

Strategic Clinical Networks™

Alberta Health Services

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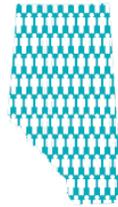
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About AHS

BY THE NUMBERS – OUR PEOPLE



108,000
Employees



Serving
4.2 million
Albertans



650
Facilities across
the province



9,700
Physicians



15,900
Volunteers

3.2 per cent

proportion of total expenses
spent on administration,
among the lowest in Canada

BY THE NUMBERS - CLINICAL



116,462
Unique home
care clients



2.13 million
Emergency
department visits



2.81 million
Total hospital days

Largest,
fully-integrated
health system
in Canada.

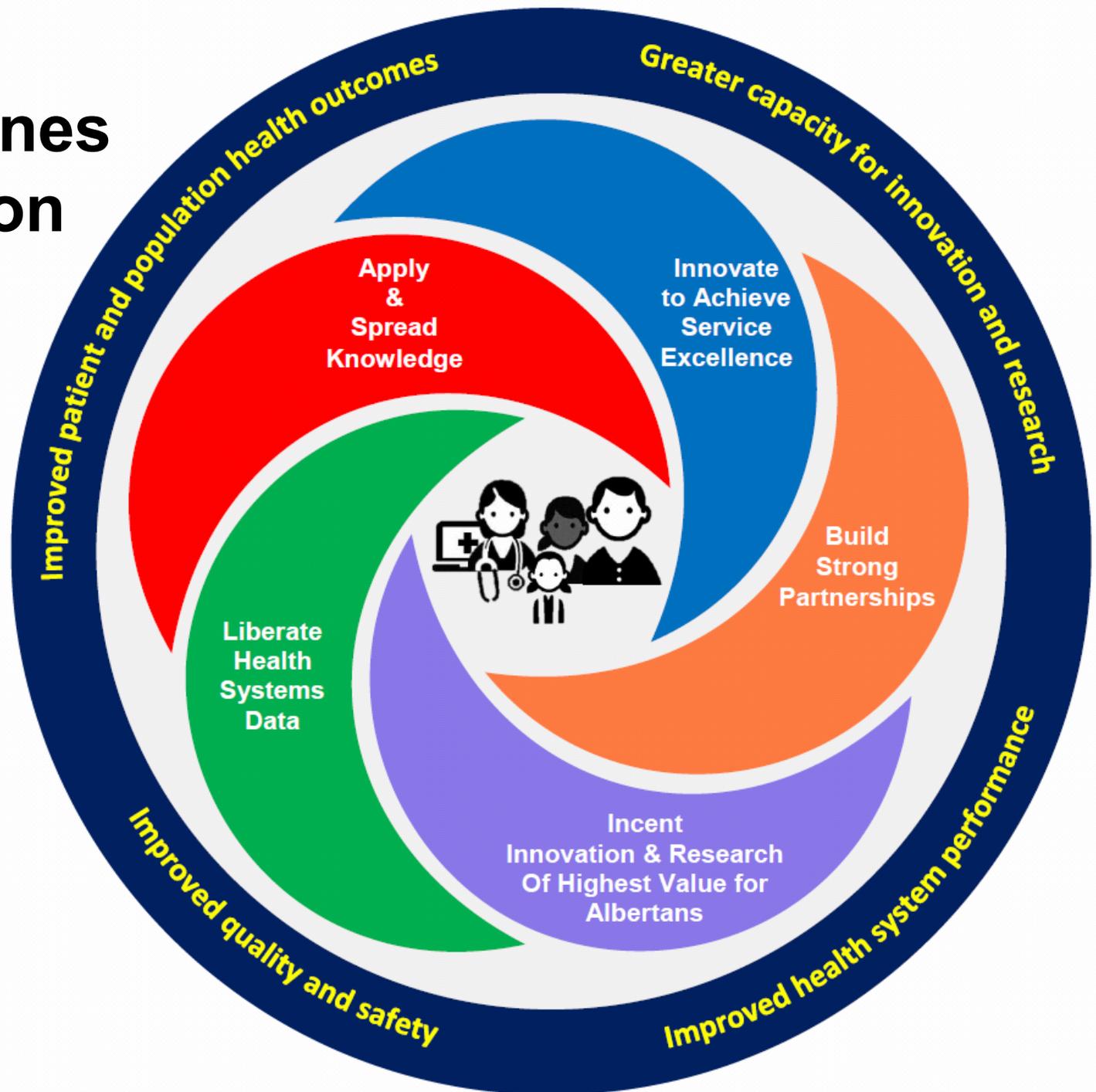


Healthy Albertans.
Healthy Communities.
Together.

SCNs are AHS's engines of Innovation

AHS R&I Strategy

Deliver exceptional, quality health care services in a sustainable manner through high performance in innovation



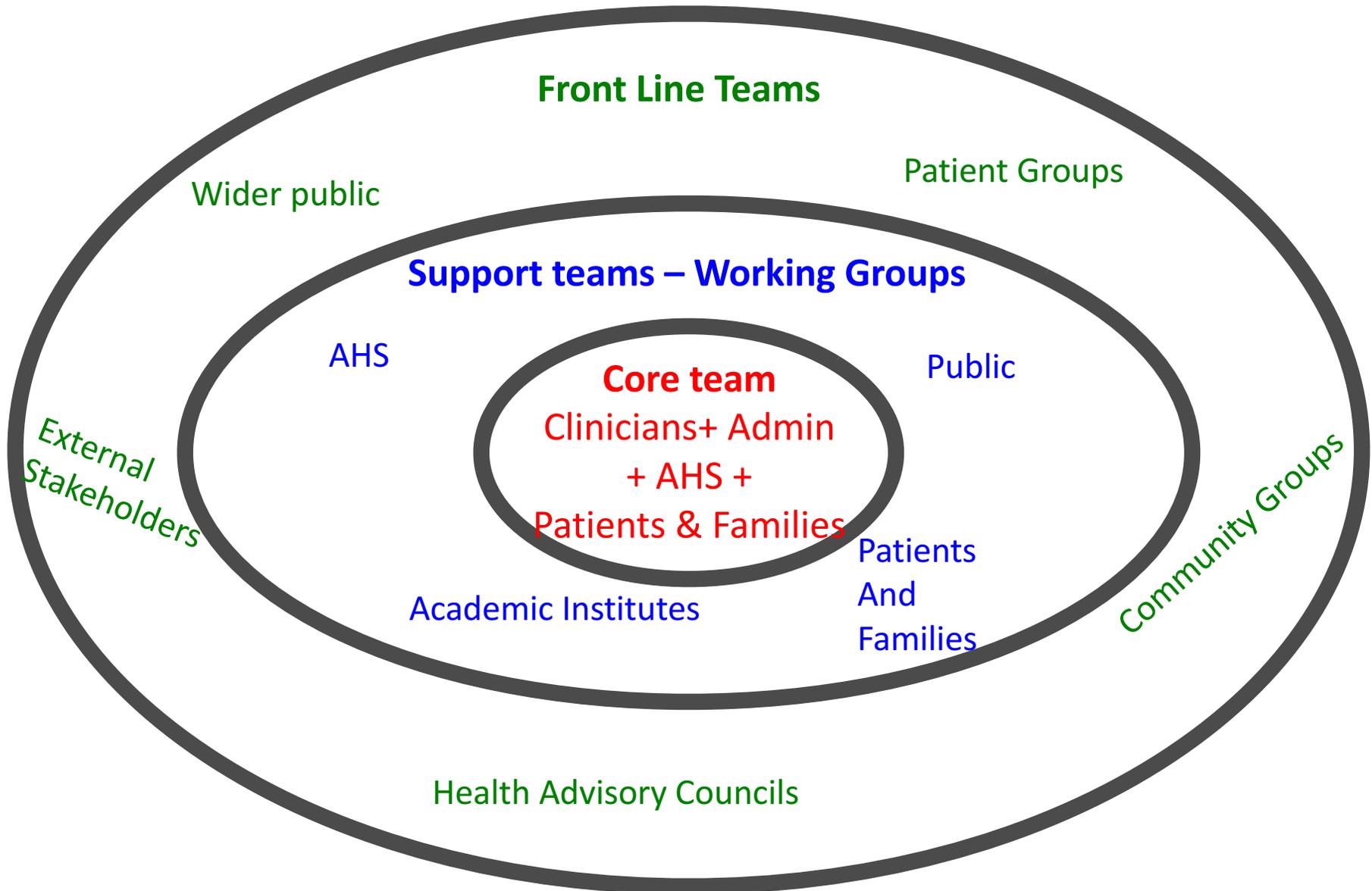
Why Networks...

and why Provincial “Strategic Clinical Networks”?

- Proven **engines of innovation, knowledge translation, joint decision-making, and better outcomes for patients**
- Utilize clinical experience, knowledge/research to **reduce variation, identify, utilize best practices and improve quality of care**
- **Provincial Honest Broker - to help solve complex issues, looking for equity across the province.**
- way for **all partners – and, in particular, clinical partners** - along a broad continuum to be involved in planning and improving healthcare delivery.
- **Networks help scale and spread innovations of value** (achieving value for money)

SCNs designed to lead with cores = “orchestra leaders”

to engage every Albertan as a network member

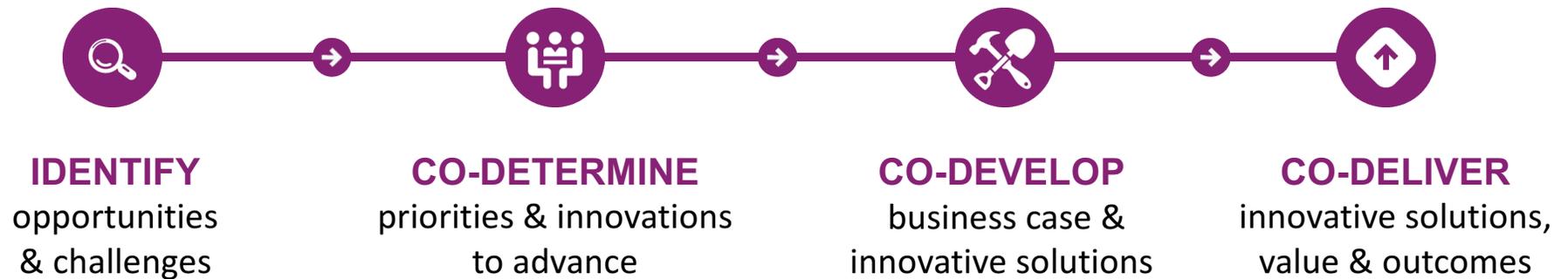


SCN Implementation

2012	Addiction & Mental Health, Bone & Joint Health, Cancer, Cardiovascular Health & Stroke, Diabetes Obesity & Nutrition, Seniors Health
2013	Critical Care, Emergency, Surgery
2014	Respiratory Health
2015	Maternal Newborn Child & Youth
2016	Kidney Health, Digestive Health, Population Public & Indigenous Health
2017	Primary Health Care Integration Network
Future	Medicine, Lab/DI

Transforming Alberta's Health System

The SCN process



Innovations in care are advanced through this four-step process using the SCN Priority Setting Process.

SCNs Have Impacted Every Sector

Acute Care

- Enhanced Recovery After Surgery
- Rural Stroke Action Plan
- Safe Surgery Checklist

Long Term Care

- Appropriate Use of Antipsychotics
- Elder Friendly Care

Community

- Insulin Pump Therapy
- Vascular Risk Reduction – community Pharmacy / Work site
- Catch a Break – Fragility and Stability

Primary Care

- Vascular Risk Reduction – TOP / CCHANGE guidelines
- Catch A Break Program (Fragility & Stability)
- EMPATHY

CUMULATIVE IMPACT

Alberta Health Services ALBERTA'S STRATEGIC CLINICAL NETWORKS™

- APPROPRIATENESS
- ACCESSIBILITY
- ACCEPTABILITY
- EFFECTIVENESS
- EFFICIENCY
- SAFETY



BETTER VALUE FOR \$ ACROSS 6 DIMENSIONS OF QUALITY



Shared Decision-making

PATIENT-CENTRED CARE

- evidence informed pathways
- inter-disciplinary teamwork



Engaged Clinicians

implementation and measurement of all improvement strategies

better health outcomes

higher quality of care

HAPPY ALBERTANS



CUMULATIVE EFFECTS

Savings of **43,000 bed days***

\$28M costs avoided due to **BED DAYS SAVED**

The equivalent of **FOUR** acute inpatient units and an additional **\$15.2M** in direct cost savings

TO BECOME a high performing health system achieving the quadruple aim. Triple aim is quality, experience, and value. The fourth aim is the health and wellness of our workforce.

BRING US TOGETHER clinician-led teams, with broad internal and external membership to link people.

THE STRATEGY started in 2012: a provincial mechanism to be engines of innovations, knowledge translation and vehicles for achieving better outcomes for patients.

Collaborative improvements
SCALED ACROSS 5 ZONES
INITIATIVES across the province

Every Albertan can benefit from the best health care, no matter where they are in the province.

Results based on initiatives implemented in 2013-16

HIP AND KNEE

- 1% decrease readmission
- 20% decrease complications
- \$2,905,457.00 cost savings
- blood transfusion decrease by 13%

35,800 bed days saved

APPROPRIATE USE OF ANTIPSYCHOTICS IN LONG TERM CARE

Residents regain ability to speak, walk, and assist with their own care.

Residents with dementia: 900 fewer residents on antipsychotics.

- Implemented across 170 care centres (14,500 beds)
- Spread to 165 Supportive Living sites underway and planning spread to acute care through Elder Friendly Care project.
- Alberta's provincial average for AUA Quality Indicator for LTC is at 18% for Q1 2016-17 – lowest in Canada.
- 1300 fewer people on antipsychotics than at baseline (2011-12).

ADULT CODING ACCESS TARGETS FOR SURGERY

- SPREAD: ensuring consistent elective surgical wait time measurement
- OPTIMIZE: ensuring elective surgical access is utilized appropriately and efficiently
- SUSTAIN: ensuring consistent surgical processes now and in the future

getting the right patient to the right surgery at the right time

VASCULAR RISK REDUCTION VRR

400,000 screened

- goal: optimize prevention and control of vascular risks and related disease
- long term: Reduce death and disability from vascular disease, cancer, and other related diseases

30% increase in screening and prevention offers

ADULT CHRONIC KIDNEY DISEASE PATHWAY

online interactive tool supports primary care physicians in identification, management, and specialist referrals for patients with CKD

94% said pathway was user friendly and increased confidence and knowledge in delivering care

LAUNCHED POPULATION, PUBLIC AND INDIGENOUS HEALTH SCN

Creating opportunities and conditions for health with all Albertans.

HEAD AND NECK CANCER

CLINICAL PATHWAY STANDARDIZED POST SURGICAL CARE:

2125 beds saved

- patients awake and breathing on their own in ICU after surgery
- early discharge from hospital
- standardized order sets

SAFE SURGERY CHECKLIST

estimated **10,000** adverse events **AVERTED**

based on "good catches" in 4% cases because of SSC in Alberta each year 2014-15 fiscal year

DIABETIC FOOT CARE

CLINICAL PATHWAY STANDARDIZED DIABETIC FOOT CARE

- health care providers are better supported
- patients and community active in care
- decreased emergency hospital visits
- decreased wait times

prevention and faster healing of ulcers

50% reduced amputations

INITIATIVES BEING STARTED IN 2016:

- Breast Cancer Care Pathway
- Heart Failure COPD Pathway
- Delirium Pathway
- Better Use of Home Dialysis Therapy
- Diabetes Care Pathway

PROVINCIAL EDUCATION PROGRAM

(led through Health Professions, Strategy and Practice and the Critical Care and Emergency SCNs)

- STANDARDIZATION eliminates repeat orientation
- resulting in retention, confidence, job satisfaction

\$80,00 saved

ENHANCED RECOVERY AFTER SURGERY

- 3024 beds saved
- 50% decrease readmission
- 50% decrease complications
- \$5,600,000 savings

ERAS pathway being spread across 9 sites in Alberta

STROKE ACTION PLAN

better access and quality in rural Alberta

- organized, quality stroke care and rehab
- 3377 bed days saved
- 30% decrease complications
- 1000 residents getting rehab
- \$1,861,585 cost savings
- access rehab faster, more people served, faster recovery, home sooner

reduced overall disability and possible death

NATIONAL SURGERY QUALITY IMPROVEMENT PROGRAM (NSQIP)

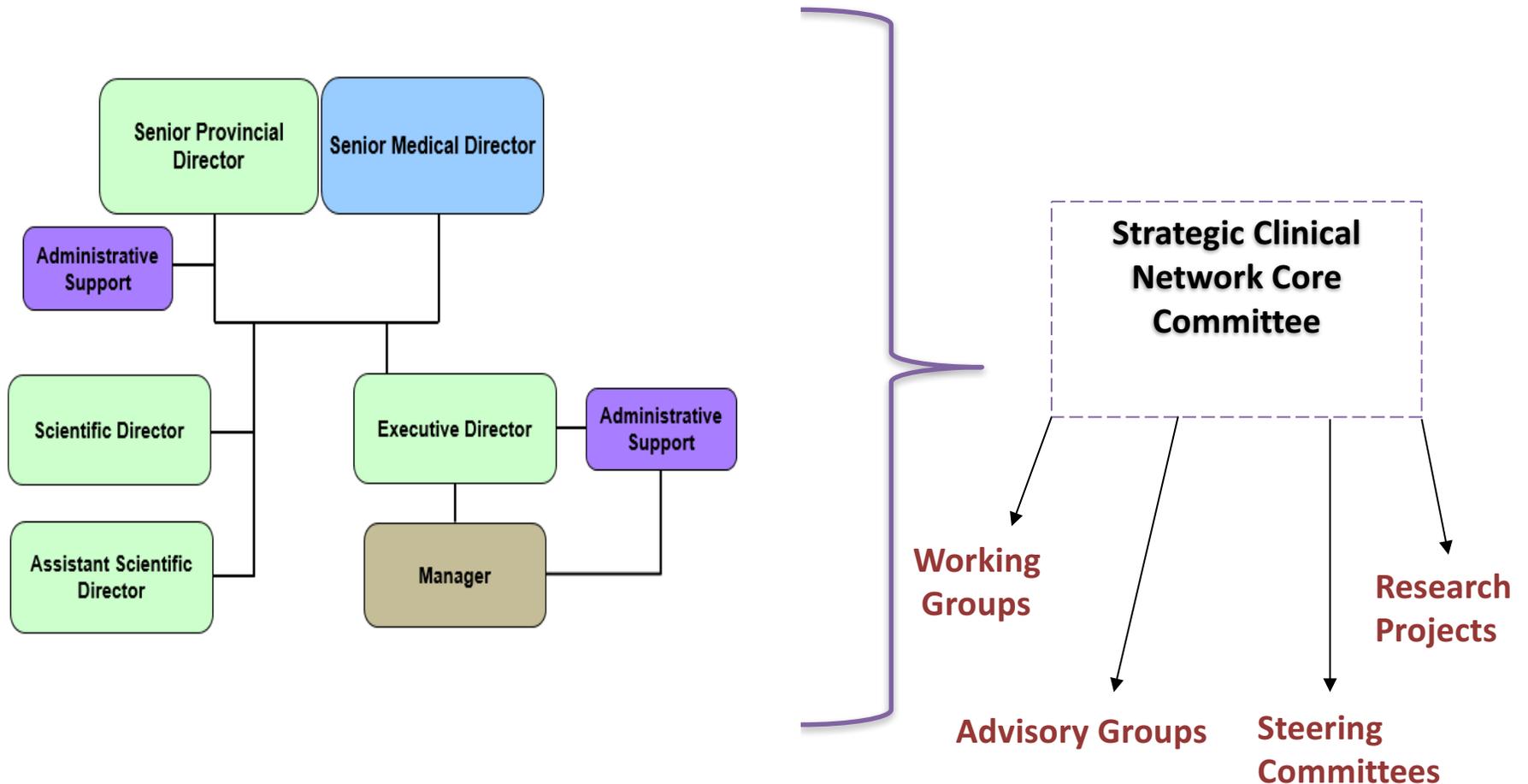
launched 5 sites

to improve care, reduce complications, and reduce length of stay.

Lessons Learned – A specific example

Bone and Joint Health SCN

Bone & Joint Health SCN



Core Committee Composition: Patients, Researchers, Administrators, Clinicians (multidisciplinary), Policy Makers - from across Alberta

Select Bone & Joint Health SCN successes

Hip & Knee Arthroplasty Program:

- Care path – provincial grass roots development, evidence based
- Balanced Scorecard for measurement
- Trust in data sharing – 3rd party affiliate agreements
- Twice yearly Continuous Improvement reports to surgeons
- Collaboration across province: Sites share quality scorecards including costing information monthly; assist each other to improve
- Results...



90% Mobilization
Day of Surgery In 2015



avg. **4.7**
days in hospital
2009

3.8
days in hospital
2015

return home sooner



over **50,000** extra days of hospital bed space since 2009

19.5%
2009

4.6%
2015

cost savings of **\$5 million**

fewer transfusions

Wait times: more work ahead of us

average time from decision to surgery



wait times are in weeks and reflect system constraints



35% more surgeries performed
9% increase in bed capacity
2010 – 2015

increased hospital capacity

14,000 extra days 2015
11,600 extra days 2014
9,000 extra days 2013
6,500 extra days 2012
5,000 extra days 2011

\$52 MILLION value

lower readmission rate

4.7%
2009

3.9%
2015



86%
2010

97%
2014

improved patient education and satisfaction



Contributing factors to success include detailed education for patients and their families; helping them get ready to leave the hospital sooner and reducing post-operative complications.

- 90% getting out of bed the same day as surgery in 2015/16
- prearranged help at home after surgery

Note: All years are referring to fiscal year timeframes. For example, 2009 refers to fiscal year 2009/10.

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Strategic Clinical Networks (SCNs) are creating improvements within focused areas of health care.

To get the most out of our health care system, AHS has developed networks of people who are passionate and knowledgeable about specific areas of health,

challenging them to find new and innovative ways of delivering care that will provide better quality, better outcomes and better value for every Albertan.

The Hip and Knee program is a key initiative of the AHS Bone and Joint Health Strategic Clinical Network.

It is a huge success in firstly improving care for patients and also ensuring we get the best value for our health care dollars.

About 10,000 elective hip and knee replacements are performed annually in Alberta.

Successes continued...

Fragility & Stability Program

- Hip Fracture Care: National Model of Care for Hip Fracture Surgery
 - Time to OR – reduced sufficiently to change target to 36 hours
- Fracture Liaison Service – coordinating care across continuum
 - Only province with a 3i model for Fracture Liaison Service
- “Catch a Break” – Secondary Prevention– proven success

Fragility and Stability Acute Hip Fracture Working Group

Healthy lifestyle and bone health



Hip Fracture Prevention

Hip Fracture Care

Catch a Break Program

Educating patients and primary care for screening and treatment options for osteoporosis



Transition to GP in the community and community referrals



Home Sweet Home

75% of patients return to their previous living arrangements

Quality of Life

Strategic Clinical Networks

Strategic Clinical Networks (SCNs) are supporting frontline clinical teams to create improvements within focused areas of health care

Catch A Break Program

- Screened ~10,000 patients
- Identified ~7300 high risk patients who are referred to primary care for follow up

Acute Care Clinical Pathway

- 89% of patients reach the Operating Room within 48 hours
- Improvement from 77% at the start of the clinical pathway

Fracture Liaison Services

- ~41% of patients discharged on osteoporosis medications compared to 6% prior to program implementation

Leading to a fragility and fracture free world



Takes a team

Pharmacy, TS, DI, Family, PT, Nurses, Rehab, MD



Osteoporosis Prevention



Hospital

90% of patients to the operating room within 48 hours



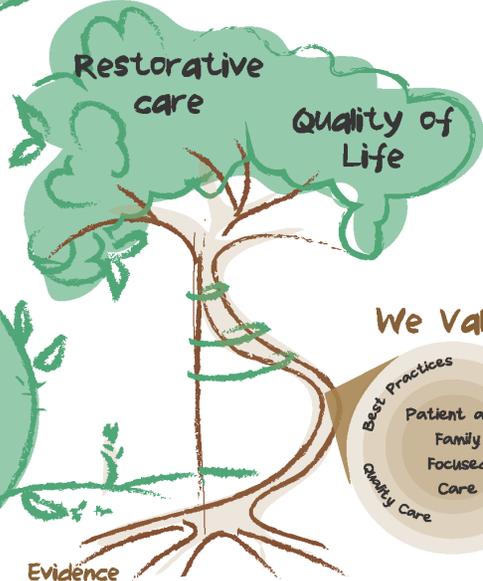
Early Mobilization

90% of patients should begin mobilization the day after surgery



Fracture Liaison Service (FLS)

Increased use of medications for the treatment of osteoporosis



We Value:



Major areas of focus

- Patient perspective: direct planning involvement by patients/citizens
- Improving and coordinating community care
- Addressing themes: Mobility/functioning; pain/discomfort; Nutrition; Mental Health – for all stages of osteoarthritis...and MSK
- Early assessment of MSK conditions in community – team based care
- Spine Access - demonstration project
- GLA:D (Good Living with Osteoarthritis: Demark) – partnership with Bone & Joint Canada

Factors contributing to success

- A Culture of Change
- Support from multiple levels
- Ability to incorporate new Funding Models
- Data and Analytics
- Building consensus across the province

A Culture of Change

- Willingness to take a risk
 - Is it alright to fail sometimes?
- Receptive to new models of care/approaches
- Knowing that change will happen...how do we want to influence it?
 - Scanning literature and environment for innovations
 - Using data/analytics to assess effectiveness and appropriateness

Support from multiple levels

- Strong endorsement from senior leaders
- Clinician Champions (bottom up input into what needs to change and how)
- Administrative buy in (top down articulation of targets and direction)
- Everyone understands the vision, priority, goals, targets...and their role in getting there

Ability to Incorporate New Funding Models

- Case Rate for clinics
- Payment for outcomes
- Incenting teams to do the right thing
- Shared Savings approach to incent efficiency while reinforcing quality

Data and analytics

- Using data to inform versus to penalize
- Highlight successes
- Third party data collection (creates trusted partner)
 - Alberta Bone & Joint Health Institute
- Quality Improvement focus – for sites, teams and individual providers

Building consensus across province

- Keeping patient voice at centre
 - Patient membership at all levels
- Incorporating evidence in decisions and planning
- Top down direction and priorities meet bottom up ideas and innovations
- Engage key stakeholders early
- Key ingredient – balancing provincial direction with local autonomy

Summary

- Some good examples of success
- Engagement efforts are paying dividends
- Lots of work to do yet!

Thank you!

Questions??