

Strategic Clinical Networks™

Alberta Health Services

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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.

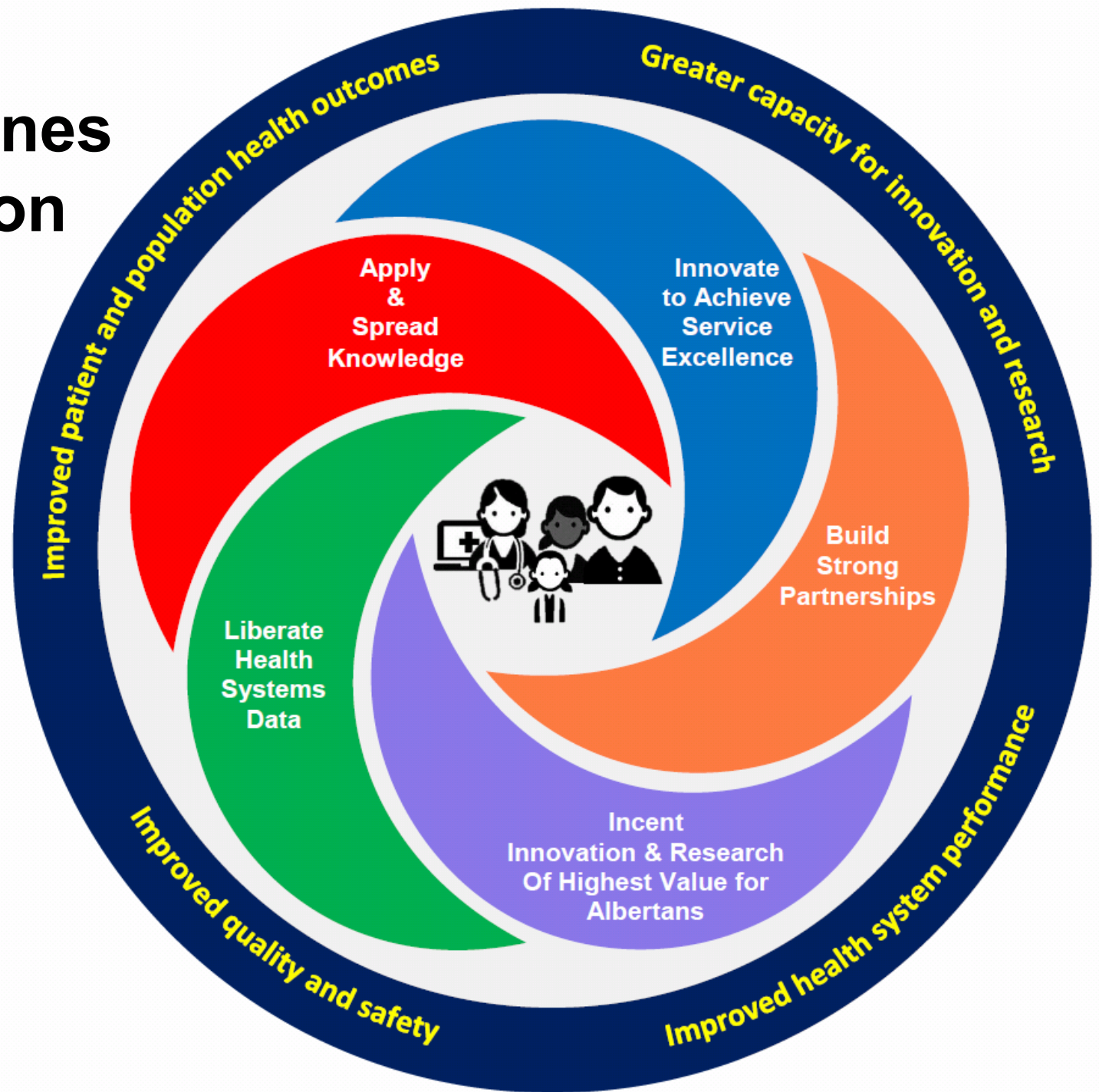


Healthy Albertans.
Healthy Communities.
Together.

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



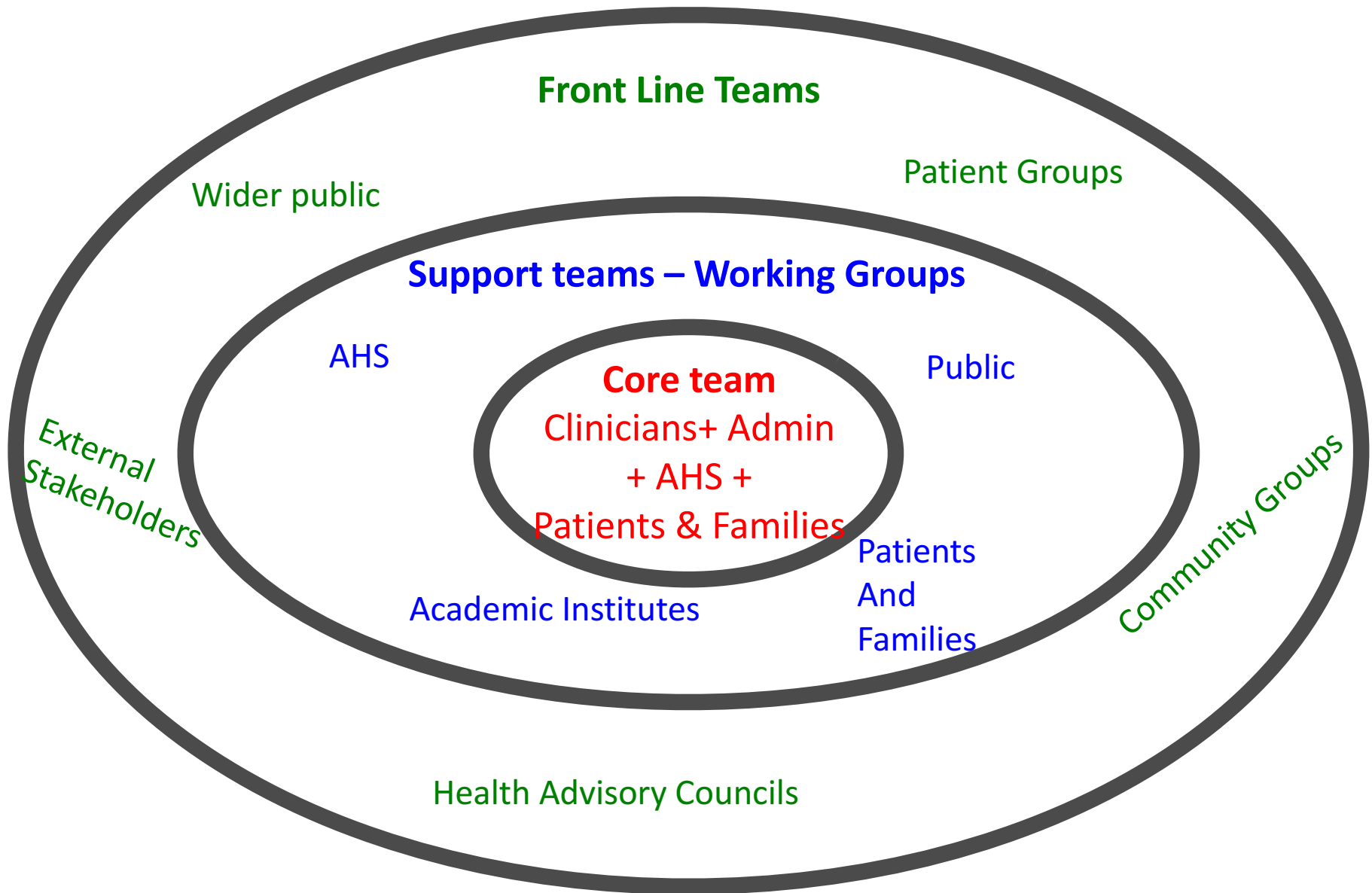
Why Networks...

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

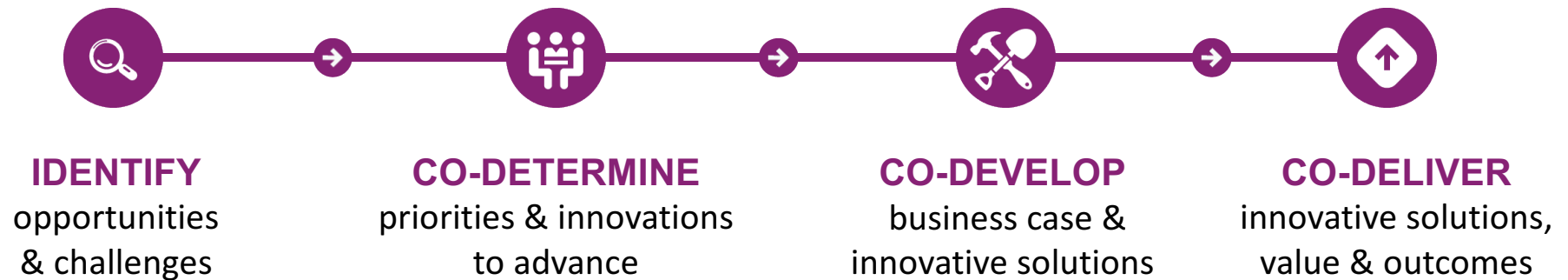


SCN Implementation

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'S STRATEGIC CLINICAL NETWORKS™

APPROPRIATENESS

ACCESSIBILITY

ACCEPTABILITY

EFFECTIVENESS

EFFICIENCY

SAFETY



BETTER VALUE
FOR \$ ACROSS
6 DIMENSIONS OF
QUALITY



Shared
Decision-
making

Engaged
Clinicians



PATIENT-CENTRED CARE

evidence
informed
pathways

inter-
disciplinary
teamwork

implementation
and measurement
of all improvement
strategies

better
health
outcomes

higher
quality
of care

HAPPY
ALBERTANS



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.

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

Collaborative
improvements
**SCALED
ACROSS 5
ZONES**
INITIATIVES
across the
province

Results based on initiatives
implemented in 2013-16

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

HIP AND KNEE

1% decrease readmission
20% decrease complications
\$2,808,457.00 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

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



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

\$80,000 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

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



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
• across rehab faster, more people served,
faster recovery, home sooner
reduced overall disability
and possible death



NATIONAL SURGERY QUALITY
IMPROVEMENT PROGRAM (NSQIP)

launched 5 sites

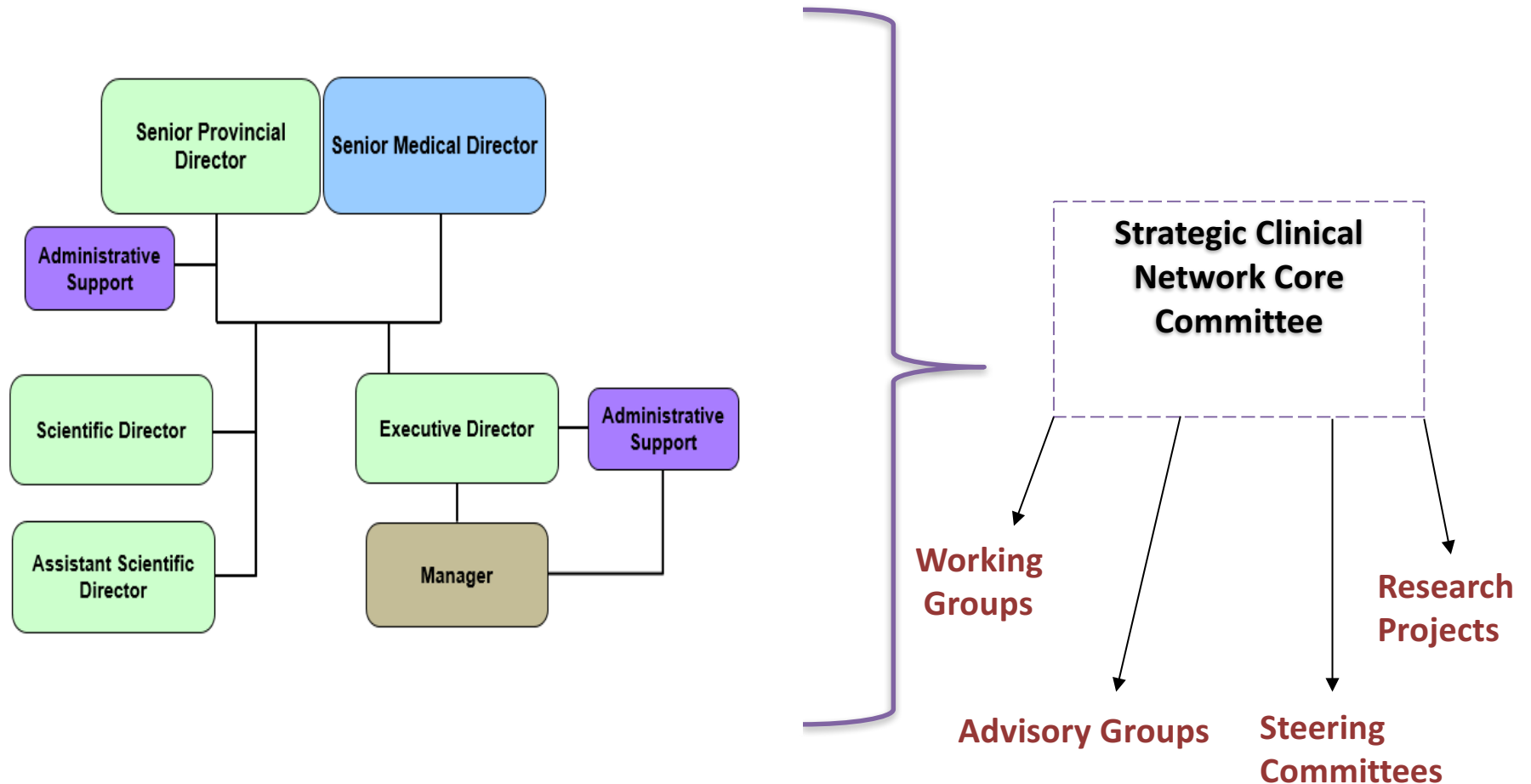
to improve care, reduce complications,
and reduce length of stay.



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...



BONE AND JOINT HEALTH STRATEGIC CLINICAL NETWORK

Keeping Alberta Moving

HIP AND KNEE PROGRAM year-over-year improvements

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

21.3 2009

22 2010

20.9 2011

19.3 2012

21.1 2013

22.3 2014

24.1 2015

wait times
are in weeks and
reflect system
constraints



**lower
readmission
rate**

4.7%
2009

3.9%
2015

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**



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 timoframos. For example, 2009 refers to fiscal year 2009/10.

DOCUMENT DATE -- May 2017

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

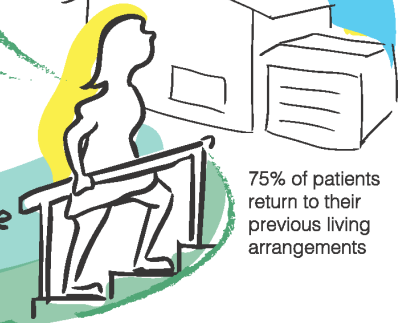
Educating patients and
primary care for
screening and treatment
options for osteoporosis



Transition
to GP in the
community
and community
referrals



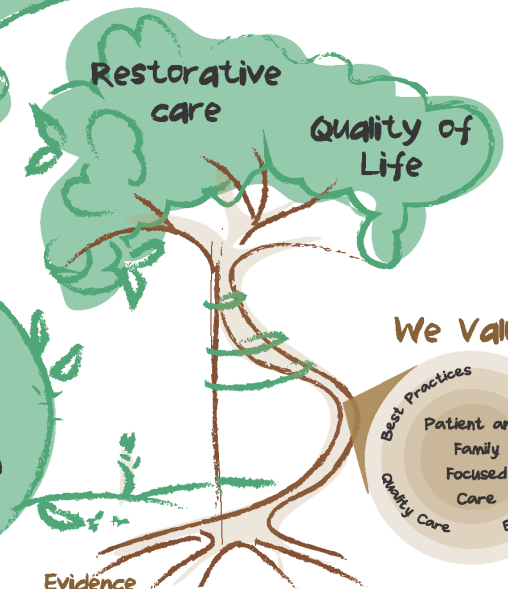
Home Sweet Home



75% of patients
return to their
previous living
arrangements

Quality of
Life

Restorative
care



We Value:



Statistics, July 2016

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



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

Evidence

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??