

ALC Resource Matching & Referral Business Transformation Initiative

PROJECT BULLETIN

February 2012

Health Service Providers Begin Work Flow Process Redesign

Throughout January and early February, each of the Cluster Delivery Teams completed the first component of the Alternate Level of Care Resource Matching & Referral Business Transformation Initiative [ALC RM&R BTI] with the update of the current state analysis review. Building on the knowledge of the current state analysis, the LHIN Clusters are now embarking on the second component of the project - designing the ideal future state work flow process for each of the four care paths, standardizing the terminology used in the referral process and documenting the minimum data set required to match patients to their destination.

At a Glance

- Pg 1: Clusters Begin Work Flow Process Redesign**
- Pg 1: Process Improvement
Spotlight: Value Stream Mapping**
- Pg 2: Science of Improvement**

In February, Clusters are participating in future state redesign sessions. Using the information synthesized from the current state analysis, the LHIN Clusters will map out their ideal future state. The goal of this phase of the project is to deliver an ideal future state referral process with one set of pathways, one data set and a common shared use of terminology. This will be used as the framework as the Clusters move toward the next step in the process.

Process Improvement Spotlight

The task of redesigning the future state work process across Clusters and the creation of a Province-wide work process solution is complex. As the Clusters begin the redesign sessions, there are a number of helpful process improvement tools that may be used to improve the redesign process. Value Stream Mapping is a popular tool for analyzing and transforming business processes.

Utilization of this tool allows health care professionals to map a patient's journey through the health system—identifying where there are potential bottlenecks, wait times and opportunities to improve quality and efficiency, thus ensuring efficient, equitable, patient-centric care.

The Science of Improvement, a framework for the implementation and measurement of change, may be used alone or in conjunction with Value Stream Mapping. The Science of Improvement has been used by hundreds of Healthcare organizations in order to improve healthcare processes and outcomes.

Designing an ideal future work process requires that the Clusters undertake significant change management. The Science of Improvement outlines a measureable method to plan for and implement change that can be applied to RM&R process redesign.

For more information on Value Stream Mapping and the Science of Improvement, please visit the Institute for Healthcare Improvement website at www.ihl.org.

Tips for Successful Value-Stream Mapping

- **Focus on the 'big' steps**
- **Don't get caught up in the details and exceptions to the rule**
- **Focus on value (adding value)**
- **Encourage everyone to participate**

For additional tips, visit the Institute for Healthcare Improvement website : www.ihl.org

IMPLEMENTING RM&R: THE CURRENT STATE & FUTURE DIRECTION

There are a number of key steps in the path to implementing a successful Resource Matching & Referral System. Figure 2.1 outlines this process.

Clusters have now completed Steps 1 & 2. This month, Clusters are participating in the redesign sessions. (As outlined in Step 3.)

By March 31 2012, the Clusters, using the recommendations from the redesign sessions, will test and evaluate common referral process and tools (Step 4). Step 5 has been identified as in-scope for the project and will commence pending Ministry of Health & Long Term Care [MOHLTC] funding approval for 2012/13. The MOHLTC will review the recommendations put forth by the Clusters to ensure feasibility of implementing a system wide RM&R Solution.

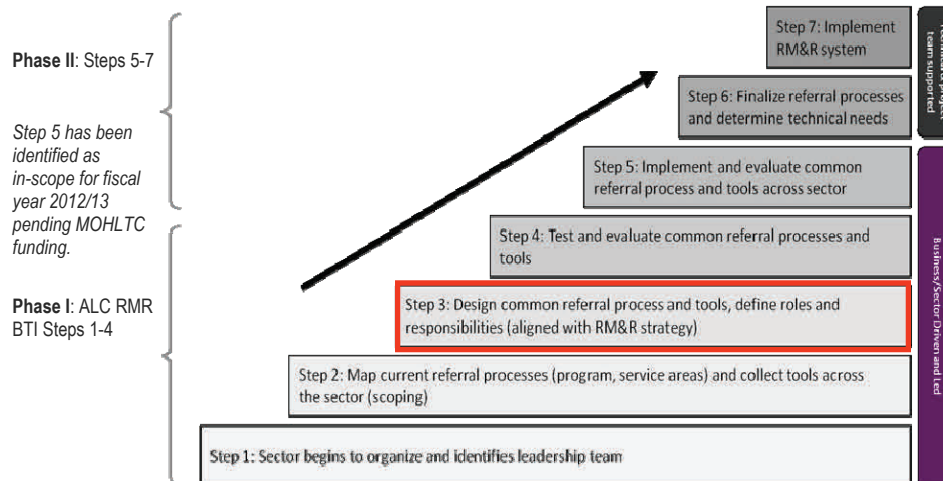


Figure 2.1. This model outlines the series of business-driven activities that enable a sector, program or service to implement the RM&R system. Clusters are now completing Step 3 of this process.

CLUSTER 1 ACTIVITIES & PROGRESS

In February, Cluster 1 began future state redesign session. All four LHINs will or have participated in these sessions. On March 6, a one day Cluster Consensus Session will be held in London. Each LHIN will have representation at this consensus session where they will leverage and build on work developed in previous LHIN future state sessions. Using the information synthesized from the current state analysis, feedback received from LHIN future state events, the Cluster will finalize, for each core pathway, the future state workflows (roles/responsibilities), provide feedback/comments on the referral terminology and review and provide a list of minimum data sets (MDS) for each core pathway.

Cluster Consensus Session:
March 6
SW CCAC Office
London

The recommendations from the consensus session will be disseminated by the LHIN eHealth Leads and the RM&R LHIN leads to key stakeholders within each LHIN prior to submission to the Provincial Lead. The above process will fulfill Cluster 1's deliverables for Steps 1-4 in the RM&R Model.

What is the ALC RM&R BTI Project Bulletin?

This bulletin summarizes key messages from Provincial Project Team meetings and highlights upcoming project activities. These messages are provided to keep you informed of the project's progress and activity. Bulletins will be published on a monthly basis. Please forward your comments or questions to:

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