

Nova Scotia's New Collaborative Care Model

What
it
means
for
you

Province of Nova Scotia Health Transformation: A partnership of the
Department of Health, District Health Authorities, and the IWK Health Centre.

Why Nova Scotia's Healthcare System Needs To Change

As a healthcare provider in Nova Scotia, you may already be feeling the effects of working in a system that is struggling to provide the level of care Nova Scotians need and deserve. What you are experiencing is the result of many factors, including:

Increasing Demand

Our province has one of the sickest populations in the country with the second-highest rate of diabetes, some of the highest rates of obesity, and the highest death rates in Canada from cancer and respiratory disease. That's just a partial list. We also have one of the oldest populations in the country – a demographic that will only keep growing, and with it, their need for healthcare services.

Shortages of Staff

While Nova Scotia has been successful in recruiting and retaining professional and support health staff, the province continues to face a challenge that is occurring across the country and around the world: staff shortages due to retirements. By 2015, 40 per cent of healthcare providers in the province will be eligible for retirement. Previous staffing policies lowered non-professional and support staff levels. As a result, today's staff find themselves striving to provide excellent patient care while taking on functions that often do not require their expertise.



“If we maintain current delivery models and levels of demand, then the shortages of nurses, physicians and other professionals being experienced in 2006 are irresolvable.”

Villeneuve & MacDonald, 2006, Toward 2020: Visions for Nursing

Fiscal Challenges

Money will not solve this problem. Nova Scotia currently spends almost half its provincial budget on health care and those costs are growing at a rate that outpaces the growth of provincial treasuries. That aside, perhaps the most compelling reason for change is this: for all the money our province spends each year on health care, we are not seeing significant improvements in health status.

We now have the opportunity – and the responsibility – to transform the healthcare environment so it continues to put patients first, while improving working conditions and career satisfaction for all health professionals and support staff. In doing so, we will help create a system that we can sustain for generations to come.

In Search of a Better Solution

The Government of Nova Scotia, the district health authorities, and the IWK have a shared mission to work together with individuals, families, and communities to promote, improve, and maintain the health of Nova Scotians. Together we commissioned a comprehensive study of the provincial healthcare system in search of a solution.

Thousands of healthcare providers in more than 40 communities in Nova Scotia shared their insights, experiences, and suggestions on health issues as part of that study. The overarching conclusion was that nothing short of total transformation is required at every level in Nova Scotia's healthcare system. Including acute care. Now, let's explore what one part of that transformation means for you.



Why The Current Model of Care Needs To Be Transformed

The model of how we deliver acute care in Nova Scotia has not changed in more than two decades. As we discussed earlier, a reduced population of healthcare professionals is working above and beyond to deliver care to Nova Scotians. In order to do that, many of them are performing work outside their area of expertise.

Nurses, in particular, are taking on extra duties, especially during evening and night shifts when other staff go home. Across the province, RNs and LPNs are transferring patients, delivering food trays, typing and filing, answering phones, and more – tasks that do not require nursing expertise.

This situation is only compounded by outdated, inefficient, or non-existent processes. Manual documentation that often involves writing the same thing in multiple places, cumbersome communication processes with very little use of technology, no real proactive discharge planning, occasional lack of supplies and equipment, and the fact that commonly used STAT drugs are not available on medication carts are just some of the ways professionals are losing time every day.

New roles and processes are necessary to meet the changing needs for care, to reduce inefficiencies, and to improve the health status of the population. They will also go a long way toward boosting the morale of a dedicated group of professionals who wish to find career and personal satisfaction by working to their full potential.

Model of Care Design Team

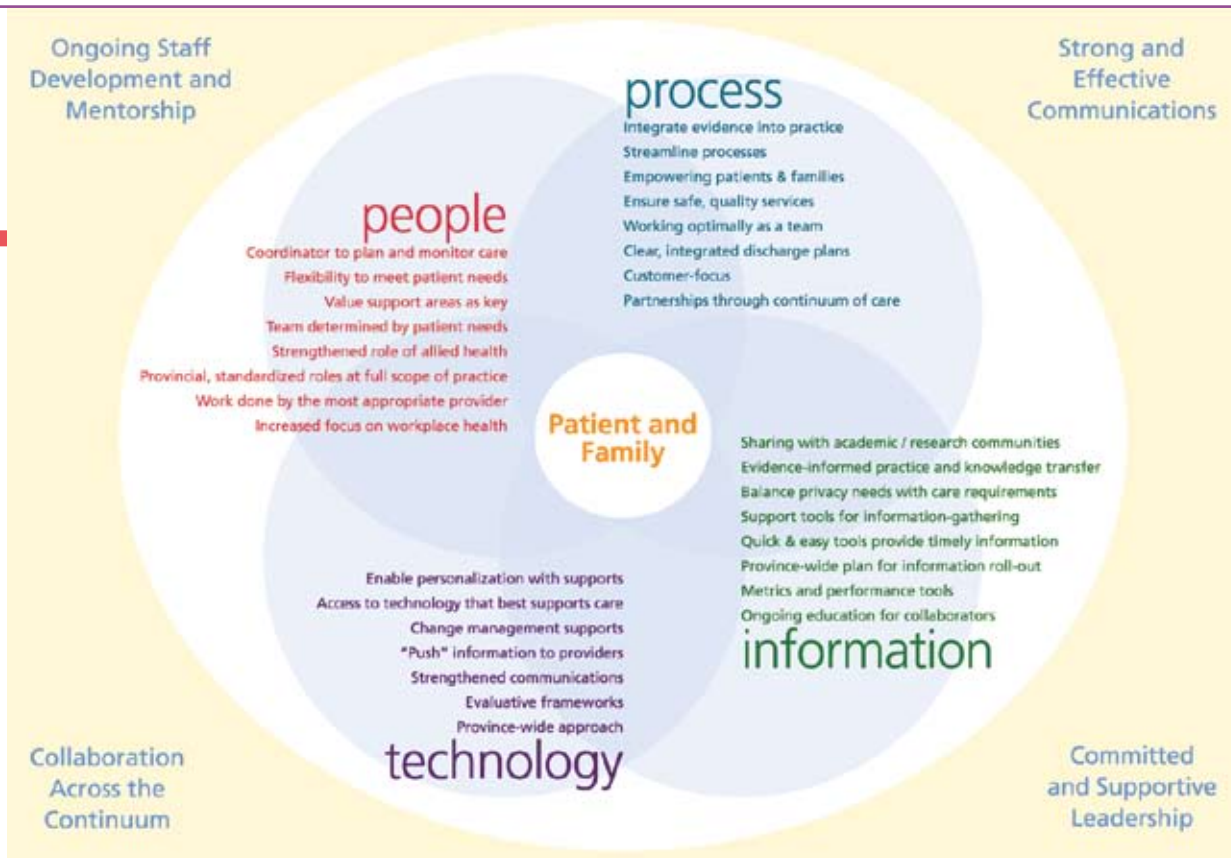
Working under the direction of the Model of Care Steering Committee, a Design Team was established, which consisted of more than 50 healthcare staff from throughout the province. The membership reflected the interdisciplinary teams in an acute care, in-patient setting, including RNs, LPNs, allied health professionals, physicians, support staff, and hospital administrators. Throughout the process, input was gathered from patients and families, as well as staff and physicians in all nine district health authorities and the IWK. All of the feedback was instrumental in refining the vision.

The result of their work, which is also consistent with the recommendations outlined in Phase II of Nova Scotia's Nursing Strategy, is the newly designed Collaborative Care Model.



Members of the Model of Care interdisciplinary design team

The Newly Designed Collaborative Care Model



This is a new model of care for acute care in-patient care delivery that is patient-centred, high quality, safe, and cost effective.

The Collaborative Care Model: Defining a New Model of Care in Nova Scotia

The new Collaborative Care Model is founded on the premise that all care starts with the patient and family. Collaborators include the patients themselves, family members, and the interdisciplinary team. The role of all collaborators is to contribute to the patient's care, as needed, to ensure safe and optimal outcomes.

Four Key Areas

The newly designed Collaborative Care Model focuses on four key areas in which transformation must occur. Those areas and a few examples of the changes needed in each are:

1. People

- Patients, and their families, will be recognized as coordinators of their own care, accepting support from professional staff as needed during a hospital stay.
- Care teams will be created that are responsive to the needs of patients.
- The RN's role will be optimized to become the consistent coordinator of patient care within an acute medical/surgical setting. (In other clinical areas, the applicable health professional may have this responsibility.)
- All work will be done by the most appropriate member of the care team. In this way, the patient will receive the maximum benefit of each member's expertise and contribution.

- Provincial standardized roles at full scope of practice will be implemented, with supports in place to enable this to happen.
- Roles for allied health professionals will be strengthened.
- More effective use will be made of support staff. Work will be done to standardize their levels of staffing, hours during which they're available, and types of activities in which they can be involved.
- There will be a renewed focus on interdisciplinary collaboration and workplace health.

What could be improved? "Rehab needs to be seven days a week. By Monday, I'm weak again." *Patient*

"In Saudi Arabia, I practiced at full scope. We all did because it was an expectation. But when I returned to Nova Scotia, I could only do a fraction of what I did in Saudi because the expectations are much lower here. Our new legislated scope of practice allows me to work like I did in Saudi, but the workplace doesn't." *Respiratory Therapist*



“The process quadrant allows us to get rid of rules and policies (real or make believe) that inhibit full scope of practice and patient and family involvement in care – no handcuffing.” *Design Team Member*

2. Processes

- Comprehensive care/discharge plans will be developed with every patient as early as possible in the admission process. These plans will state the anticipated discharge date and identify any issues that will need to be addressed.
- The new model recognizes that the patient/family is at its centre, and that a ‘customer-focused’ culture needs to be developed. However, this does not mean that inappropriate services will be delivered just because the patient asks for them.
- Becoming part of a collaborative care team may be a significant change for some people. Efforts will be made to build team relationships and help members learn to work effectively as a team.
- Processes will be streamlined to enable the Collaborative Care Model to be implemented. Priority will be assigned to initiatives that will have the greatest impact on the ability to move ahead with implementation.
- The processes that allow patients to participate in their own care will be confirmed and communicated.
- Ways to integrate new knowledge into practice and also allow for opportunities to increase learning from each other will be implemented.
- Processes will be designed to coordinate care along the continuum, including linkages to the community pre- and post-hospitalization.

3. Information

- Investments will be made to provide tools that allow quick-and-easy access to the right information at the right time by both the patient and the care provider.
- Many information management-related initiatives are happening across Nova Scotia’s healthcare system right now. All of these initiatives, including those that are specific to the Collaborative Care Model, will be strongly linked and aligned, with all developments keeping both the patient and the providers in mind.
- Specialized tools may be required. These include tools to support utilization management, knowledge creation, or education.

4. Technology

- Existing technology that supports and enhances care and communication will be identified, invested in, and integrated.
- All technology must be customizable and adaptable to adjust to various providers’ needs and work processes/flows.
- Technology must push information to providers, thus ensuring they have it in a timely way.
- A significant investment will be made in change management support and leadership to ensure successful adoption of new technologies.
- New technology implementations will be rolled out simultaneously across the province. This will eliminate incidents of “one-off” or isolated solutions.

“Information will be a key enabler to support patients, families and providers to make decisions about care that are safe, and help to ensure coordination of care is effective, efficient, and appropriate. There was a clear thought among the Design Team that if we can give these stakeholders the right information, at the right time, and make it readily accessible, better care will result.”

Industrial Engineer



All of these changes will be supported by committed leadership, collaboration across the care continuum, strong and effective communication and change management, and ongoing staff education, development, and mentorship.

How the Collaborative Care Model Changes Healthcare Roles

Ultimately, this new model of acute care will clarify roles and allow you and every member of the healthcare team to work to your full potential. These are just some examples of ways in which roles will be affected.

- **Optimizing the Role of Registered Nurses**

RNs will serve as the bedside coordinator in acute medical/surgical units. In this role, the RN will be accountable for the quality of care provided to the patient/family and will ensure the patient care experience is coordinated and integrated across the continuum. A renewed emphasis will be placed on RNs working within their scope of practice; other activities will be transferred, such as meal-time supervision and room transfers.

- **Optimizing the Role of Licensed Practical Nurses**

A renewed emphasis will be placed on LPNs independently providing nursing services for patients considered stable and under the direction of the RN or other healthcare professional when patients are considered unstable. Activities that can be transferred include housekeeping support and stocking carts and supplies.

- **Introducing Assistive Personnel into the Collaborative Care Team**

An emphasis will be placed on assistive personnel performing personal care activities for the patient, answering call bells, and bedside preparation. Additional roles could include some transferred from the RNs and LPNs, such as meal-time supervision and room transfers.

- **Strengthening the Role of Support Services Staff**

Support staff's contribution could be increased by enabling them to provide a more hands-on role in some areas and standardizing their roles in others, such as housekeeping, thus reflecting their importance in province-wide issues such as infection control.

How the Collaborative Care Model Strengthens the Role of Allied Health Professionals

As recognized members of the collaborative care team, roles of allied health professionals will be strengthened. More work will be required to identify opportunities where the contributions and expertise of both licensed and unlicensed allied health professionals can be used more effectively.

A process is in place to develop standardized role descriptions at full scope for each of the following health professions individually: Physiotherapy, Occupational Therapy, Respiratory Therapy, Clinical Dietician, Social Work, and Pharmacy.

The Collaborative Care Model and the Role of Physicians

The new model for acute care delivery will provide physicians with a more efficient and effective way to communicate with both the care team and patients regarding plan of care. This will enhance the safety and satisfaction of patients, staff, and physicians.

“We’re in a new place; we’re not on the edge of the old place. We’re not pushing the envelope; we’re in a totally new envelope. So the rules have changed. Every fundamental premise of the old way of thinking no longer applies.” Sister Elizabeth Davis, Chair, Canadian Health Services Research Foundation, 2005



This is both an incredible opportunity and a monumental task. But I am confident that this is the right approach — the only approach — to affect the kind of change that will protect, maintain, and enrich health care for generations of Nova Scotians, both now and in the future. *Chris d'Entremont, Minister of Health*

What Are the Next Steps?

The Provincial Health Services Operational Review Report 2006-2007 made 103 recommendations for ways that Nova Scotia's healthcare system must transform in order to be sustainable and to better serve the people of our province. The province will address every one of those recommendations.

The new Collaborative Care Model for acute care is just one of those steps. Other recommendations will lead to changes that may affect where or how Nova Scotians receive services. These recommendations are intended to improve safety, to provide more services in communities, or to focus more money in areas that will improve the health of Nova Scotians.

One Way: Forward

As of late September 2008, all nine district health authorities and the IWK have selected Showcase Sites that will launch the new Collaborative Care Model in specific medical-surgical units in the coming months. Improvements will be made as required and the model will eventually roll out across the province.

We have a lot of work to do and not much time in which to do it. Fortunately, we have the political will and leadership to move forward. The Council of CEOs endorsed the model in June 2008 and the Vice Presidents, Acute Care / Patient Services, in particular, have expressed overwhelming support for this work and its benefits. We are also seeing a great deal of enthusiasm and support from healthcare professionals across the province. As the new model goes forward, we expect this response will only grow.

It's the right thing to do for all of us. And we thank you in advance for helping to make it happen. From this moment on, we are all members of the transformation team.

*Response to the Provincial Health Services Operational Review Report 2006-2007