
CONFERENCE ABSTRACT

Adaptive Strategies to Apply a New Model of Integrated Care: The Single Site Order in Seniors Care

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Introduction

SARS-CoV-2 presented as a complex public health challenge – particularly for spread, morbidity and mortality in seniors' homes. Viewing the need for a rapid and adaptive strategy, the British Columbia Government and Public Health Officer established the Facility Staff Assignment Order (Single Site Order or SSO). The SSO protected society's most vulnerable – the elder population in Long Term Care, Assisted Living, mental health and extended care hospital facilities. To ensure success, system-wide governance was envisioned and established with many stakeholders. Fraser Health implemented and sustained the SSO within the region, which includes 1.8 million people.

Aims Objectives Theory or Methods

The SSO was implemented to lower the risk of COVID-19 transmission by limiting staff movement between facilities. Planning and implementation required system wide collaboration and governance. Competencies for development and application of this new model required mechanisms for timely data collection, changes to Human Resources models, amendments to union agreements, and parameters for accountability.

Through application of change principles such as Prosci's ADKAR Model of Change, a multi-system, multi-stakeholder approach was used in the planning, implementation, communication, sustainment, and evaluation. Stakeholders included the Government, Health Authorities, Unions, Health Employees Association of British Columbia, Care Home Leaders, and others.

Highlights or Results or Key Findings

The SSO undertaking was unprecedented and many components required a rethinking of old processes. A people-as-partners approach facilitated the coordination of the model development and implementation. This system wide governance approach enabled the timing and consistency of communication across all stakeholders and regions. Per change principles, this assisted with adoption, reinforcement and sustainment.

With the newly formed alliances, the following were developed: wage levelling guide, funding template for employers, mechanism to disperse funding to health authorities (and in turn to employers) and processes for monitoring commitments and expenditures.

Through shared relief pools, sites were supported with immediate and urgent staffing needs, specifically with outbreaks. Where needed, Medical Health Officers in each Health Authority assessed and provided exemptions where a health professional required access to more than one site.

Conclusions

The goal of the SSO is to sustain the benefits of the model for the protection of vulnerable populations in higher-risk settings, while recognizing the operational needs of facilities and staff. There are many clear benefits to the single site model that could be considered in a post-pandemic environment.

Implications for applicability/transferability sustainability and limitations

Fraser Health and stakeholders have experienced both benefits (reduced spread of SARS-CoV-2) and challenges (reduced casual pools, reduced employee choice for work settings). Implications for sustainability include: Addressing long-range wage leveling and benefits harmonization; Ensuring staffing capacity and maintaining relief pools; health care professionals choosing a workload of multiple sites.