

# CLINICAL NETWORKS IN ALBERTA

Presentation to IHE Workshop

“Encouraging Optimal Use of DI for Low Back Pain”

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Edmonton, Alberta



# Outline of Presentation

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- Clinical Engagement
  - Clinical Networks
- Bone and Joint Clinical Network
  - Background
  - Priorities
  - Progress to date Hip & Knee Arthroplasty (Example)
  - Learnings
- Discussion

## Clinical Networks - Purpose

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- Engage clinicians, patients and leaders in decision-making about clinical services planning and implementation, clinical practice improvement, quality and patient safety
- Area of focus can be across the continuum of care (horizontal Network) or a specific clinical service area (vertical Network)

# Clinical Networks - Goals

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1. Improve patient outcomes and access to care/services
2. Improve clinical practices and reduce variation
3. Address quality and patient safety issues
4. Apply clinical expertise to strategic and service planning
5. Support the teaching and research responsibilities and opportunities

# Clinical Networks - Accountability

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- Clinical Networks are accountable to Senior Executive and CEO through a designated Executive Sponsor
- Executive Sponsor provides executive leadership for the Network; identifies and appoints Network Co-Chairs; provides guidance/ approval on strategic priorities and initiatives
- The Alberta Clinician Council oversees the development and progress of the Clinical Networks, providing feedback on potential system impact of proposed strategies/initiatives

# Clinical Networks - Evaluation

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- Aim of the Clinical Networks is to improve:
  - quality of care
  - patient safety
  - access to service
- Each Clinical Network will be evaluated against expected outcomes in relation to their Action Plan
- Evaluation of Clinical Network concept will be initiated at conclusion of first year of implementation

# Clinical Networks

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Nine Clinical Networks being established, including:

- Addiction and Mental Health
- **Bone and Joint**
- Cancer Care
- Cardiac
- Critical Care
- Emergency
- Neuro / Stroke
- Respiratory
- Surgery

# Bone and Joint Clinical Network

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# Bone & Joint Clinical Network

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## Strategic Approaches and Functions

- Provincial in focus and scope – customize for local circumstances
- Plan strategic, tactical and operational change efforts in the physician environment, hospitals and community
- Build collaboration between AHS clinicians, physicians, and affiliated providers
- Engaging patients / families to have a strong voice
- A partnership approach; Alberta Bone & Joint Health Institute (ABJHI) is a decision support resource
- Base all clinical and administrative recommendations on best available evidence
- Endorse measurement, feedback and evaluation for improvement

# Bone & Joint Clinical Network

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- Builds on previous provincial, regional, local successes, e.g.
  - Hip and Knee Arthroplasty Pilot: 3 sites in AB
  - Alberta Wait Times Management Initiative
  - Alberta Bone and Joint Health Institute (ABJHI)
  - Many others
- Co Leads: Dr Don Dick, Tracy Wasylak
- Clinical Network Officer: Joanne O’Gorman
- Clinical Network “Core Team”
  - 23 members from across Alberta
    - Physicians, nurses, allied health, researchers
    - From across Alberta
- Resource Support Team: ABJHI, AHS staff

# Five Priorities of Executive Sponsors

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1. Reduce variability in Hip & Knee care and *improve access*
2. Strategies to Eliminate Waste
3. Data driven decisions and Outcome Measurement
4. Incenting and Supporting Change
5. Support Primary Care Needs in Bone and Joint

# Five Priorities/Working Groups

1. Arthritis
2. Soft Tissue Injury
  - Knee Injury (First Priority)
3. Trauma
  - Hip Fractures
  - Orthopedic Consult Line
4. Hip & Knee Arthroplasty
5. Spine (will start Oct/2010)

**AHS  
Executive Sponsor  
Deb Gordon**

**The Bone & Joint Clinical Network**  
*Structure and Supports*

**Alberta Clinician Council**  
Co-Chairs  
Chris Eagle & Veronica Horn  
- Clinical oversight & advice

**Bone and Joint Clinical Network  
Co-Chairs**  
Admin Lead: Tracy Wasylak  
Physician Lead: Don Dick  
Clinical Network Officer: Joanne O`Gorman  
- Goals/Priorities/Program/Projects

Hip and Knee  
Working Group

Arthritis  
Working Group

Trauma  
Working Group

Soft Tissue Injury  
Working Group

Spine  
Working Group

**ABJHI**  
**Network Decision Support and KT  
(with Evidence)**  
Clinical Pathway Development/Updating  
Measurement/Modeling+ Feedback  
Informing Sustainability  
Knowledge exchange with Universities

**AHS Development &  
Implementation  
Support Functions**

Project Mgmt /Implementation/Policy  
Support  
Data Provision and Stewardship  
Information Technology  
Incentive Support

**Local Physician, Front  
Line Provider and Operational Leadership  
Development & Implementation Teams**  
Clinical Pathway Implementation  
Access and Quality Improvement

# **Bone & Joint Clinical Network**

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## **Hip & Knee Arthroplasty Working Group**

### **Co-Chairs:**

**Dr. Jason Werle**

**Jane Squire Howden**



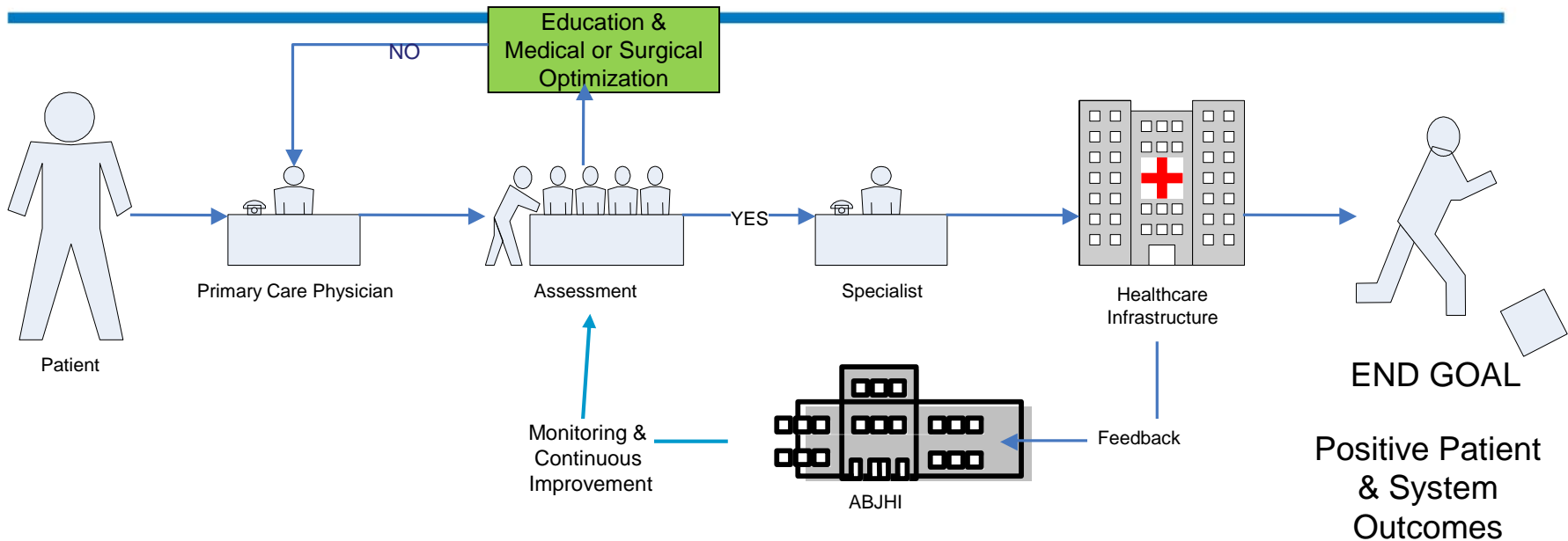
# Hip & Knee Working Group: Priorities

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- **Access**
  - Wait times Definitions
  - Reconcile Referral and Surgery Lists
  - Measurement Framework
- **Clinical Pathways**
  - Determine core elements across care continuum and reduce variability
  - Improve clinical practice
- **Sustainability**
  - Case costing for clinics and hospitals
  - Hospital LOS
  - Discharge planning and supports
- **Quality and Safety**
  - Match resources with needs - right service right time
  - Measure adverse events and complications

# Continuum Overview

(Building on Alberta Hip & Knee Pilot 2004 – 2006)



## Five Central Elements to a Standardized Approach:

1. **Central intake of hip and knee patients with multidisciplinary teams**
2. **A planned and managed approach to service delivery using multidisciplinary teams**
3. **Standardized care path based on evidence**
4. **Empowered and accountable patients – patients sign 'contracts' to do their part**
5. **Measurement systems – feedback for improvement (electronic – real time)**



# Hip & Knee Working Group: Progress

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- **Wait Times Definitions**
  - Approved standardized definitions and measuring waiting time from GP referral to Specialist, and Specialist to Surgery
- **Transformational Improvement Program (TIP)**
  - Implementing a single clinical pathway in 12 hospitals (multidisciplinary teams) to reduce practice variation using a collaborative learning model
  - Potential to reduce “wasted” bed days; savings to be reinvested to improve access

# Hip & Knee Working Group: Progress

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- Expanding Centralized Intake Model for hip and knee arthroplasty from 3 ⇒ 12 sites (customized to reflect local circumstances)
- Piloting a web based system to support referral from GP to Specialist, involves patient in decision making, reduces multiple referrals and improves access (awarded hSITE grant to support)
  - Linking with AHS-wide IT solutions
- Developed a tool to collect Surgeon Wait Time information for feedback from Central Intake Clinics and/or Surgeons

## Learnings

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- Can't manage what you don't measure – Pilot Project experience highlights need for sustainable ways to maintain focus, collect and analyze data and adjust practice
- Successful / Sustained change = engagement of front line staff and physicians: Takes Time
- Need local customization of models within standardized framework
- “Sustaining the gain” is a challenge:
  - Transition from pilot to full implementation
  - Need for standardized data, measurement and reporting tools, incentives to improve (feedback).

**Thank You!**

**Questions?**

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