Practice Transformation

Improve patient and staff experience with standardized, evidence-based best practice

Strategic Alignment

Standardized evidence-based best practice is foundational in transforming the practice to support of **strategic priorities**

- ↑ Improve Key Practice Standards & Achieve Key Performance Targets
- ↑ Proactive Community Care Services to ↓ Utilization for Seniors ↓ ALC Conversion
- ↑ Effective, Responsive Hospital Care & ↓ wait-Time for Inpatient Beds at Each Site
- ↑ workforce capacity
- Avoid Variation & Harm

Patient Experience

"I know no matter where I access care, the same quality of care will be provided, and what is required after I am discharged"

"I can be sure that my care team is working together towards a plan to increase my health"

"As a family caregiver, I will have the supports in place, and the information required to keep loved ones at home"

"As a parent, I know safeguards are in place to prevent medication errors"

Best Possible Medication History
Medication Reconciliation
Care Planning
Evidence Based Practice Standards
Discharge Planning
Patient Handouts

Involved Patients
Standardized, Quality Care
Increasing Clinician Capacity by standardized practice
Updated and Current Policies, Procedures and Job Aids
Standardized tools and data for quality practice management

Care Team Experience

"As a nurse, I am aware of what are the goals and actions to take to help get my patient discharged safely and provide them with the necessary information"

"As a pharmacist, I can feel confident verifying medication orders now that I can see the medication story"

"As a provider I have the tools to be able to see a clear picture of what is happening in care transitions."

"As an allied health clinician, I know how I can contribute to the overall plan for the patient"

IHealth

Ambulatory Clinic Transformation – The Why

Improve patient and staff experience with centralized and standardized care coordination services

Strategic Alignment

Centralized care coordination services is foundational in transforming the health system to support of **strategic priorities**

- ↑ access to priority services & ↓ long wait-times
- ↑ navigation to services with ↑ referrals through single point of access
- ↑ virtual care services, clients & encounters
- ↑ workforce capacity
- * achieve Island Health's GHG emission target

Patient Experience

"I can call one place for all my outpatient appointment needs and see my booked appointments in my portal account."

"I can call to find out where I am on the waitlist and learn how to find my appointment."

"As a family caregiver, I can to talk to someone on the phone to book an appointment for my dad or I can book it through his portal account."

"As a parent, I can find out the status of my child's referral."

Central Referral Management
Central Waitlist Management
Central Registration & Scheduling
Central Remote Check-in
Wayfinding
Patient Follow-Ups

One door access to outpatient health services
Standardized, responsive experience
Economy of scale for registration/scheduling service
Standardized tools and data for quality management
Virtualized nature of service allows staff to work from anywhere
Reduce referral/waitlist backlog with a holistic scheduling view

Care Team Experience

"As a primary care provider, I know the status of my patient's referral."

"As a clinician, I can focus on providing care knowing that booking and registration have been taken care of by the central service ."

"As a NUA, I can focus on what's happening in the clinic because a central service is managing encounters and appointment check-ins."

"As a clerk, I can work from anywhere to help patients with all their appointment booking needs. "

IHealth

Realizing Clinical Benefits- Increased Sustainability through System Redesign Innovation, & Operational Excellence

Improve patient and staff experience with standardized, evidence-based best practice

Strategic Alignment

Achieving our Outcome Goals, and realizing the performance measures by focusing on standardized clinical workflows and evidenced-based best practice

#16 ↑ Proactive Community Care Services to ↓ Utilization for Seniors ↓ ALC Conversion

#17 ↑ Effective, Responsive Hospital Care & ↓ wait-Time for Inpatient Beds at Each Site

#18 **↑ Navigation to Community-Based** Services with ↑ Referrals through Single Points of Access for Complex Frail Elderly & MHSU Clients

Organizational Performance Measures

- Alternative Level of Care
- Ambulatory Care Sensitive Conditions Hospitalizations (75+)
- Length of Stay v Expected Length of Stay in Acute Care

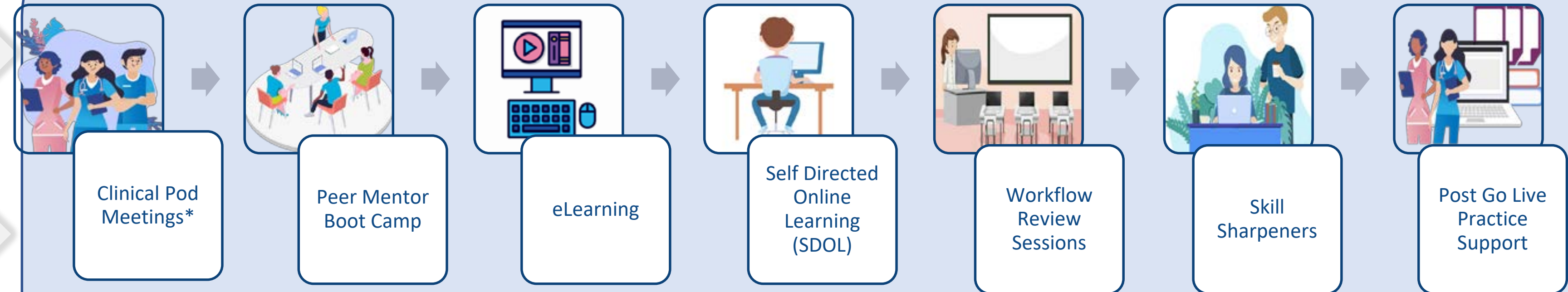
Standardized Clinical Practices

Standard Discharge Procedures, Care Processes, Documentation, & Tools

Evidenced Based Clinical Care Plans
*Delirium, Falls Prevention, Impaired Tissue Integrity, Wound Management, Pressure Injury, Mobility, Risk of Violence, Risk of Readmission

Data Informed Clinical Decision Making
Real Time Decision for Clinical Staff/Leaders
Near real time reports for Site Leaders
*Worklists, Automated Dashboards

The Execution of the Adoption Journey



Setting the Stage → **Building Blocks** → **Foundations** → **Consolidation** → **Reinforcement** → **Measure**

Reinforcing clinical knowledge & standards through building capacity to practice in a digitally enabled care setting