

## Did you know?

Health systems around the globe are facing serious pressures. They are looking to deliver better care to patients and seeking improved health outcomes. At the same time, populations are aging and the demand for health care is increasing. At a time when the world is in desperate need of health care providers, there is also evidence of a diminishing health care workforce and a decrease in productivity<sup>1</sup>. Health care systems are being forced to operate more efficiently to cope with the population changes while also managing the health care workforce crunch.

Alberta is no different from other health systems. Our population has grown by one million people in the last 12 years alone. And as the population ages, we are seeing more patients with multiple, complex health needs. If we consider the number of health care workers needed in Alberta to sustain quality care for our patients, we need to hire about 9,000 more health care workers each year simply to make up for retirements and turnover.<sup>2</sup>

We need to make changes: we need to make sure we are providing the best possible care for Albertans; we need to make sure we have a health care workforce now and in the future; and we need to build a financially sustainable system that will be there for all of us.

Yet, a growing and aging population is only one component of this complex issue. The solution is not as simple as just recruiting more health care workers. We need to think more innovatively.

In a report titled, *A Nursing Call to Action*<sup>3</sup>, commissioned by the Canadian Nurses Association, nursing leaders sought to uncover the most efficient ways to meet the changing and pressing health needs of Canadians. Among the solutions is the idea of a new model of care. This is consistent with AHS' own findings<sup>4</sup>.

## What have we done

AHS did extensive research: literature reviews; environmental scans and conversations with health organizations across Canada; surveys, interviews and focus groups with patients, families, staff and physicians; population profiling; observational data collection on six units across three sites; and workflow simulation modeling and staffing scenarios.

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<sup>1</sup> KPMG, [Value Walks](#), 2012

<sup>2</sup> Clinical Workforce Planning, 2013

<sup>3</sup> National Expert Commission, [A Nursing Call to Action](#), May 2011

<sup>4</sup> Workforce Model Transformation Project, *Workforce Model Transformation (WMT) Leading Practices, Definitions, and References*, September 2012

Through this work we heard the voices of patients, families and staff. We identified leading practices that will improve the experience and outcomes for the patient, provider and system. An interdisciplinary team collaborated to design a new way of providing care that incorporates these views, best practices, and data. The team studied the current practice of providers and identified where providers would add the most value to patient care.

The observational data captured activities of the healthcare providers 24 hours a day, 7 days a week. This enabled AHS to understand what work was being done by which provider. It helped determine the most appropriate provider to deliver the different aspects of care. The new model of care was applied to the observational data. This meant shifting care activities to the most appropriate provider, adding time to roles where new activities were identified, and adjusting the time needed to perform new processes. Using simulation software, we were able to determine the most appropriate staffing levels for the unit based on patient needs.

## **Collaborative Practice Model of Care**

The evidence revealed that patients would have better care and health outcomes within a Collaborative Practice Model of Care. Equally important, staff job satisfaction would also increase under the model. The Collaborative Practice Model of Care would not only enhance productivity, it would also help us become more cost-effective and create a sustainable health care system.

This new model is about working differently. It is going to be a philosophical shift for health providers. The model is about a collaborative work environment where health professionals are organized in a way where they can have the greatest impact. It is about a range of health care providers using all of their valued knowledge, training and ability to care for patients. Most importantly, the model is about the needs of the patient. It allows patients to be a key contributor to their plan of care, the goals for their care and their anticipated date of discharge.

Traditionally, patient assignments are based on what care providers are available at any given time. The new model will bring a team together in a new and different way: patients will be at the centre. We believe patients and their families should play an active role in contributing to their care plan, based on their health goals. Patients will be supported by a team of health care providers using all of their valued knowledge, training and ability to help patients achieve their goals.

## Collaborative Practice in Canada

At Toronto East General Hospital, Coordinated Care Teams (CCTs) were established within a collaborative care model. Their results included: a reduction in patient falls, no incidents of post-admission pressure ulcers, improvement in patient satisfaction, decrease in patient complaints, and a reduction in sick time and over time.<sup>5</sup>

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*“Couldn’t be better... when I ring this [call bell]  
someone is here within seconds.”*

~ Pilot Project Patient describing their care on the unit,  
Toronto East General Hospital<sup>6</sup>

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Other health care systems are introducing similar models and seeing success. At Vancouver Coastal Health, overtime was significantly reduced. This led to predictable schedules for staff who could enjoy well-earned time away from work without the risk of being called back.<sup>7</sup>

In Nova Scotia, those who were part of the new model stated their team environment was more positive and roles were clear. At the same time, patients tended to have shorter hospital stays, fewer repeat admissions and reported better health status within four months. The model has also helped with provincial health human resource shortages.<sup>8</sup>

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*“I feel better able to work within my scope of practice, and my time is better spent focusing on more complex issues. I really think we have done a great job making our unit run like a team. It’s not us and them – it is our whole team working together so our families flourish, not just cope.”*

~Charlotte Guyomard, RN, IWK Health Centre, Nova Scotia<sup>9</sup>

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<sup>5</sup> Workforce Model Transformation Project, Workforce Model Transformation (WMT) Leading Practices, Definitions, and References, September 2012

<sup>6</sup> [Coordinated Care Team Demonstration Project Evaluation](#), 2009

<sup>7</sup> Workforce Model Transformation Project, Workforce Model Transformation (WMT) Leading Practices, Definitions, and References, September 2012

<sup>8</sup> [Model of Care Initiative in Nova Scotia \(MOCINS\), Final Evaluation Report](#), 2010

<sup>9</sup> [Highlights of the Model of Care Initiative in Nova Scotia Final Evaluation Report](#), 2010

## **How we will measure success and continually improve**

Bringing this new model into our sites requires significant change. As we implement this model on our demonstration units, we have created ways to continually evaluate our progress and adapt based on continuous learning. Patients, families, staff, and physicians, along with professional associations and unions, are involved in the evaluation. We are using real-time monitoring of quality indicators and conducting post implementation interviews and satisfaction surveys. Real-time Indicators include RAPID/MET calls, patient falls, medication errors, infection rates, patient and staff satisfaction, patient self-reported outcomes, workload measures, and employee injuries.

## **Timing is everything**

Within our province and around the world, we are facing a future that is forcing us to think differently about how we can deliver high quality, safe, patient care. The Collaborative Practice Model of Care is one solution that can help us work toward a system that provides better quality, better value, and supports better patient and health outcomes. This is a model that will help us manage the global health care workforce crunch and changes in population. If we want a sustainable system that can provide care for our children and grandchildren, we need to make changes today.