Care North
Our Health Our Future

System Redesign: A study of Mackenzie, British Columbia. Patient ,community and shared care .
Hamilton, May, 2009

northern health

The context: Northern British Columbia

The area of Northern Health Authority represents two-thirds of the geography of British Columbia
A key service delivery challenge is the small size of communities as many have 50-200 persons

northern health

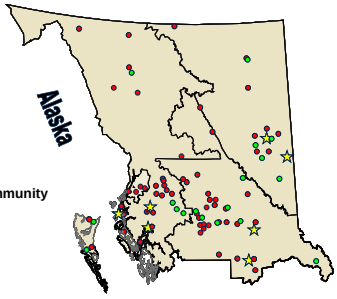
The context: Northern Communities

Northern Communities

10,000 + persons

1000 - 10,000 persons

Predominantly First Nations Community



northern health

So what IS Care North?

- A ***STRATEGY*** co-developed by Northern Health and Northern physicians
- A ***STRATEGY*** that will further engage communities
- A ***STRATEGY*** to improve the health system through the creation of a more effective and robust Primary Health Care system.
- A ***STRATEGY*** that supports Northern Health's Vision of an organization that is 'known for our strong primary health care system where people experience seamless and coordinated service'. [3]

northern health

How is this different than other health initiatives?

- This is a way of working; not a pilot project
- There is an opportunity for changes to be made from the ground up – decisions and processes can be changed mid-stream
- Evaluation and change is an ongoing process – what works best for the patient, provider and community
- Involvement of all individuals in healthcare – it belongs to all of us
- Involves a systems approach – highlighting that various service providers do not function in a vacuum but need to consider how actions in one area affect those in other areas
- Quality improvement methodology is utilized

northern health

Care North – A Few Key Principles

- We will use the best available **evidence** to guide our decisions
- Since "**patients as partners**" is a foundational element of our *Care North* strategy, we will work in partnership with **patients and communities** in making decisions – respecting the choices that are made
- We believe that **long term partnerships** between patients and care providers are important to achieving quality in our care
- We will be open to **new roles and responsibilities** for all care providers

northern health

Way of working…..

- Positioned in the Physicians' practices – co-located
- Respond to emergencies immediately within the physician practice and the emergency department
- Utilized by emergency RN's to completed assessments before physician is called.
- Liase with community counseling, RCMP, and MCFD
- Speak to community groups about Mental Health
- Provide "in-house" training to hospital nursing staff, long-term care staff and the college programs about MH

northern health

Way of working

- Physicians MOA's book directly into clinicians calendar for intakes – clients are seen within one week
- Crisis clients are seen same day
- Refer directly to Psychiatrists
- Meet monthly with GPs concerning "high- need, crisis" patients, coordinate the Psychiatrist debriefing with GP's, developed templates to assist GPs to complete the necessary governmental documentation for CPP and Disability for patients – this is a fill in the blank for physician.

northern health

Way of working

- All Plan G [free psychiatric medication for patients] form are completed on site rather than faxed to larger community hospital
- Discharge planning with the Regional hospital
- Liaise with Probation Services and the Court system
- Liaise with community pharmacists' to ensure continuity of pharmacological services for community patients
- Oh yeah, I also provide direct patient care……..

northern health

Why is it working…

- GPs do not have time
- GP queries' regarding underlying MH issues are dealt with
- GP is aware of client progress and are aware of any non-compliance with medication and or treatment
- GPs are now aware of recommendations from Psychiatry regarding medication and discharge
- GPs are feeling more supported and confident when addressing MH concerns within their practice as they have quick access to a clinician to field questions – true collaboration and shared happens at this level
- GP is made aware by clinician of patients issues in the monthly meeting
- MOAs have access to clinicians schedule

northern health

Acute Care Reduction

- Typically all psychiatric emergencies would have been sent to Prince George, regional psychiatric unit
- However since August 1 – January 1 the statistics have drastically changed
- August 1 – 2008 - December 31st

  39 emergencies

  7 patients transported to Prince George

RESULT: 32 patients kept in community not utilizing acute care, receiving coordinated shared care

northern health