

# Model of Care Initiative in Nova Scotia (MOCINS)

CHSPR

2010 Health Policy Conference

30 March 2010

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# Overview

- The Model of Care Initiative in Nova Scotia
  - Sense of urgency to change how we deliver care in Nova Scotia
  - MOCINS -W5
  - Collaborative Care Model
  - Implementation Phases 1 & 2
- Interim Evaluation Results



# **A Sense of Urgency: The Case for Change in Nova Scotia**

- Population Health Status
- Fiscal Sustainability
- Health Human Resources

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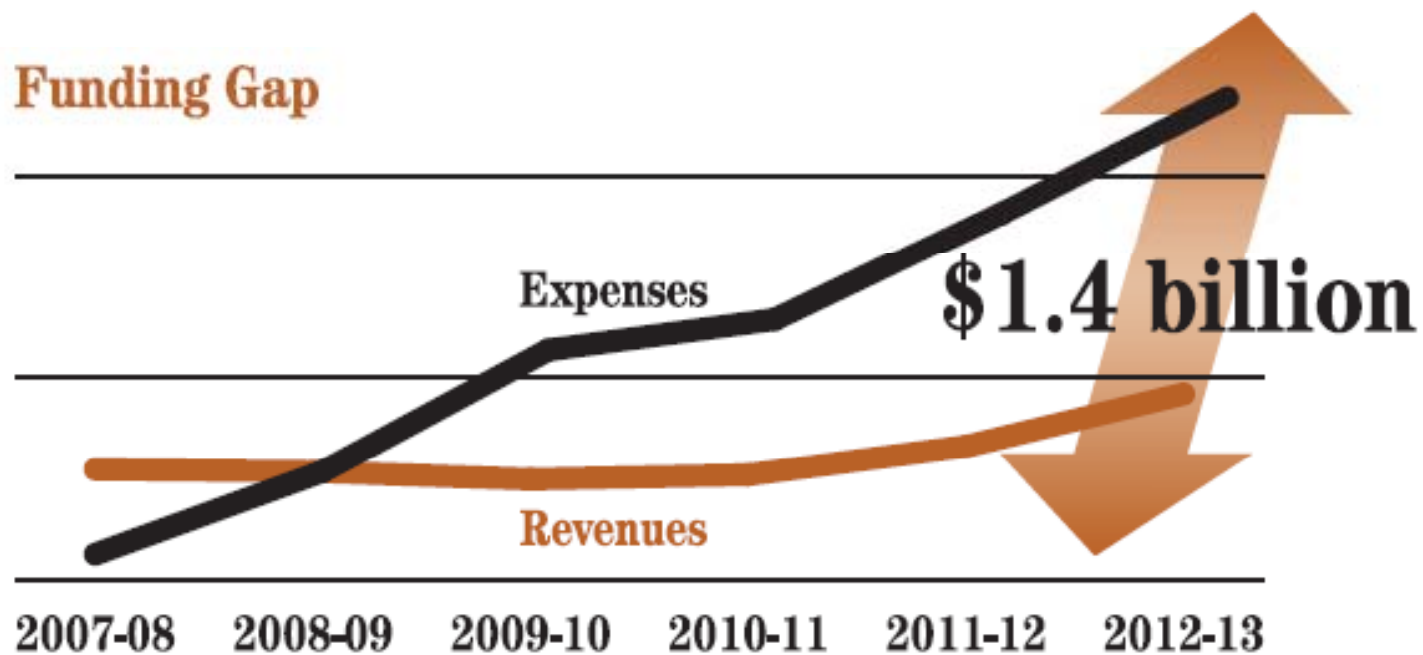
# Population Health Status

- One of the highest rates of diabetes with 70-80% of people with diabetes dying from cardiovascular disease.
- One of the highest rates of cardiovascular disease with eight percent of Nova Scotians over the age of 20 diagnosed with ischemic heart disease and two percent with congestive heart failure.

# Population Health Status

- Twenty-eight percent of Nova Scotians over the age of 20 diagnosed with hypertension.
- An estimated 10,000 Nova Scotians have suffered a stroke.
- Higher than national average rates of obesity, smoking and physical inactivity.
- Third highest percentage of the population reporting their mental health as only fair or poor
- The highest incidence of cancer in Canada.

## Funding Gap



*As outlined in the Economic Panel Report 2009*

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**Why is this a problem?**

Borrowing money costs money. The more we borrow, the more we pay. Deficits add to the debt.

**Projected Deficit Growth if nothing is done**



*As outlined in the Economic Panel Report 2009*

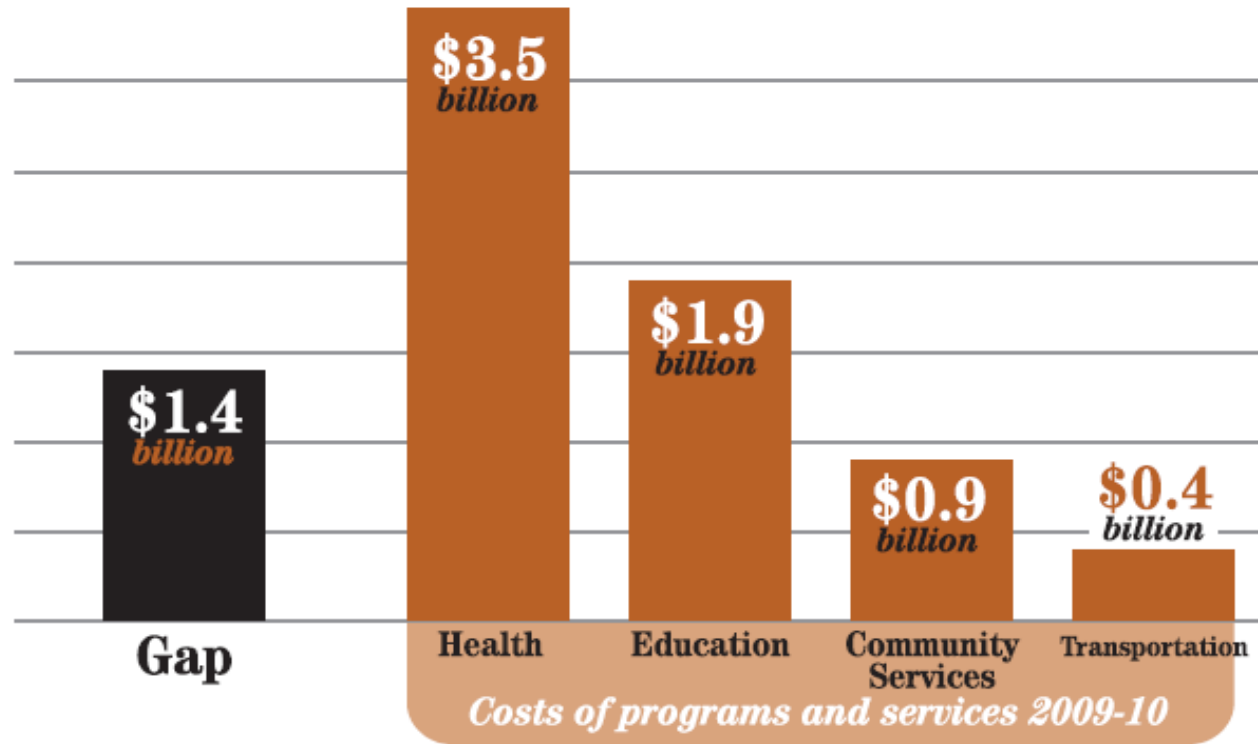
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**How Big is the Gap?** *What will be the impact on everything else?*



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# Health Human Resources

- 20% of staff in key professional groups will be eligible for retirement in 2010. By 2015, that number increases to 44%.

NS Department of Health 2009/10 Business Plan

“If we maintain current delivery models and levels of demand, then the shortages of nurses, physicians and other professionals being experienced in 2006, are irresolvable.”

Villeneuve & MacDonald, 2006 *Toward 2020: Visions for Nursing*

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# Model of Care Initiative in Nova Scotia

Mandate: To design, implement and evaluate a viable provincial model of care for *Acute Care* in-patient care delivery that is patient-centered, high quality, safe, and cost-effective.

- Initial focus on medical-surgical units

# The Partnership

The Model of Care Initiative is a partnership between the Nova Scotia Department of Health and the nine district health authorities and the IWK.

*Generations of Nova Scotians  
Living Well*

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# Model of Care Initiative in Nova Scotia

- Strategy aimed at optimizing the utilization of the health care workforce to ensure patients have access to the right providers at the right time.
- Viewed as an essential building block to achieve sustainability surrounding the growing health human resource crisis.

# Provincial Design Team



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# Collaborative Care Model

Ongoing Staff  
Development and  
Mentorship

Strong and  
Effective  
Communications



Collaboration  
Across the  
Continuum

Committed  
and Supportive  
Leadership

*Travelers there is no path.  
Paths are made by walking.  
- Antonio Machado*

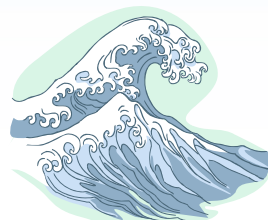
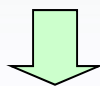
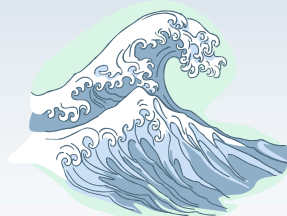
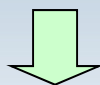
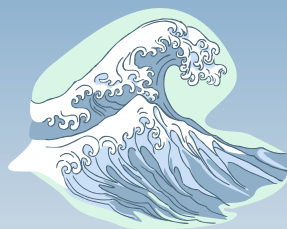
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# Implementation

- *Implementation - a series of “waves”. Each “wave” will build on the previous “wave” by leveraging earlier developments, learning from prior implementations, adopting a continuous improvement mindset.*

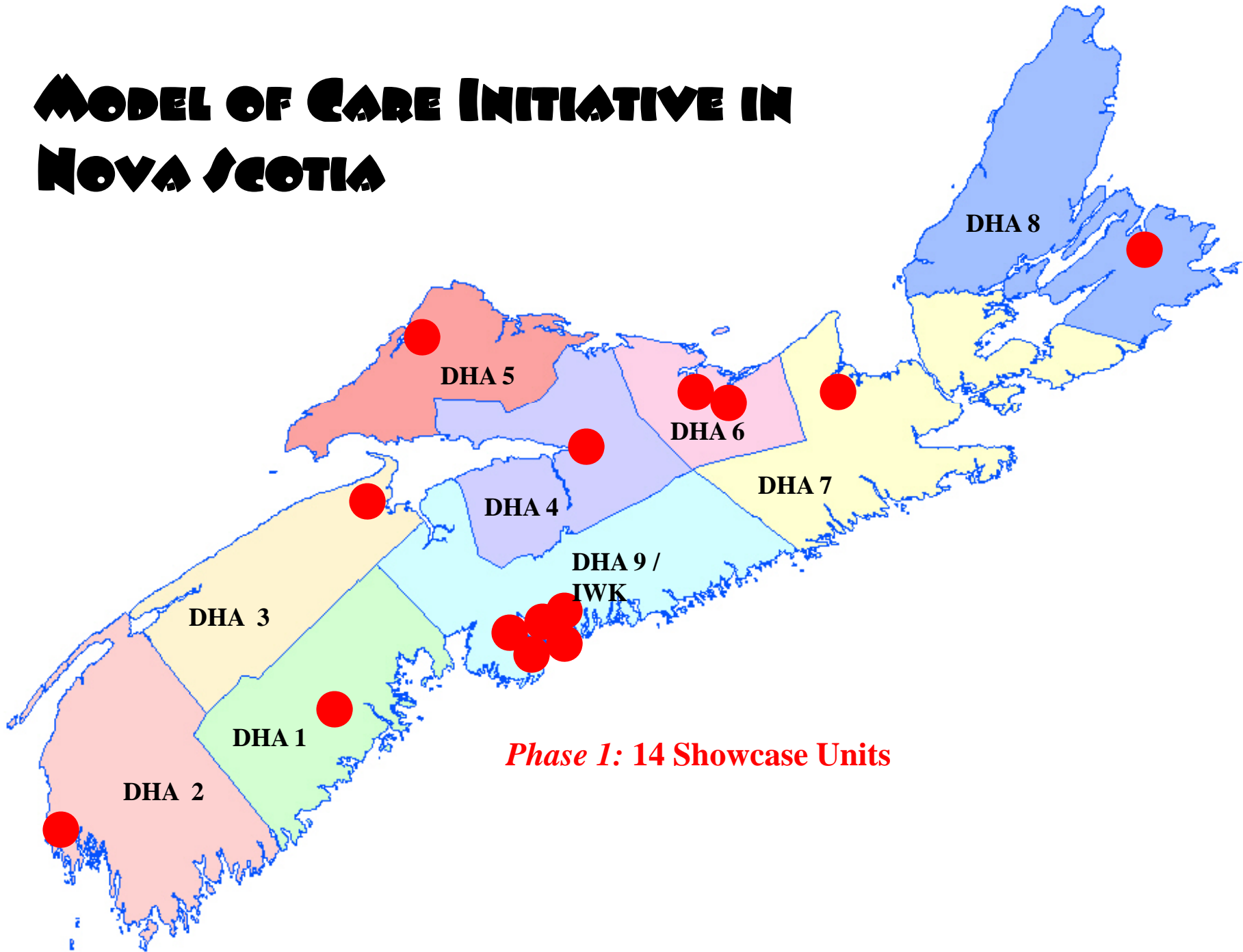


**First Wave.** The first wave focuses on the initial **14** inpatient showcase units through the development of initial functionality (e.g., roles, processes, supporting technologies and information infrastructure) at each implementation site. October 2008 to June 2009.

**Second Wave.** The second wave focuses on completing the implementation of the initial showcase units including monitoring and evaluation, and introducing an additional 29 new units. September 2009 – March 2010

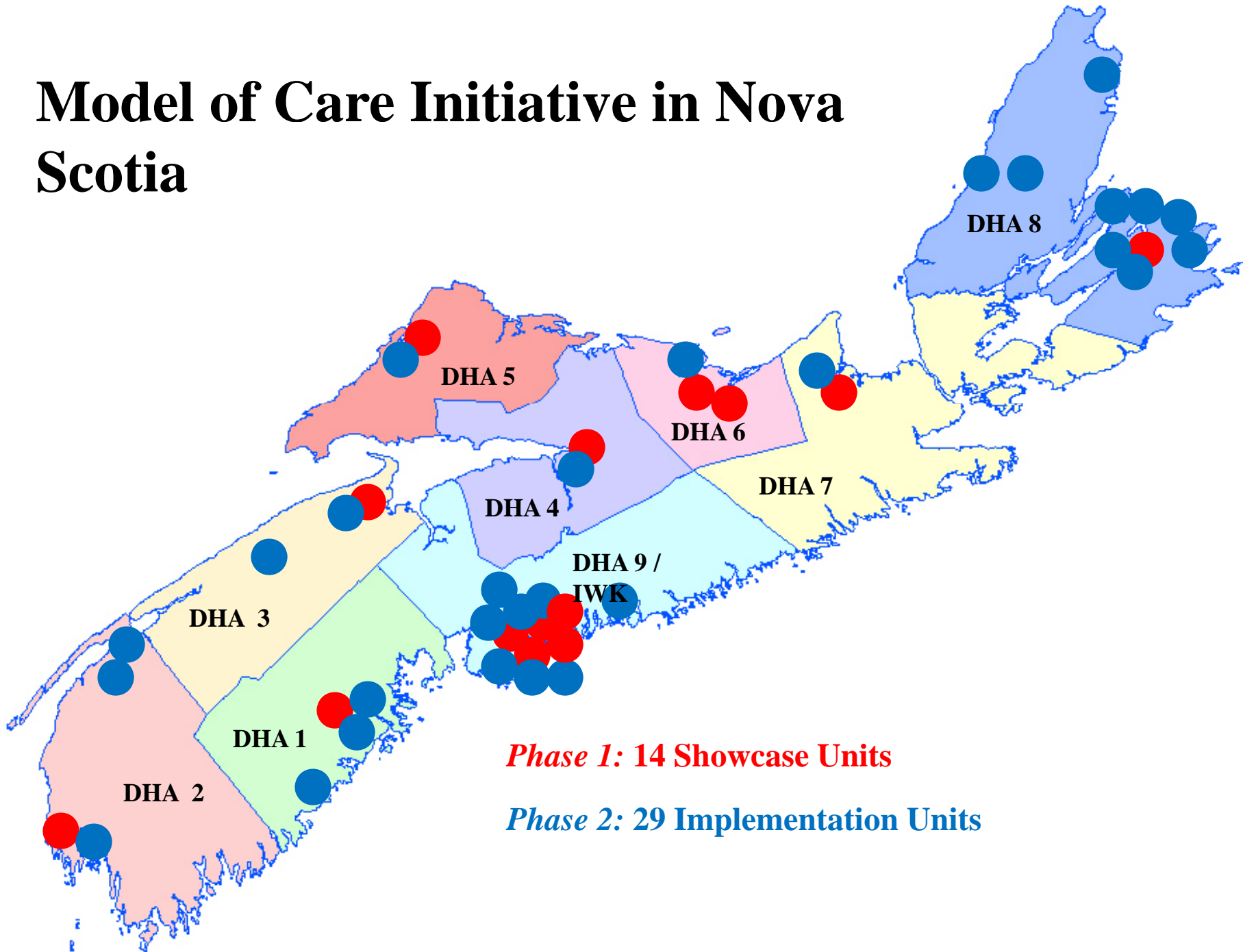
**Subsequent Waves.** Additional waves to be determined.

# MODEL OF CARE INITIATIVE IN NOVA SCOTIA



*Phase 1: 14 Showcase Units*

# Model of Care Initiative in Nova Scotia



# Key Activities

- Provincial leadership
- Provincial standardized role descriptions
- Provincial education on nursing role optimization & inter-professional team development
- Provincial toolkit & support network
- Provincial evaluation framework

*Never doubt that a small group of thoughtful,  
committed citizens can change the world;  
indeed, it's the only thing that ever has.*

*- Margaret Mead*

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# Evaluation Questions

1. To what degree is implementation of the new model of care associated with changes in patient, provider and system outcomes?
2. Will observed improvements in these outcomes assist in reducing provincial health human resources shortages?

# Summary of Findings

- MOCINS viewed positively by most staff on showcase units
  - Better care, better work life
- Results highlight potential savings for system in the form of lower lengths of stay, fewer ER visits/re-admissions, more satisfied staff
- Continued support/implementation of MOCINS viewed as essential - "old way of doing things" not sustainable

## What We've Learned

- MOCINS is demonstrating promise in terms of efficiency and quality for patients and families, providers, and the health care system.
- Partnerships among the DoH and DHAs/IWK are critical and are making a difference for patients and families, health providers, and the system.





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