

A NEW MODEL OF CARE IN NOVA SCOTIA

Highlights of the Model of Care Initiative in Nova Scotia Final Evaluation Report

This document has been developed by the Model of Care in Nova Scotia (MOCINS) Project Team. MOCINS is a joint initiative of the Department of Health, district health authorities, and the IWK Health Centre.



Photo courtesy of South West Health

What is this new Model of Care?

Before we talk about whether it's working, we need to understand what the new model is - and what it isn't.

Model of Care refers to the way health care services are organized and delivered.

This new way of delivering care uses information on the typical needs of patients on the unit (such as their medical condition, whether they can move around on their own, family support, etc.) to determine how care is organized and who delivers that care. Streamlined processes, faster access to information, and modern technology support staff to provide the safest and best

possible patient care.

Patients and families are at the centre of it all.

The model recognizes that patients who are listened to, informed, and play a role in decisions about their care have a better hospital experience, and are often better prepared to manage their condition when they go home.

The model of care (also called the Collaborative Care Model) was designed by front line health care providers and others from across the province, with input from patients and families, to improve care and make life better for patients and staff.

It also aims to address long term issues like potential health human resource shortages - that is, whether we'll have enough nurses, pharmacists, physiotherapists and other healthcare professionals to meet our needs in the future.

The model was not designed to provide cost savings to the system, although it was intended to be cost-effective. It was designed to help ensure the right people, processes, technology and information systems are in place to support the safest and best possible patient care.

This new way of delivering care has resulted in **better patient care**, and **improved satisfaction** for patients and health care providers.

The model focuses on **four areas to improve patient care and provide more support to health care providers**. All four areas are key to the success of the model. At the centre of the model are patients and family. Examples of each are included below.

People: It's important to make the best use of the talented health care providers in our system. At the IWK, that meant adding assistive personnel to the team to help new parents safely install car seats so nurses can focus on patient care.

Process: In Amherst, staff now do hourly checks on patients to see if they need help with the "4 Ps" (positioning, personal needs, pain, and proximity of personal items such as the call bell). This allows the healthcare team to identify and address needs before they become urgent.

Information: In Cape Breton, nurses teach patients about their diagnoses by wheeling a computer into the patient's room for instant access to up to date information to help manage their care.

Technology: In Truro, secure, computerized pharmacy cabinets on units is reducing the risk of medication errors and freeing up pharmacists to provide more clinical support.

How was it evaluated?

Nova Scotia is the first province in Canada to design and implement a new model of care provincially and at the same time conduct a rigorous evaluation of its effects on patients, health care providers, and the health care system overall.

The evaluation, conducted over a period of one year, collected information from patients, families, health care providers and administrators from the first 14 acute care units in the province to implement the new model of care.

The objective of the evaluation was to look at the model's impacts on patients, providers, and the system.

The two key questions guiding the evaluation were:

1. To what degree is implementation of the new model of care associated with changes in patient, provider and system outcomes?
2. Will observed improvements in these outcomes assist in reducing provincial health human resource (HHR) shortages?

Data was gathered through a combination of questionnaires and focus groups. This was done in 2009 and again in 2010 to look at changes over time. Administrative data was gathered by managers in the districts/IWK and analyzed and compared to the self-reported information. [Administrative data can include a variety of information - from how long patients are in hospital to how many shifts are missed by staff due to injury, and a wide range of other data.]

What are healthcare providers saying?

"My job has gotten easier because of better communication among team members, higher levels of knowledge about patient's care and needs among more team members, a greater focus on patients' needs, and patients who are better informed and who, in my mind, are receiving better care. All of this is truly impressive."

~Dr. Kevin Orrell, Orthopaedic Surgeon, Cape Breton Health Authority

"I feel better able to work within my scope of practice, and my time is better spent focusing on more complex issues. I really think we have done a great job making our unit run like a team. It's not us and them - it is our whole team working together so our families flourish, not just cope."

~Charlotte Guyomard, RN, IWK Health Centre

"The model of care initiative has helped us in developing a new philosophy of how to do business and manage processes. It has helped break down silos and improved the team work of the interprofessional care providers. Now if we can focus more on the other quadrants of the Model just think what we will accomplish."

~Mike Pothier, Director, Clinical Support, South West Health

Note: These statements were not collected through the research process. They have been shared with us by the district health authorities/ IWK.

More feedback on the Collaborative Care Model:

“I think the biggest benefit to the patient is more open discussion with care providers and better information to base decisions on.”

~Nancy MacEachern, Director of Nursing, Guysborough Antigonish Strait Health Authority

“When we were in the process of redesigning the Rehabilitation and Supportive Care Portfolio, the philosophy of the Model of Care was embedded in our guiding principles. Patients and families told us they wanted transformation that would enhance collaborative care and practice environments. In order to provide these conditions, we shifted the health disciplines so that the teams are interdisciplinary and focused around patient populations. Still in the early phases of implementation, our teams are working hard to put the vision into practice.”

~Randi Monroe, Health Services Director, Capital Health

“The LPNs have taken on a greater role and are now more knowledgeable about the patients. As a result, RNs now have time to discuss the patients with us.” ~Brian MacLeod, Occupational Therapist, Cape Breton Health Authority

What are the results of the evaluation...

...for patients?

The patient and family are at the centre of Nova Scotia's care delivery model.

This means that patient needs on each unit determine the staffing mix and other elements of the model. It also means that patients and families are informed and involved in care planning.

On units that **involve the patient and family** in care planning and **use evidence** to inform care planning and delivery, there are:

- fewer patient deaths,
- fewer medical errors, and
- better health status reported by patients within four months of discharge.

On units where care is **more co-coordinated**, **team climate is more positive**, and where **providers clearly understand their role** and that of the other members of the care team, there are: **shorter lengths of stay in hospital**, and **fewer repeat admissions**.

The patient survey found that **patient satisfaction improved** between 2009 and 2010. These measures included satisfaction, wanting to be more involved in decision making, feeling like they were treated with respect, told about danger signs and medication side effects, provided with information that was clear, etc.

...for health care providers?

On units that **involve the patient and family** in care planning and **use evidence** to inform care planning and delivery, there are fewer Occupational Health & Safety (OH&S) incidents for health care providers. For example...

On units where care is **more co-coordinated**, **team climate is more positive**, and where **provider roles are clearly understood** by all members of the care team, providers:

- miss fewer shifts due to injury, and
- are more satisfied with their jobs.

Continued...

MOCINS Team Leads

Every region of the province is represented on the Model of Care in Nova Scotia (MOCINS) team.

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...for the system?

The evaluation also looked at how the new model might impact health human resource shortages. The research team estimated the gap between the number of health care providers required in the system and the number available.

These estimates are based on the best available information on the health needs of Nova Scotians, how these needs are being addressed now, and how many health care providers are in each of the groups considered.

Results suggest that initiatives such as this have the **potential to substantially reduce provincial health human resource shortages.**

The evaluation also found that while the model was not designed to provide cost savings to the system, the model's more **effective care delivery system and improved processes** have the **potential to result in savings** for the system.

So is the Model of Care in Nova Scotia making a difference?

The short answer is **yes.**

The evaluation found that implementation of the model has resulted in better patient care, improved patient satisfaction, and improved job satisfaction for health care providers. It also provides significant potential to reduce provincial health human resource shortages.

About the Researchers

The Dalhousie University WHO/PAHO Collaborating Centre on Health Workforce Planning and Research focuses on research, capacity building/knowledge exchange and evaluation, in district, provincial, national and international contexts. The team includes Dr. Gail Tomblin Murphy, Dr. Rob Alder, Mr. Adrian MacKenzie, and Ms. Janet Rigby. They have over 20 years experience in health services research, including the evaluation of health care delivery initiatives.

Want to find out more?

This document is only intended to highlight key findings of the MOCINS final evaluation report titled Model of Care Initiative in Nova Scotia (MOCINS): Final Evaluation Report. The executive summary and detailed report can be found at www.gov.ns.ca/health/MOCINS

If you have questions about our Collaborative Care Model or the evaluation, contact the MOCINS lead in your district (see list above) or call 1-902-424-8838.