Integration of Seniors Services

The 10 Key Principles for Health System Integration – Considerations for Health Human Resources

Esther Suter, PhD, MSW
Director
Workforce Research and Evaluation, Alberta Health Services
January 23, 2014
Health Systems Integration


1. No universal definition or concept
2. Multiple models for integration
3. Ten universal principles
4. Processes and structures are equally important
5. Lack of standardized tools to evaluate integration outcomes
The 10 Key Principles for Health System Integration

- Comprehensive
- Patient focus
- Geographic coverage
- IP teams/Standardization
- Performance
- IT systems
- Leadership
- Physicians
- Governance
- Finance

www.albertahealthservices.ca
Care Delivery through Interprofessional Teams

• Who is part of the team?
• Type of services provided?
• Role of each team member?
• Gaps in providers?
• Communication between team members?
Who is part of the Team?

- Know your population
  - What are the needs of the target population?
  - Medical, psycho-social, spiritual needs
- Comprehensive analysis of population to identify needs
  - Stats Canada data (geographic distribution, socio-demographic characteristics)
  - Health care utilization data
- Population needs will determine services required and team composition and geographic distribution to ensure access
Gaps in Care Providers

• Limited access/availability of OT/PT/SW
  – Lack of implementation of care plan, specifically, lack of mobilization
  – Underutilization of regulated providers

• Better integration of unregulated providers into interprofessional team
  – Therapy Assistants, Recreation Therapists
Role of Each Team Member

Lack of role clarity is one of the most common issues in interprofessional teams

- Impacts workload, creates gaps in care, creates tension between providers
- Role ambiguity in particular between different nursing roles; OT/PT/Rec Therapists
  - Who is the principal care coordinator?
  - How do other providers contribute to development and implementation of care plan?
Role of the Physician on the Team

- Physicians not really integrated into the team
  - Lack of information exchange between IP team and physicians
  - Typically do not attend IP care meetings

- Use of Nurse Practitioner in care facilities
Role of Resident and Care Giver on the Team

• Balancing user wishes/preferences with medical needs
  – Shared decision making and care planning

• Managing care giver/family expectations and involvement
  – Creating realistic expectations
  – Level of involvement (too little/too much)
  – Communication with and support of care givers/family
Communication between Team Members

- Communication processes for sharing information
  - Lack of electronic health records
  - Geographically dispersed teams
  - Communication at transition points (admission/discharge to ER/in-patient services)
  - Alberta Netcare
  - Personal communication for relationship building
Key Considerations for Service Integration

- Patient focus (needs based assessment)
- Comprehensive Services
- Geographic Coverage/Access
- Governance structure
- Financial management
- Physician engagement
- Information systems
- Patient focus (engagement)
- Organizational culture and leadership
- Performance management

Services delivered by IP Team
Thank You


Contact information:
esther.suter@albertahealthservices.ca