Strategic Clinical Networks Retrospective | 2012-2018 at a glance

Our mission

Improving the health of Albertans by bringing together people, research and innovation.

Alberta has 16 Strategic Clinical Networks, which are groups of clinicians, patients, operational leaders and other stakeholders, working together to solve health challenges

We connect people who are knowledgeable and passionate about specific areas of health and work as one team. Together, we're creating a high performing and sustainable health system – one that embeds research and innovation into daily practice and is equipped with the tools, processes, programs and people to address the challenges we face today and those to come.

We partner with patients and families to identify priorities that matter to the people of Alberta. And we work with operational leaders, care providers, communities and academic partners to find the right solutions. These connections enable us to respond to critical health needs and support continuous improvement—locally and across the province. We work across institutional and geographic boundaries to improve health outcomes, align our efforts, translate evidence into practice, and accelerate health system improvement.

What we've achieved

Alberta's Strategic Clinical Networks (SCNs™) work across the system to ensure high quality care and value for every Albertan. Together, we're improving quality, safety, effectiveness and standardization of care.

Alberta has become a leader in many areas of health, including stroke care, surgical care, and elder-friendly care. We're improving care pathways for pregnant women and patients with diabetes, cancer, asthma and kidney disease.

Collective impact – by the numbers

A comprehensive analysis of return on investment for the first nine SCN projects showed an estimated cumulative savings of:

43,000 bed days ($28 MILLION savings) + **$15.2** MILLION in direct cost savings = **$43.2** MILLION in total savings

*Cumulative savings continue to be tracked and will be updated in fall 2019.

How we've done it

- ☑ We've leveraged our resources and fully tapped the potential of Alberta's single, province-wide integrated health system.
- ☑ We've worked together as diverse and united teams to get evidence into practice and improve health outcomes for all Albertans.
- ☑ We've focused on…

SOLUTIONS

For **4.3 million** Albertans

That improve **health outcomes, care** and **wellness**

Using **measurement** to drive **practice change**

Balancing critical health needs and long-term goals

TEAMWORK

150+ patient and family advisors

10,000+ individuals have participated in the networks to date

Partnering across **all zones and provincial programs**

Early **engagement** and ongoing **communication**

INNOVATION

Linkages between primary and secondary care

Integrated care pathways and **best practices**

Early intervention, screening, **prevention**

Spreading and scaling successful innovations

OUTCOMES

A **learning, high-performing** health system

Better quality, safety and value for all Albertans

Improved **access, experience and equity**

Long-term **sustainability**

Alberta Health Services

Inspiring solutions. Together.

Strategic Clinical Networks™

The Quadruple Aim – Improving health outcomes that matter to the people of Alberta

1 Improving patients' and families' experiences

Faster diagnosis of breast cancers

- Shorter wait times for confirmed diagnosis (from 19 to 6 days)
- Patient satisfaction now greater than 90%

Greater involvement of patients and families in care teams

- Safeguards to ensure critical information shared prior to surgery
- Improved patient safety; more than 10,000 medical errors avoided each year

Integrated care pathways and expanded support for

- people with opioid use disorder (virtual care, bup-nal initiation in emergency departments, community referrals)
- long-term care residents (improved screening for urgent transfers)
- people with chronic conditions such as osteoarthritis and diabetes

Improved access to health services for rural and First Nations communities

- Pre- and post-natal care, stroke care and rehabilitation services
- Indigenous patient navigators to address barriers and inequities

2 Improving patient and population health outcomes

Fewer complications, more consistent screening for delirium in intensive care patients

- 10% fewer days patients in intensive care units experience delirium

Improved stroke outcomes and access to best-in-class care

- Shorter door-to-needle times
- Rapid clinical evaluation and treatment and access to rehabilitation
- 28% fewer patients admitted to long-term care

High-quality, evidence-based care across all sites

- Reducing unwarranted variation and improved consistency through best practices, standard order sets, care and referral pathways, and quality indicators

Reduced risk of injury and chronic disease through

- improved screening and follow-up (e.g., diabetic foot ulcers, bone fractures)
- community-level supports (e.g., people with hip and knee osteoarthritis)
- online resources, partnerships (Alberta Community Health Dashboard)

3 Improving value and health system sustainability

Improved capacity and reduced length of stay

- Enhanced care before and after surgery shortens hospital stays by 1 to 2 days

  ▸▸▸▸ return on investment is $2.1 to $3.8 for every $1 invested

- Early treatment and better rehab reduces length of stay and long-term disabilities

  ▸▸▸▸ $3.3 million annual savings

- Nearly half (46%) of breast cancer surgeries are now performed as day surgeries (up from 5% in 2014/15)
- Reductions in ICU delirium and lower limb amputations (in zones implementing integrated care) reduces hospital stays

  ▸▸▸▸ combined savings of more than $5.5 million per year

Removal of low-value practices

- Use of best evidence to ensure patient safety, appropriate use of tests and treatments
- Discontinued use of fetal fibronectin laboratory test and replaced it with clinical assessment tools to assess risk of preterm births

  ▸▸▸▸ $12.5 million in cost savings

Preventative strategies that support long-term health sustainability

- Enhanced screening through Catch-a-Break is helping prevent hip fractures and other common fractures in patients with osteoporosis

4 Improving the experience and safety of our people

Improved efficiency and communication

- More efficient processes for referrals, imaging, reporting, and better communication between care providers (e.g., breast health, acute care, high risk foot teams)
- Better coordinated stroke services – from rapid evaluation and intervention to rehabilitation

Integrated, team-based care

- Improved access to specialist care (e.g., gastrointestinal, bone and joint, addiction and mental health services)
- Better access to information and resources increases provider confidence (e.g., diabetic foot screening)
- Improved morale through partnerships, engagement and multidisciplinary approaches (e.g., emergency staff better able to help patients access community supports)