



The CvSSS

of a new organisational paradigm

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Goals

- Context
- Problem
- Solution and Results
- Lessons learned
- Challenges: barriers & enablers



Definition

- Service delivery model
- for health care, social services, education, research and technology assessment
- delivered at a distance, through the use of NICT

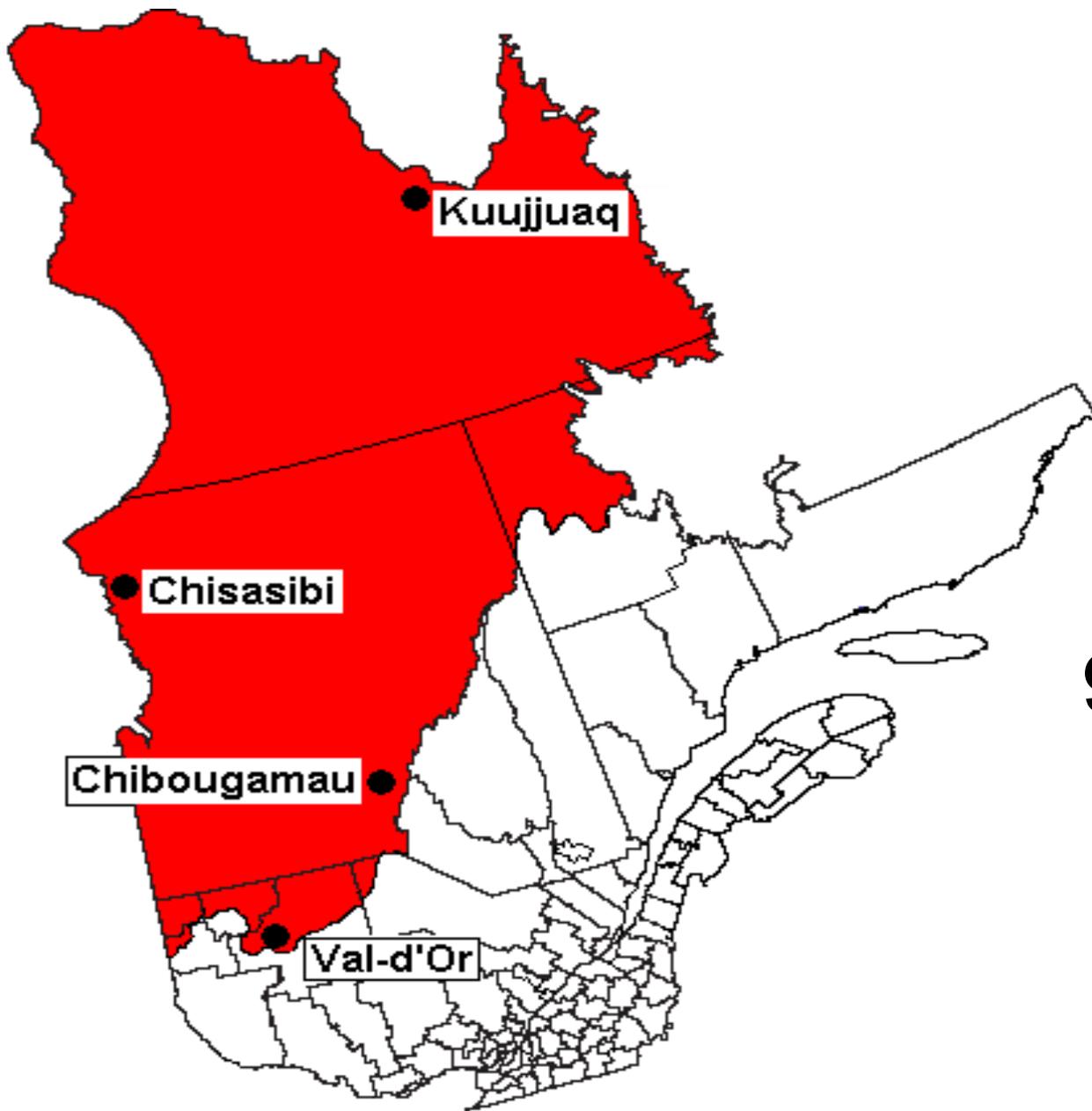
(adapted from: Canadian Society of Telehealth, 2008)



Context

- Shortage of manpower
- Explosion of ICT
- Public Finances
- Health care reform
- Mandate to build Telehealth





Northern
Quebec
910,000 km²
of the RUIS
953,900 km²

**2,3% of the population occupies 95% of the territory
With the most limited connectivity**





Kuujuaq, population: 2250



Akulivik- population: 410 , 3 Nurses



Dash 8 or Twin Otter: Patient Transfert



Dre Johanne Morel Pediatrician





Problem statement

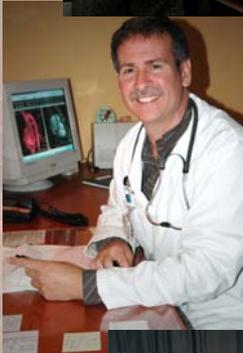
Develop a Telehealth program that enhances the RUIS mandate for integrated university healthcare network, using populational health approach

Improve Access & continuity



LE CENTRE VIRTUEL DE SANTÉ ET DE SERVICES SOCIAUX

A lever in the organisation of healthcare within our RUIS



- 28 organisations
 - 23 CSSS
 - 1 CHU
 - 3 CHA/Institute/CRDP
 - 1 Faculty of Medicine
- Clinical governance
- 125 VC units
- 4 integrated clinical networks:
oncology, psychiatry, cardiology,
obstetrics
- New clinical services: PACS, NVHP,
and more

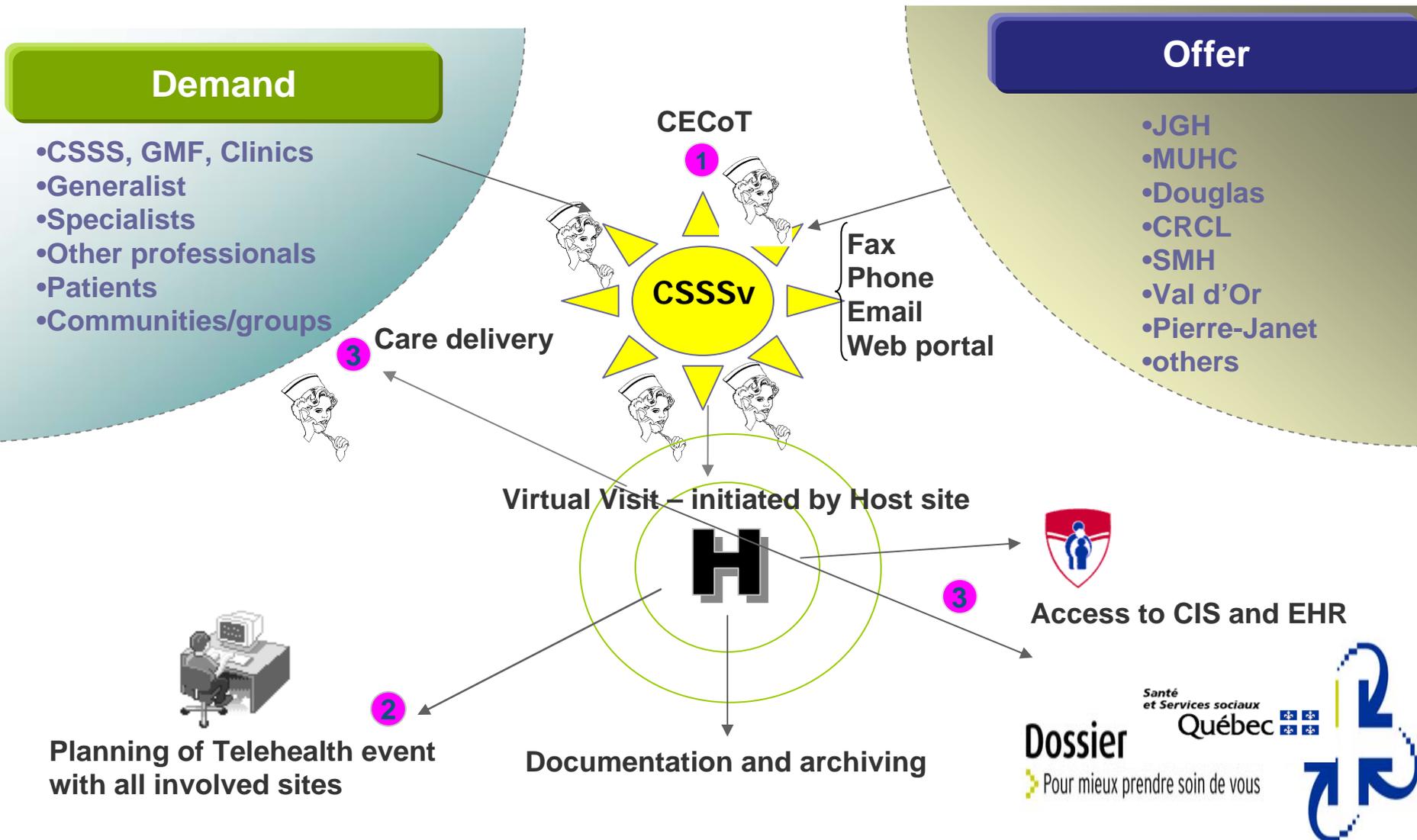
Center Expertise & Coordination of Telehealth



CECoT



CvSSS: structuring the future



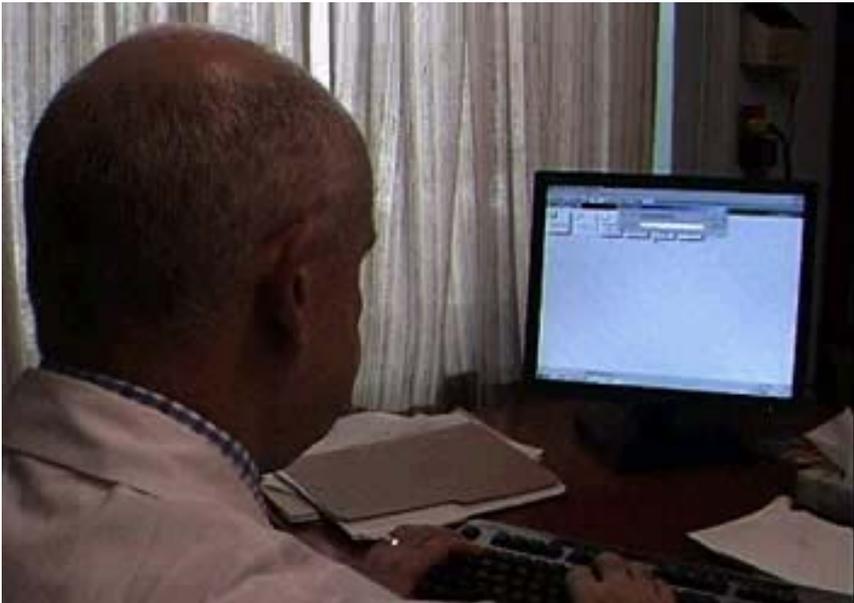
Clinical Telehealth



Dre A. Côté, Respirologist
& 7 distants hospitals



Clinical Telehealth



ORL and Audiology
synchronous & asynchronous



Clinical Telehealth

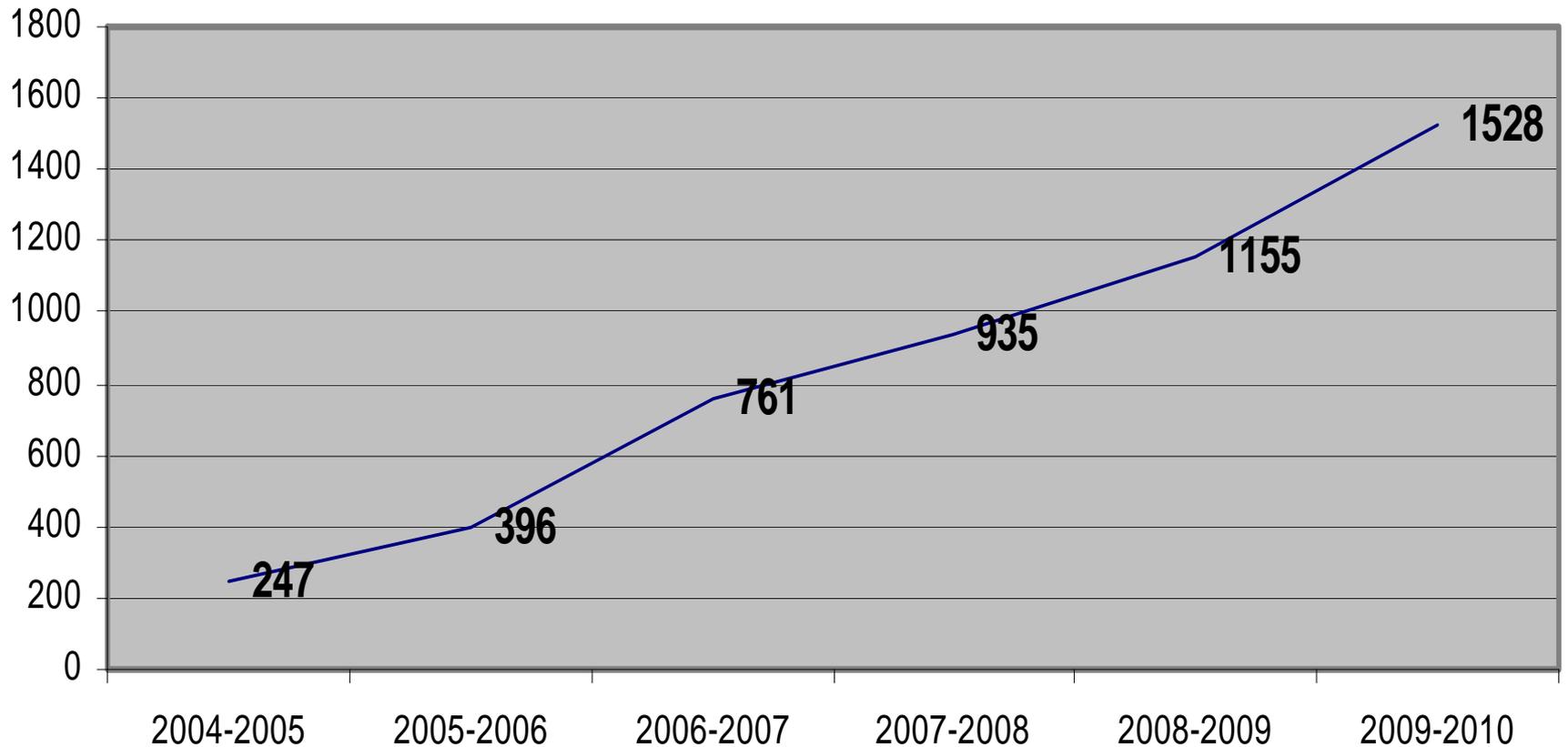


Remote communities: case discussion



Results

Nombre d'activités VC réalisées au CUSM 2004-2010

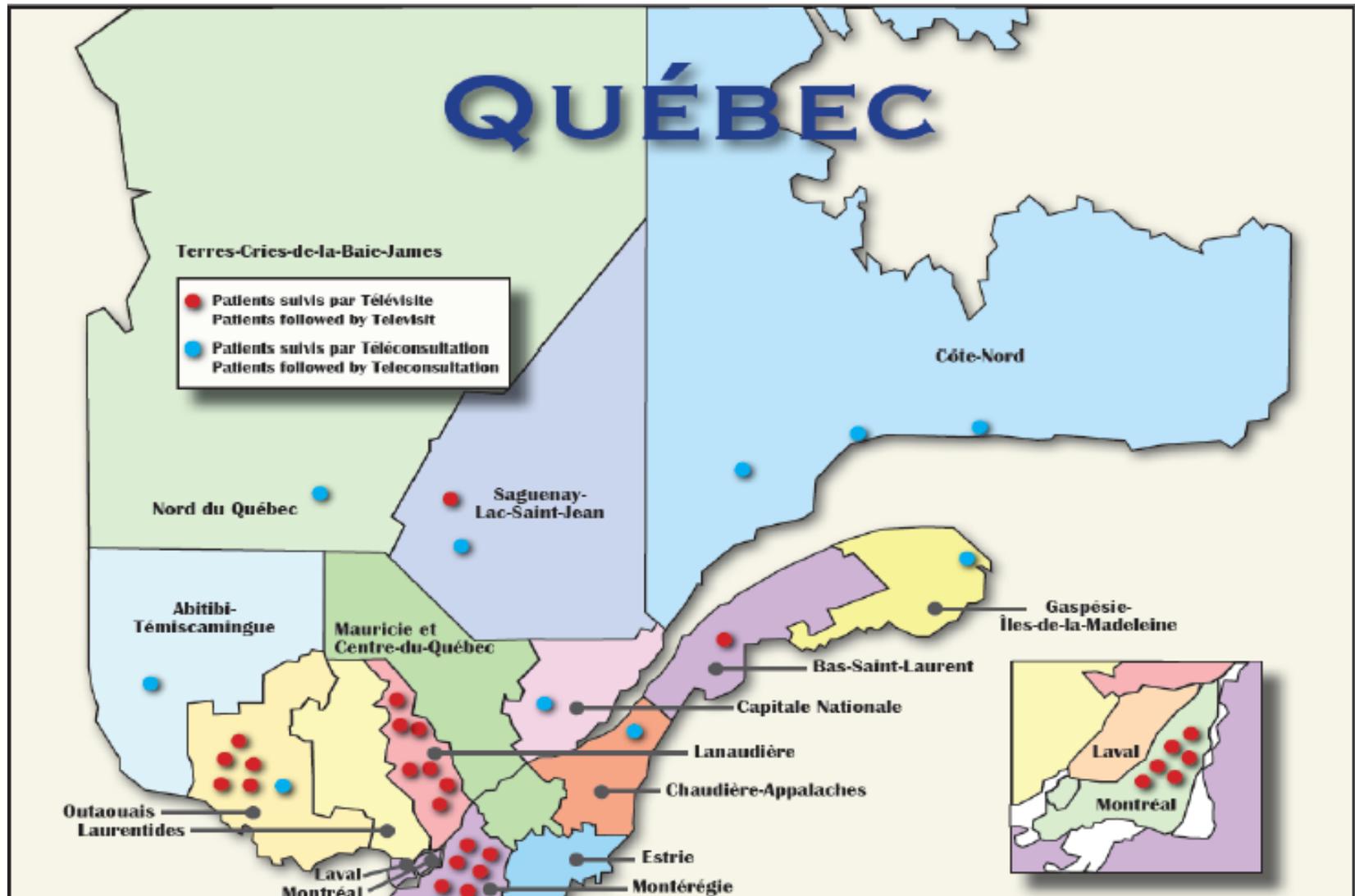


Results

Telehealth at the Home Ventilation Program (NHVP)



Telehealth at NHVP



Results *

Teleservice	Activities (N)	Savings (Hrs)	Savings Transport (\$)
Consultation	23	232	9475\$
Home Visit	116	318	5,913\$
Training	22	514	14,844\$



*= Troini, R. preliminary results, June 15, 2010

Results

- **1064 hours or 152 days of specialised manpower saved in Transport alone**





Lessons Learned

Enablers

Organisational

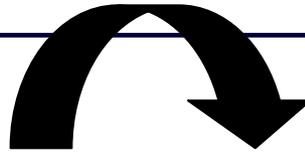
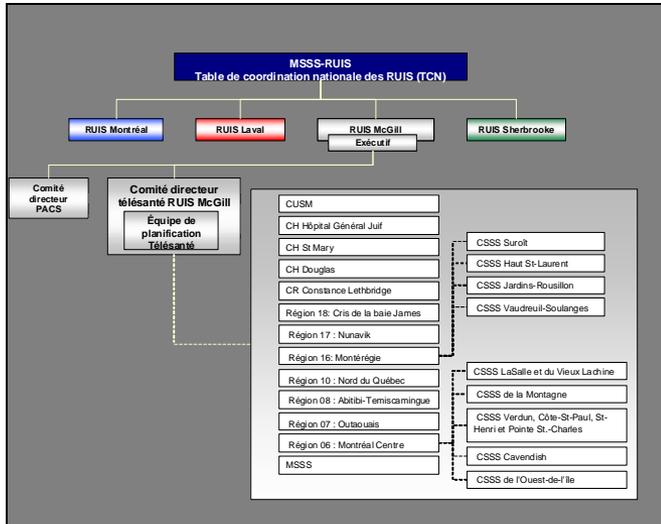
H.R.

Technology

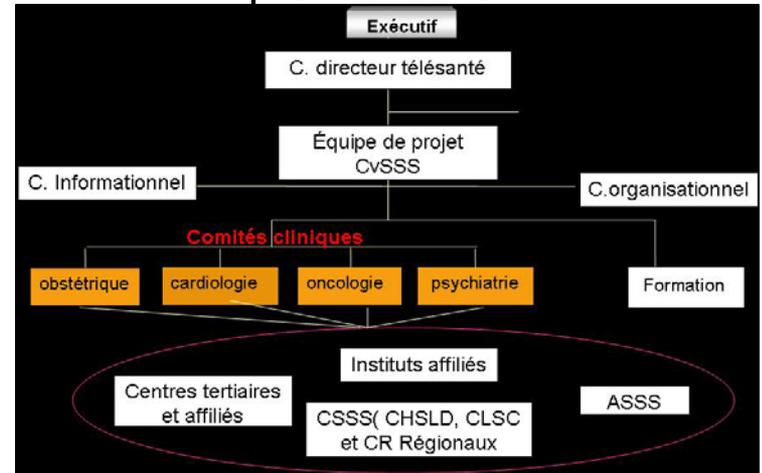


Lessons Learned

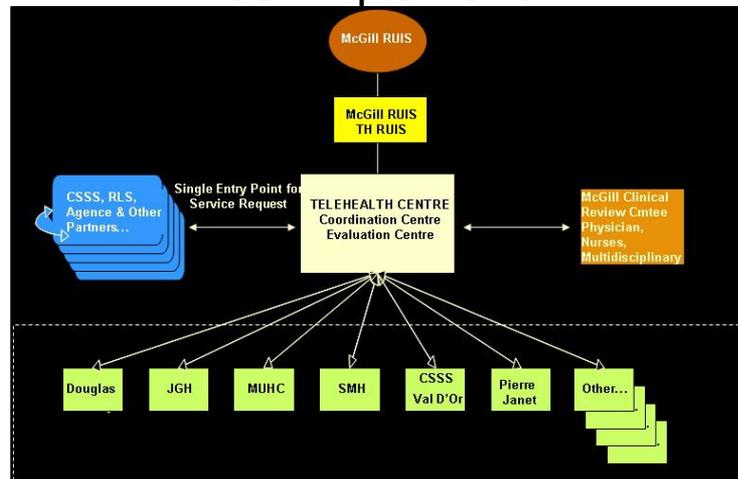
Planning



Implementation



Post Implantation

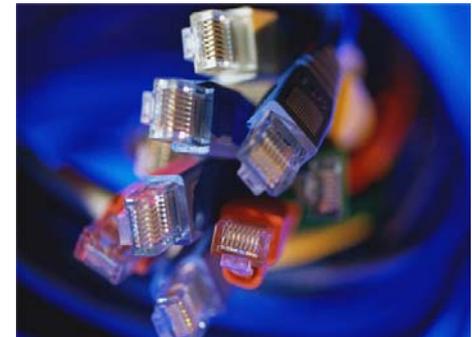


Enablers

- Strong Active Participation of Clinicians & Partners
- Accountability to Exec. of the RUIS

Challenges

- Engagement:
 - grass root and upper management, 7 regions
- Engagement of MD:
 - Liability, remuneration,
- Balance offer: local vs remote requests
- Connectivity most limited in far away regions



Challenges

- Working across cultures
- New RUIS map vs historical referring patterns
- **Adapt to adopt: change management**
- **Change of paradigm: hospital to « network »**





Watchiya!
Nakurmiik!
Thank you!
Merci!

