



CLINICAL CARE MANAGEMENT



One Year Ago ...

Barriers:

- Lack of a strategic vision, goals, roles and responsibilities
- Inadequate stakeholder consultation
- Insufficient collaboration and integration
- Lack of clinician engagement (esp physician)
- Inadequate technical infrastructure and measurement systems
- Influence of political pressures



One Year Ago ...

Enablers/Opportunities:

- Strong motivation and rationale for change
- Leadership that supports and understands how to lead for quality
- Patient and public education and engagement
- Availability of best practices
- Health care provider education
- Data and technology for measurement and analysis
- Strong culture supporting quality
- Enhanced accountability and incentive systems



Is This Still Relevant?

What Is Missing?



Improvement Triad





The Role of the Improvement Triad

- Develop resources, strategies and plans for specific clinical improvement efforts
- Develop and provide recommendations on appropriate measures
- Review quarterly reports and provide additional context to the CCM Steering Committee
- Help problem-solve around provincial-level barriers to implementation progress from a clinical standpoint
- Provides cross-regional perspective as implementation moves forward

Topic	Clinical Lead	Quality Leader	Clinical Expert Group
Surgical (SSI/Checklist)	Dr. Craig Bosenberg <i>Anaesthetist, VIHA</i>	Marlies van Dijk <i>(Previous National SSI Lead and Western Leader, SHN)</i>	Provincial Surgical Advisory Committee
Venous Thromboembolism	Dr. David Wilton <i>Hospitalist, VCH</i>	Shari McKeown <i>(Respiratory Therapist and previous Professional Practice Leader, VCH)</i>	<i>under creation</i>
Ventilated Patients	Dr, Juan Ronco	Shari McKeown	Critical Care Working Group
Hand Hygiene	Dr. Liz Bryce <i>Co-Lead, PICNet</i>	Katie Procter	Provincial Hand Hygiene Steering Committee
Sepsis <i>*year one focus on care in the emergency dept.</i>	Dr. David Sweet <i>Intensivist and Emergency Physician, VGH & E2E Faculty</i>	Katie Procter	Critical Care Working Group & E2E Faculty
Medication Reconciliation	Dr. Keith White <i>Primary Care Physician, Kelowna</i>	Mary Lou Lester <i>Pharmacist (previous Med Rec Leader, IHA)</i>	<i>under creation</i>
Stroke <i>*year one focus on care in the emergency dept.</i>	Dr. Devin Harris	Noreen Kamal <i>(previous E2E Collaborative Director)</i>	Stroke Strategy
Heart Failure <i>*year one focus in the community, with interface into emergency</i>	TBD	Heidi Johns <i>(secondment from NHA, Primary Care)</i>	Provincial Heart Failure Steering Committee

Clinical Director: Dr. Julian Marsden (.3 FTE)
Project Coordinators: Anna Needs and Rebecca Brooke
Communications: Ken Donohue *(formerly with BC Transplant)*



Framework for Supporting Change

1. Develop Capability and Capacity for Change (at all levels)
2. Creating Supportive Environments
 - Technology
 - Human Factors
 - Culture
3. Policy
4. Build Coalitions
 - Local structures
 - Health Quality Network
 - E.g., Evidence to Excellence
5. Strengthening Community Action



Next Steps

1. Learning Local Context
2. Communications Strategy
3. Measurement and Data Collection



Understanding Local Context – Health Authorities

1. Structure for supporting change and implementation
2. Resources to support
 - Change management
 - Data collection/infrastructure
3. Clinician engagement
4. Communications strategy
5. Issues to be sensitive to?
6. Implementation plan



Measurement & Data Collection

CCM Measurement Working Group

1. Membership:
 - Data analyst & quality/clinical from each HA
 - Primary care (Divisions of Family Practice)
2. Terms of Reference
 - What is your advice for structuring and purpose?



Questions? Thoughts?