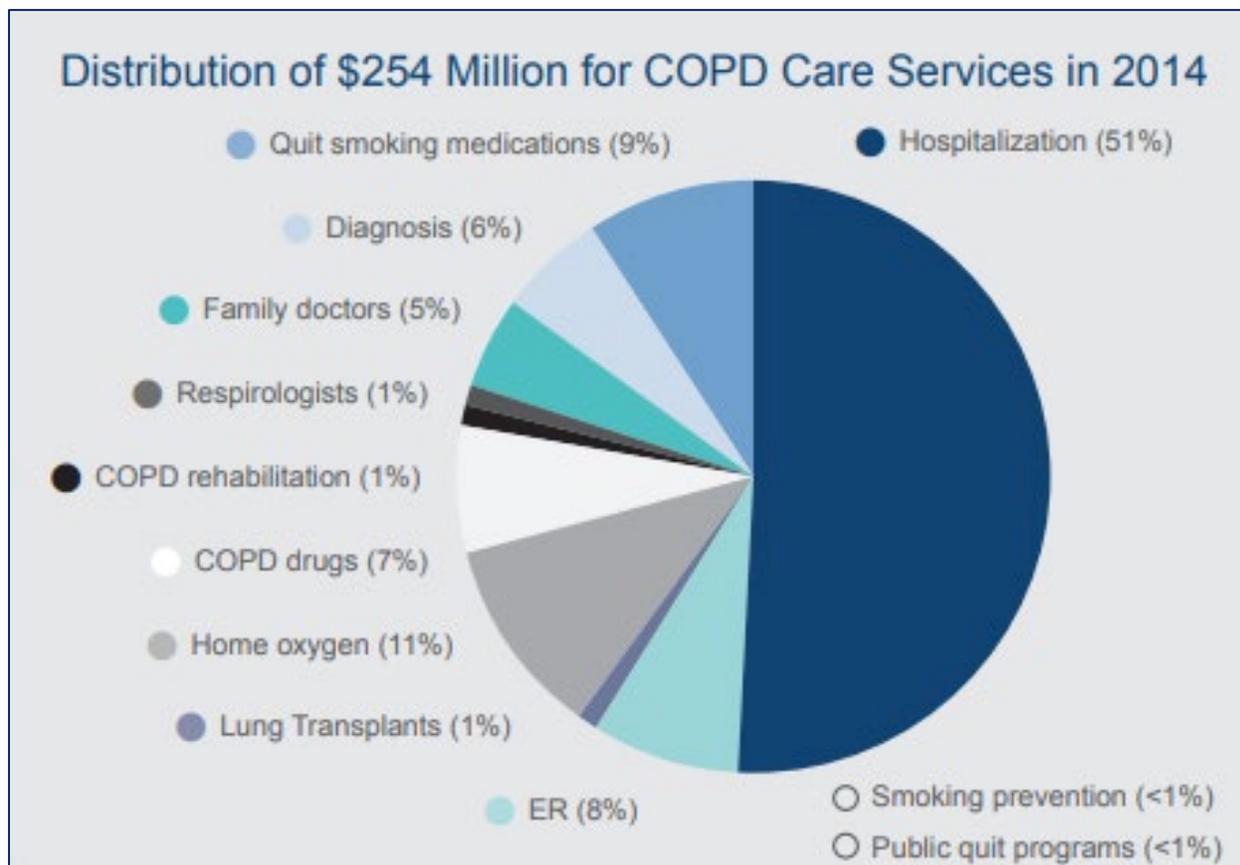


Ambulatory Care Sensitive Conditions in Alberta

Age-standardized Hospitalization Rates/100,000 for ACSS in Alberta

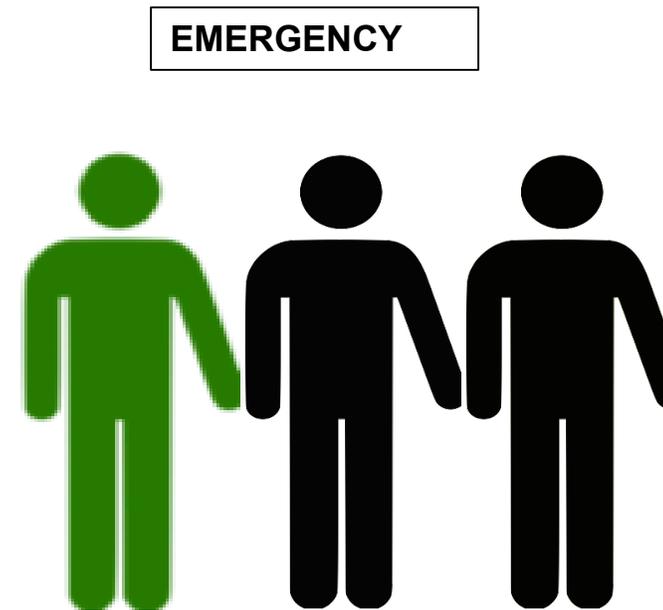
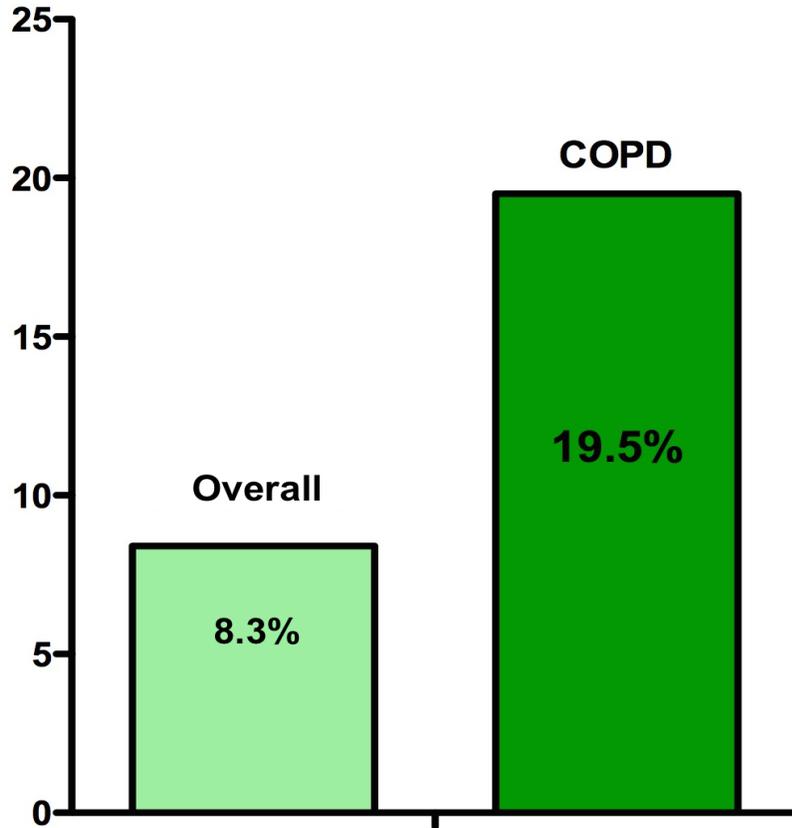


Alberta COPD Economic Surveillance V.2



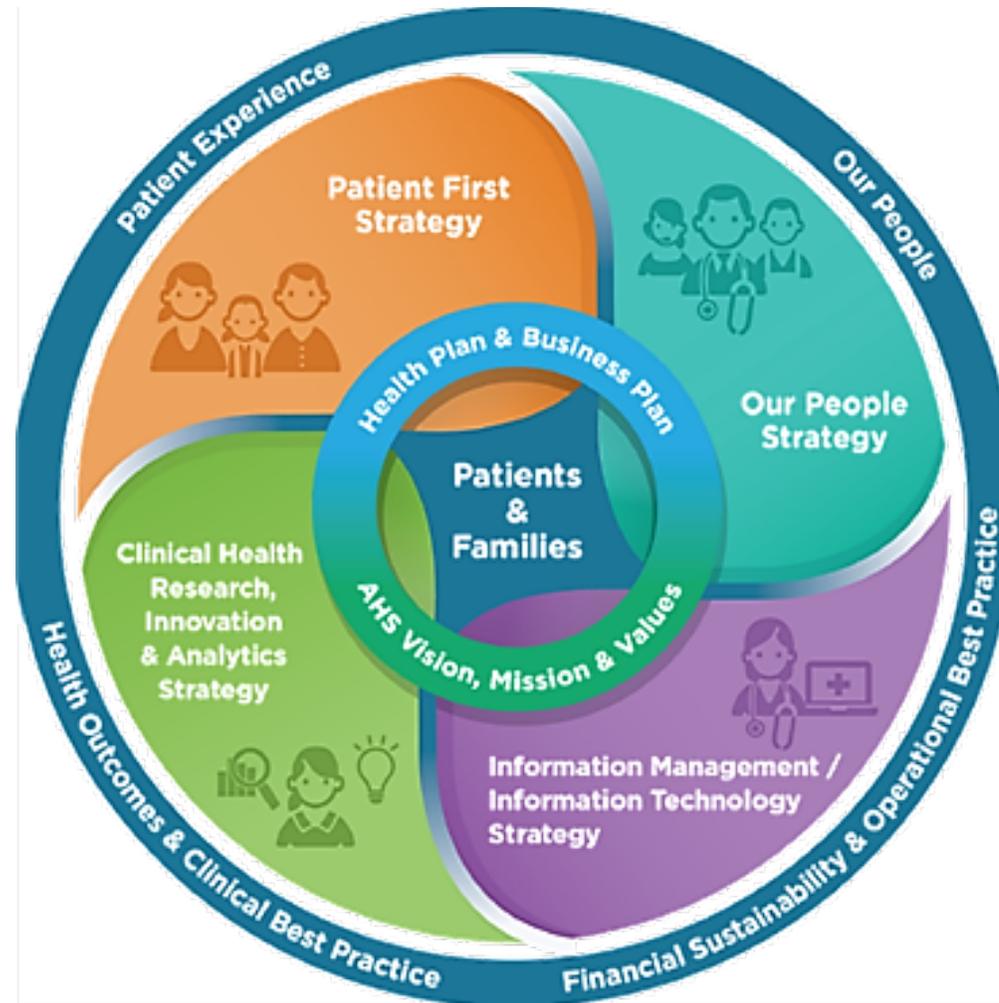
30-day Hospital Readmissions & ED Revisits

30-day hospital readmission rates in AB



One in three COPD patients will revisit the ED within 30 days in Alberta

AHS: Quadruple Aim Approach



The INSPIRED Journey in Edmonton Zone

INSPIRED 1.0

Continuing Care:

- Home Living (HL)
- Facility Living



Phase 1

- Acute Care Pulmonary Medicine Inpatient Units at RAH & UAH
- Specialist Physician Offices



INSPIRED 2.0

Phase 2

- Acute Care medicine units (RAH, UAH)
- Acute Care ED (UAH, RAH)
- Other Acute Care Facilities (MIS, GNH, STURG)
- Primary Care Physician Offices
- Supportive Living



Goal:

Scale and Spread **INSPIRED** in the Edmonton Zone

Aims:

- Integrate the care pathway
- Measure the effectiveness of the pathway

RAH = Royal Alexandra Hospital
UAH = University of Alberta Hospital
GNH = Grey Nuns Hospital
MIS = Misericordia Hospital
STURG = Sturgeon Hospital

Enhancing Care in the Community

*“We are further investing in enhancing community care and **shifting from a focus on providing care in hospitals to more community-based care, closer to home for all Albertans, ensuring the quality of care received is consistent and focuses on the needs and wishes of Albertans first.**”*

Source: <https://insite.albertahealthservices.ca/sh/Page16634.aspx>



Alberta

Mar 20, 2017 [Media inquiries](#)

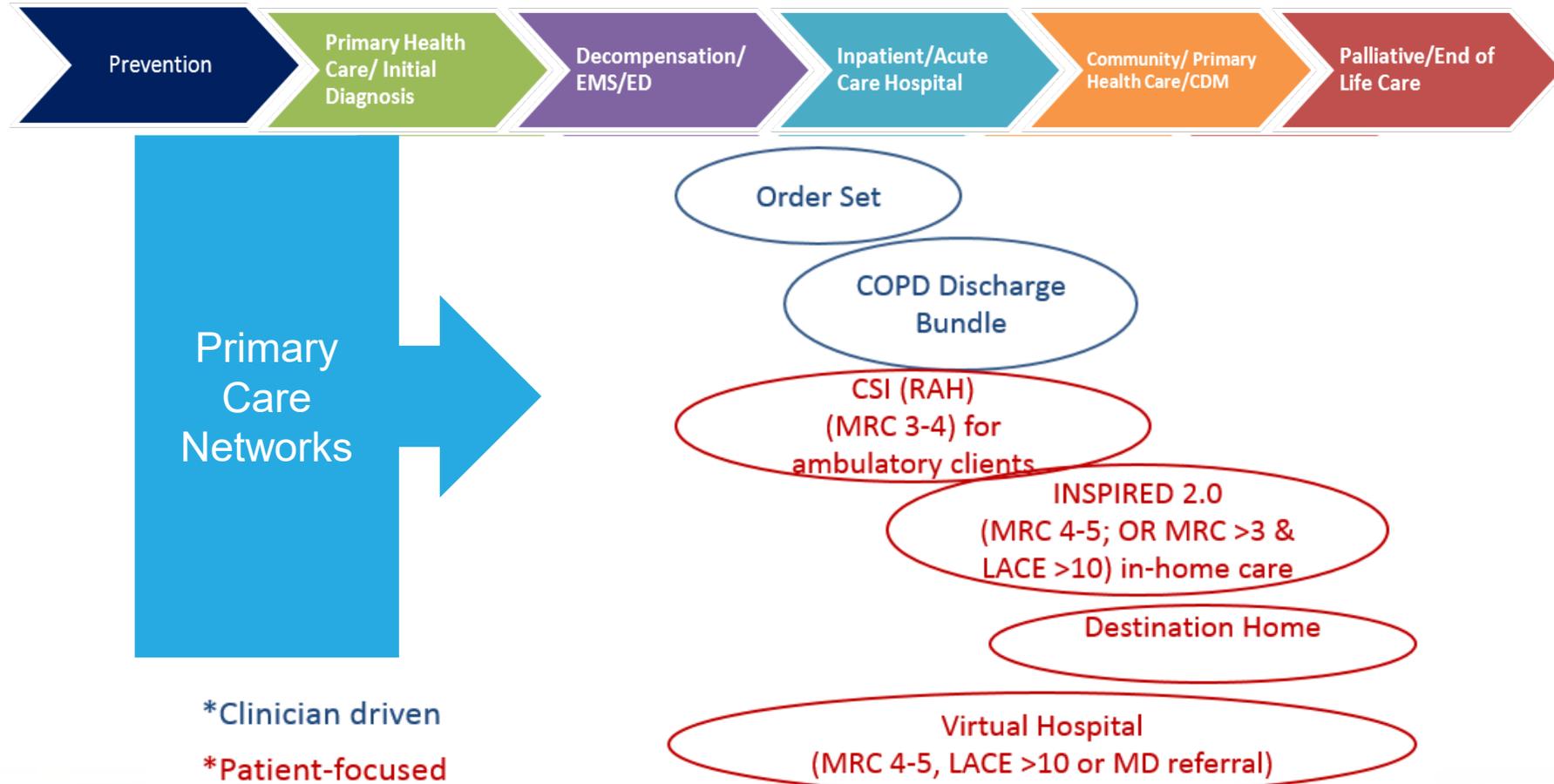
\$200 million invested in community health care

Budget 2017 is boosting home and community care by \$200 million, allowing more Albertans to receive care in their homes and remain independent.

Leveraging Resources

COPD High-Level End to End Pathway

(Highlighting Integrated Partnerships Between Complex Care Initiatives)



INSPIRED 2.0 - Current

- Acute Inpatient Transition Coordinators facilitating referrals (RAH/UAH) expanding to ER and other facilities this winter
- Continuing Care - Home Living Respiratory Therapists expand role to Case Management

Enrollment

- 63 as of Aug 31/18
 - 11/63 enrolled in Acute Care and then DECLINED service by Home Care
 - 3/63 DECEASED
- 13 enrolled Sept. 1-21/18
 - TOTAL ENROLLMENT = 76 (as of Sept 21, 2018)

Next Steps Improved Integration of Palliative and End of Life Options

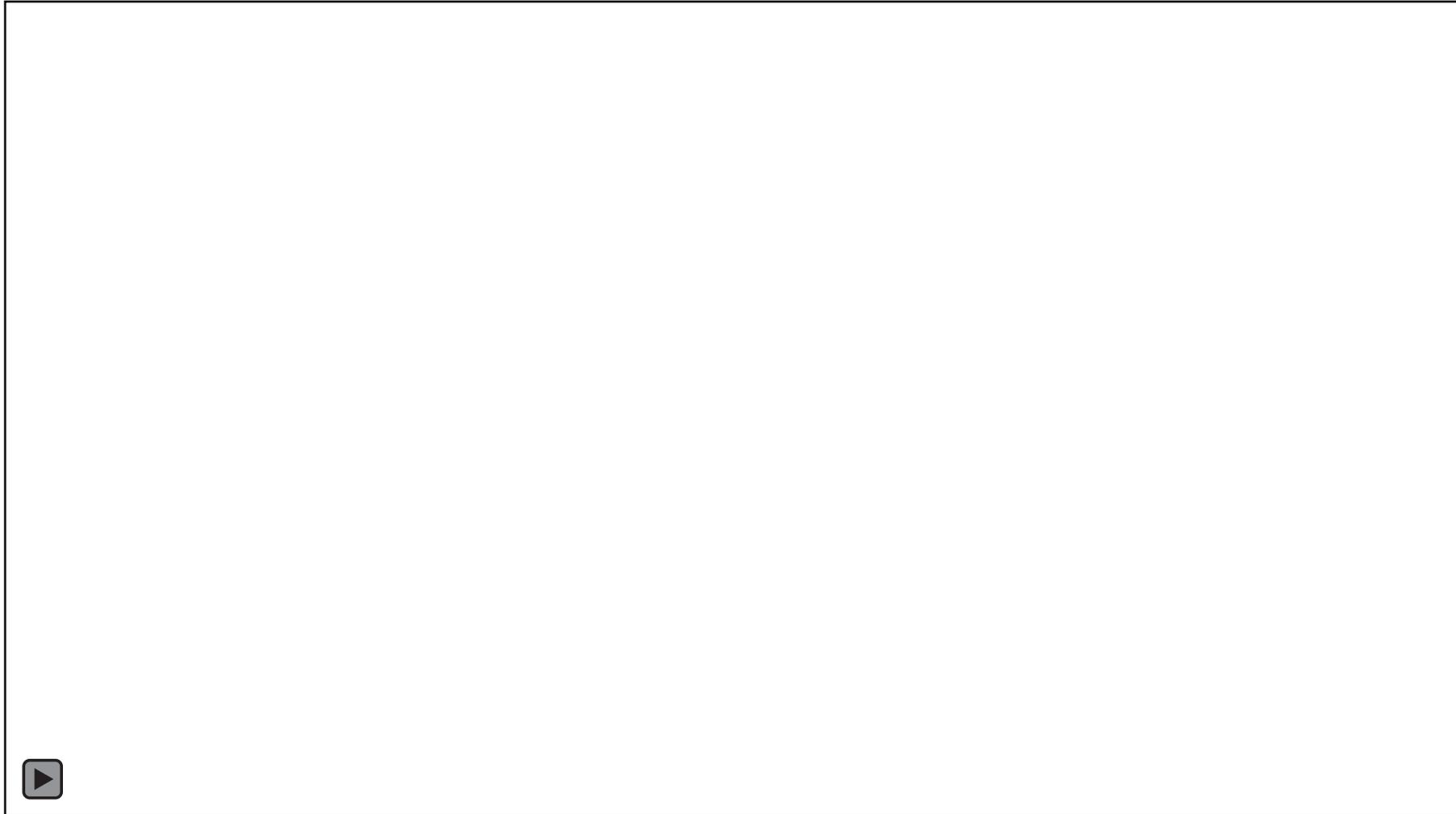


Client Video

- Global News Video

[Global Video Online link](#)

Client Video



AHS EZ Virtual Hospital

The Vision

To develop a new operational model of care, crossing the continuum of health services in the Edmonton Zone, enabling:

- Person-Centered
- Community-Delivered
- Technology-Enabled
- Integrated- Care



Edmonton Zone Destination Home

Goals:

Get Home

- Coordinate safe discharges from facilities to home

Stay at Home

- Support recovery and maintain function(a restorative approach)
- Foster family caregiver resilience
- Enhance care in the community

Wait at Home (Transition to next level of care from home):

- Assessed in community for Continuing Care Living Options; not in acute care
- Additional Home Care services
- Caregivers better supported

Destination Home 80/20

Enhancing Care in the Community will:

1. Continue to Support 80% of the client population with well managed Home Care resources.
2. Care for 20% complex population with:
 - System Case Managers in acute care actively working with transition coordinators
 - Destination Home Team including :Nurse Practitioners, Allied Health/ Pharmacists/Care of the Elderly (COE) Physician support, etc.
 - Education of all staff to support Destination Home
 - Work with Home Care agencies to support short term intensive supports as required
 - Improved integration and collaboration of processes with acute care to address delays in discharges

Collaborative Evaluation

- Process & Patient Outcomes
-  **REDCap**™ HS Database:
 - Order set / Discharge Bundle, VH & INSPIRED (separate but connected)
- Creation of the AHS RH SCN COPD Registry
 - Acute (DAD), Emergency (NACRS), Drug (PIN), MD claims, registry (mortality), Rehab*. Home care*, O₂*
- Questions that can be evaluated:
 - Does (order set, INSPIRED etc.) reduce readmissions?
 - What are the key components of (discharge bundle, CSI etc.) that drive the improvement?
- Institute for Health Economics (IHE) Economic Evaluation

Ongoing Work and Initiatives

- E-HIPP Research Study Relating to Quality and End of Life Measures in Clients with Life Limiting Illnesses in the Community and Their Caregivers.
- Advancing Primary Health Care Initiatives in EZ
- Local, Provincial and National Presentations on EZ Innovation
- Advancing Complex Community Based Care Through Collaboration, Integration and Knowledge Translation

How Do Leaders Contribute To A Culture of Change?

High-Impact Leadership Dimensions

New Mental Models

- How leaders think about challenges and solutions

High-Impact Leadership Behaviors

- What leaders do to make a difference

High-Impact Leadership Framework (IHI)

- Where leaders need to focus efforts

The Importance of What Leaders Do

Person-Centeredness

- Be consistently person-centered in word and deed

Front Line Engagement

- Be a regular authentic presence at the front line and a visible champion of improvement

Relentless Focus

- Remain focused on the vision and strategy

Transparency

- Require transparency about results, progress, aims and defects

Boundarylessness

- Encourage and practice systems thinking and collaboration across boundaries

Practical Leadership Strategies

- Set Direction
- Frontload the Work
- Build A Big Tent
- Influence, Persuade, Lead
 - Make it Easy
- Focus on Learning not Perfection

Many Involved

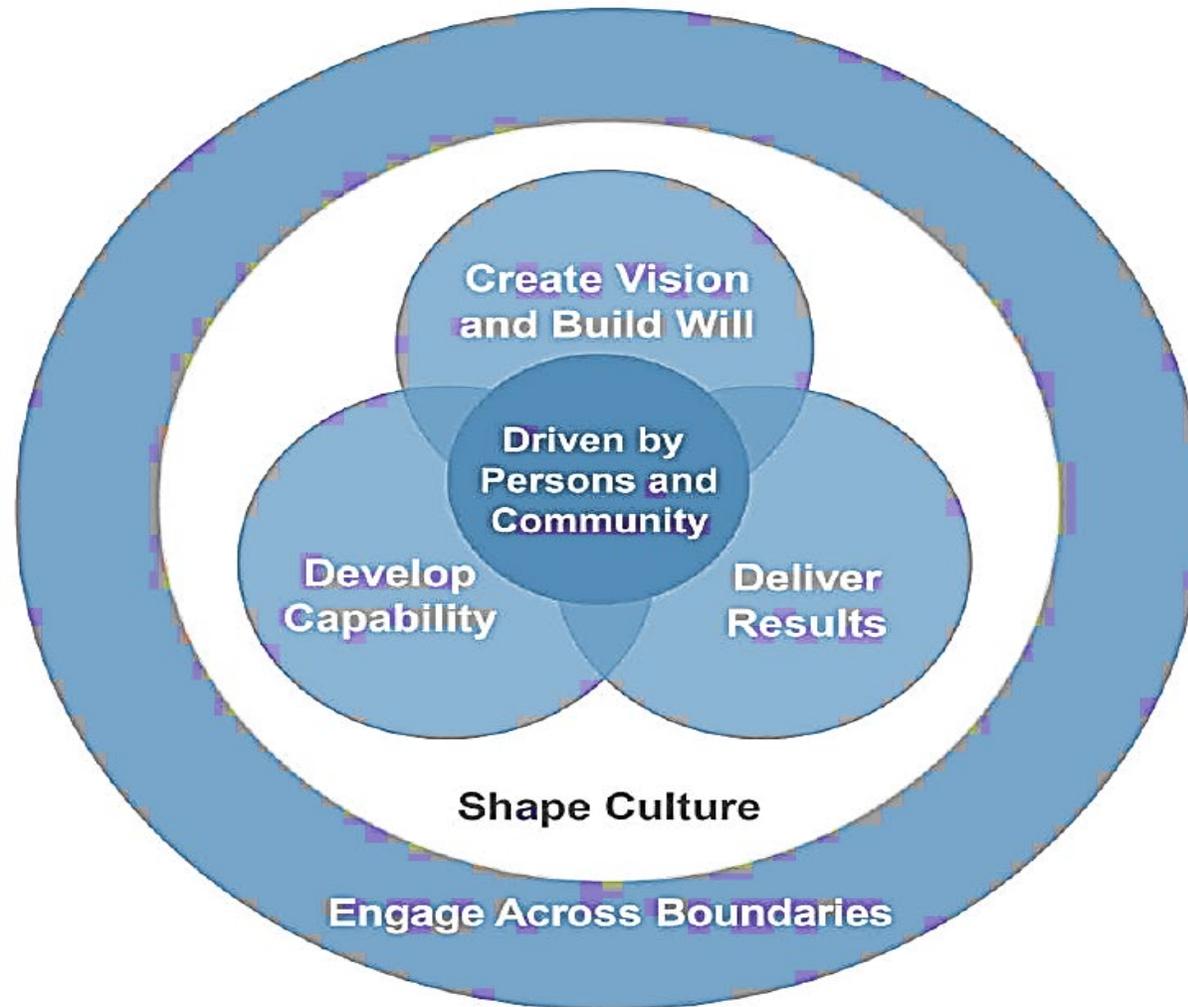
Teams

- Provincial - Respiratory Health Strategic Clinical Network Team with local partnerships
- Zone - Edmonton Zone Integrated Respiratory Care Steering Committee; INSPIRED team; Virtual Hospital team
- Local Sites/ Departments/ Acute Care teams:
 - RAH CSI team; RAH unit teams - Pulmonary (6E) and Family Medicine units (23, 41, 42, 44, 51, 52, 54); UAH unit teams – Pulmonary (5E3) and GIM and Family Medicine units
 - Continuing Care teams: Transition Coordinators, Home Living (Nursing, Respiratory, OT/PT, Social Work); Facility Living
 - Covenant Partners: Misericordia, Grey Nuns, Pulmonary Rehabilitation
- Community Partnerships: PCN partners, Respiratory Equipment and Service Providers
- Interprofessional teams: Physicians (Specialist and Family Practice), Nursing (ANP, RN, LPN), Respiratory Therapists, Occupational Therapists, Physiotherapists, Social Work, Pharmacists

Individuals

- Shelley Valaire, Jim Graham, Dr. Dale Lien, Dr. Michael Stickland, Dr. Mohit Bhutani, Marta Michas, Chantal Attwood, Lesly Deuchar, Carolyn Walker, Cheryl King, Peter Blondeel
- Dr. Ron Damant, Carol Anderson, Anita Murphy, Eleanor Risling, Dr. Douglas Faulder, Dr. Michael Stickland, Dr. Dale Lien, Dr. Nimala Brar, Dr. Ella Rokosh, Dr. Erika MacIntyre, Dr. Irv Mayers, Alison Morin, Dr. Robin Fainsinger, Dr. Tracey Bryan, Dr. Warren Ramesh, Natalie McMurtry, Shelley Valaire, Doug Craig, Coral Paul, Kim Kostiuik, Rob Skrypnek, Selene Tash, Lesly Deuchar, Shelley Winton, Dolores McCallum, Leeca Sonnema, Jay Mutch, Cheryl Chong, Jane Xu, Elizabeth Batey
- Ray Acheron, Lise Morin, Susan Schneck, Diane Welter, Dr. Vivek Dhawan, Olga Kolesnikova, Nicola Watson, Kim Lindroth, Lorna Snell, Marie Anderson, Brenda Lange, Gerry Cruz, Lyndon Luman, Lilia Bia'h, Sharon Bienert, Kara Amphlett, Daine Moy, Gina Liu, Sheryl Madaski, Wade Calkins, Heather Loosely, Lori Dalisay, Maggie Plesowicz, Stacy Aiken, Leslie Rolheiser, Tracy Molnar, Janet Osmond, Kirk Collison, Josee Leblanc, Moe Daniel, James Prevost, Rachel Keim, Colleen Berean, Adina Belland, Anita Murphy, Eleanor Risling, Lindsay Thomas, Nadine Duiker, Tina Jourdain
- Darla vanSpengen, Kirsten Goddard, Jessica Schaub, Sheri Fielding, Doug Craig
And many, more....

The Importance of Where Leaders Focus Efforts



High-Impact Leadership Framework with Examples *(adapted from IHI)*

Driven by Persons and Community

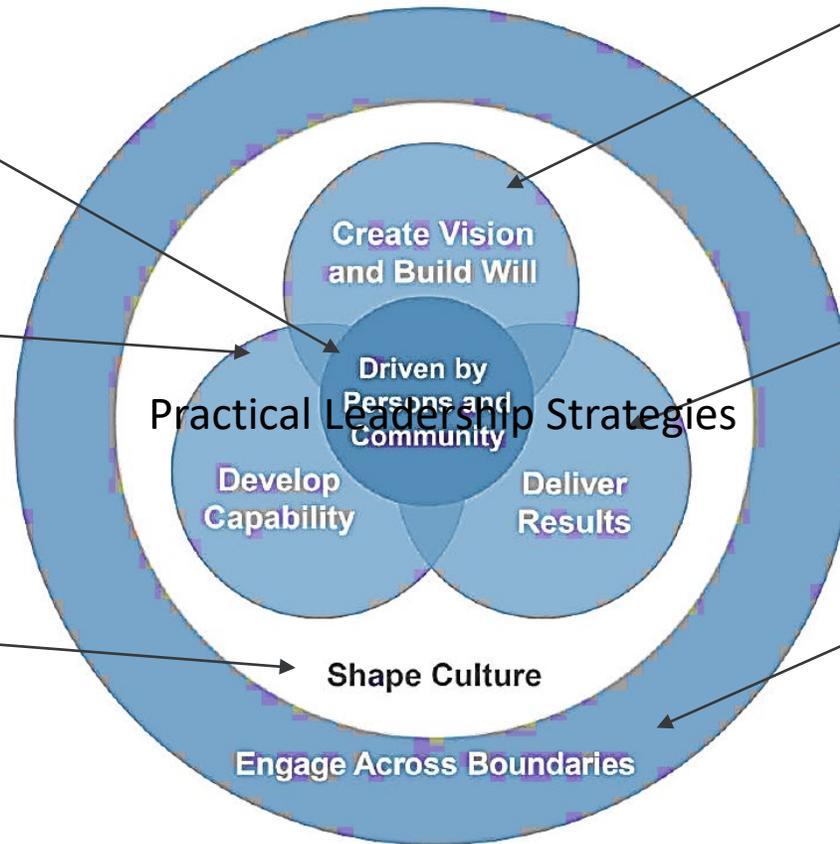
- Include clients and families on improvement teams
- Start meetings with client stories and experience data
- Use leadership rounds to model engagement with clients and families

Develop Capacity

- Teach basic improvement at all levels
- Invest in needed infrastructure and resources
- Integrate improvement with daily work at all levels

Shape Culture

- Communicate and model desired behaviors
- Target leadership systems and organizational policies with desired culture
- Take swift and consistent actions against undesired behaviors



Create Vision and Build Will

- Adopt and review system-level aims, measures and results
- Channel leadership attention to priority efforts
- Transparently discuss measures and results

Deliver Results

- Use proven methods and tools
- Frequently and systematically review efforts and results
- Devote resources and skilled leaders to high-priority initiatives

Engage Across Boundaries

- Model and encourage systems thinking
- Partner with other providers and community organizations in the redesign of care
- Develop cross-setting care review and coordination processes

From INSPIRED to INSPIRING Initiatives

“These...results are for one chronic disease – COPD. If the same approach were taken for other chronic illnesses such as congestive heart failure, it could save Canada’s healthcare system billions of dollars each year...The proof is in the results – with patients, providers of care and hospital budgets seeing real benefits from this program.”

Samis, June 21, 2016.



“We learned a good deal about COPD, life, crisis, ourselves, family, caring strangers that enter your life and help you live, rather than endure and exist.”

“The quality of care and my experiences in living with COPD changed significantly with the INSPIRED approach to care.”

“I can tell you that while that INSPIRED team was involved things were much better.”

“I was glad to discuss my END of LIFE DECISIONS in my home and not when I was not in a crisis.”

“Thank you for taking the time to call and speak to me about my COPD; I didn't know that AHS was so concerned.”

Client : “Attending my daughter's wedding was the best day of my life.”

Wife: "No, it was the best day of all our lives.”

“I have been able to enjoy a quality of life I never thought I would have again.”

Project Acknowledgments

- University of Alberta Hospital Chart Audit

- Chief Medical Officer (CMO) Grant



- COPD Order Set and Discharge Bundle

- Alberta Innovates



- Canadian Institutes of Health Research



- INSPIRED funded by CFHI

Canadian Foundation for **Healthcare Improvement**

Fondation canadienne pour l'**amélioration des services de santé**

- Virtual Hospital and Destination Home

- Enhancing Care in the Community Partnership



QUESTIONS

