



South West LOCAL HEALTH INTEGRATION NETWORK



The Case for Successful Execution:

Hips and Knees Priority Action Team

Presentation to the South West LHIN Board of
Directors



Acknowledgements

This work would not have been possible if it were not for the commitment of the:

- Hips and Knees Priority Action Team (PAT)
- Hips and Knees Task Teams

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Agenda

- Approach
- Overview of the Recommendation
- Recommendation for Implementation
- Evaluation of Recommendation

Approach

Mission Statement

The hip and knee replacement delivery model strives to:

- Ensure that individuals have timely, appropriate and equitable access
- Incorporate best practices and evidence-based care
- Utilize a common multidisciplinary pathway spanning the entire continuum of care
- Enable services to be standardized, and delivered efficiently in a coordinated manner

Vision

Within the next five years, measures will show achievement of the following elements in the evidence-based care and management of hip and knee replacement patients:

- Clearly defined continuum of care available to all patients resulting in positive clinical and functional outcomes
- Individuals have equitable timely access to services
- Reduction in surgical wait times
- The patient, family and/or their support system is an active participant in their care and self management
- Demonstrated improvement in consumer satisfaction measures
- The model delivers high quality best practice care

Scope

The work of the Hips and Knees PAT did not:

- Fully address system wide capacity issues
- Resolve discrepancy between current funding and underlying costs
- Focus on prevention and health promotion
- Focus on urgent surgeries but instead focused on elective surgeries
- Address issues relating to provision of services between LHINs
- Commit organizations to specific activities, as such assessment of resource requirements and availability are preliminary

Assumptions

The Hips and Knees PAT identified the following assumptions:

- The primary methods of improving wait times will be through enhanced effectiveness
- Wait times will be monitored to ensure that changes have a positive effect
- Preliminary resource requirements reflect best estimates
- Further detailing of processes and configuration of services and associated costs and other resource requirements will occur in subsequent phases of the project
- The information technology requirements will be dependent on
 - The Provincial E-Health strategy
 - The E-Health priorities of the South West LHIN

Approach

The Hips and Knees PAT was identified as a Quick Start opportunity in the Integrated Health Service Plan. The PAT completed the following activities to fulfill the associated objectives:

- Refreshed quantitative data
- Reviewed inventories of services and practices
- Conducted additional best practice research
- Developed a proposed model of integrated service delivery
- Implemented a community engagement strategy
- Engaged Task Teams to develop specific components of the overall recommendation

Overview of the Recommendation

Rationale for Change

- Wait times are higher than the provincial benchmark
- Demand is expected to grow significantly
- Current system is fragmented and inequitable

This presents a challenge that demands change

High-Level Recommendation

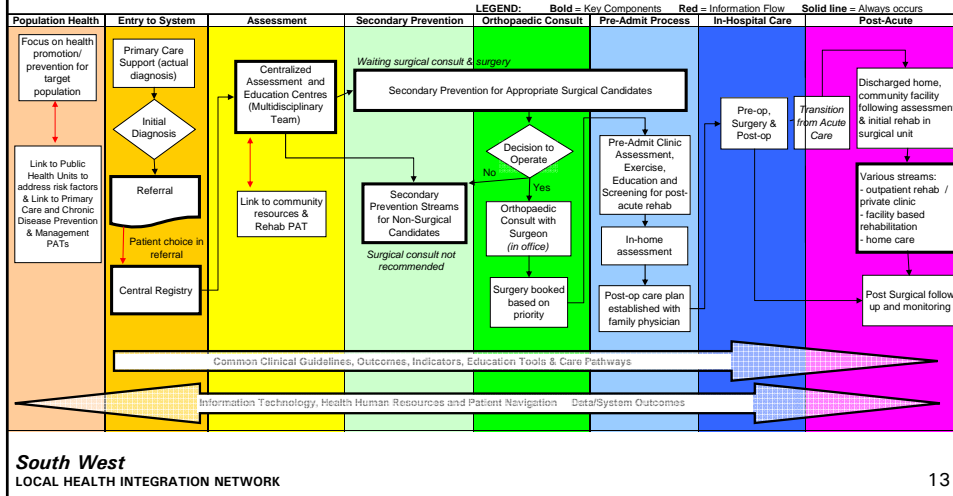
Create an integrated model of care to improve service delivery efficiency and effectiveness, resulting in:

- Decreased wait times
- Enhanced quality of care
- Equitable access

Fundamental goal is to ensure LHIN-wide consistency in service delivery by incorporating evidence-based research and lessons learned into the design of the model

Future State

An Integrated Model of Care



Education Tools

- Research and best practices show that quality patient education can improve patient outcomes, anxiety and discharge planning resulting in lower healthcare costs and improved functional outcomes for the patients
- The education tools will be
 - Introduced as early as possible
 - Standardized to ensure consistency
 - Based on best practices
 - Customizable for specific patient pathway
 - Accessible
- Patient education materials will include
 - Model of Care Brochure
 - Hip and Knee Replacement Services Website
 - Patient Education Binder
 - Teaching Checklist

Scope of Services

Key Components of the Model:

- Standardized Referral Process
- Central Registry
- Assessment and Education Centres
- Secondary Prevention
- Pre-Admit / In-Hospital Care
- Post-Acute Care

Standardized Referral Process

Who will provide the service and where?

- Patients may be referred by a family physician, nurse practitioner or other physician
- Through Family Medicine practices, Family Health Teams, Walk-in clinics, long-term care facilities, urgent care clinics or emergency departments

How will the service be provided?

- A standardized referral form will incorporate patient choice and streamline the intake process to expedite patients to receive appropriate services

Central Registry

Who will provide the service and where?

- Referrals will go through one Central Registry (one number, one location) serving the entire LHIN

How will the service be provided?

- Referral forms will be forwarded to this single point of entry into system
- Forms will be assessed for completeness
- Form will be forwarded as appropriate in a timely manner
- The Central Registry will utilize a single wait list to help ensure wait times are distributed appropriately across the LHIN

Assessment and Education Centres

Who will provide the service and where?

- Multidisciplinary clinical assessment team
- Three Assessment and Education Centres:
 - One within each planning area
 - Within an existing orthopaedic clinic at a surgical site

How will the service be provided?

- An initial consultation will be performed to:
 - Obtain required health information
 - Assess surgical status
 - Assess secondary prevention needs
 - Identify post-acute care needs
 - Educate the patient

Secondary Prevention

What is Secondary Prevention?

- Secondary Prevention refers to a wide variety of support available through specific community programs, providers, select outpatient departments and other resources
- Secondary Prevention for surgical candidates focus on optimizing their mental and physical readiness for surgery
- Secondary Prevention for non-surgical candidates focuses on reducing risk factors and /or better managing their risk factors where surgery is not the best option with the overall aim to optimizing their condition

Who will provide the service and where?

- Various providers throughout the South West LHIN

Secondary Prevention (cont'd)

How will the service be provided?

- Assessment at earliest point possible:
 - Identify the Secondary Prevention needs of surgical and non-surgical candidates
 - Provide patients with available options and arrange care
- Outcomes of Secondary Prevention:
 - Improve patient's knowledge and empower the patient
 - Identify and address safety issues
 - Improve level of fitness and function
 - Enable patient to remain at work and/or at home longer
 - Improve overall quality of life and outcomes
- Common assessment tools and guidelines for care

Pre-Admit / In-Hospital Care

Who will provide the service and where?

- Multidisciplinary teams
- Each of the surgical sites

How will the service be provided?

- Pre-admit clinic will be streamlined due to work done in advance at Assessment and Education Centres
- Utilize common clinical care pathway and Teaching Checklist to ensure patient treatment is equitable and in accordance with best practices
- Adherence to pathway in combination with the Assessment and Education Centres and Secondary Prevention should result in a standardization in the length of stay

Post-Acute Care

Who will provide the service and where?

- Three streams of post-acute care have been identified:
 - Outpatient rehabilitation / private clinic
 - Facility-based rehabilitation
 - Home Care
- Services are provided by clinical professionals in a variety of post-acute settings

How will the service be provided?


- Early identification of most appropriate post-acute care stream
 - Utilize common guidelines
 - Pre-arrange with post-acute care service provider
 - Confirm initial assessment while patient is in-hospital
- Post-Acute service providers will track patient progress against key milestones and outcome measures to determine transitions between streams and appropriate time to discharge



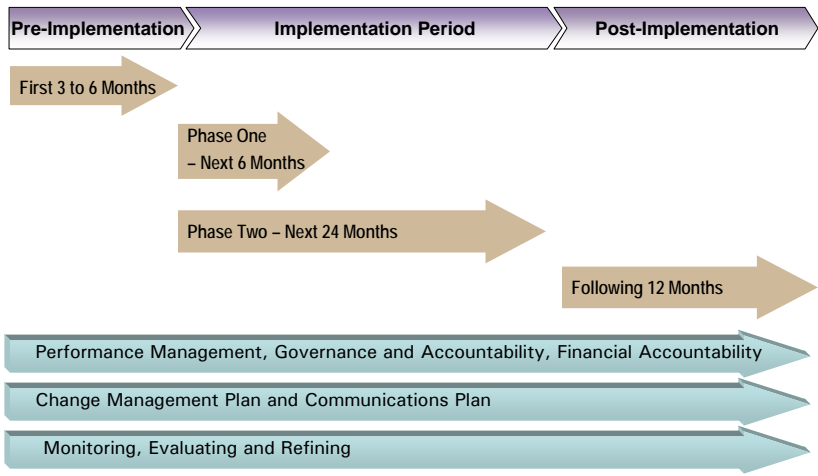
Recommendations for Implementation

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Moving from Planning to Implementation



Pre-Implementation **Implementation Period** **Post-Implementation**

First 3 to 6 Months

Phase One - Next 6 Months

Phase Two - Next 24 Months

Following 12 Months

Performance Management, Governance and Accountability, Financial Accountability

Change Management Plan and Communications Plan

Monitoring, Evaluating and Refining

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Ongoing activities

As we move from planning through to implementation the following activities will be critical to our success:

- Performance Management
- Governance and Accountability
- Financial Accountability
- Change management
- Communication
- Monitoring evaluating and refining

Performance Management

High-Level performance indicators have been identified

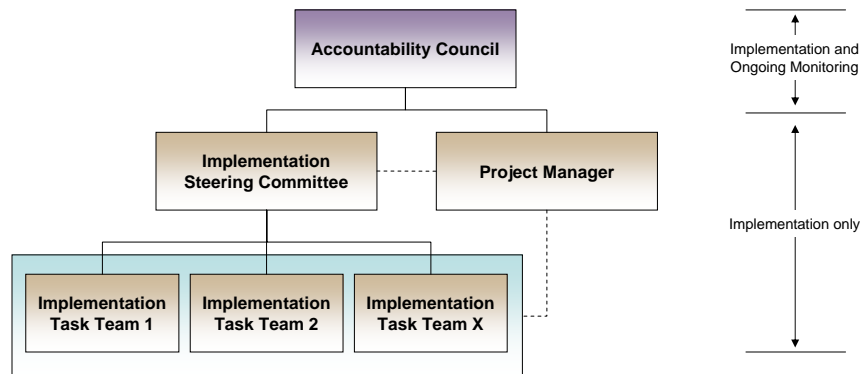
- Align with the Hips and Knees PAT Mission and Vision
- Align with Provincial Wait Time Strategy mandate
- Incorporate balancing measures (quality & efficiency)
- Include baseline, transitional and end-state measures
- Indicators and reporting requirements need to be confirmed with health service providers

Service-level measures have also been identified

- Task Teams have proposed these additional measures
- Beneficial in monitoring and refining specific components of the model

Governance and Accountability

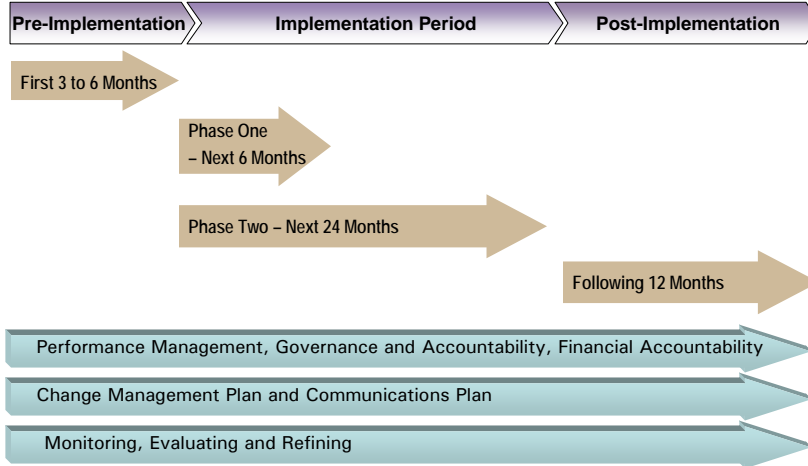
Hips and Knees Governance Structure



Financial Accountability

- Funding to be determined during pre-implementation
- High-level accountabilities will be reflected in the initial Memorandum of Understanding
- Some funding is anticipated to come through cost and resource sharing and would be absorbed by existing budgets
- Any funding controlled by the Hips and Knees project itself
 - Hips and Knees Accountability Council and South West LHIN will have oversight
 - Project Manager would track budget and be accountable to explain any significant variances

Moving from Planning to Implementation



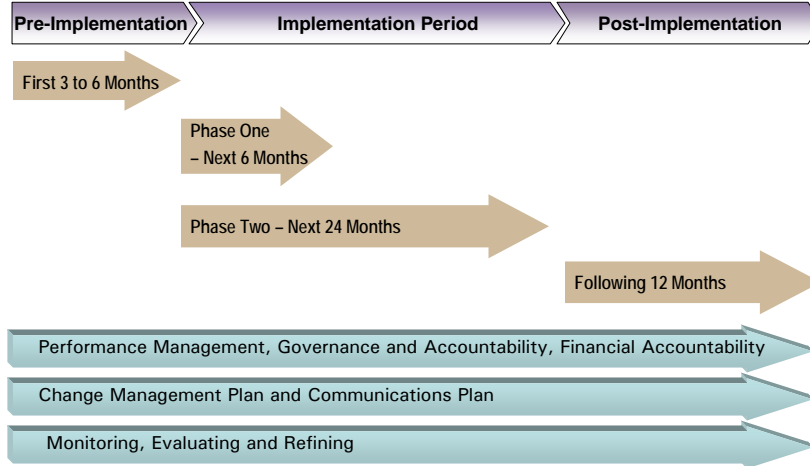
Pre-Implementation Period

The success of the Pre-Implementation Period and the entire rollout of the model is dependent on support from key health service providers

Activities:

- Finalize endorsements
- Finalize and implement new governance structure
- Finalize Memorandums of Understanding
- Confirm anticipated costs and funding sources
- Confirm funding for and hire Project Manager

Moving from Planning to Implementation



Implementation Period

Throughout the Implementation Period:

- Components of Phase One and Phase Two may occur in parallel
- Confirmation of tools and processes will include
 - Initial introduction at a specific location
 - Refinements made before moving forward with LHIN-wide implementation
- Monitoring, evaluating and refining components of the model based on feedback

Implementation Period – Phase One

Phase One

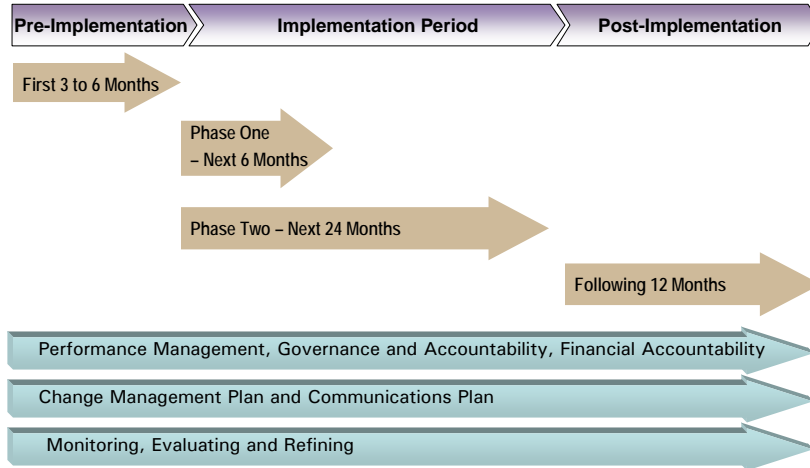
- Within 6 months from start of Implementation Period:
 - Confirm tools and processes associated with Standardized Referral, Central Registry, and Education Tools
 - LHIN-wide implementation

Implementation Period – Phase Two

Phase Two

- Within 12 months from start of Implementation Period:
 - Confirm detailed design of Assessment and Education Centres, Secondary Prevention, In-Hospital Care and Post-Acute Care
- Within 24 months from the start of implementation period:
 - Modify tools and processes associated with Phase One as necessary
 - Confirm tools and processes associated with all components of the integrated model of care
 - LHIN-wide implementation

Moving from Planning to Implementation



Post-Implementation period

- Project Manager will become redundant
- Governance structure will maintain oversight role
- Guidelines, care pathways and other tools will help ensure new processes carry on
- Continuous monitoring, evaluating and refining of model
- Performance Management process will ensure stakeholders remain focused on managing the processes behind the metrics



Evaluation of Recommendation



Evaluation Criteria

- The recommendation was scored based on the degree to which it met each of these eight criteria:
 - Consumer-focused
 - Focused on population health
 - Evidence-based
 - Promotes integration innovation
 - Supports sustainability
 - Supports the health system
 - Demonstrates partnerships
 - Aligns with provincial directives

Scoring of Recommendation

- Each criteria was scored on a 1 to 5 point for a maximum total score of 40 points
 - The Hips and Knees PAT gave an overall score of 35
 - The Strategic Advisory Board gave an overall score of 32.6
- Scores for each of the individual criteria were consistently high with lower scores for two criteria
 - Focused on population health
 - Supports sustainability

Recommendations

- On April 14th the Hips and Knees PAT presentation to the Strategic Advisory Group (SAG) resulted in the following outcomes:
 - The SAG accepted the Hips and Knees Case for Successful Quick-Win Execution and supported moving forward to Quick Win Step 5 Executing for Quick Win Success
 - The SAG extended their thanks to everyone who worked on the Hips and Knees PAT and Task Teams



Comments & Questions

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