Nova Scotia Diagnostic Imaging and Pathology & Laboratory Medicine (DIPLM) Initiative

Presentation to Atlantic Directors
August 23, 2012

Population Density (km²):
- 0.0 - 4.0
- 4.1 - 9.0
- 9.1 - 20.0
- 20.1 - 100.0
- 100.1 - 1000.0
- 1000.1 - 4045.0

Sources: Business Intelligence, Analytics and Privacy (BIA&P), Health Information Office, Nova Scotia Department of Health and Wellness.
Date: February 2012
EXISTING STATE

- Nova Scotia has the highest incidence of chronic diseases nationally
- Patient safety and quality is a national challenge, especially within acute care settings
- Capital investments to maintain our infrastructure are not keeping pace with needs, resulting in aging and outdated technology platforms
- Wait times and access in Nova Scotia are not within acceptable benchmarks
- Due to an aging workforce, the supply of health human resources poses a risk to the sustainability of our current system
- 41% of provincial spending is on Health and Wellness
IMPETUS FOR CHANGE

• Increasing patient demand on services

• Advancing standards of care, and expanding testing / imaging protocols

• Demographic pressures – both patients and staff / physicians

• Health Human Resource challenges:
  – Estimates of Provincial retirement potential for staff sit at approx 25% of staff being eligible to retire by 2013
  – Projected Medical Replacement recruitment needs:
    • Estimated 46% turnover over the next 10 years*
      *(per 2012 NS Physician Resource Plan)

• Increasingly competitive job market

• Aging infrastructure requires judicious, appropriate use of capital funding

• Quality / consistency and Patient Safety concerns – need to avoid experiences of other jurisdictions

• Sustainability – cost efficiency / elimination of duplication
THE ISSUE

• DHAs/IWK are responsible for independently planning and delivering clinical services at the district-level

• We have a *provincially* fragmented system, with:
  • duplication of services / untapped capacity
  • competition for scarce resources
  • services provided with inadequate patient volumes to sustain skills and quality of care, and
  • challenges to sustaining basic services

all of which compromise patient safety, quality of service and access to care
FROM ISSUE to OPPORTUNITY

• An integrated provincial approach to planning services to enhance quality of care and patient safety, ensure equitable access, and ensure sustainability of the health care system in Nova Scotia

• A mechanism for system-wide leadership and collaboration that guides resource allocation with a provincial perspective

• Identification of core services to be provided for all Nova Scotians in their community or DHA, with clusters of specialty services

• Integrates key Provincial strategies currently underway: Physician Resource Plan, Shared Services, Mental Health and Addictions, Better Care Sooner, Diagnostic Imaging and Pathology & Laboratory Medicine Initiative
The DIPLM INITIATIVE

- Joint partnership initiative between DHAs and DHW
- NS Council of CEOs retains overall ownership and accountability for initiative.
- System sustainability through transformation
MANDATE

• To provide advice and recommendations to the Nova Scotia Council of CEOs and Deputy Minister Health and Wellness, on all matters pertaining to the provision of quality Diagnostic Imaging and Pathology & Laboratory Medicine services throughout Nova Scotia;

• To bring health system leadership and key stakeholders together in collaborative partnership to inform, promote and enable a provincially coordinated, innovative, efficient and patient-centered service delivery framework for Diagnostic Imaging and Pathology & Laboratory Medicine services.
**DIPLMI GUIDING PRINCIPLES**

1. We will ensure provincial integration and achieve optimal clinical outcomes for all Nova Scotians.

2. The quality of clinical services (including access, appropriateness and efficiency) will be enhanced.

3. Transparency, and engagement of our citizens and other key stakeholders, will help to keep our communities informed.

4. Patient and clinician satisfaction will be enhanced.

5. Appropriate HHR and diagnostic technology strategies will support sustainability of the service delivery system throughout Nova Scotia, and where appropriate the Maritimes.

6. The service delivery system will support teaching and research throughout Nova Scotia, and where appropriate the Maritimes.

7. The system’s ability to support continuing professional development and maintenance of competence and clinical skill will be enhanced.

8. The service delivery system will be fiscally and operationally sustainable.
DIPLM INITIATIVE COMMITTEE STRUCTURE
Friday, August 17, 2012

DIPLMI INITIATIVE STEERING COMMITTEE

OPERATIONS ADVISORY COUNCIL

DIAGNOSTIC IMAGING SUBCOMMITTEE

CENTRALIZED RADIOPHARMACY WORKGROUP
QUALITY & PATIENT SAFETY WORKGROUP
DI MANAGEMENT ADVISORY COMMITTEE
NOVA SCOTIA ASSOCIATION OF RADIOLOGISTS

PATHOLOGY & LAB MEDICINE SUBCOMMITTEE

INTER-DISTRICT BILLING WORKGROUP
QUALITY & PATIENT SAFETY WORKGROUP
ELECTRONIC SYNOPTIC PATHOLOGY REPORTING INITIATIVE TEAM

CAPITAL ASSET MANAGEMENT WORKGROUP

HEALTH INFORMATICS AND IT TEAM

HEALTH HUMAN RESOURCES WORKGROUP

DI & LAB MIS STANDARDS IMPLEMENTATION TEAM

POINT OF CARE TESTING WORKGROUP
LAB SERVICES MANAGEMENT ADVISORY COMMITTEE
NOVA SCOTIA MEDICAL LABORATORY DIRECTORS COMMITTEE
DIPLMI OBJECTIVES

• Develop and maintain a provincial system perspective pertaining to Diagnostic Imaging and Pathology & Laboratory Medicine service strategies and priorities;

• Facilitate the building of system capacity and necessary expertise for high quality, safe and sustainable Diagnostic Imaging and Pathology & Laboratory Medicine services in Nova Scotia;

• Coordinate the efforts of District Health Authorities (DHAs) and the IWK to ensure the provision of high quality services;

• Facilitate health system transparency and accountability to patients and the public for Diagnostic Imaging and Pathology & Laboratory Medicine in Nova Scotia; and,

• Serve as an informed provincial reference and resource related to emerging best/leading practices in the organization and delivery of Diagnostic Imaging and Pathology & Laboratory Medicine.
KEY RESPONSIBILITIES

• System leadership
• Innovation and Transformation
• Policy and Standards
• Sustainability, Measurement and Evaluation
• Information and Communication
OUR CURRENT AREAS OF FOCUS

- System-wide strategic planning for DI and LAB
- Capital equipment processes (acquisitions and maintenance)
- Health Human Resource strategies
- IM / IT strategies
- Quality and Patient Safety programs
- Compliance to Standards of Practice
- Utilization of services
- Service Delivery efficiency and cost effectiveness
- Provincial standardization and rationalization
AREAS FOR POSSIBLE ATLANTIC COLLABORATION

• Atlantic Canadian service standardization and rationalization
• Capital Equipment acquisition strategies – improved purchase power (link with Merged Services NS)
• Combined IM/IT and PACS technology strategies for Lab and DI – vendor impacts
• Joint development of Lab / DI Informatics capacity and expertise in Atlantic Canada
• Joint development of medical quality assurance programs
Questions / Discussion