

**Model of Care Initiative in Nova Scotia
Update February 2010**

As we provide updates on the Model of Care Initiative in Nova Scotia (MOCINS), we will continue to include stories from people across the province who are implementing the new Collaborative Care Model on the front lines. Through their stories, we hope to document the challenges, opportunities and triumphs of working differently to provide patient-centered, high quality, safe and cost effective care. These stories are yours to learn from, be inspired by and to share with others in your health district, with patients and their families and even with your neighbours and friends. The following story and others like it are tools to help increase understanding of the Collaborative Care Model among health care providers and administrators in each DHA.

Here is Sandy Emenau's and Lynn Farrell's story of transformation at South Shore Health.

How could people working independently possibly do a better job than if they worked together? That was the question asked of South Shore Health's Quality Council last month by a cardiovascular patient being interviewed as part of the district's quality program.

The patient, who had a history of diabetes and high blood pressure, ended up in the cardiovascular health unit at South Shore Regional after a significant stroke. The cardiovascular unit was the Model of Care show case unit at South Shore Health.

His regular doctor had moved, he couldn't get his prescriptions renewed and he had been borrowing meds from friends or not taking them at all. The patient described the difference he believed the new care model and increased involvement in his own care made in his recovery. In fact, he said that this acute episode improved his general health because it helped him better understand his chronic diseases and his responsibility in managing his illness.

Cardiovascular Unit Manager Sandy Emenau is proud of the progress being made on the 35 bed medical unit. "When we planned for the collaborative care model, we had to start by asking ourselves "What is the best way to deliver care to our patients? To answer that question, we needed to really think about our patients' needs."

Sandy, her colleague Lynn Farrell, and other members of the planning group for the showcase unit decided to physically reconfigure the unit, grouping together more stable, longer term patients, acute patients, and stroke patients, based on their care needs.

The new Collaborative Care Model in Nova Scotia promotes an inter-professional team approach to patient care. Within that team, nursing plays a large role and includes RNs, LPNs, and assistive personnel. The new unit configuration and the new model complement each other, and allows the most appropriate level of care to be provided to each patient based on their needs.

“Rather than assigning staff based on specific tasks like we’ve done in the past, each nursing care team is assigned to a group of patients based on their care needs,” said Ms. Farrell. “By working to their full scope of practice, each individual makes a unique contribution to the team.”

“Implementing this new model hasn’t always been easy, and we still have more work to do,” said Ms. Emeneu. At one point, she had to slow the rate of change until care providers became more comfortable with the new model. “We have been providing care the same way for decades and even people who are eager for change can find it difficult to put into practice at first. Once people began to see improvements in patient care and their work environment, they were eager to keep moving forward with the model.”

“We were lucky in that LPNs on this unit were already working at full scope of practice, which made some changes easier,” said Ms. Farrell. “Still, changing the way we deliver care probably wouldn’t have been possible without inter-professional education and a lot of team building work with staff.”

The support of the hospitalist has also been important to the success of the model on the Cardiovascular Unit. Dr Heather Robertson is very much a part of the team and has been involved in changes and decision making on the unit, even attending the inter-professional education (IPE) sessions with staff.

The unit is continuing to work toward a “full” collaborative care model that involves closer relationships with allied health care providers. Already, patients and staff are benefiting from stronger care teams, since the model allows the same team members to work together more often.

The Collaborative Care Model stresses the need to involve the patient and family more in care planning. This helps them better understand their role in the patient’s recovery, and helps both the patient and their family understand how to manage health issues such as chronic diseases after release from the hospital.

“It’s important for cardiovascular patients to understand how to manage their health at home, because a healthy lifestyle can make such a difference in long term health for some patients,” said Dr. Robertson.

To support increased patient activity and independence, the unit added a patient lounge area. This increases the opportunity for patients to be mobile by giving them a reason to get up and move around – a destination – and allowing them to socialize with others on the unit.

Other key changes include the use of medicine cabinets rather than med carts, and distributed duties for distribution of medication. Daily “huddles” take place to discuss patient needs and how care should be delivered, and stroke rounds now take place weekly.

The unit is also working on inter-professional documentation tools to help with implementing care plans. “The collaborative approach to patient care enables us to collectively use our skills and abilities to enhance the patient-centred care experience,” said Sandy Christie, VP of Clinical Care at South Shore Health. “Our new mantra needs to be ‘one patient – one plan of care’.”

A key to the success of the Collaborative Care Model in Nova Scotia is the provincial approach to design, implementation and evaluation. Lynn Farrell, also a unit manager at SSH, has been the district lead on the province's Model of Care in Nova Scotia (MOCINS) initiative, as part of both the design and implementation teams. She says that Nova Scotia's Collaborative Care Model is special, because it truly was designed by care providers from all over the province and from a range of disciplines, with the goal of a care delivery model that is patient-centered, high quality, safe, and cost effective.

"People are willing to put the hard work into getting this right because the design makes sense," said Ms. Farrell. "It puts patients first and creates a more positive and respectful work environment for everyone involved in the patient's care."

The VP's of Clinical Care from all districts and the IWK have been involved in the process from the very beginning, and this consistency allows care providers and administrators across the province to be confident that health care personnel in each role are working to the same scope of practice, says Ms. Christie. This improves portability, and allows for better comparison between sites.

"As we roll out the Collaborate Care Model on three more units in South Shore Health, and 28 more units across the province, we are also creating a work environment that supports our recruitment and retention goals," said Ms. Christie. "The Collaborative Care Model will help us sustain a vibrant workforce within the province, and will increase our competitiveness when seeking graduates from outside of Nova Scotia."

"I think that many health care providers just want to provide excellent patient care, and be part of a team that recognizes and respects their unique contributions. The Collaborative Care Model is bringing us closer to that goal."

Updates

- A MOCINS Provincial Orientation session was held on January 4-5, 2010 to support the leadership of the 28 units who are implementing the Collaborative Care Model in the second phase. The session provided consistent information on the full Collaborative Care Model (people, process, information, and technology change levers) and allowed those involved in implementation on the 14 showcase units to share expertise, lessons learned, and a helping hand. Over 150 people were in attendance from all districts and the IWK.
- The effectiveness of MOCINS in arriving at the envisioned care model is being evaluated by a research team at the Dalhousie University/WHO Collaborating Centre on Health Workforce Planning and Research. They are investigating the impacts of MOCINS on patient, system, and provider outcomes at each of the first 14 showcase units. Interim results have been analyzed and will be shared throughout February and March.