

# “To Be or Not to Be: Planning for Rural Health Care in the Future



Dr. Odell Olson  
Heather Toporowski  
Community & Rural/  
Primary Care & Chronic Disease  
Management Portfolio  
February 2010

## Session Overview

- Background
- Elements of planning frameworks
- Overview of Alberta Framework
- Capability Framework
- Key Indicators
- Next steps



## Background

- Alberta Health Services became a legal entity April 1, 2009
- Rural health care delivery varied across the 9 former regions
- Issues of inequity, access, health status, integration

## Purpose

- To support the development of integrated health services
- To guide decision makers in the design of clinical service delivery that is:
  - Patient focused
  - Reflective of best practices and evidence-informed design
  - Cost effective

# Literature Review

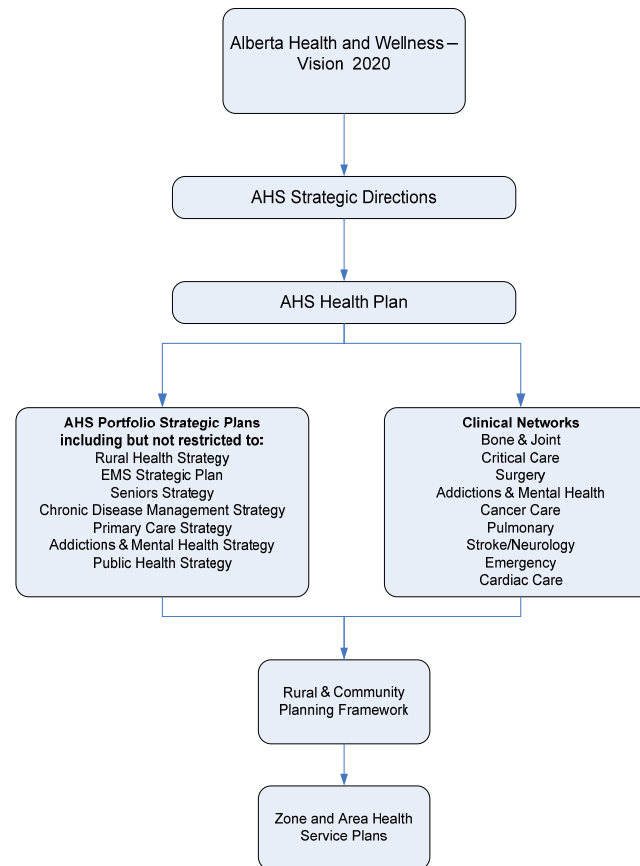
- Reviewed 8 framework documents for:
  - mandate
  - core elements
  - strengths & limitations
  - organizational context
  - decision supports
  - lessons learned

## Results

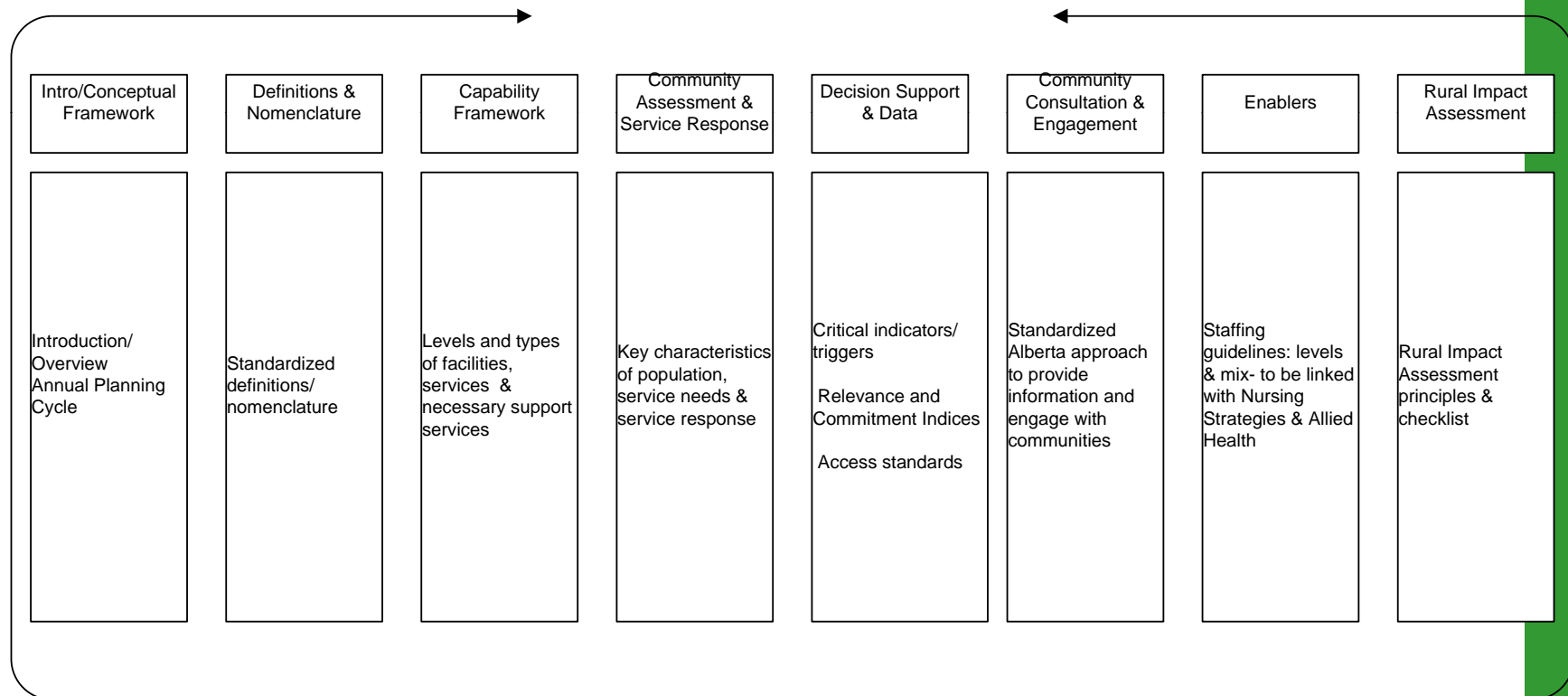
Several core elements of a planning framework identified as a result of this review:

- Assessment based on information about population health status and needs, health determinants, and health system performance indicators or outcomes
- Health system design (or capability) frameworks
- Planning across the continuum of care
- Community, physician and staff engagement
- Staffing models or staff mix

# Developing The Framework



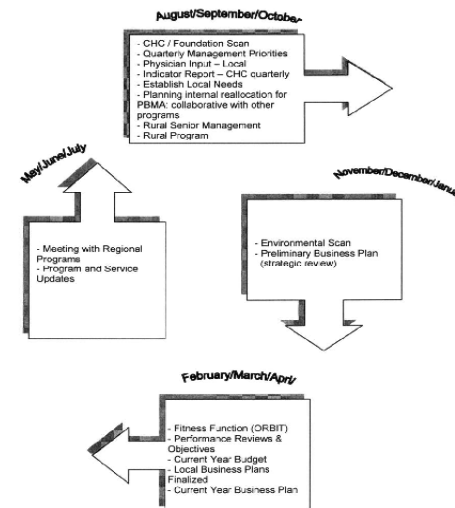
# Rural & Community Planning Framework



# Introduction

- Goals & Objectives
- Overview
- Definitions
- Annual Planning Cycle

## APPENDIX F – RURAL HEALTH ANNUAL PLANNING CYCLE



# Capability Framework

## ↪ Medical service level 1

### Service definition

**Medical service level 1** provides definitive inpatient care, which may require a sub-specialty outpatient referral. Provides inpatient treatment of illnesses or resuscitation and stabilisation of patients before transfer or retrieval by medical practitioners/qualified staff, with the back up of limited support services. These patients do not require complex diagnostic investigation.

The service is provided for both adults and children.

Required clinical services	Level	Notes
Anaesthetics	-	
Critical care	-	
Diagnostic imaging	1	
Emergency	-	
Endoscopy	-	
Interventional radiology	-	
Medical	-	
Nuclear medicine	-	
Operating suite	-	
Pathology	1	
Pharmacy	1	
Surgical	-	

As for primary medical service plus:

### General expected characteristics

- formal link with cardiac rehabilitation services
- formal link with pulmonary rehabilitation services
- formal links with oncology, radiotherapy and palliative care services
- formal links with rehabilitation services
- formal links to integrated health facility/community interface for diabetes planning

### Staffing

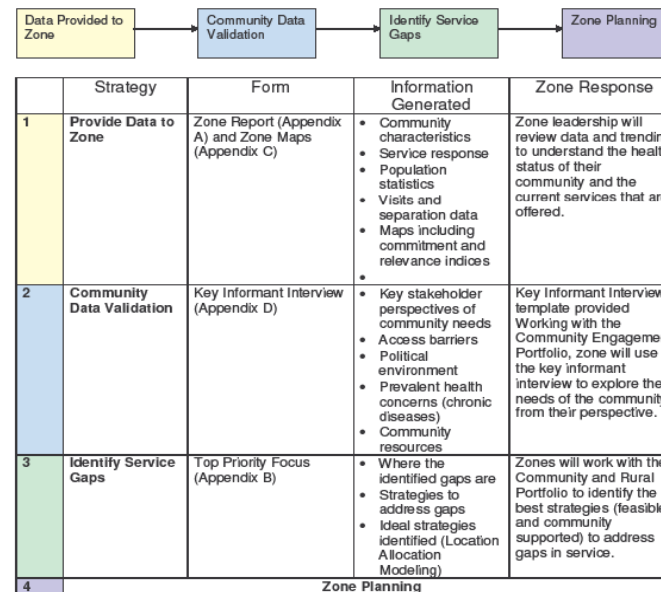
Medical	<ul style="list-style-type: none"> <li>• medical practitioner, on-call 24 hours (public) or available (private)</li> </ul>
Nursing	<ul style="list-style-type: none"> <li>• registered nurse in charge for each clinical unit has evidence of ongoing clinical competency and experience appropriate to the service being provided</li> <li>• adequate nursing staff with evidence of ongoing clinical competency and experience appropriate to the service being provided, to support the registered nurse in charge</li> </ul>
Allied Health	<ul style="list-style-type: none"> <li>• as for primary medical service</li> </ul>

- Levels and types of facilities & services
- Necessary levels of support services
- Standardized definitions/nomenclature

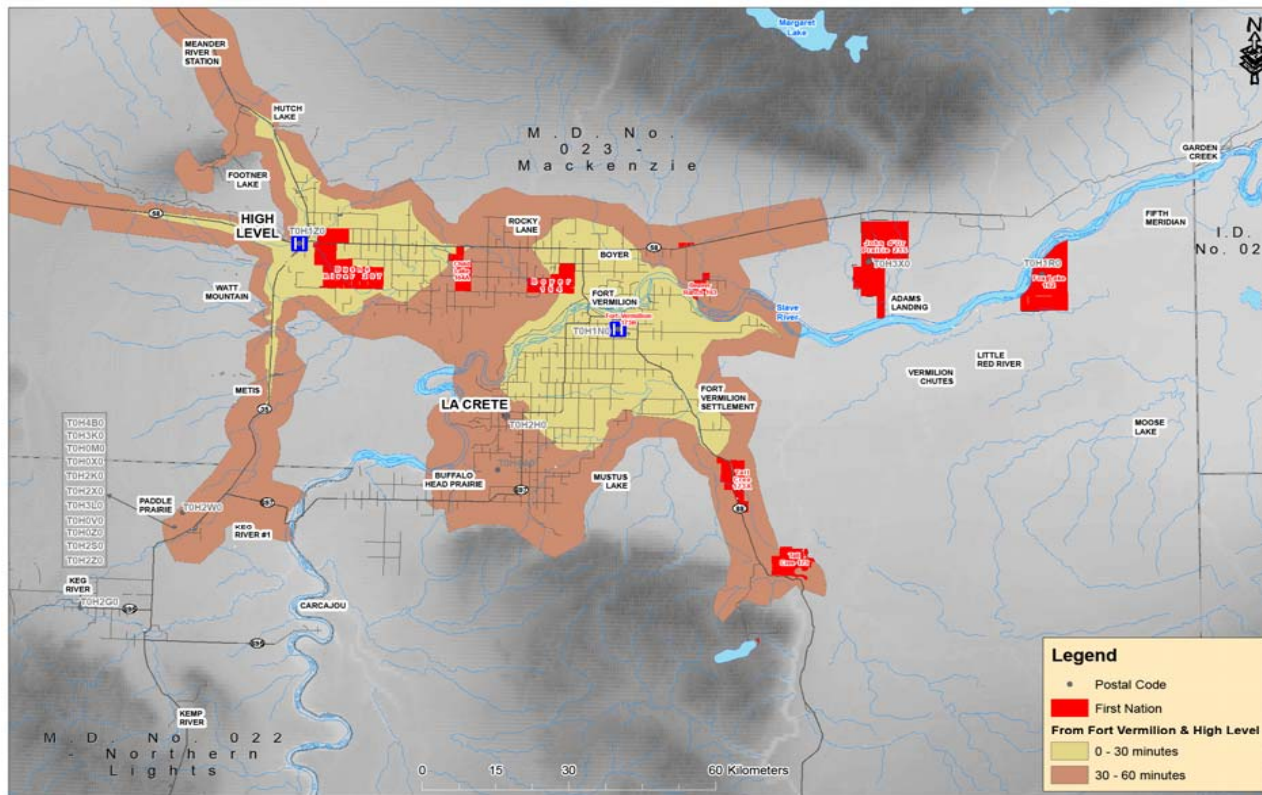
# Community Assessment & Service Response

- Identify 5 key characteristics of population & service response to each characteristic
- Incorporate community consultation model

The purpose of this document is to outline the bi-directional flow of information between the Community and Rural Portfolio and AHS Zone leadership. This chart indicates the forms that will be used to communicate information and the information to be generated in each step of this process.







### 30 and 60 minutes Drive Time from Fort Vermilion & High Level

Drive Time is estimated under optimal conditions

# Key Indicators

## Indicator Tool

\*\*Please note this tool is intended as a decision support tool only and is not a list of standards within AHS\*\*

Community/Site/Zone: \_\_\_\_\_  
Date: \_\_\_\_\_

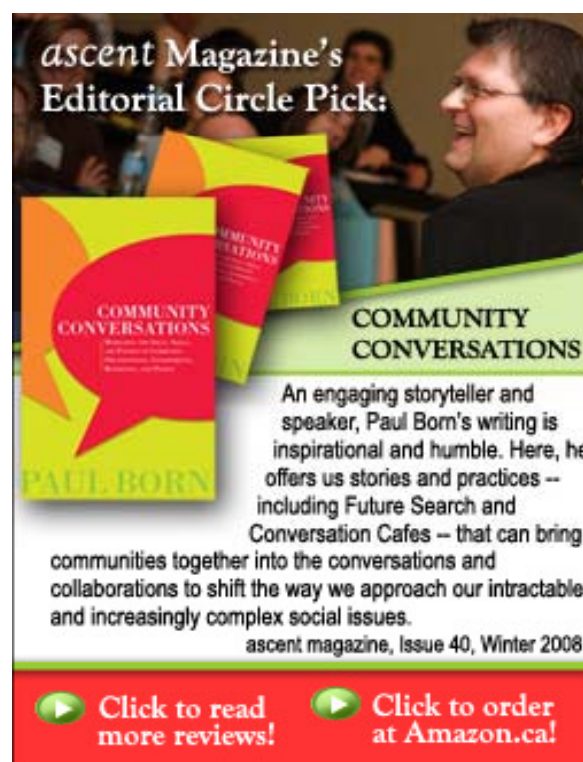
Indicator	Indicator Value	Site Value	Weight
Occupancy Rates	75-85		
Commitment Index	Benchmark at the Median Rural AHS Value		
Relevance Index	Benchmark at the Median Rural AHS Value		
Acute Care Inpatients	8-10 per day (2920-3650 per year)  % of acute care beds occupied by alternative level of care patients (max: 15%)		
Emergency Department Visits	Low: 42.2 visits/100 population  High: Benchmark using Rural AHS Data		
Patient CTAS Scores	>50% CTAS 4s and 5s (not all sites currently reporting)		
Population Change	% change		
Physician On-Call Rotation	14 for hospital and emergency services		
Obstetrics	25 Deliveries/year		
Access	Emergency Services (88%) within 50Km/1hr  Acute Inpatient Services (88%) within 100Km/2hr	Emergency:  Acute Inpatient:	

Site Total: \_\_\_\_\_

- Occupancy rate
- Commitment & Relevance Indices
- Acute Care Inpatient
- ED Visits
- CTAS scores
- Population Change
- Physician On-call rotation
- Obstetrics
- Geographical Access
- Strategic Activities- EMS, Seniors, Capital Planning etc.
- Other

# Community Consultation & Engagement

- Standardized Alberta approach to provide information & engage with communities
- Clinical engagement: physicians and other healthcare providers



# Enablers



- Staffing level & mix guidelines, including innovative models
- IT
- Capital Planning/Infrastructure
- Communication strategies

# Rural Impact Assessment

*Toolkit designed to provide policy makers and planners with a systematic mechanism to evaluate services, policies and programs to ensure rural circumstances are considered – thus attaining ‘best fit’ (i.e., the efficient and effective use of resources while ensuring quality and safety).*

## Capability Frameworks- a deeper dive

### *Capability:*

*“an individual or service’s capacity to provide a health care service based on skills and knowledge” (Queensland, 2005)*

# Capability Frameworks

↪ Medical service level 1

**Service definition**

**Medical service level 1** provides definitive inpatient care, which may require a sub-specialty outpatient referral. Provides inpatient treatment of illnesses or resuscitation and stabilisation of patients before transfer or retrieval by medical practitioners/qualified staff, with the back up of limited support services. These patients do not require complex diagnostic investigation.

The service is provided for both adults and children.

Required clinical services	Level	Notes
Anaesthetics	-	
Critical care	-	
Diagnostic imaging	1	
Emergency	-	
Endoscopy	-	
Interventional radiology	-	
Medical	-	
Nuclear medicine	-	
Operating suite	-	
Pathology	1	
Pharmacy	1	
Surgical	-	

*As for primary medical service plus:*

**General expected characteristics**

- formal link with cardiac rehabilitation services
- formal link with pulmonary rehabilitation services
- formal links with oncology, radiotherapy and palliative care services
- formal links with rehabilitation services
- formal links to integrated health facility/community interface for diabetes planning

**Staffing**

Medical	<ul style="list-style-type: none"> <li>medical practitioner, on-call 24 hours (public) or available (private)</li> </ul>
Nursing	<ul style="list-style-type: none"> <li>registered nurse in charge for each clinical unit has evidence of ongoing clinical competency and experience appropriate to the service being provided</li> <li>adequate nursing staff with evidence of ongoing clinical competency and experience appropriate to the service being provided, to support the registered nurse in charge</li> </ul>
Allied Health	<ul style="list-style-type: none"> <li>as for primary medical service</li> </ul>

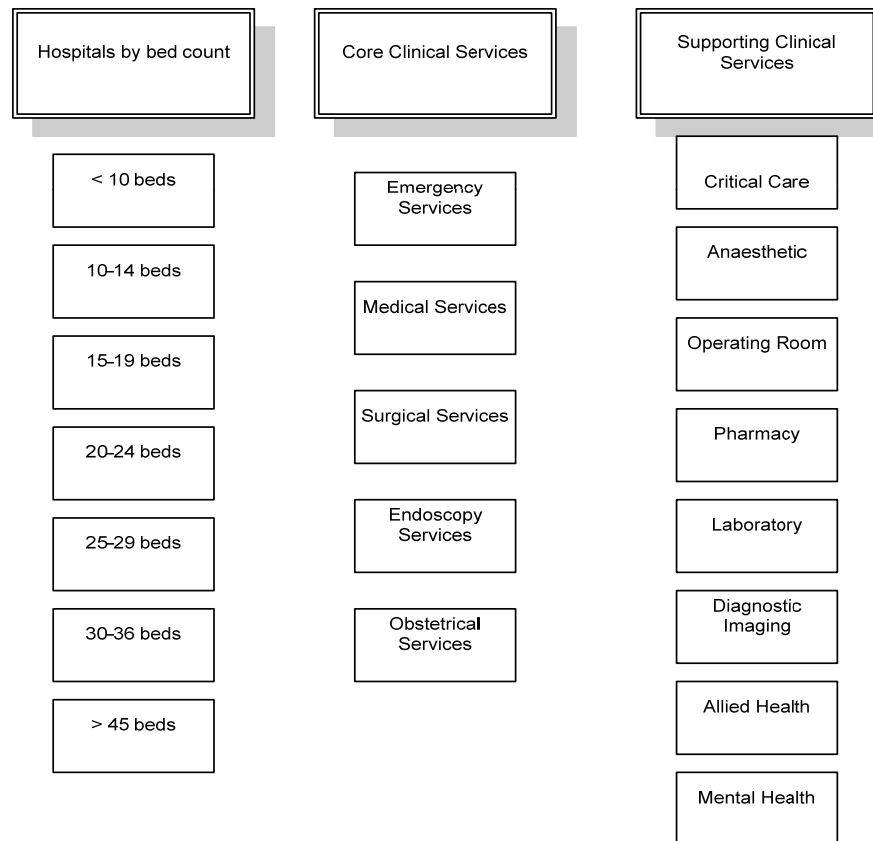
Queensland Health Clinical Services Capability Framework Version 2.0 C2 Medical services - 1206

- Levels and types of facilities & services
- Necessary levels of support services
- Standardized definitions/nomenclature

# Alberta Capability Framework

- Supports high quality & safe services for all rural Albertans
- Identifies the minimum support services, staffing standards, and other requirements for safe and appropriately supported clinical services

# Alberta Capability Framework



# Alberta Capability Framework

Clinical Services	Level	Service Level Description
Emergency Services (Core)	1	Initial triage of all outpatients. Definitive care (treat and discharge) for minor outpatient conditions. Stabilization and transfer to another service/facility when required. Usually not open 24 hours/day but extended hours of service are available and professional providers might be on call. Professional level staffing present during hours of operation. Physicians may provide visiting, consulting or on-site services.
	2	Emergency Services Level 1 plus definitive care for appropriate conditions. May be open 24 hours/day or have extended hours of service with on-call professional providers. No acute in-patient beds on site but may have capacity for short-term observation.
	3	Initial triage of all outpatients. Definitive care (treat, admit and/or discharge) for appropriate inpatient and outpatient conditions. Stabilization and transfer to an acute in-patient bed on site or higher level service/facility when required. Open 24 hours/day with professional level staffing present.
	4	Emergency Services Level 3 plus facility offers 24 hour access

# Alberta Capability Framework

CRITICAL SERVICES	LEVEL	SERVICE LEVEL DESCRIPTION
Anesthetic Service (Support)	0	Physician supported anesthetic care for local anesthesia and limited regional blocks (including conscious sedation) to provide combinations of minor procedures, e.g., fractures, breast biopsy, carpal tunnel, with low or medium anesthetic risk.
	1	Physician supported anesthetic care for all types of anesthesia (general, sedation, neuraxial block and regional block) to provide combinations of minor surgical procedures with low or medium anesthetic risk or intermediate surgical procedures with low anesthetic risk. Intermediate surgical procedures with low anesthetic risk are performed by an appropriately trained GP anesthetist providing the anesthesia. A risk management strategy is in place for managing patient complications. See: Capability Framework Service: Patient Physical Status and Medical Risk.
	2	Physician supported anesthetic care for all types of anesthesia. Provides Anesthetic Service Level 1 plus anesthesia for combinations of minor surgical procedures with high anesthetic risk, or intermediate surgical procedures with medium anesthetic risk, or complex surgical procedures with low anesthetic risk. A risk management strategy is in place for managing patient complications. See: Capability Framework Service: Patient Physical Status and Medical Risk.
	3	Physician supported anesthetic care for all types of anesthesia. Provides Anesthetic Service Level 2 plus anesthesia for combinations of intermediate surgical procedures with high anesthetic risk, or complex surgical procedures with medium or high anesthetic risk. See: Capability Framework Service: Patient Physical Status and Medical Risk.

# Alberta Capability Framework

Location LEGEND: #’s - Relate to Framework Descriptions W – Week M – Monthly O - Other	Core Clinical Service Levels											Mental Health			
	Emergency	Medical	Surgical	Endoscopy	Obstetrics		Scope / Complexity	Critical Care	Anaesthetic	Operating Room	Pharmacy		Laboratory	Diagnostic Imaging	Allied Health
					Ambulatory perinatal	Facility									
10-14 Beds															
	3	2	1-W	N/A	1	1	A	1	N/A	N/A	1	4	2	1	
	3	2	1-W	N/A	1	N/A	0	1	N/A	N/A	2	4	2	1	
	3	2	1	N/A	N/A	0	0	1	N/A	1	2	4	1	2	
	3	2	1	N/A	2	1-0	0	0	N/A	1	2	4	2	1-W	
	3	2	1	N/A	N/A	N/A	0	1	N/A	1	2-W	4	1		
	3	3	1	N/A	2	N/A	0	1	1	1	2	4	2	2	
	3	2	1	1	1-W	N/A	0	1	N/A	N/A	2-W	4	2	2	
														2-W	
	3	2	1	N/A	1	N/A	0	0	N/A	N/A	1-W	4	2-M	2-W	
														1	
	3	2	N/A	N/A	N/A	N/A	0-0	0	N/A	N/A	2	2	1	2-W	
	3	2	1	N/A	N/A	N/A	0	0	N/A	N/A	2	4	1	2	
	3	3	1	N/A	2	1	A	1	N/A	N/A	3	4	2	1-W	
	1	2	1	N/A	1	1	0	1	1	N/A	3	3	1	1-0	

## Key Indicators- flags for planning

- Not intended as a set of standards
- Indicators that flag that a site or area may need review, assessment and planning
- Assists in prioritizing sites for planning
- Developed after an extensive literature review and validated by an expert focus group

# Key Indicators

## Indicator Tool

\*\*Please note this tool is intended as a decision support tool only and is not a list of standards within AHS\*\*

Community/Site/Zone: \_\_\_\_\_  
Date: \_\_\_\_\_

Indicator	Indicator Value	Site Value	Weight
Occupancy Rates	75-85		
Commitment Index	Benchmark at the Median Rural AHS Value		
Relevance Index	Benchmark at the Median Rural AHS Value		
Acute Care Inpatients	8-10 per day (2920-3650 per year)  % of acute care beds occupied by alternative level of care patients (max: 15%)		
Emergency Department Visits	Low: <22 visits/100 population  High: Benchmark using Rural AHS Data		
Patient CTAS Scores	>50% CTAS 4s and 5s (not all sites currently reporting)		
Population Change	% change		
Physician On-Call Rotation	14 for hospital and emergency services		
Obstetrics	25 Deliveries/year		
Access	Emergency Services (88%) within 50Km/1hr Acute Inpatient Services (88%) within 100Km/2hr	Emergency:  Acute Inpatient:	

Site Total: \_\_\_\_\_

- Occupancy rates
- Commitment & Relevance Indices
- Acute Care Inpatient- # and % ALC
- ED Visits/CTAS scores
- Population Change
- Physician On-call rotation
- Obstetrics
- Geographical Access
- Strategic Activities- EMS, Seniors, Capital Planning etc.
- Other- qualitative information

# Key Indicators

Indicator	Indicator Value
<b>Occupancy Rates</b>	75-85
<b>Commitment Index</b>	Benchmark at the Median Rural AHS Value
<b>Relevance Index</b>	Benchmark at the Median Rural AHS Value
<b>Acute Care Inpatients</b>	8-10 per day (2920-3650 per year)  % of acute care beds occupied by alternative level of care patients (max: 15%)
<b>Emergency Department Visits</b>	Low: 42.2 visits/ 100 population  High: Benchmark using Rural AHS Data
<b>Patient CTAS Scores</b>	>50% CTAS 4s and 5s (not all sites currently reporting)
<b>Population Change</b>	% change
<b>Physician On-Call Rotation</b>	1:4 for hospital and emergency services
<b>Obstetrics</b>	25 Deliveries/year
<b>Access</b>	Emergency Services (98%) within 50Km/1hr Acute Inpatient Services (98%) within 100Km/2hr

## Next Steps

- Finalize work on capability framework and key indicators, including access standards
- Establish priorities for planning
- Orientation process & planning for implementation
- Ongoing evaluation



**Thank you!**