

Service Alignment: To 2021

BUILDING A SUSTAINABLE INTEGRATED SYSTEM



A NEWSLETTER FOR STAFF,
PHYSICIANS AND VOLUNTEERS
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Sleep Disorders Centre next step in Saskatoon City Hospital care and service transformation

Saskatoon Health Region's Sleep Disorders Centre will find a new home this fall, as the program consolidates from multiple Royal University Hospital (RUH) locations to its own wing on the 6th floor of Saskatoon City Hospital.

"One of the advantages of this facility over the previous one is we now have a centralized patient-focused area," says Dr. Robert Skomro, physician lead for the Centre. "Patients are tested, get their diagnosis, have consultation with a physician, and then receive treatment, all in one visit."

"We have patients coming to us from all over the province and we try to make sure this is as efficient for the patient as possible," he adds.

"Patients are tested, get their diagnosis, have consultation with a physician, and then receive treatment, all in one visit."

When the Centre first opened in 1995, it was only designed for eight patients per week. Demand since then has quintupled and the centre's ground floor RUH location became inadequate



to address the growing patient need - and the growing waiting list.

"Because of the growth in this area, we were using additional space at RUH," says Skomro. The move to Saskatoon City Hospital allows RUH to use that ground floor space to meet other patient needs.

The Sleep Disorders Centre at Saskatoon City Hospital will accommodate six beds five nights a week, for a total of 30 patients each

week. They also provide some treatment and consultation during the day.

The Sleep Disorders Centre monitors diagnostic information, including sleep patterns, respiration and body position, and also provides therapeutic care like ventilation. The centre provides care and service to a growing number of clients with obstructive sleep apnea and hypoventilation, among other conditions.

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Sleep Disorders Centre's team approach enhances patient care, experience

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Dr. Skomro feels the Sleep Disorders Centre is a good fit for the evolving role of Saskatoon City Hospital.

"This is really in line with standards that exist in Canada and elsewhere," he says. "The sleep labs in many areas of the country are located in ambulatory facilities."

The move to City Hospital allows RUH to use that ground floor space to meet other patient needs.

"The nice thing about this facility, while it's primarily ambulatory, outreach teams are available and there are testing facilities here," adds Skomro.

Employees and physicians at the Centre can model an enhanced team-based approach because they all now work in the same space. The centre employs about 20 people, including physicians, sleep apnea nurse educators, sleep technicians, a manager and administrative staff.

"Communication between various staff members is much improved," says Dr. Skomro, about the new facility and model of care. The testing, diagnosis and patient areas are now aligned to maximize the team's interaction, and better meet the needs of the patient.

"The complexity of our patients is increasing as the population ages," adds Skomro. The Centre sees everything across the board, from teenagers to older adults.

"I can see the program really taking off in the next year or two," says Skomro. "We hope this will be the first step in an expansion over the next year or two. The space is

adequate for expansion, and that's a good thing for patients."

"The space (at City) is adequate for expansion and that's a good thing for patients."

"The welcome we've received from Saskatoon City Hospital - everyone's been so wonderful as we've moved in and tried to find our way around," says Scott McCrae, manager of the Sleep Disorders Centre.

"This has been a collaborative project for a number of years," he adds.

The Sleep Disorders Centre is one example of a project at Saskatoon City Hospital that is standardizing practice and enhancing quality to help meet growing patient needs into the year 2021.

Home IV therapy program gets new home at SCH

Saskatoon Health Region's clinical and operations support services are an integral part of service alignment, and staff with the home intravenous therapy program in Pharmacy Services recently demonstrated a unique way to align with the Region's plan for Saskatoon City Hospital (SCH) to be the centre of excellence for ambulatory care.

As Cathy Coote, clinical pharmacy manager at SCH explains, "Originally the program was provided at all three sites with Royal University Hospital (RUH) being the centre point for anyone needing lab work or long-term monitoring while on their medication."

"Because of the increasing demand for home IV therapy, the space at RUH became insufficient," says Coote, who was supported by Corporate Organization Development Consultant Deb Chobotuk. "Management wanted to seize the opportunity and engage staff in the decision about a program they had a vested interest in," says Chobotuk.

After personal interviews, consultations and collaborative working groups, staff made their recommendations to the steering committee. They felt it was best for patients and staff if existing SCH employees provided the program

delivery, rather than moving staff from RUH. Pharmacy staff at RUH then trained those at SCH. Patients now receive their first dose in hospital and visit SCH for ongoing medication and service.

In a recent evaluation survey, 100 percent of clients said they had no problems picking up their antibiotics from the pharmacy department, compared to 90.7 per cent prior to the move.

The home intravenous therapy program is an example of support service responsiveness to acute care changes in the Region, and is a role model for engaging staff in decisions that affect their work.

Ambulatory planning team explores possibilities, vision for patient care

Saskatoon Health Region's ambulatory planning team is moving ahead with the next steps of their daunting but exciting work, including a vision for ambulatory care in the Region and site comparisons to help them imagine the possibilities.

"This isn't simply about moving pieces around," says Leanne Smith, Saskatoon Health Region's Director of Ambulatory Planning. "It's about looking very objectively at what we're doing and how we're doing it, to see if we can improve the service and care we give to our patients and families and make the work environment appealing to our staff and physicians."

From February to April, focus groups were held with staff, physicians and clients to gather information that, along with other sources such as an external consultant's report, informed a draft vision for ambulatory care in the Region, which will go through a consultation process in October to gather further input. The steering committee is also reviewing possible sites that could be considered for information and comparison, such as the Mayo Clinic and Princess Margaret Hospital and the Women's College, both in Toronto. These sites will provide Saskatoon Health Region with information about leading ambulatory practices in Canada and the United States.

In addition to focus groups and site reviews, a literature review has been done to help identify leading ambulatory care practices.

The steering team is reviewing the Region's inventory of ambulatory services and volumes and developing a decision-making framework to help guide ambulatory care site decisions. The framework, which will be taken out to stakeholders later this fall for input, will help determine which programs

will be located at Saskatoon City Hospital (SCH) – the hub of ambulatory care in the Region.

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The steering committee has selected five ambulatory projects to move ahead with this year. The projects include the consolidation of cystoscopy and endoscopy, the expansion of the breast health centre, further consolidation of patients requiring infusions to the SCH Clinical Treatment Centre and a pilot project in gynecology surgery. These projects will demonstrate and test the new vision of Saskatoon City Hospital as the hub of ambulatory care for Saskatoon Health Region.

The gynecology surgery pilot project is an example of how the quality of care for women can be improved. In the past, endometrial ablation procedures were completed in operating rooms under general anaesthesia, but with the new technology the treatment can safely occur in a procedure room with light sedation. A patient can be in and out of the hospital in four hours or less. This is the first of a number of improvements to

women's health at City Hospital.

The expansion of the breast health centre will include an expanded multidisciplinary approach, where a breast cancer patient can be diagnosed and see the surgeon and other key team members for their initial surgical consultation and follow-up care. The centre will expand to a comprehensive centre for breast health.

The consolidation of endoscopy is a large and exciting project that will consolidate the endoscopy units from Saskatoon City Hospital, Royal University Hospital and St. Paul's Hospital all to City Hospital. The committee will look at best practices, space requirements, cost projections and development of standardized procedures. Cystoscopy will also consolidate from three to fewer sites.

The goal of the ambulatory care transformation project and each of the five initial projects is to improve the care and experience for patients, clients and their families. In doing so, an environment will be created where staff and physicians are excited to work, and where education and the generation of new knowledge are the norm.

The steering committee commits to regular updates on their progress and will engage clients, staff and physicians as they continue to plan. Members of the steering committee include Leanne Smith, Jackie Mann, Stuart Hutton, Suzanne Sheppard, Lesley Hunter, Jenny Bartsch, Corey Miller, Craig Ayers, Beth Horsburgh, Ben Daniel, Darby Semeniuk, Deb Chobotuk, Randy Kershaw, Dr. Hoepfner, Dr. Goluboff, Dr. Krahn and Dr. Marciniuk. For more information about ambulatory care projects, please contact Leanne Smith at 655-3380 or leanne.smith@saskatoonhealthregion.ca.

Complex continuing care project examines patient needs, service gaps

Imagine an 83-year-old woman admitted to Royal University Hospital's Medicine unit, with a limited income and no local family support. In the past six months she's had four emergency department visits from falls and dizziness, and three previous eight-day average admissions for diabetes control, cellulitis and transient ischemic attacks. She receives limited Home Care nursing visits for medication management and leg dressings, and her husband has dementia and lives in a Saskatoon special care home.

Or a morbidly obese 70-year-old man with chronic obstructive pulmonary disorder and a history of colon cancer admitted for respiratory issues and now on oxygen. He has a well-managed colostomy and hasn't required cancer treatment for two years. He was investigated for a possible gastrointestinal bleed for low haemoglobin and has been transfused. He is stable but the bleed investigations were inconclusive. His frail 71-year-old wife can't care for him at home, but he doesn't meet long term care admission criteria.

These are only two examples of the many complex patients found in the Region on any given day that could potentially be better served by an integrated, coordinated complex continuing care model. A project steering committee is charged with developing a strategy in this phase of work, and working groups are currently defining the needs and scope of this client

population, and measuring gaps and best practice in complex care.

The working definition of a complex continuing care population is: patients and clients who have complex (multiple) and continuing (chronic) care needs, who may have a high frequency of interaction or an extended stay with the health-care system, and who may not be well-served by existing care models. This cluster is defined in different ways in different jurisdictions, but can include sub-acute, rehabilitation, geriatric, respite, palliative and medically complex patients.

“The goals are to increase acute care capacity for those who need it by decreasing alternate level of care days, preventing readmissions, and optimizing lengths of stay.”

“The overall purpose of the project is to optimize care for this client population,” says Dave Gibson, Saskatoon Health Region's Director of Continuing Care and Seniors Health. Gibson co-leads the complex continuing care project with VP Community Services Shan Landry, with support from Planning, Policy and Performance.

“Other goals are to increase acute care capacity for those who need it by decreasing alternate level of care days, preventing readmissions, and optimizing lengths of stay,” he adds. “We also want to reduce long term care institutionalization rates and increase capacity in home care and primary care by increasing support for our clients and their families.”

Working group members researched utilization data, including alternate level of care data, readmissions, emergency visits, emergency transfers from long term care, heavy users of home care, and use of chronic disease programs. They also gathered qualitative data – diagnostic and demographic characteristics, gaps in service, and the challenges faced by these patients and their care providers.

“We know we're already providing care to these clients through different programs, but not in an integrated way, and there may be gaps in service compared to the need,” says Gibson.

Once the working group and steering committee finalize a Region-specific patient definition in 2009, the project will turn towards best practice and a visioning process to shape a Saskatoon Health Region complex continuing care recommendation and plan, which will include, among broader care needs, an inventory of services to be located at Saskatoon City Hospital.



MYTH

Saskatoon City Hospital will no longer provide acute care and will turn into a glorified long-term care home.

FACT

Saskatoon City Hospital will be the leading edge centre for ambulatory care (outpatient and day procedures), complex continuing care, the Sleep Disorders Centre, rehab and geriatrics, multidisciplinary orthopaedics, eye care and breast health, to name only a few patient and client services.

Region's new geriatric model enhances patient care with skilled teams, community outreach

Saskatoon Health Region is developing an innovative model of care for geriatric clients, their families and caregivers. The model is anchored by an experienced team of physicians, nurses, therapists and other allied health professionals from the Geriatric Services program, who will strive to keep a greater proportion of our aging population healthy in the community.

"The new service delivery model for geriatric medicine provides an opportunity for Geriatric Services to be leaders in the provision of care for older adults," says Dr. Jenny Basran, Head, Division of Geriatric Medicine in the Region.

Services to geriatric patients will be enhanced at all acute care sites and in the community through expanded in-reach and outreach RN teams. In-reach teams will review patients in hospital, attend team rounds, assist in care planning and problem solving for patients and families, and promote elder-friendly principles across acute care. Outreach teams will provide assessment, treatment, and follow-up services for geriatric clients and families through home visits.

Geriatric interdisciplinary outpatient services will be restructured and expanded to better fit current and future needs. These services will continue to be offered on the 7th floor of Saskatoon City Hospital. The Geriatric Re-enablement Unit (GRU) at Parkridge Centre will continue to provide inpatient interdisciplinary rehabilitation to older adults.

Due to the critical shortage of geriatricians, the 10-bed geriatric assessment unit at City Hospital closed on May 25, 2009. Staff and financial resources will integrate with the existing Geriatric and Rehabilitation programs on the 7th floor of Saskatoon City Hospital. The GAU provided exceptional and comprehensive inpatient assessment and management to geriatric patients across Saskatchewan, and the Region recognizes its closure will have an impact on patients, families, physicians, other health-care providers, as well as other clinical services.

The Rehabilitation Centre, located on the 7th floor of Saskatoon City Hospital, will continue to provide excellent interdisciplinary inpatient rehabilitation services to both adult and geriatric patients as well as rehabilitation day services and specialized Physical Medicine and Rehabilitation clinics.

"This innovative model of geriatric care will provide the best care to the right people at the right time, while optimizing the skills and experience of the entire team, including geriatricians and allied health professionals," adds Basran.

Saskatoon Health Region is also dedicated to continuing efforts to recruit physicians to work with the geriatrician and other physicians practicing geriatric medicine in the province.

"This innovative model of geriatric care will provide the best care to the right people at the right time, while optimizing the skills and experience of the entire team."

Contribute. Be informed.

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Do you have questions that aren't answered here or on the InfoNet?
http://infonet.sktnhr.ca/service_alignment/index.htm

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E-mail service.alignment@saskatoonhealthregion.ca or speak to your manager.

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