

Making Integration Happen

Examples from Southwestern Ontario

By Steve Elson

As anyone who has been involved in the integration debate in Ontario over the last seven years or so can tell you, it's a long journey between rhetoric and reality when it comes to health systems integration.

At times it has been the word itself that has been problematic; at others it's been the many ways in which it has been interpreted. It's also been used as a political football from time to time.

Needless to say, life goes on and many people and organizations are making progress, 'on the ground'.

While integration can be applied to virtually any component of the health care system, its most common focus and application has been on the delivery of health care between or among different organizations within a sector (hospitals for example) or between sectors (e.g., between hospitals and community health services).

In its most practical form, integrated service delivery can be defined as improving access, communication, collaboration, consistency and the use of evidence-based interventions across organizations, providers and the continuum of health services.

Within Southwest Ontario, thanks to a culture of collaboration and both local

and region-wide partnerships, a number of initiatives have been undertaken that focus on integration. Here are a few examples:

The Coordinated Stroke Strategy

One of the best examples of collaboration and partnerships fostering integration, not only within Southwestern Ontario but also throughout Ontario, is Ontario's Coordinated Stroke Strategy. For example, through the development of hospital by-pass protocols, stroke victims who in the past would have missed the opportunity to receive tPA now have that opportunity.

"By-pass protocols are the cornerstone of the coordinated stroke strategy in Grey and Bruce. Through the leadership of the ER physicians and Base Hospital, the co-operation and coordination of the hospital corporations and their sites (11 in all) and the keenness and compliance of the healthcare staff, by-pass is accessible throughout the two counties. The continual monitoring of the system has resulted in improvement especially as by-pass encounters the challenges present in a rural area. By-pass is the template for future endeavours in coordinating stroke care in Grey and Bruce." **Mary Solomon, District Stroke Coordinator for Grey-Bruce Health Services**

More recently, attention has been focused on the community services sector and opportunities to enhance the continuity of care by improving the ability of community health services and long-term care facilities to address the

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needs of residents and clients living with stroke.

VideoCare: Southwestern Ontario's Telehealth Network

VideoCare is the name of a 21-partner organization that has been established in Southwestern Ontario to govern and manage a secure 43-site videoconferencing network that connects all the hospital sites in Southwestern Ontario as well as the University of Western Ontario.

VideoCare is currently one of three videoconferencing networks in Ontario. The other two are NORTH Network and the Eastern Ontario Telehealth Network (EOTN).

Using the communications infrastructure that has been put in place, health care providers and patients throughout the region now have improved access to expert clinical advice and consultation, regardless of where it may be located geographically.

“VideoCare in general is showing the general public that the health care system truly cares, that they are trying to make the system better, and it will come together for all of us.”

**VideoCare 2003
Evaluation Survey
Participant**

Caring for children with complex medical needs

Another example of integrated service delivery that is local in nature, involves a partnership among the two London hospitals (London Health Sciences Centre and St. Joseph's Health Care,

London), the Community Care Access Centre, London Middlesex and the organizations that provide home-based health care in the London Middlesex area.

For the last two years this partnership (called the Paediatric Continuity of Care Partnership) has organized and run an eight week course for community nurses who are either currently or wish to enhance their skills at providing care to children with complex medical care needs.

Staffs from both the Children's Hospital of Western Ontario and community service agencies teach the course. A paediatric nurse practitioner/clinical nurse specialist with the Children's Hospital has coordinated the course including field placements.

The impact of the course has been most positive. It has allowed children to return home who might otherwise not have been able to. At the same time, the enhanced skills of the community nursing staff has improved the quality of care they are able to deliver.

“The course was innovative and addressed the learning needs of nurses in our community working with technology dependent children and their families, enabling timely and effective discharges from hospital to their home environment.” **Wendy Blackwell, Nurse Practitioner/Clinical Nurse Specialist (RN, MScN) Children's Hospital of Western Ontario**

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Closing Remarks

These three examples of integrated service delivery illustrate in a very practical way, the translation of integration from rhetoric to reality. There are important differences between them in terms of the focus, scope and reach of the initiatives. But they also have some fundamental things in common.

- They are all committed to improving the process and outcomes of the delivery of care on a system-wide basis.
- They are all based on partnerships that respect differences in skills, resources, size and community.
- They all recognize that bringing providers and organizations together in a way that will enable them to grow and flourish requires more than good will.
- They also recognize that it requires resources, supportive organizations, structures and policies that extend the responsibility of individuals and organizations beyond their professional and corporate boundaries.
- There is a common recognition that there is a shared mandate and responsibility is to the health care system as a whole and more particularly, to those who share the same patients, clients or residents.

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perspectives are allowed to take hold and are supported.

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