



North Simcoe Muskoka

Specialized Geriatric Services

Health System Transformation: Nurses as Leaders of Change

Sandra Easson-Bruno, RN, MN, GNC(C)
CGNA Conference
May 2017

Outline

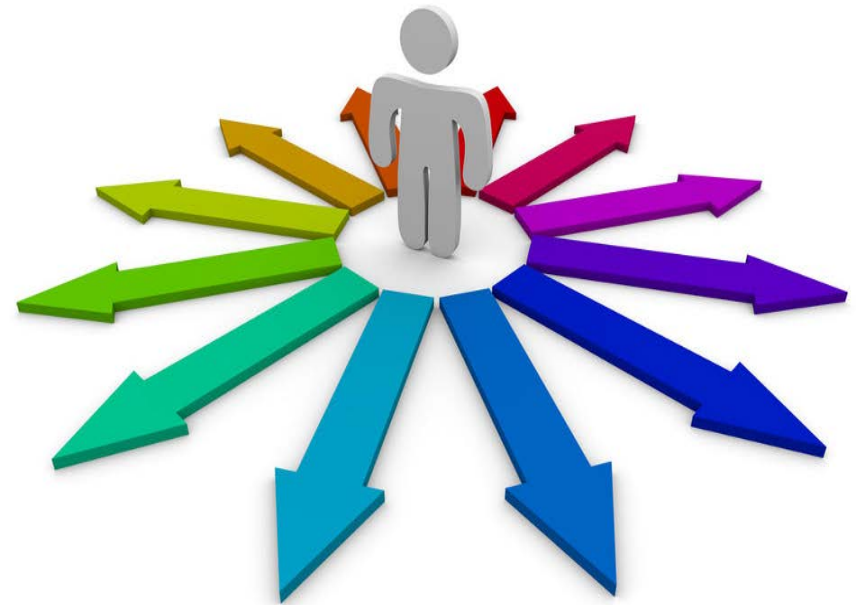
- System Challenges
- Change Management Framework
- Progress to Date
- Nurses as Leaders
- Lessons Learned
- Considerations for Others

System Challenges

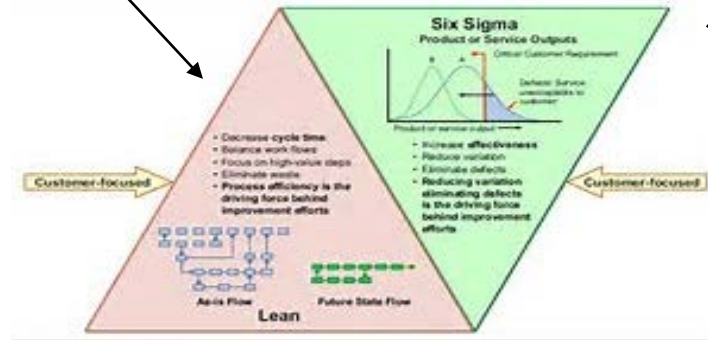
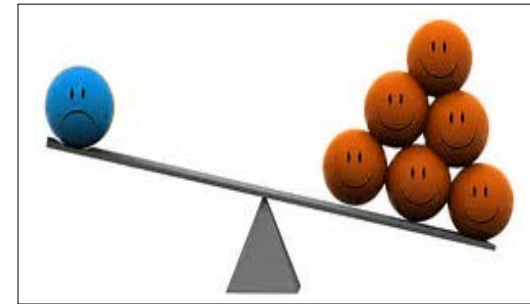
- 83,000 age 65+
- 43.8% age 75+
- NSM in top 3 LHINs in proportion of aged 65+ - 18.8% of the population in 2015
- Forecasted growth greatly exceeds other age groups - 65+ to account for 21.3% by 2020 and 24.3% by 2025



- Networks:
Elder Abuse, Dementia, Falls
- Provincial Initiatives:
SFHS, BSO
- LHIN Initiatives:
Falls, Seniors Team, First Link,
Primary Care Support, NLOT
- Specialized Geriatric Services
in hospitals
- Primary Care initiatives,
including Memory Clinics



Acuity & Complexity



On October 28th, 2013 the NSM LHIN Board of Directors approved base funding for seniors health as part of 2013/14 funding.

Two key areas of focus were identified for this funding:

1. Development of an integrated regional Seniors Health Program; and,
2. Stabilization of the NSM Geriatric Care Specialists (Geriatricians, Geriatric Psychiatrists, Care of the Elderly Physicians).

**Documents dating to
1998 advocating for
change**

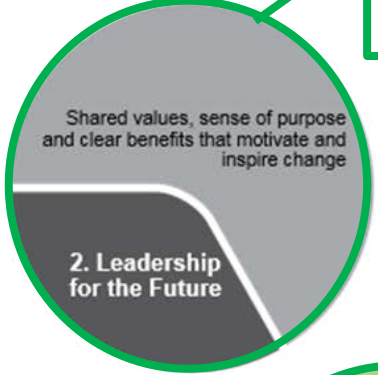
Change Management: Framework & Progress

Alignment of changes to a common vision focused on healthcare system priorities: integration, equity, and timely access to care

Active and visible executive sponsorship and leadership

Continue ongoing management of change after the transition takes place and celebrate success

Compelling and consistent internal and external communications; Broad stakeholder participation and buy-in



Patients First A Framework for change



Integration of project management and change management; Adoption of best practices and innovation to facilitate change; Monitor, improve and reassess change strategies as part of the organizational quality improvement cycle



Engage change leads and champions to facilitate change; Build fluency and skills to support change management

Area of Focus	Work To Date
<p>Change Area 1: <i>Vision for Change</i></p>	
<p>Alignment of changes to a common vision focused on healthcare system priorities: integration, equity, and timely access care</p>	<ul style="list-style-type: none"> • 2014 Strategy document



KEY ELEMENTS

**PATIENT CENTERED
USER-FRIENDLY**



**"AVOID KINGDOMS
AND SILOS...
IT IS ALREADY
TOO COMPLEX"**

Central:
Highly
Specialized
Services &
Leadership

Local:
Inter-Disciplinary
Teams, Intake,
Assessment,
Services &
Navigation



**Caring
Community...
It Takes a Village
Education &
Volunteers**

**"COORDINATED
CENTRALLY...
BUT MAKE IT
LOCALLY MANAGED"**

Holistic
All Needs Met...
(incl. Social
Determinants of
Health)

Aging at Home
Enhance
Caregiver Supports
& In-Home
Services

North Simcoe Muskoka Specialized Geriatric Services Program Quality Framework 2014 - 2017

Vision & Mission

VISION:
Wellness, Independence & Quality of Life in Aging

MISSION:
Optimizing Health & Well-Being for Seniors-In-Need Through an Integrated Regional Program of Specialized Geriatric Services

Strategic Priority

Improving Patient Outcomes

Building Capacity

Fostering System Change

Strategic Direction

What will be accomplished through this strategic priority

Frail seniors across NSM will have access to Specialized Geriatric Services that are integrated, effective and collaborative.

Frail seniors, their caregivers and their health care professionals will have the knowledge and tools they need to optimize health outcomes.

The needs of frail seniors are reflected in health system planning and policy change with the intent to create a system that is affordable, sustainable and accountable.

Strategic Goals

What will be focused on between 2014 – 2017 to achieve the strategic direction

1. Re-design existing NSM Specialized Geriatric Services to improve efficiency, equity and access.
2. Increase the knowledge of seniors and providers regarding NSM Specialized Geriatric Services.
3. Where possible, establish new Specialized Geriatric Services to address system gaps.
4. Enhance partnerships between Geriatric Medicine services and Geriatric Psychiatry services.
5. Improve the care experience, including transitions.

- The Center of Excellence will:
1. Increase the number of health care professionals AND skillsets of health care professionals in the care of frail seniors.
 2. Standardize and disseminate leading practices.
 3. Increase education and mentorship opportunities for health care professionals, community providers and students.
 4. Increase the self-management capacity of frail seniors and their caregivers.

1. Sustain and build the pool of NSM Geriatric Care Specialists.
2. Establish the leadership structure for the NSM Specialized Geriatric Services Program (to include Persons With Lived Experience).
3. Partner with Care Connection Councils and Health Links to identify and, as appropriate, address needs and opportunities related to frail seniors.
4. Work locally and provincially to promote policy change to benefit frail seniors.

Area of Focus	Work To Date
<p>Change Area 2: Leadership for the Future</p>	
<p>Active and visible executive sponsorship and leadership</p>	<ul style="list-style-type: none"> • 2015 Seniors Health Program Review • 2015 LHIN Action Plan • Lead Agency via RFP <ul style="list-style-type: none"> ◦ Authority & Accountability Agreement • 2016-2019 LHIN IHSP • Waypoint/LHIN Steering Committee • LHIN Seniors Health Project Team
<p>Design and implement a shared culture that is based in organizational values and guiding principles</p>	<ul style="list-style-type: none"> • 2016 SGS Clinical Design Report • 2016 SGS Education Strategy

Seniors Health Program Review (2015)

- **Process:**
 - Individual programs AND the program as part of a system
Delivery System Framework (Hollander & Prince)
 - Data AND stories
 - Expert Panel
- **Examples of Key Recommendations:**
 - Lead Agency
 - Single funding envelope
 - LHIN senior leader to manage implementation
 - Establish integrated electronic health information system
 - Establish central intake process, inclusive of behaviours

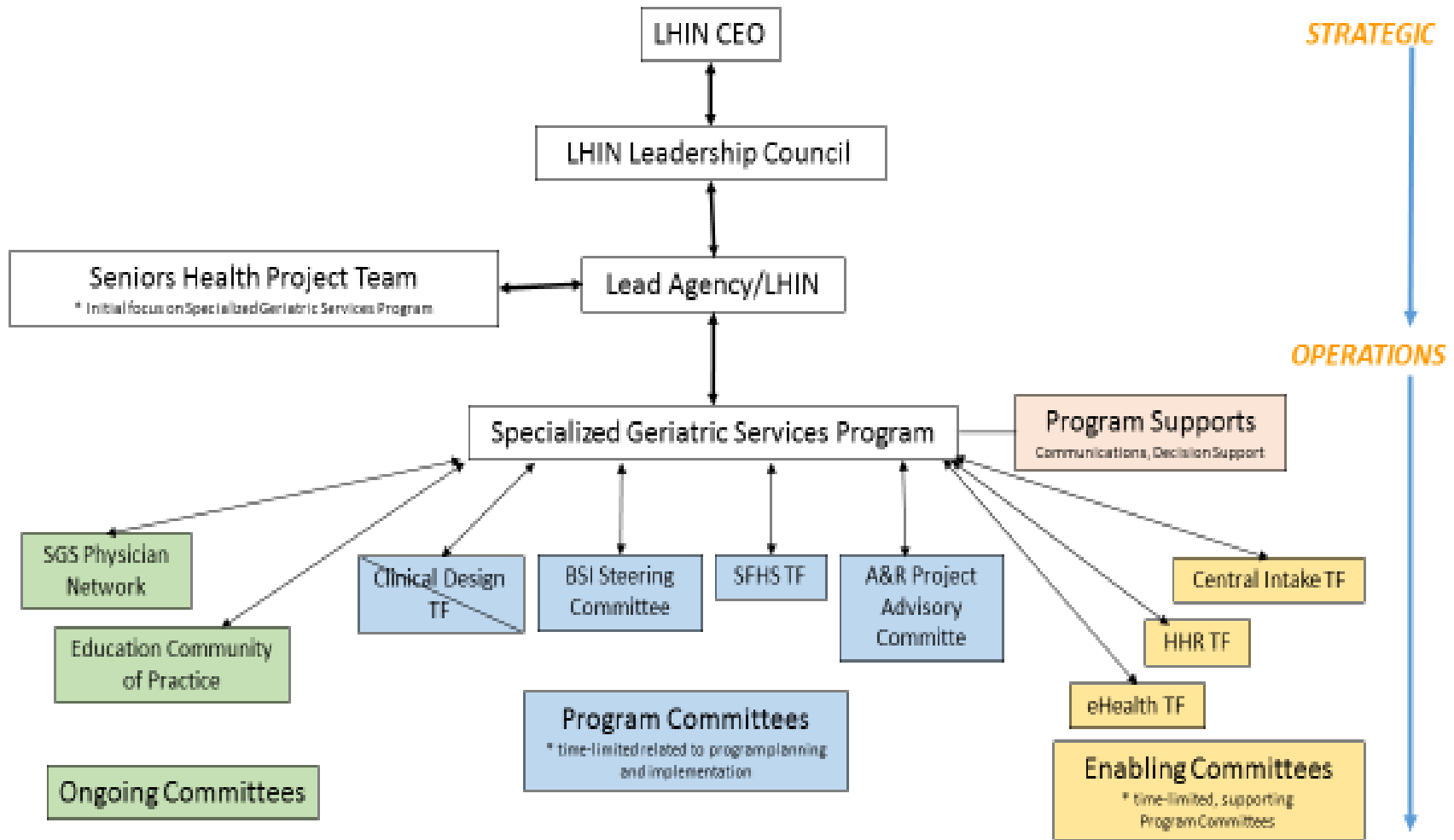
LHIN Action Plan (2015)

1. Establish the **infrastructure** for an integrated regional Seniors Health Program, starting with Specialized Geriatric Services.
2. Support the development of a LHIN-wide **basket of Specialized Geriatric Services** through redesign and integration.
3. Ensure alignment with, and completion of, key **provincial initiatives** targeting frail seniors.

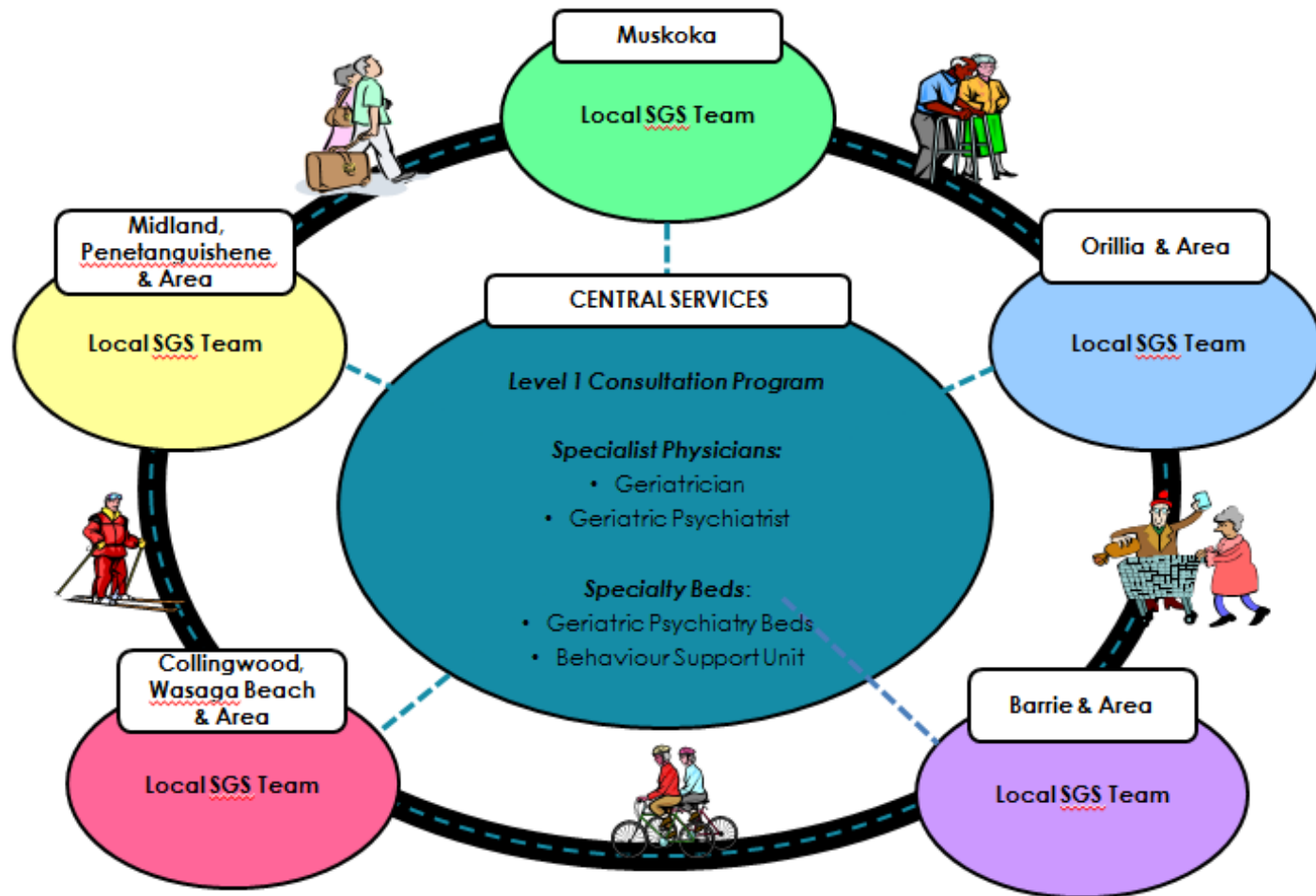
*“Specialized Geriatric Services, including Behaviours”
was identified as a priority project of the NSM LHIN
from April 1st, 2015 – March 31st, 2018*

SPECIALIZED GERIATRIC SERVICES PROGRAM Governance & Committee Structure

At January 13 2017 seb



Clinical Design Report (2016)



Wellness, Independence and Quality of Life in Aging

Strategy
Vision

To establish an Integrated Regional Program of Specialized Geriatric Services inclusive of geriatric medicine and geriatric psychiatry that improves patient outcomes, builds capacity and fosters system change.

How we will
achieve our Vision
(i.e. Strategy
Mission, Priorities)

Improved Patient Outcomes

Focus: Interprofessional Care;
Comprehensive Geriatric Assessment;
Geriatric Syndromes.

- Maintained or improved frailty
(resulting from, for example, improvements in functional decline, improved cognitive function, etc.)
- Improved assessment and management of responsive behaviours
(resulting from for example, reduced wait time for behaviour resources, appropriate antipsychotic use, etc.)
- Reduced caregiver burden
(resulting from for example, increased caregiver support and knowledge, etc.)
- Increased patient / caregiver satisfaction with services and outcomes
(resulting from, for example, improved system navigation, improved transitions, tell story once, meeting cultural needs, etc.)

Enhanced System Capacity

Focus: Education & Mentorship;
Standardization;
Implementing Leading Practices.

- Increased shared knowledge and skillsets of health care providers in the care of frail seniors and their caregivers

AND

- Enhanced self-management abilities of frail seniors and their caregivers
(resulting from, for example, timely and collaborative consultations, relevant communication supporting knowledge transfer, standardized assessment tools, implementation of leading practices in care delivery, increased awareness of resources, etc.)

A More Affordable, Sustainable and Accountable System

Focus: Optimal Use of Resources;
Aging in Place; Partnerships;
Prevention/Avoidance

- Increased care of frail seniors and their caregivers in their home settings in each NSM sub-geography
(resulting from, for example, increased access to local SGS services, reduced demand on central SGS services, improved partnerships with core services, etc.)
- Reduced inappropriate use of hospital and LTC resources
(resulting from, for example, increased access to timely SGS clinical services, fewer inappropriate ED visits, reduced 30/60 day hospital re-admits, reduced ED visits and ALC LOS attributed to behaviours, delayed or reduced LTCH admissions, reduced # crisis placements, etc.)

Expected
results/ impact

Potential
outcomes



Area of Focus	Work To Date
<h2 style="color: green;">Change Area 3: <i>Meaningful Engagement</i></h2>	
<p>Compelling and consistent internal and external communications</p> <p>Broad stakeholder participation and buy-in</p>	<p>Committees:</p> <ul style="list-style-type: none"> • Waypoint Internal Committee • Waypoint/LHIN Steering Committee • Seniors Health Project Team • Physician Network • Education Community of Practice • Clinical Design Task Force (including Behaviour Task Force, Central Intake Task Force) • Behaviour System Implementation Steering Committee • Senior Friendly Hospital Strategy Committee • Assess & Restore Advisory Committee • Health Human Resource Committee <p>Communication:</p> <ul style="list-style-type: none"> • Key Work: 2014 Strategy document; 2015 Seniors Program Review; 2015 LHIN Action Plan; 2016 SGS Clinical Design Report; 2016 SGS Education Strategy • Communication Plan / Logo & Branding • Newsletters • SGS Website (under development) • Key stakeholder presentations • LHIN CEO Scorecard • SGS Annual Report & LHIN Annual Report • SGS Brochure • June 2017 Launch (under development)



Behaviour Support System Redesign 2017

BSS Redesign

- Manager
- Program Assistant
- Physician Lead
- Central Intake
- 3 PRCs
- Psychometrist
- 2 Behaviour Support Specialists
- 4 RNs
- 12 RPNs
- 22.6 CSWs
- 1 OT
- 2 SWs

- HHR Redesign:
 - Leadership
 - Alignment
 - Roles/Scope
 - Knowledge
- Partnerships
- Education/Team Building:
 - Community of Practice
 - Core Competencies
 - Education Events
- Standardization / Processes
- Budget Redesign

Nursing Leadership, Lessons Learned & Considerations for Others

Role of Nurses in Leading Change

- LHIN:
 - System Planning, Integration, Funding, Monitoring & Evaluation, Influencing Policy Change
- Lead Agency:
 - Financial Leadership, Clinical Leadership
- NSM SGS Program:
 - Director
 - BSS Manager & Clinical Manager/Regional CNS
 - Nurses on team
- Partners

Lessons Learned & Considerations for Others

- Large scale regional system change but principles still apply
- Begin to think at a health system level
- There is more than enough work to go around – get over turf
- Align with regional/organization directions/priorities
- Leverage existing opportunities
- Don't be afraid to be different – embrace innovation
- Ensure key partner engagement and participation throughout (LHIN, Waypoint, Partners) – right level of decision-making
- Do not underestimate the importance of governance

- Communication critical
- Use consistent messaging
- Use stories
- Have a couple key faces
- Use a change model to guide your approach
- Find your champions, leverage change leaders, encourage those with passion
- Plan realistic timelines
- Be prepared to be blind-sided
- Recognize and respect the value of patience and the importance of the dance

- Complete a small project and prove your success
- Remember ... timing is everything (1998)
- Make your case; have your facts
- Build on successes
- Consider risks and mitigation strategies at the outset of planning
- Be prepared to be limited by parameters (funding, regulatory, legal, etc.)
- Have a plan for the future – one built on input and agreement
- Define and measure your outcomes, successes and failures
- Stay focused on your why

“WHY: Very few people or companies can clearly articulate WHY they do WHAT they do. When I say WHY, I don’t mean to make money—that’s a result. By WHY I mean what is your purpose, cause or belief? WHY does your company exist? WHY do you get out of bed every morning? And WHY should anyone care?”

[Simon Sinek, Start with Why: How Great Leaders Inspire Everyone to Take Action](#)

