Transformational Governance Model Change in Vancouver Coastal Health

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Vancouver Coastal Health

- Annual funding: $3.2B
- Population served: ~1,045,000 (25% of BC's population) primary and secondary care; all of BC tertiary/quaternary specializations
- Residents of Vancouver, Richmond, North Shore and Coast Garibaldi, Sea-to-Sky, Sunshine Coast, Powell River, Bella Bella, and Bella Coola
- Number of staff: 13,000 + ~5,000 volunteers
- Number of physicians: 2,200
- Number of contracts with other health agencies: ~400
- Number of beds: ~9,000 acute, rehab and residential
- Emergency Department: 914 daily visits
- Home Care Nursing: 891 daily visits

Objectives

- Understand the **background organizational factors** that drove the need for changes to the governance model
- Understand the **elements of the integrated governance model**
- Understand the **approach for standardization** across the Health Authority
- Understand the **positive outcomes and ongoing challenges** of the new governance model

Operations Management
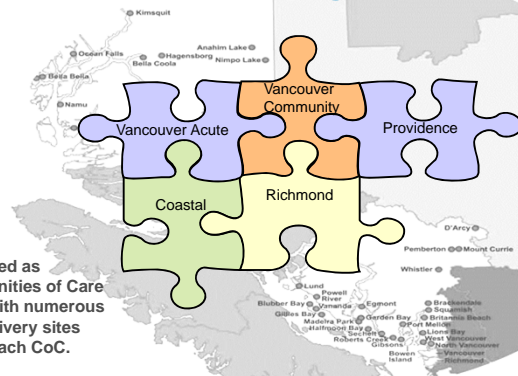
Organized as Communities of Care (CoC) with numerous care delivery sites within each CoC.
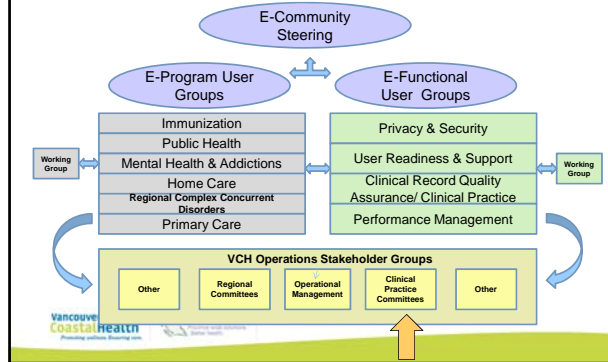
Slide 1

IMITS Community Applications

40+ Applications including:

•**PARIS** – Electronic Health Record
•**EMR** – Electronic Medical Record
•**Procura** – Community Health Workers Scheduler
•**eWMS (Pixalere)** – Electronic Wound Health Record

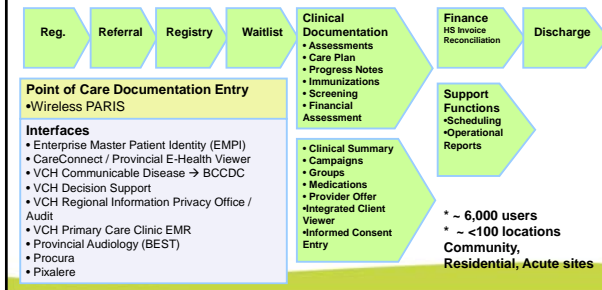IMITS = Information Management Information Technology Services

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Slide 2

Previous Governance Model

E-Community Steering

E-Program User Groups — E-Functional User Groups

Immunization	Privacy & Security
Public Health	User Readiness & Support
Mental Health & Addictions	Clinical Record Quality Assurance/ Clinical Practice
Home Care	Performance Management
Regional Complex Concurrent Disorders	
Primary Care	

Working Group

Working Group

VCH Operations Stakeholder Groups

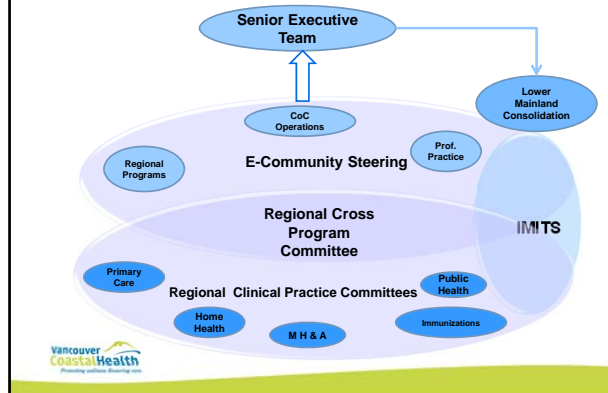| Other	Regional Committees	Operational Management	Clinical Practice Committees	Other

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Slide 3

PARIS Overview - Functionality

PARIS is a multi-program client centric electronic health record that supports many clinical and administrative processes in all Vancouver, Richmond, and Coastal Community

Reg. → Referral → Registry → Waitlist

Clinical Documentation
• Assessments
• Care Plan
• Progress Notes
• Immunizations
• Screening
• Financial Assessment

Finance
HS Invoice Reconciliation

Discharge

Point of Care Documentation Entry
•Wireless PARIS

Interfaces
• Enterprise Master Patient Identity (EMPI)
• CareConnect / Provincial E-Health Viewer
• VCH Communicable Disease → BCCDC
• VCH Decision Support
• VCH Regional Information Privacy Office / Audit
• VCH Primary Care Clinic EMR
• Provincial Audiology (BEST)
• Procura
• Pixalere

• Clinical Summary
• Campaigns
• Groups
• Medications
• Provider Offer
•Integrated Client Viewer
•Informed Consent Entry

Support Functions
•Scheduling
•Operational Reports

* ~ 6,000 users
* ~ <100 locations
Community, Residential, Acute sites

Slide 4

Operations/IMITS Shared Governance Model

Senior Executive Team

Lower Mainland Consolidation

CoC Operations

Prof. Practice

Regional Programs

E-Community Steering

Regional Cross Program Committee

IMITS

Primary Care

Public Health

Regional Clinical Practice Committees

Home Health

M H & A

Immunizations

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Key Elements of the Integrated Governance Model

- **Regional Clinical Practice Committees:** Integration of the IMITS program structure with clinical practice to prioritize and approve change requests.

- **Regional Cross Program Committee**: Regional clinical representation addressing Health Authority wide standardization such as merging of duplicate records, documentation of death etc

- **E-Community Steering Committee:** Strategic planning and decision making body with expanded representation and sponsor reporting to SET.

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Standardization Across the Health Authority

Approach:
- Leverage opportunities

- Facilitate stakeholder engagement and ownership

- Transparency within and across programs to support managing expectations

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Key Concepts

1. **Frontline Problem Solving**: Support front line clinicians to identify root causes to PARIS issues as part of lean improvement process.
2. **Clinical Practice Driven**: Clinical practice drives documentation improvements; Integrated meeting structure with IMITS supporting clinical at earliest stage in process.
3. **Regional Approach**: Support a common client record structure through standardizing core documentation within and across programs

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Positive Outcomes

- Engagement of clinicians (front line and management)
- Improvement of Health Authority leadership on strategic direction and priorities
- Roles and responsibility clarification for committee members
- Standardization has begun

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Ongoing Challenges

- Successful navigation of matrix reporting relationships
- Ongoing clarification of Health Authority and CoC priorities/ strategic direction
- Development of a flexible iterative system that is responsive enough to support "improvement opportunities"
- Effective communication of system changes
- Educating clinicians about "informatics"
- Data and Analytics – request for reports and utilization of those reports
- Support for front line clinicians

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Questions?

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