Key Facts

- Nova Scotia’s Collaborative Care Model was designed by more than 50 front line staff, managers and administrators from across the province.
- The model was designed to address several key challenges:
  - Health human resources (HHR) - In Nova Scotia, 20% of staff in key professional groups are eligible for retirement this year. By 2015, that number increases to 44%.
  - Population health status
  - Budget pressures
- The Model of Care Initiative in Nova Scotia (MOCINS) is a partnership of the Department of Health, district health authorities, and the IWK. It involves implementing the new Collaborative Care Model in selected acute care inpatient units across the province.
- The Collaborative Care Model is a new way of working for health care providers. It is an innovative, patient-centred model that aims to transform care by better utilizing and supporting our people, using efficient processes, information, and modern technology to provide patient-centred, high-quality, safe, and cost effective care.
- Phase One: the Collaborative Care Model was implemented on 14 showcase units between October 2008 and June 2009.
- Phase Two: 28 more units are implementing the model.
Evaluation

Objective: To determine the effectiveness of MOCINS in arriving at the envisioned care model by investigating its impacts (if any) on patient, system, and providers outcomes on the 14 showcase units.

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 (HHR) shortages?

Interim Results
• MOCINS is viewed positively by most staff on showcase units - better care, better work life
• Results highlight potential savings for the system in the form of lower lengths of stay, fewer ER visits/re-admits, more satisfied staff
• Findings from the qualitative data (surveys, focus groups) are consistent with findings from analysis of the administrative and self-report data
• Continued support and implementation of MOCINS is viewed as essential — “old way of doing things” not sustainable

“We haven’t changed the world, but we’ve made a number of small changes and a few big ones that are making a difference. It isn’t an easy or quick process, but early indicators show it’s working for patients and for us.” ~ Showcase Unit Manager

“Investments in supporting coordinated, team-delivered care models are associated with lower patient lengths of stay and fewer readmissions and emergency room visits as well as a more satisfied health workforce.” ~ Models of Care Initiative in Nova Scotia (MOCINS): Interim Report

What have we learned so far?
• While the results are promising, this is still an interim report. We can’t develop strong conclusions until all of the data is analyzed and the final report is complete.
• MOCINS is demonstrating promise in terms of efficiency and quality for patients and families, providers, and the health care system.
• Partnerships among the Department of Health and district health authorities/IWK are critical and are making a difference for patients and families, health providers, and the system.

The full interim evaluation report for the MOCINS initiative can be found online at www.gov.ns.ca/health/MOCINS/

Evaluation Design
The evaluation design combines outcomes mapping and simulation modeling, and includes:
• repeated surveys for patients, care providers and others;
• a combination of qualitative and quantitative data is included in the analysis, including self reported and administrative data;
• perspectives of key stakeholders including patients and families, front line staff, unit managers and VPs of patient care; and
• controls for the unique circumstances in each showcase unit.

Moving Forward
Follow up surveys and additional data collection will be completed by September 2010 and the final evaluation report will be completed in the fall of 2010.