Children's Treatment Network

Coordinating Services Under a Single Plan of Care

2011 Home Care Summit
Tuesday October 25, 2011

Children's Treatment Network of Simcoe York (CTN)

- Unique service delivery model that provides comprehensive coordinated care and rehabilitation services to children with multiple special needs living in Simcoe County or York Region (area north of Toronto)
- Funded by the Ministry of Children and Youth Services, Ontario
- Partnership of Agencies

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The Catalyst

- No Children's Treatment Centre in Simcoe County - York Region
- Families of 4500 kids with multiple disabilities struggled with:
  - Traveling long distances for services
  - Waitlists
  - Coordinating services
  - Navigating a fragmented / siloed children's services environment

"It's a full time job to be the facilitator, communicator, case manager, recorder & advocate."

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Network Vision and Mission

Vision

Children's Treatment Network: Building Brighter Futures Together

Mission

Through the collective efforts of community partners, we respond to the evolving needs of children and youth with multiple special needs in Simcoe York by:

- Providing and enhancing services
- Championing system change
- Building capacity

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The Model

Access to Services & Supports	• Toll free access line for families and Providers • Network Service Navigators
Comprehensive, Coordinated Care Focused on the Child and Family	• Child and Family Teams • Single Plan of Care process • Collaborative Practice • Shared Electronic Record • 10 Local geographic teams plus Francophone team
Expand Existing Services & Supports – Building Capacity	• Additional Rehabilitation, Clinical & Specialty Services • Training & Professional Development • Family Education & Support • Shared Sites Throughout York & Simcoe

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Supporting Collaboration

Network Agreements and Contracts	• 50 Network Partners • Child and Family Centered Focus • Long standing history of working together • All Challenged with long waiting lists, limited funding
Infrastructure	• Access to a Shared Electronic Client Record -- GoldCare • Shared local team sites offer meeting and treatment Space • Equipment • Education Opportunities • OTN , eChn, SharePoint
Shared Decision Making and Problem Solving	• System Operations Group • Clinical Operations Group • SuperUser Group • Privacy Working Group • AdHoc Working Groups
Governance and Management	• Network Perspective for System Improvements • Service Contracts • System wide Data Reporting

Network Partners – Who are They?

- Over 50 healthcare, education, recreation, social services and community organizations including school boards, hospitals and rehabilitation providers in Simcoe York have signed a Memorandum of Network Participation

- Almost half of these partners have contracts with CTN to receive enhanced resources to provide a range of rehab services on behalf of the Network

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CTN Partners with Service Contracts

Community Agencies

Blue Hills Child and youth Center

Catulpa Community Support Services

La Cle de la Baie

New Path Youth & Family Services

Simcoe Community Services

York Support Services Network

CCACs

Central CCAC

North Simcoe Muskoka CCAC

School Boards

Simcoe Muskoka Catholic District School Board

York Catholic District School Board

York Region District School Board

Hospitals

Orillia Soldier's Memorial Hospital

Markham Stouffville Hospital

Royal Victoria Hospital

Southlake Regional Health Centre

York Central Hospital

Holland Bloorview Kids Rehabilitation Hospital

Private Providers

Closing the Gap

Speech Clinic

Regional /County

Regional Municipality of York

Funding for the Network

$11.7M Annualized Budget:

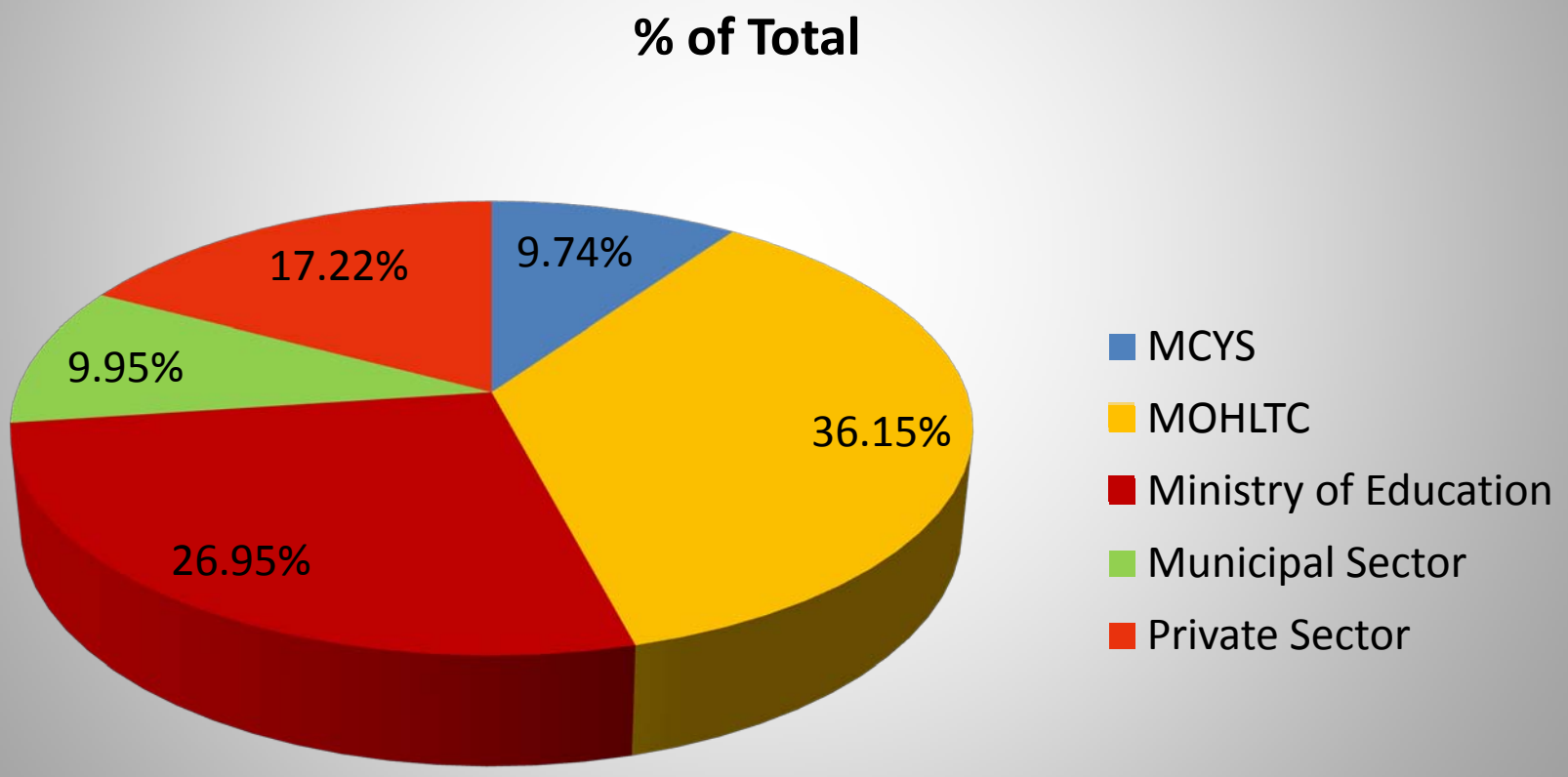
Clinical Services $8.8 M

- Increase FTEs in 20 hosted partner organizations to provide clinical services
- Add new specialty services (e.g., feeding, diagnostic assessment, seating)
- New equipment and tools
- Professional development to increase skills and knowledge

Service System Integration $2.9 M

- 10 local team sites housing treatment and meeting space
- Small corporate staff – 9 FTEs
- Development of tools and processes to support system planning and new approach, communications
- System support- IT, data collection, evaluation
- Support capacity building events and educational programs

CTN Funding for Contracted Services with Partner Agencies



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Service Contracting

Advantages to “Hosting” clinicians in different agencies and across sectors:

- Common service framework with a child and family focus
- Consistent approach to service delivery
  - ❑ Use of Shared Record
  - ❑ Common multi-domain Assessment
  - ❑ Single Plan of Care Process
- Opportunity to build the clinical knowledge of *all* staff both within and across disciplines and within and across agencies:
  - ❑ Increased awareness
  - ❑ Broader range of services delivered
  - ❑ Right service, by the most appropriate provider, more available
  - ❑ Shared experience

Single Plan of Care

A structured process that supports

Interprofessional Practice (IPP)

- Identifies strengths and needs
- Supports collaboration at the frontline service provider level
- Leads to the development of integrated goals
- Outlines activities that will achieve the goals and the family's visions
- Documented in the Shared Record  -GoldCare
- Requires shared accountability for client outcomes

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It’s all about

TEAM WORK

Single Plan of Care Process Elements

- Common Intake and Assessment
- Sharing of information -- Network Consent
  -- secure, timely, relevant
- Guided by the Family's Visions
- All Child and Family Team Members visible to each other
- Shared learning and experiences
- Development of a common language
- S.M.A.R.T. Goal setting
- Shared accountability for implementation and progress
- Tools to facilitate communication (SharePoint, shared record, eCHN, OTN, Referral forms and Templates)

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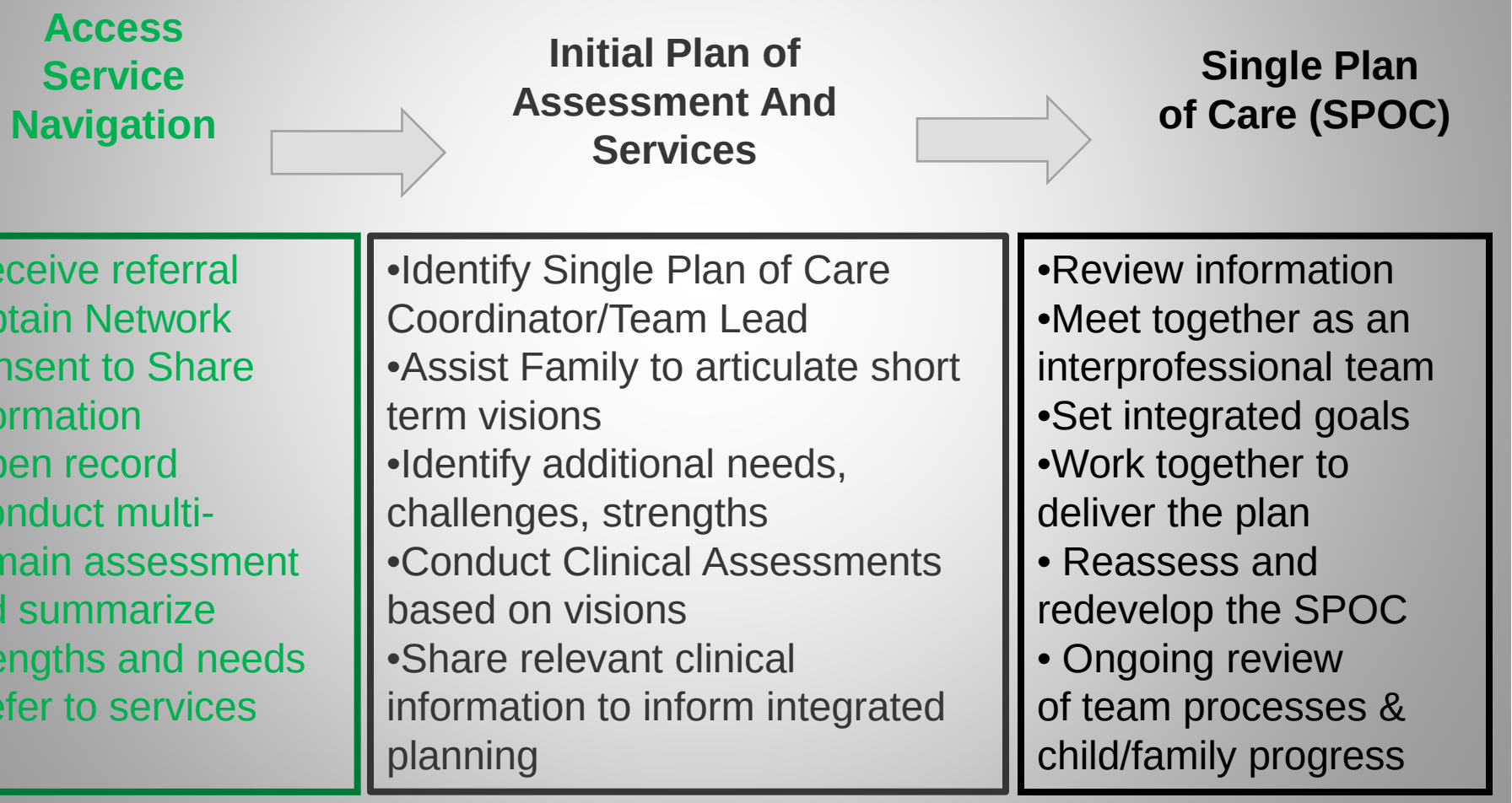
Single Plan of Care Process Supporting Interprofessional Practice



Network Access: a key step in the Process

- **1 866 377 0286** number for York and Simcoe –
- Comprehensive Intake including a Child and Family Interview that initiates a Common Assessment process
- Collection of relevant information from many sources
- Minimizes the need for families to repeat information
- Navigation and referrals to appropriate services and supports within the Network
- Opening of the **shared electronic record – GoldCare-** where assessment, referral and existing team information is captured
- Collects information from past episodes of care

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The Shared Electronic Record

A Tool for Integrating and Coordinating Services

- Supported by a Network Privacy Framework that enables all partners to share information with client/family's consent
- Documents client's Consent to Share Information for all to view
- Uses GoldCare software, Campana Systems Inc. Waterloo
- Secure Web application allows access from multiple sites by over 800 users from multiple agencies and sectors including health, education and community support services
- Customized data fields and screens allow for development of Network templates to support consistency in process and data collection
- Framework driven by MIS Reporting requirements
- Flexible to various documentation practices
- Includes a Document Repository

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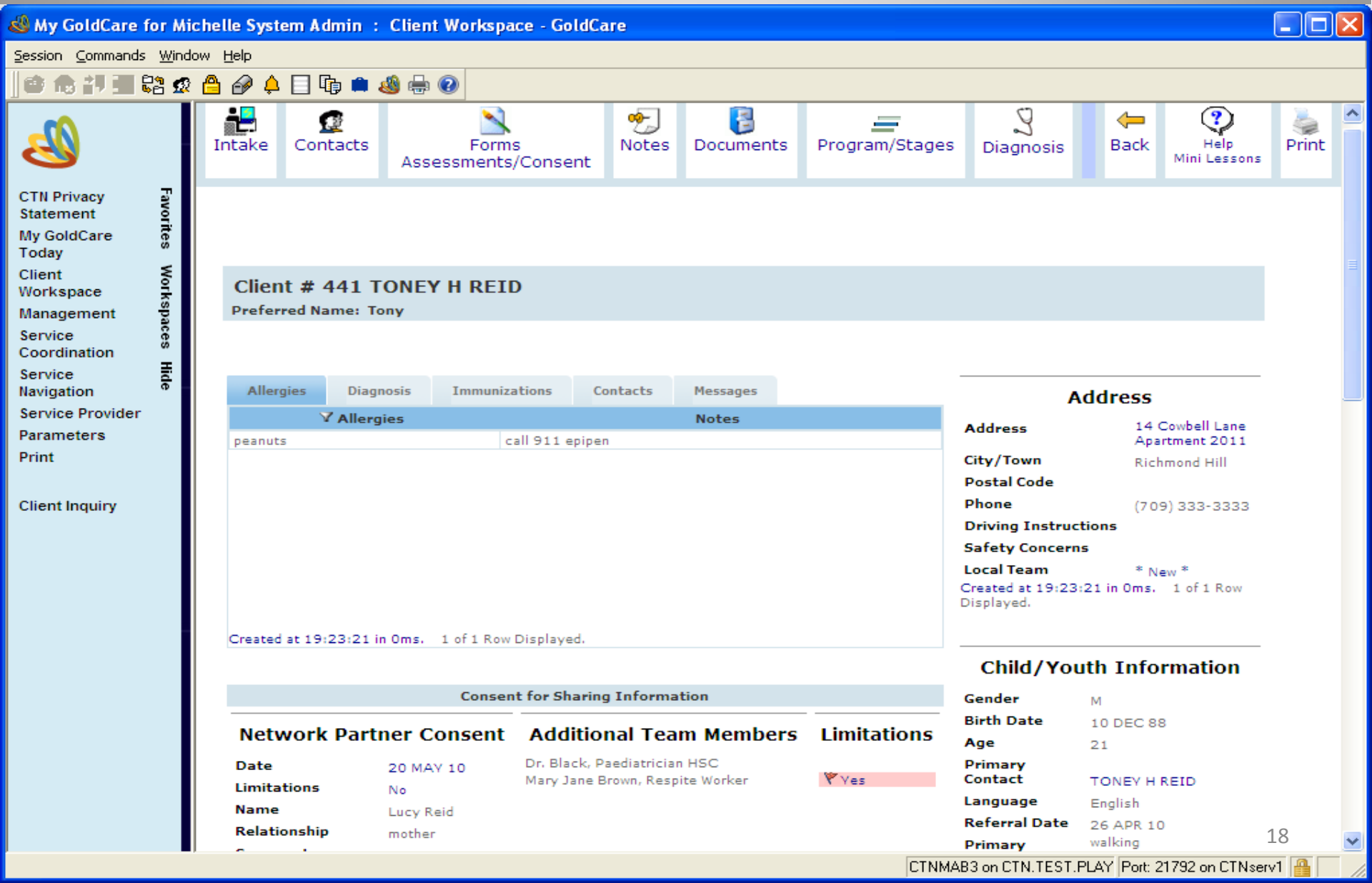
CTN's Shared Electronic Client Record

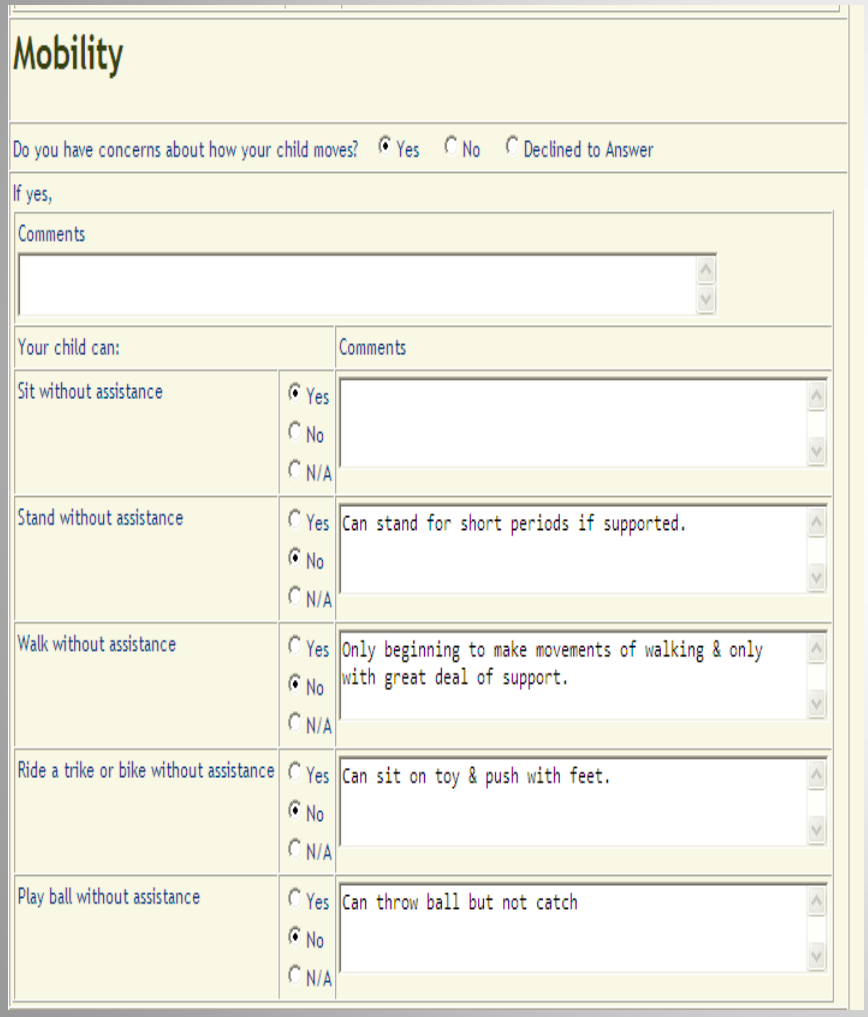


The Team

Team Members are visible to each other

A Common Initial Assessment

A comprehensive family directed Intake tool that identifies strengths and needs



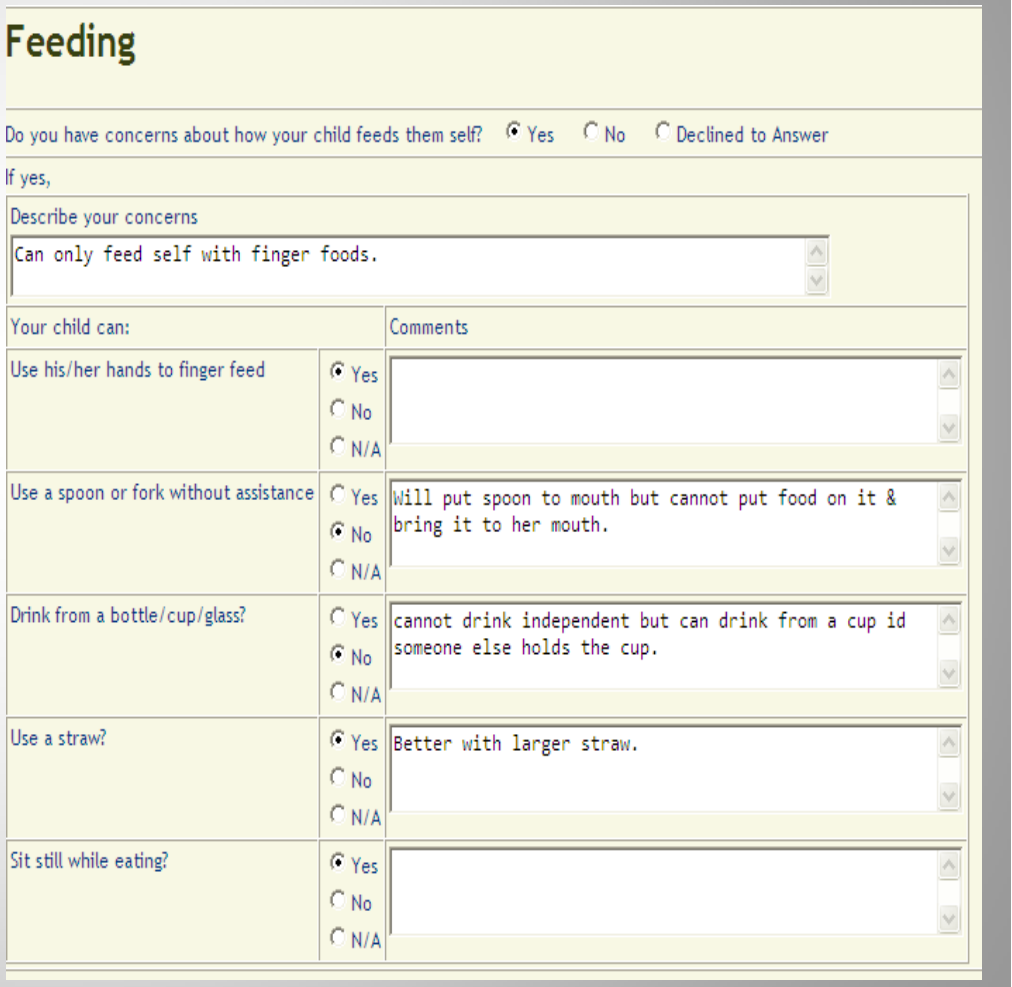
Mobility

Do you have concerns about how your child moves? (•) Yes ( ) No ( ) Declined to Answer

If yes,

Comments

Your child can:		Comments
Sit without assistance	(•) Yes ( ) No ( ) N/A	
Stand without assistance	( ) Yes (•) No ( ) N/A	Can stand for short periods if supported.
Walk without assistance	( ) Yes (•) No ( ) N/A	Only beginning to make movements of walking & only with great deal of support.
Ride a trike or bike without assistance	( ) Yes (•) No ( ) N/A	Can sit on toy & push with feet.
Play ball without assistance	( ) Yes (•) No ( ) N/A	Can throw ball but not catch



Feeding

Do you have concerns about how your child feeds them self? (•) Yes ( ) No ( ) Declined to Answer

If yes,

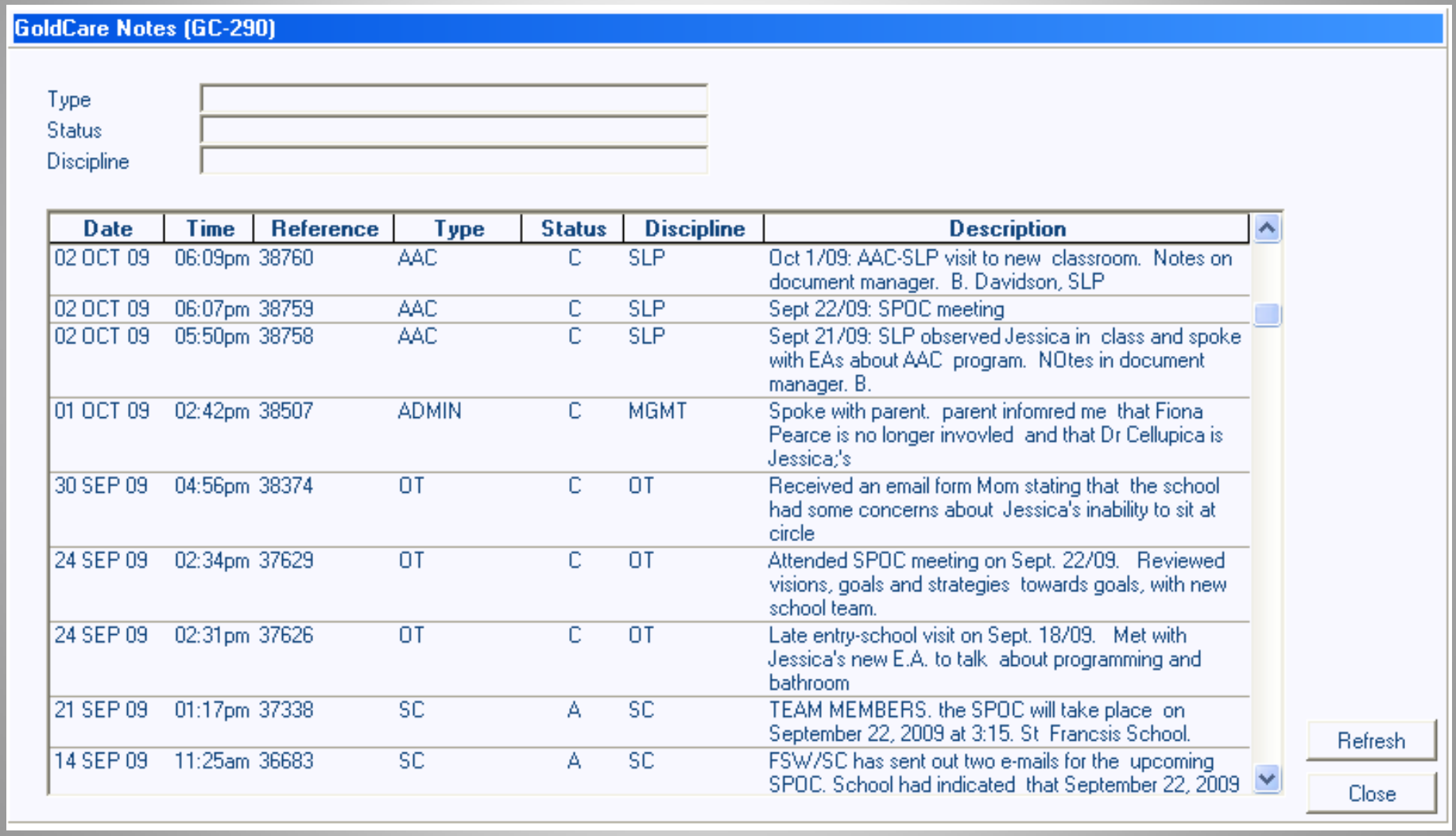
Describe your concerns

Can only feed self with finger foods.

Your child can:		Comments
Use his/her hands to finger feed	(•) Yes ( ) No ( ) N/A	
Use a spoon or fork without assistance	( ) Yes (•) No ( ) N/A	Will put spoon to mouth but cannot put food on it & bring it to her mouth.
Drink from a bottle/cup/glass?	( ) Yes (•) No ( ) N/A	cannot drink independent but can drink from a cup id someone else holds the cup.
Use a straw?	(•) Yes ( ) No ( ) N/A	Better with larger straw.
Sit still while eating?	(•) Yes ( ) No ( ) N/A	

Clinical Notes

Facilitate communication and integrated care



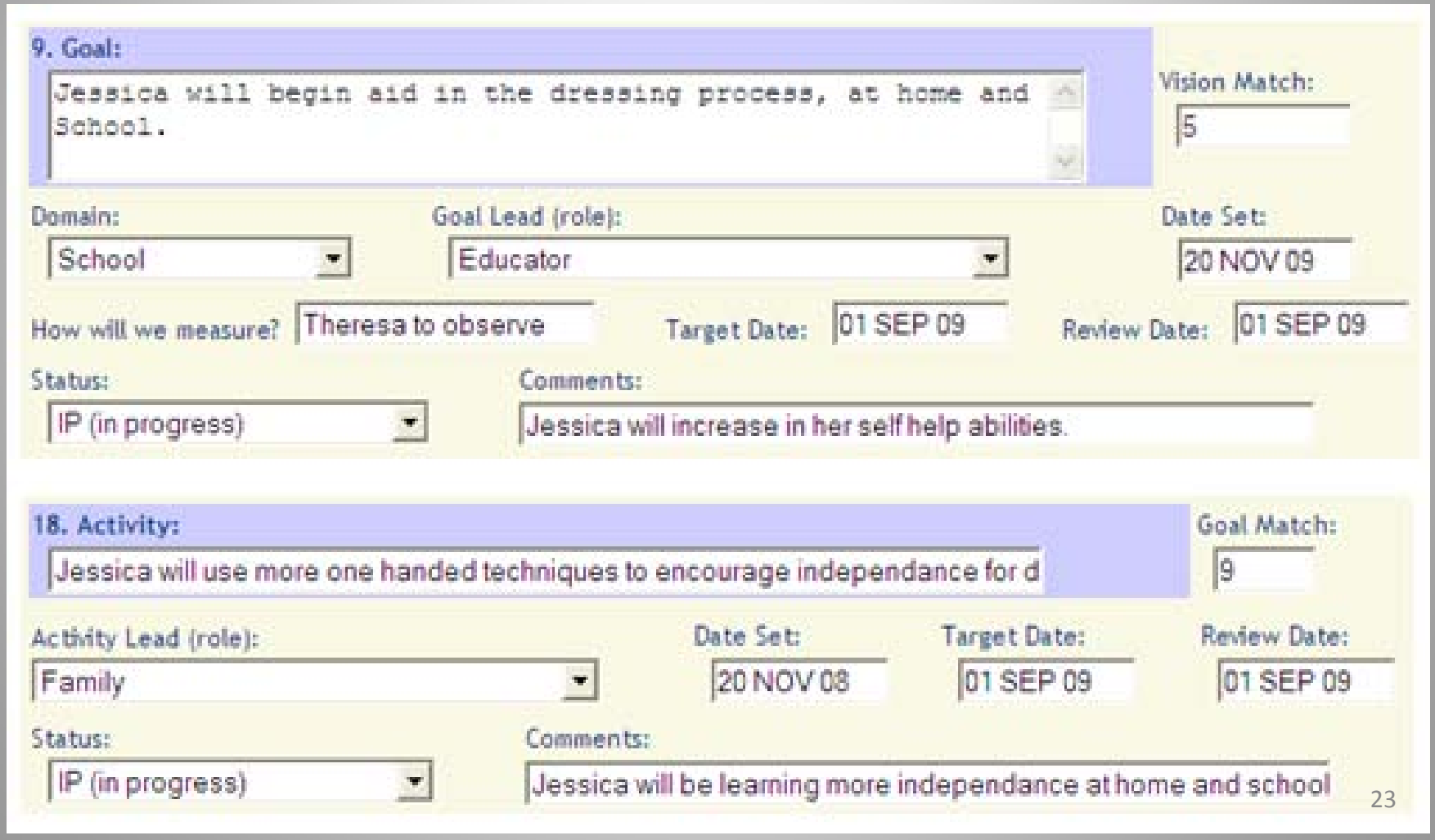
Date	Time	Reference	Type	Status	Discipline	Description
02 OCT 09	06:09pm	38760	AAC	C	SLP	Oct 1/09: AAC-SLP visit to new classroom. Notes on document manager. B. Davidson, SLP
02 OCT 09	06:07pm	38759	AAC	C	SLP	Sept 22/09: SPOC meeting
02 OCT 09	05:50pm	38758	AAC	C	SLP	Sept 21/09: SLP observed Jessica in class and spoke with EAs about AAC program. NOtes in document manager. B.
01 OCT 09	02:42pm	38507	ADMIN	C	MGMT	Spoke with parent. parent infomred me that Fiona Pearce is no longer invovled and that Dr Cellupica is Jessica;'s
30 SEP 09	04:56pm	38374	OT	C	OT	Received an email form Mom stating that the school had some concerns about Jessica's inability to sit at circle
24 SEP 09	02:34pm	37629	OT	C	OT	Attended SPOC meeting on Sept. 22/09. Reviewed visions, goals and strategies towards goals, with new school team.
24 SEP 09	02:31pm	37626	OT	C	OT	Late entry-school visit on Sept. 18/09. Met with Jessica's new E.A. to talk about programming and bathroom
21 SEP 09	01:17pm	37338	SC	A	SC	TEAM MEMBERS. the SPOC will take place on September 22, 2009 at 3:15. St Francsis School.
14 SEP 09	11:25am	36683	SC	A	SC	FSW/SC has sent out two e-mails for the upcoming SPOC. School had indicated that September 22, 2009

Custom Templates

- ***Standardize practice***
- ***Structure processes***
- ***Direct the Child and Family Team to plan together***

The Single Plan of Care

Ensure team members are aligned and working toward the family's visions



The Shared Electronic Record

Benefits for the Client and Family

- Reduces the number of times families must tell their story
- Reduces the burden on families to ensure all team members are informed and working with the same information
- Enables service providers to integrate information in a timely way from all sectors into their own clinical approach with the Client and Family
- Supports collaboration, development and documentation of a single plan of care for the child and family
- Supports the continuum of care over years of service and transitions
- Provides a secure method for team members to communicate

Benefits the Children's System

- Defines from a system perspective the population served, the needs and service gaps
- Helps to drive consistent clinical practice and protocols across different agencies and geographies
- Enables system wide reporting of outcomes, workload, intervention statistics and
- Supports centralized wait list management
- Identifies clinical outcomes and informs system wide resource utilization

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Success!

- Recognition by Ministry of Children and Youth Services of value of one system
- GoldCare successful vendor
- 12 Children's Treatment Centres currently working with GoldCare to develop an electronic client record to be used by all
- Building on work by CTN
- Will support sharing of information, standardized assessment and documentation
- Data extraction and reporting

The Shared Electronic Record

Challenges

- Privacy and Confidentiality
- Issues with duplication of entry for frontline- many agencies have invested $ into electronic record systems – challenges to get some partners to subscribe to a Network system –creation of electronic interfaces requires additional resources

Learnings

- Implementation – can't get it right for everyone, need to go and tweak with usage
- Record supports interprofessional practice
- Record helps to drive standardization across the Network
- Move to a shared record takes time – frontline starting to see value
- Data reporting is key – information out to Partners supports system wide review and shared problem solving

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WHY?

Evaluating and Improving the Single Plan of Care Process (SPOC)

- A 2008-10 Research Study by McMaster University explored the impact of team integration on the quality of life of children with complex needs

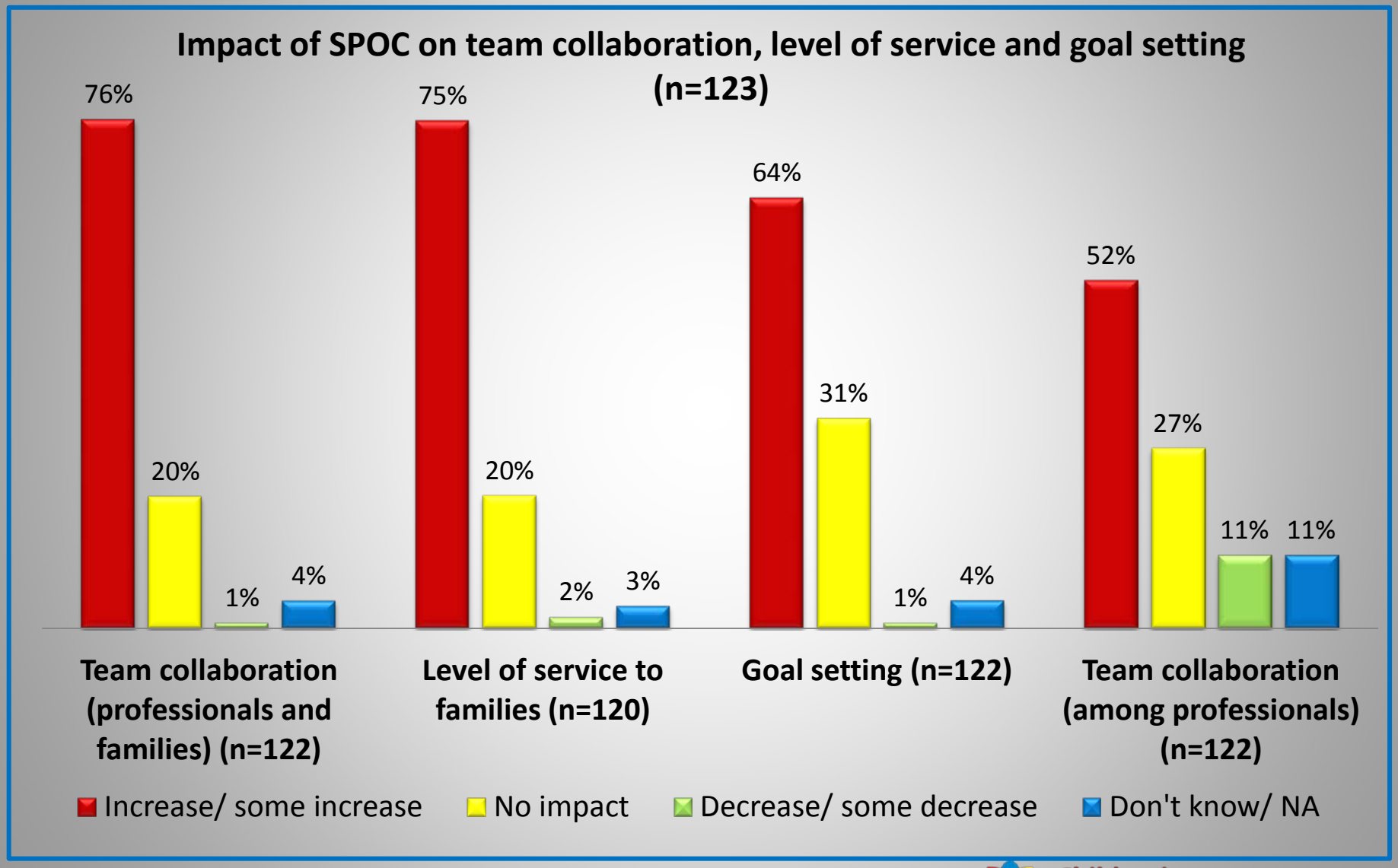
- Key Finding: Comprehensive coordinated care delivered by highly integrated teams works to improve child physical outcomes, and family variables for kids/families with specific characteristics; but the Network's level of integration was generally low, and CTN needed new tools at intake to identify the specific child/family characteristics

- As a next step, CTN 'tailored' the single plan of care process (SPOC) to include new tools and roles, tested it with 231 families and their teams. Parent and provider satisfaction, and the efficiency & effectiveness of the tailored, integrated planning process were evaluated

How Successful was the Process?

- Although half the providers were new to the Single Plan of Care (SPOC), the SPOC process was completed in 78% of teams
- Most helpful strategies or tools were:
  - ❑ Face to face meetings with team members and family
  - ❑ Having a common goal/ clear purpose
  - ❑ Developing integrated goals
  - ❑ Developing family visions
- Teams reported increased consistency, reduced duplication, better attention to tasks, better goal-setting
- One half of the teams were functioning at “cooperation” level; one quarter of the teams at “collaboration” level
- Families assume the process will improve with time; it will be worth it if the plans are delivered as written

What impact did the SPOC Process have?



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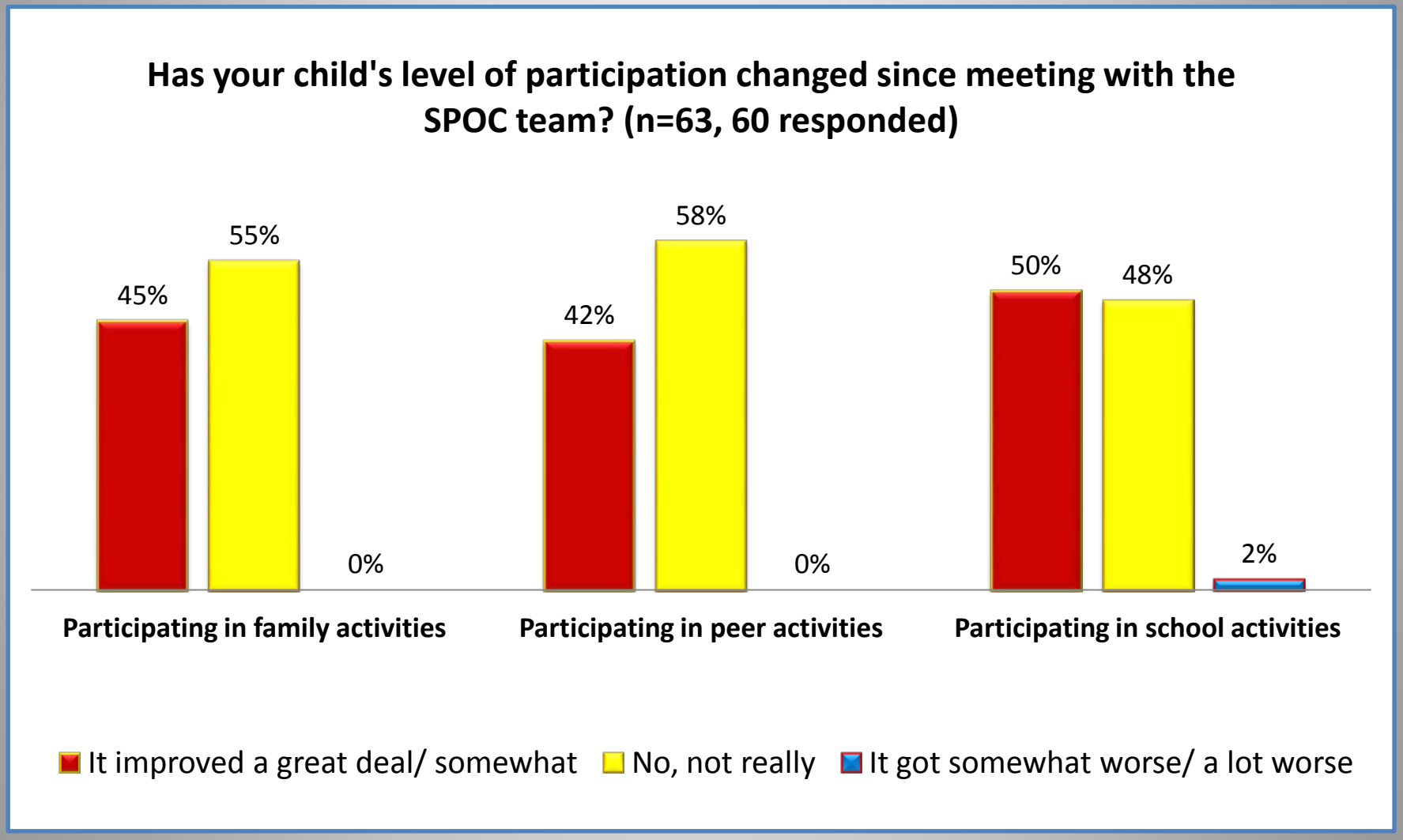
What impact did the SPOC Process have?



Supporting Interprofessional Practice (IPP)

CTN's mandate includes capacity to support Interprofessional Practice as a core function that drives the Single Plan of Care process. Ongoing Training includes:

- Child and Family centered practice
- team skills,
- communication skills,
- role discovery,
- integrated goal writing

What have we learned to date about IPP:

- Varied understanding of what integrated practice looks like and its importance
- Challenging to build IPP when teams are large, not under "one roof", staff change
- Concerns about scope of practice, shared documentation and regulatory colleges
- Writing measurable, integrated goals is complex and requires training
- Requires ongoing leadership and practice- need resources to support change –Local team facilitators
- Shared Record supports process – uptake takes time

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More Information

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