
CONFERENCE ABSTRACT

Campus Model of Care - One Team Approach

1st North American Conference on Integrated Care, Toronto, 4 - 7 October 2021

Dana Khan¹, Elaine Shantz

1: Home and Community Care Support Services - Waterloo Wellington, Canada

Introduction

Using a one-team approach to care, the Campus Model of Care has improved continuity of care, consistency in practice (through staff onboarding and ongoing education) and quality of care for the residents within the Fairview Mennonite Community (LTC, RH, villas and apartments). Providing holistic care, personal support services, 24/7 assisted living services for high risk seniors and ease in access to social, recreation and wellness programs. As well as, strengthened health human resource capacity and job satisfaction of the staff. Multi-organization collaboration, resident and staff engagement and a strong communication and change management plan were all keys to success.

Aims Objectives Theory or Methods

A clear vision was established from the beginning and maintained through out. The aim was to fulfil the goals of the quadruple aim, improving quality, efficiency and integrated care to the residents by redesigning patient-centred care. The specific goal was to consolidate PSW services to improve consistency and continuity of care. The resident-centred approach aimed to have residents feel they are part of a community, they are cared for, and they will have the support when they need it. As well, to enhance staff experience through new staffing models and PSWs being part of an integrated care team.

Highlights or Results or Key Findings

eHealth Centre of Excellence conducted a formative evaluation of the campus model, utilizing qualitative and quantitative data (e.g. key informant interviews, staff and patient experience engagement, measurable process improvement changes and cost/value for money). All parties (residents, staff, leadership and partner agencies) reported an improvement in the delivery of personal support services as a result of the campus model of care. Success was attributed to the strong leadership, communication, and excellent execution strategies taken by all parties. Highlights of the model include improved PSW job satisfaction, resident satisfaction with care, improved continuity of care, reduced rates of missed care (virtually no missed care vs. baseline comparison of 0.15% and 1.63% in a comparable neighbourhood model), and servicing more residents at a lower cost for care. The approach to care required contractual changes, adaptive

strategies and a strong commitment by leadership of multiple organizations to resident-centred integrated care improvements.

Conclusions

Evaluation of the Campus Model of Care demonstrated significant success in all outcomes measured. The high level of care integration was achieved through strong relationships and through continuous thoughtful communication between Home and Community Care, the leadership and staff at Fairview Community, the residents and the hospitals.

Implications for applicability/transferability sustainability and limitations

Since the implementation of the Campus Model of Care at Fairview Mennonite Community in Cambridge, the model has been spread to Parkwood Community in Waterloo. Broader applicability and transferability can apply to other multi-service congregate care sites and neighbourhood based models of care.