

ERINOAKKIDS

Service Integration Project - Discussion Paper

BACKGROUND

ErinoakKids' 2009-2011 strategic plan calls for the establishment of an integrated model of service delivery. The service integration project flows directly from this key goal. Work on the project is now proceeding through three phases leading to the establishment of an integrated model of service across the organization by 2011:

1. Research to gather relevant intelligence and establish a preliminary model. This phase was completed in June 2009.
2. Enhancement and Refinement to gather more data, expand concepts, develop model materials and test assumptions. This phase is now underway and will result in a highly detailed model with draft procedures and protocols ready for the implementation phase. It is scheduled for completion in December 2009.
3. Implementation including formalization of changes to job roles, establishment of new operating practices and adjustments to organizational infrastructure. This phase should be complete by early 2011 enabling a trial and adjustment period during the remainder of the year.

All work is being carried out with extensive and thorough involvement of EOK staff.

GUIDING PRINCIPLES

The EOK Senior Leadership Team has approved the following principles to guide the development of the new service delivery model:

- Equitable access to all clients
- Simplicity of use
- Focus on client needs vs. programs
- Family centred
- Evidence and best practice based
- Orientation to quality of life vs. "cure"
- Adherence to the LEAN improvement philosophy

Success factors of a new model may include increased capacity to serve clients, increased throughput, greater client/family self reliance, reduced wait times, and improved client outcomes.

WORK COMPLETED

Work on Phase One of the project was carried out by a task group of staff members drawn from different areas of the organization. The group met on four occasions during the winter and spring of 2009, reviewed selected literature, examined other sites and studied existing EOK programs.

Internal program visits carried out by task group members revealed:

- Widespread agreement on the need for greater integration of EOK services
- A lack of clarity and consistency around intake and discharge procedures
- Concerns regarding long wait lists at different points of the process
- Support for a more trans-disciplinary approach to assessment
- Confusion and frustration regarding cross program referrals
- Actual deliveries of therapies occurring one third to half way through the process
- Many identified opportunities for specific links between programs
- A need for integrated health records

Major themes in the literature on service integration were the importance of centering services on the needs of clients, avoiding specialty care “silos”, transdisciplinary approaches to care, integration with community services and technological support.

Other CTC programs examined included the Simcoe York Children’s Treatment Network, the Niagara Peninsula Children’s Centre and the Thames Valley Children’s Centre. Successful integration practices were identified at all these locations.

THE EMERGING MODEL

Converging evidence gathered by the Phase One task group suggested that a new service delivery model for EOK needs to have the following broad features:

- Centralized intake
- Navigation support provided to clients
- Services wrapped around individual client needs
- A trans-disciplinary approach to service delivery
- Community services included as part of the service bundle offered to clients

In May the task group hosted a series of model design workshops to engage staff in the development of model components addressing these features. The draft model concept was approved in principle by the EOK Senior Leadership Team on June 16, 2009.

Centralized Intake

The initial client contact will involve collection of demographic information and initial eligibility assessment, similar to current practice. Eligibility criteria for programs will be simplified and standardized where possible, based on clinical best practice. Clients will be assigned to a Service Navigator as required and complete a general screening questionnaire (GSQ) with phone or in-person support from the Service Navigator as required.

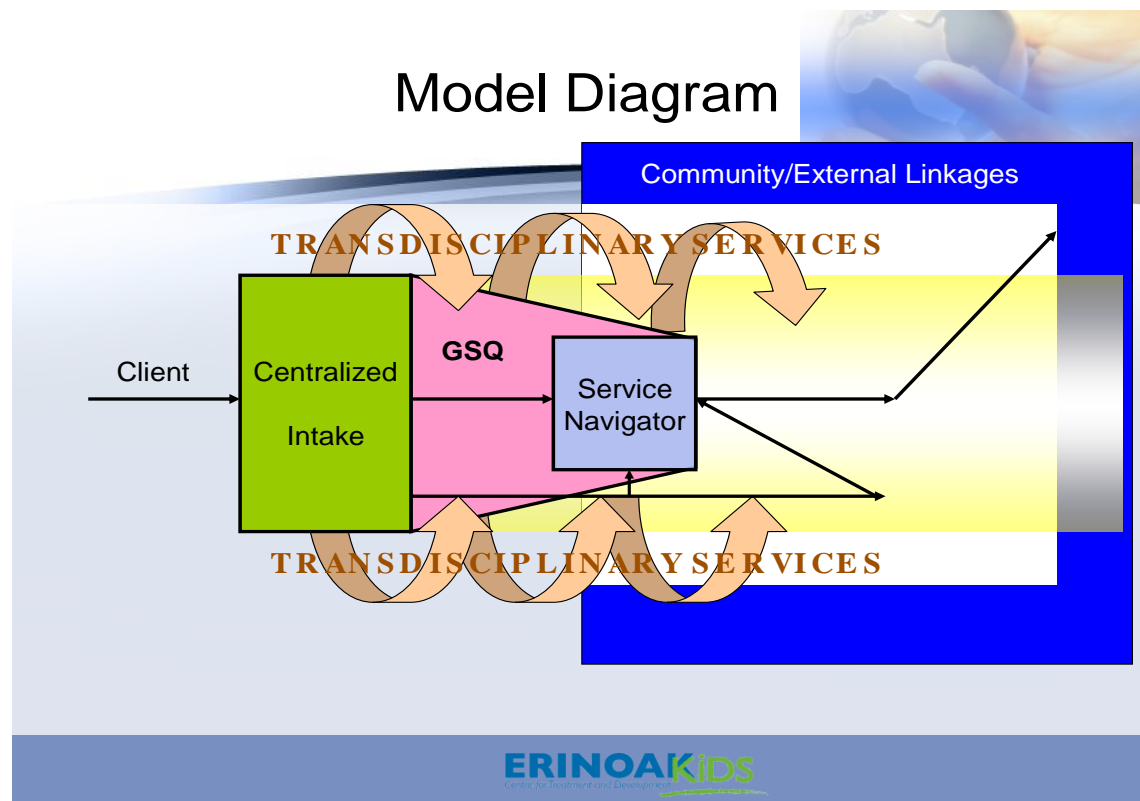
The GSQ will be developed or adapted from existing instruments. It will need to be language and culturally appropriate (ESL will be an issue), age specific and address developmental milestones. Individual disciplines will suggest questions for inclusion. It must use valid measures and have high “inter-rater reliability” (i.e. consistency across staff using the instrument).

Clients will be triaged to determine urgency and prioritized based on the information collected through the GSQ. Referral will then be made to an internal service stream, a needs assessment or to a program external to EOK.

Service Navigation

Service Navigators will require a clinical background (although not necessarily be clinicians) with a strong knowledge and skill base. Knowledge of EOK programs as well as community resources across Central West region will be essential. They will act as knowledge brokers, providing liaison, advice, coordination of internal and external services and assistance with transitions.

Initial design suggests that the Service Navigators will be based geographically. Existing staff currently performing other functions will likely assume these roles. (Electronic charts and records will eventually support service navigation).



Needs Assessment

In some situations a needs assessment may be necessary to produce more information required for some (not all) clients. It could be administered at any point in the process by a “virtual” team of clinicians pulled in on a per case basis depending on the disciplines being assessed. Alternate modes for conducting the assessment (such as in groups) will be examined.

Regardless of the level of assessment required, a key principle will be that clients only tell their story once. Assessments will therefore be cumulative, not repetitive. For example any residual regulatory college assessment requirements will build on needs assessment data previous collected, thus avoiding duplication.

Service Delivery

Services will be delivered by transdisciplinary teams organized around age and developmental stages. The teams will be geographically based. Team members will increase their knowledge of other disciplines through peer learning and other supports. Clients will change teams only at key transition points in their life with assistance from the Service Navigator. A system for discipline-specific support and networking will also need to be in place to ensure close communication and ongoing professional development.

Discharge from services will be handled through the Service Navigator and could occur due to “aging out”, completion of a clinical pathway or needs being addressed. Wherever possible, clients with new or recurring needs following discharge will access the agency through the Service Navigator and not be returned to a central waitlist.

External Services

External resources will be included in the service bundle offered to EOK clients. EOK’s many existing external connections will be expanded to encompass all sectors including current and new partner agencies. It will be necessary to establish a continuum of involvement with clear boundaries and accountabilities.

WHAT HAPPENS NEXT?

Five staff teams, each headed by a staff lead, will be assembled to address the following model components.

1. Centralized Intake: This team will prepare intake procedures, develop a draft General Screening Questionnaire (GSQ) drawing from others available and test the instrument on selected families.
2. Eligibility/Discharge: This team will articulate clear eligibility and discharge criteria and procedures.
3. Service Navigation: This group will prepare a detailed Service Navigator position description that clearly articulates its functions and role vis-à-vis other EOK staff.
4. Transdisciplinary Services: This team will gather further information and review best practices related to transdisciplinary service delivery, explore regulatory college implications, pilot test selected arrangements and recommend specific practices at EOK.
5. External Connections: This team will build on work already underway related to Goal 1.2 of the strategic plan (Leverage services with external partners). The

group will inventory current partnerships, including community planning tables, to develop a typology of potential connections with external service providers and prepare draft protocols for use in approaching external agencies during the implementation phase.

The plan is for each staff team to meet three to four times, following the format that was successfully employed with the Model Task Group in Phase One. The first meeting will clarify deliverables, finalize the work plan and assign specific tasks to individual team members. The second meeting of each team will focus on progress reporting and information sharing. The third meeting will finalize materials and recommendations. Meetings will take place in the fall of 2009.

The model will be revised, expanded and refined to incorporate the recommendations and materials from the staff teams. A full day workshop will then be held with the staff leads, Medical Director, Clinical VPs, CEO and other key EOK staff to accomplish the following:

- Review the expanded model
- Apply case scenarios that have been developed in advance
- Simulate client flow through the model
- Make revisions based on the outcomes of the simulations

The model will then be presented to the Senior Leadership team in December 2009.

The final report for Phase Two will present the expanded model with all background documentation and offer recommendations for Phase Three (Implementation), expected to commence in January 2010.

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