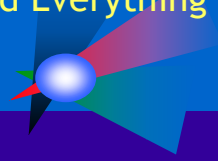




Health
and
Everything

Preparing for LHINs

Ontario Association of CCACs
February 16, 2005



Simple

Following a Recipe

- The recipe is essential
- Recipes are tested to assure replicability of later efforts
- No particular expertise; knowing how to cook increases success
- Recipes produce standard products
- Certainty of same results every time
- Optimism re results

Complicated

A Rocket to the Moon

- Formulae are critical and necessary
- Sending one rocket increases assurance that next will be ok
- High level of expertise in many specialized fields + coordination
- Rockets similar in critical ways
- High certainty of outcome
- Optimism re results

Complex

Raising a Child

- Formulae have only a limited application
- Raising one child gives no assurance of success with the next
- Expertise can help but is not sufficient
- Every child is unique
- Uncertainty of outcome remains
- Optimism re results



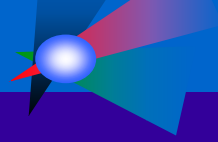
Complicated Acute Diseases



Complex Chronic Diseases

- Abrupt onset
- **Often all causes can be identified and measured**
- Diagnosis and prognosis are often accurate
- **Specific therapy or treatment is often available**
- Technological intervention is usually effective: cure is likely with return to normal health
- **Profession is knowledgeable while laity is inexperienced**

- Gradual onset over time
- **Multivariate cause, changing over time**
- Diagnosis is uncertain and prognosis obscure
- **Indecisive technologies & therapies with adversities**
- No cure, pervasive uncertainty: management, coaching & self care over time is needed to improve health
- **Profession & laity must be reciprocally knowledgeable to improve health**

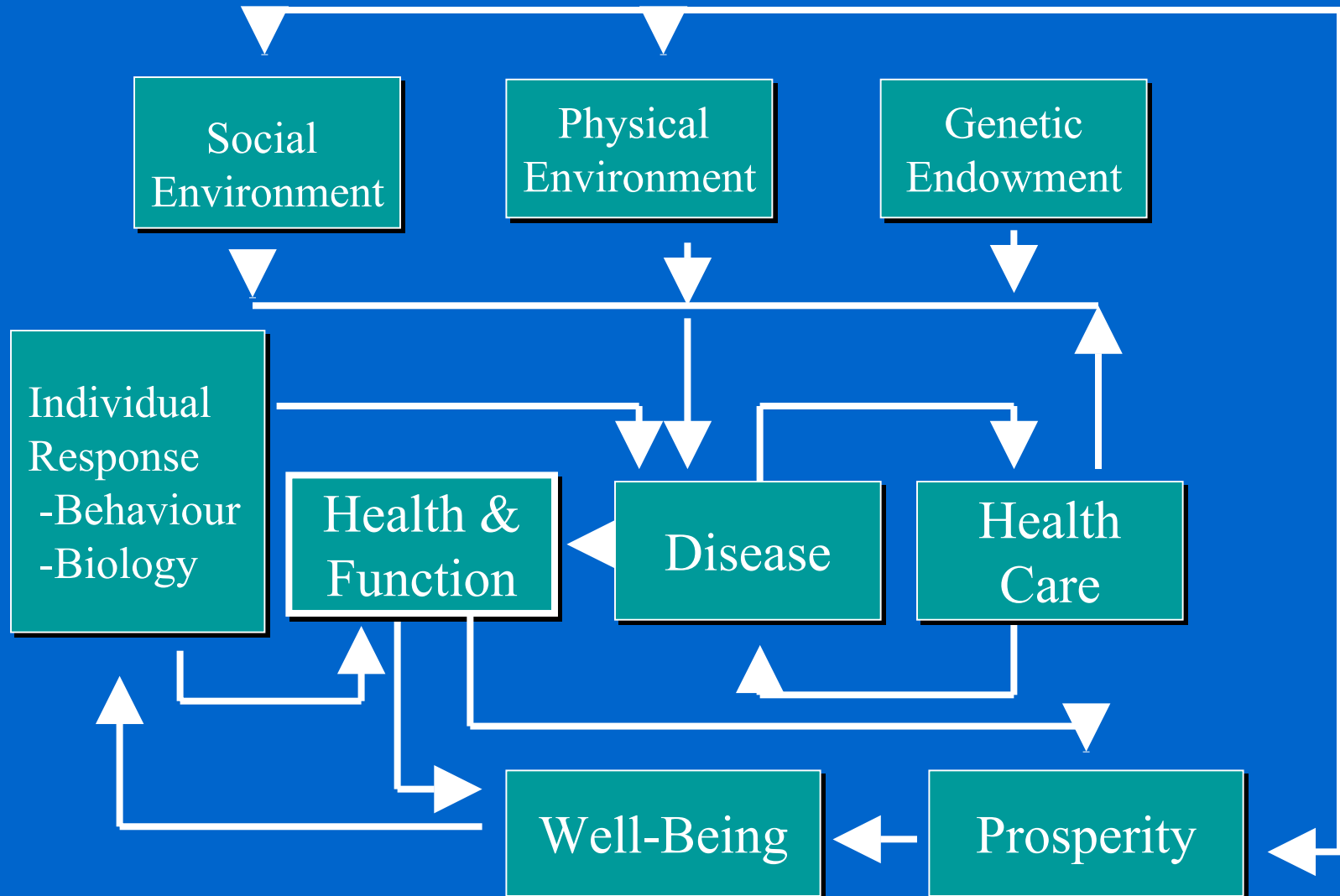


Health is Complex

- **To 1960:** Health is a state of the individual body
- **To 1990:** Health is primarily a function of environments
- **Now:** Health is a result of the complex interactions between an individual and the various environments

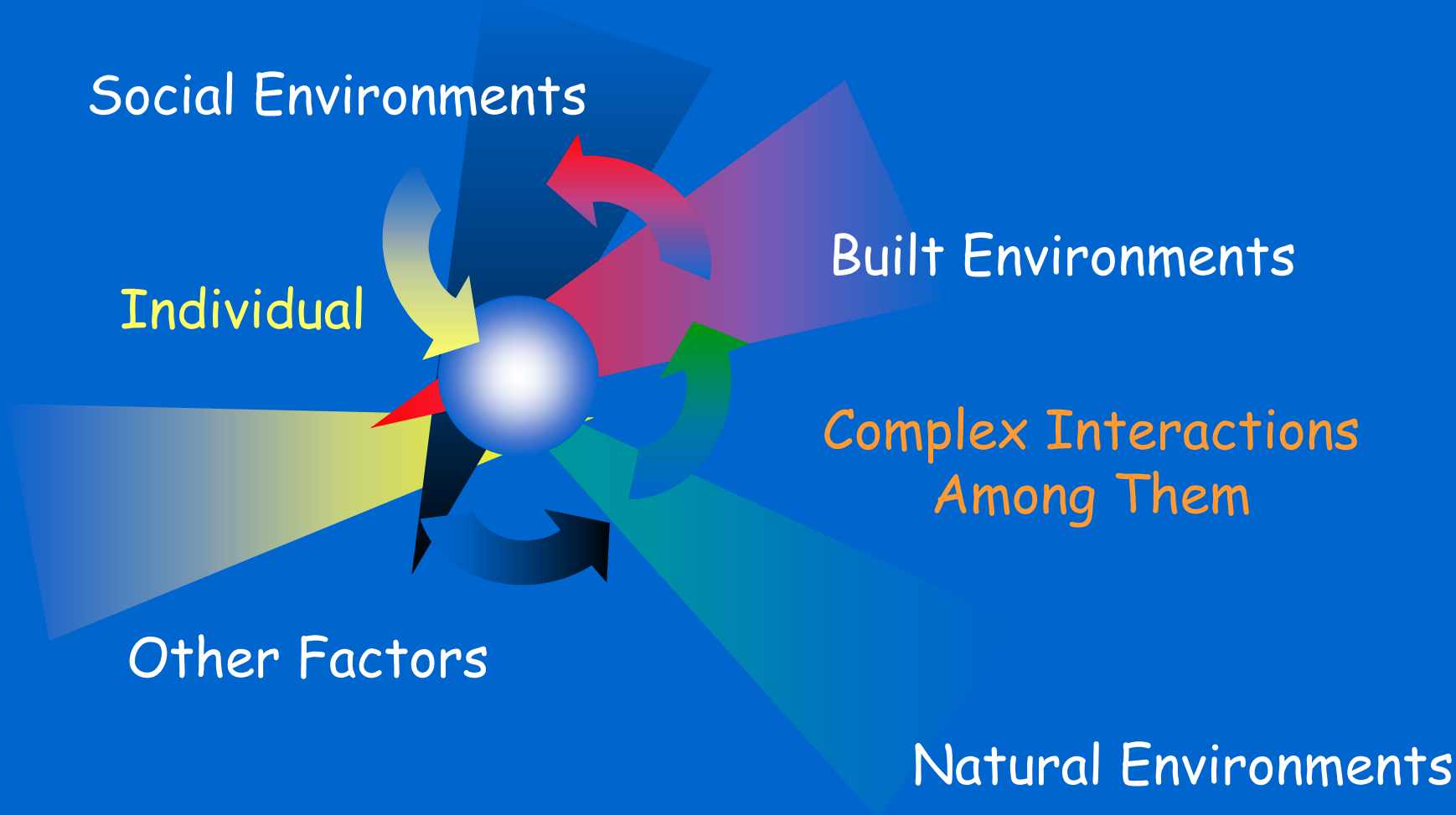


Typical Health Determinants Model





Complex view of Health





Complex view of Health

Externalities





Health Care Organizations are Complex

Inside/Outside Divide



Hospital: Trustees

Hospital: Managers

Community

UP

Control

Clinical Divide



OUT

IN

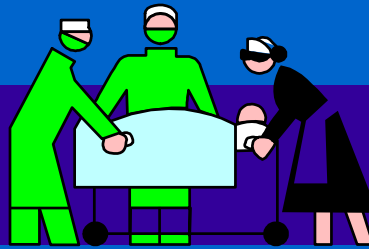
Cure

DOWN

Care

Hospital: Doctors

*Hospital: Nurses
and other health
workers*



	Nurses	Doctors	Managers	Boards
Career path	Up or Out	Steady State	Spiral	Transitory
Jobs in Career	Two	One	Five – Seven	Many
Organisational Type	Military	Practice in Chimney	Corporate Hierarchy	Committee
Value Base	Professional	Proficiency	Efficiency	Access to the Best, Fiscal Responsibility
Status	Staff Size	Specialty, Rank, Empire	Title, Budget, Span of Control	Role in the <i>Real</i> World
Currency	Hours of Nursing	Time	Money	Quality and Money
Job Security	Job Market	Virtual Tenure	Contractual	Time Limited
Metaphor	Scissors Cotton wool Hands	Scalpel	Axe	Gavel
Work Activity	Process	Intervention	Allocation	Meeting



Health Care Systems are Complex

Inside/Outside Divide ↓

System: Politicians and Advocacy groups
Hospital: Trustees

Community

System: Regulatory Agencies

Hospital: Managers

Control

UP

Clinical Divide →

OUT

IN

Cure

Hospital: Doctors

System: Acute Hospitals

Care

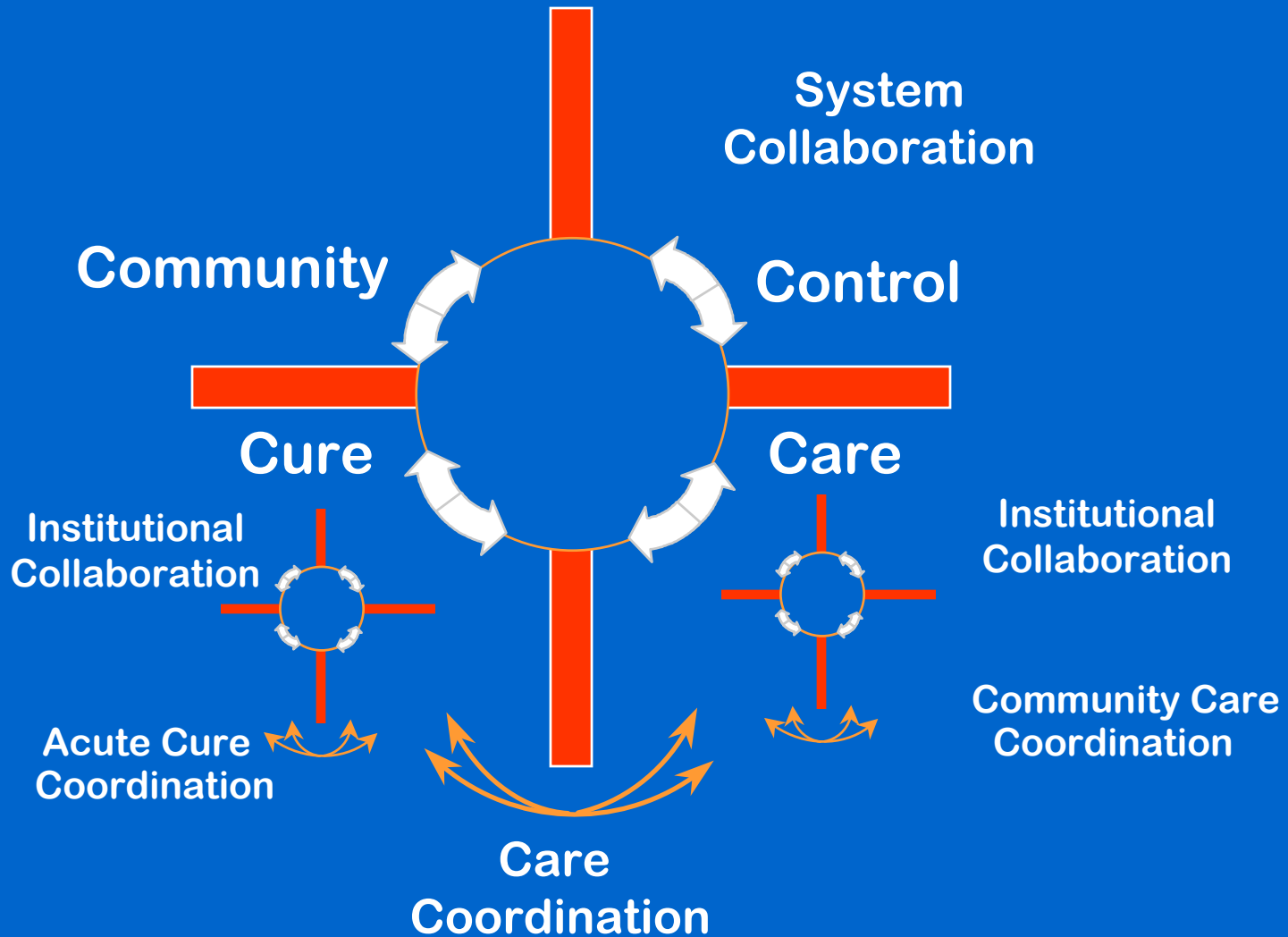
Hospital: Nurses and other health workers

System: Primary, Community and Home Care

DOWN



The Four Major Issues





Break to Review

- Some Ideas about change in CCACs



6 Ways to Coordinate Work

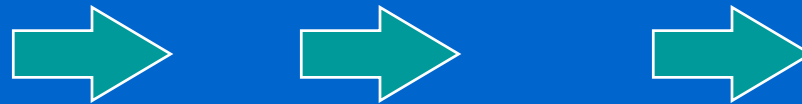
- Direct Supervision
- Standardization of Process
- Standardization of Output
- Standardization of Skills
- **Mutual Adjustment**
- **Standardization of Norms**



The Old Vector of Care

1850-1990

Home



Hospital

Centralize Expertise and Resource



The Vector of Care Changes



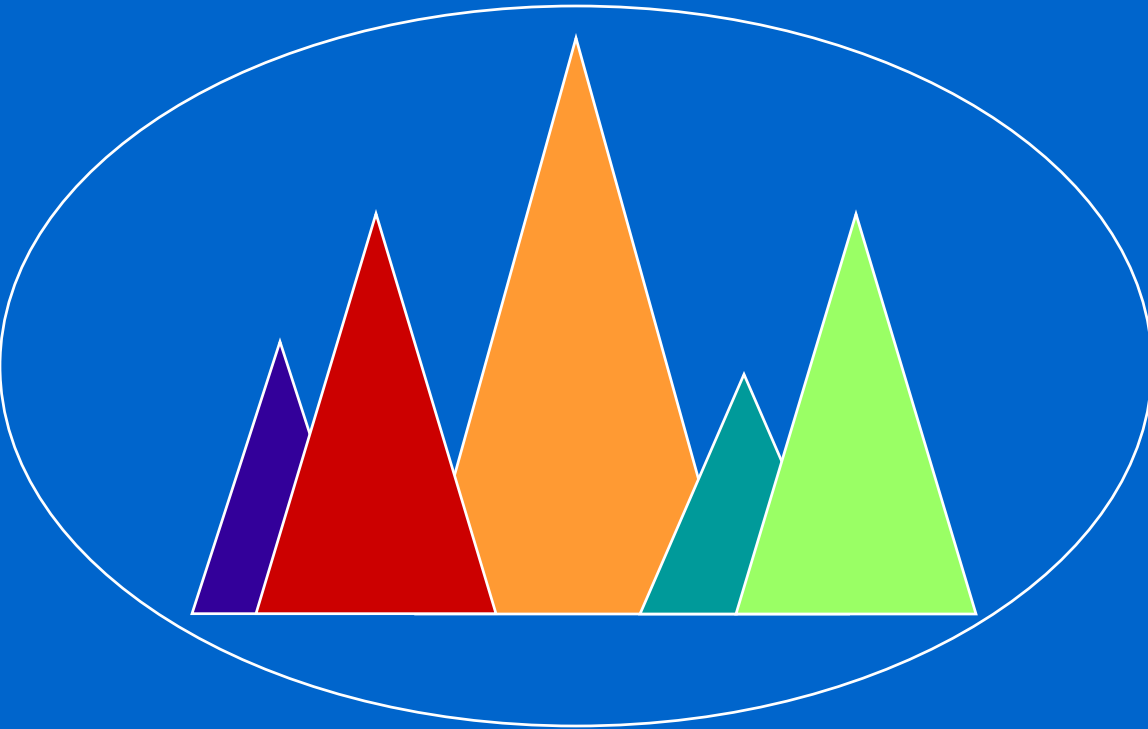


Myths about Structure

- If we get it right everything will be OK
- Managing structural change as a defense against the primary task
- All conflicts are caused by structural dysfunction
- We must keep adjusting it until we get it right



How Systems are Seen



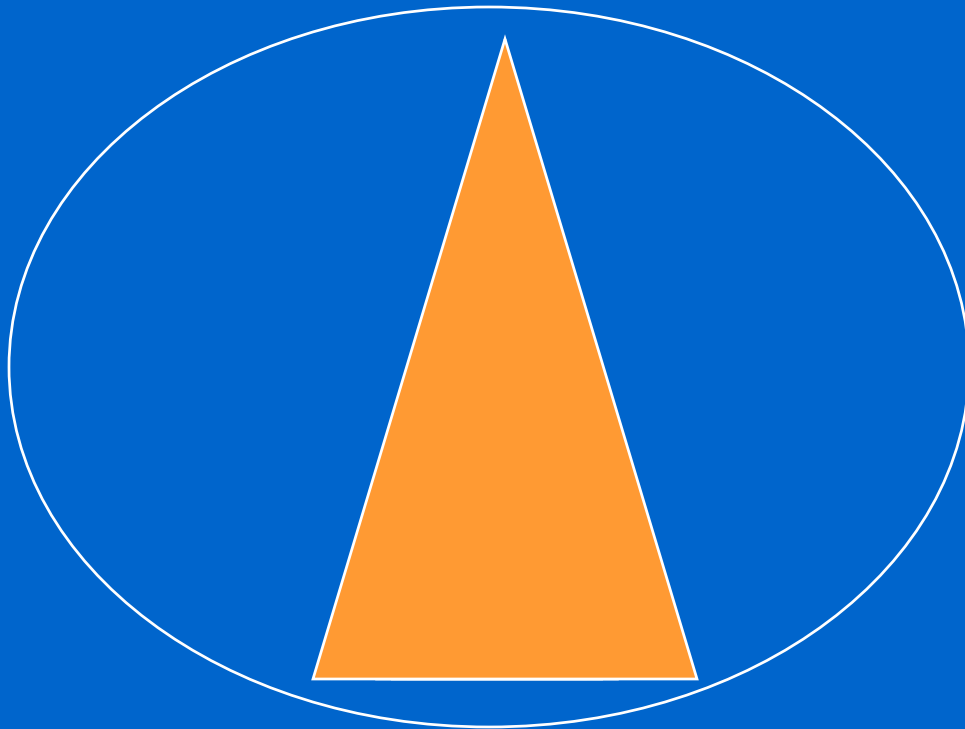
Acute Care
Community Care
Long Term Care

Group Practice
Informal Community
Union Shop

Public Sector
Private Sector
Voluntary Sector



The Old Solution



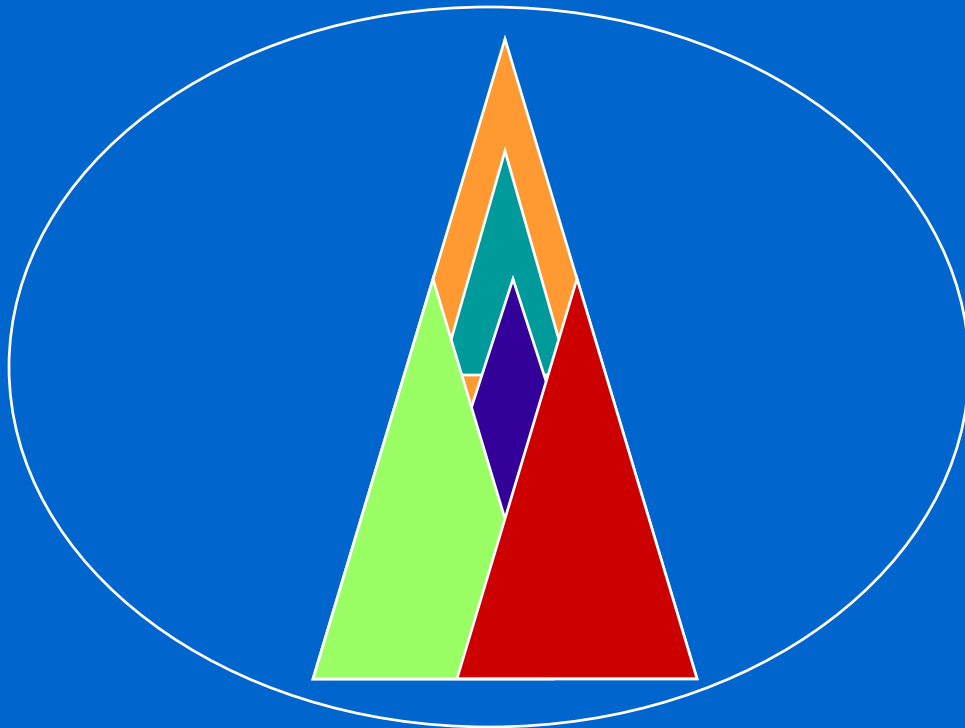
Acute Care
Community Care
Long Term Care

Group Practice
Informal Community
Union Shop

Public Sector
Private Sector
Voluntary Sector



The Old Regional Solution



Acute Care
Community Care
Long Term Care

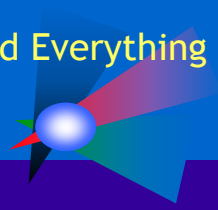
Group Practice
Informal Community
Union Shop

Public Sector
Private Sector
Voluntary Sector



Integration vs Coordination

- Structural integration and service coordination are not identical
- Integrating structures do not necessarily result in coordinated service
- Large hospitals have one structure but their services can still be poorly coordinated and fragmented.

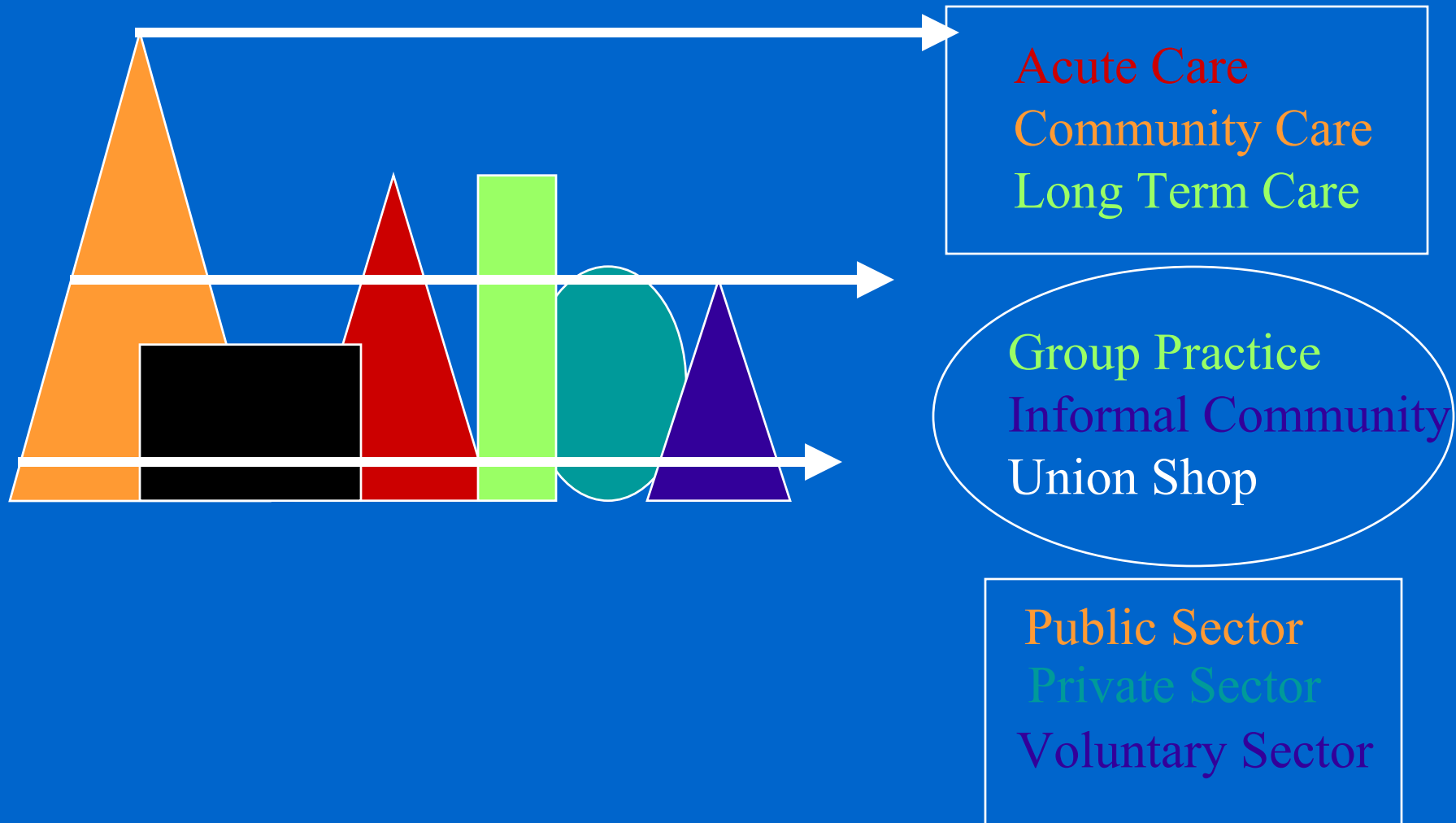


Break to Review

- Some Structural Possibilities



The Typical LHIN





Boundroids

- Mind the Gaps
- Respect differences
- Seek horizontal & vertical knowledge
- Appreciate others' contributions
- Develop existing relationships
- Identify new partners

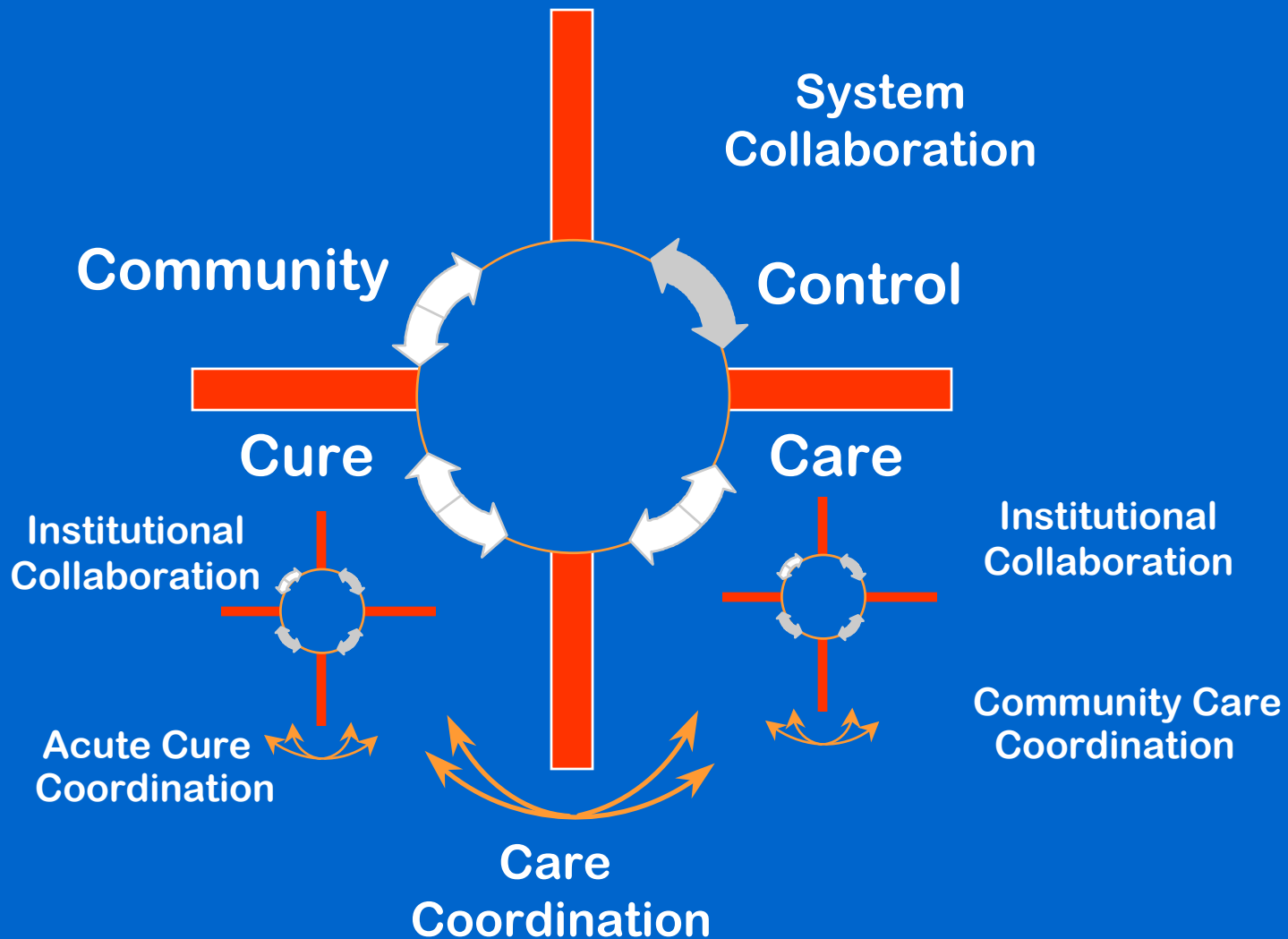


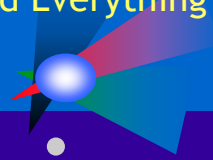
Bridge Building in Health Care

- “A good seam is a joy to behold” Itzchak Gordon
- Some boundaries are useful
- Not all boundaries are structural.
- Boundary conditions are highly differentiated.
- Boundaries can only be dealt with individually.
- Some must be eliminated others crossed



The Four Major Issues





5 Dimensions of Relationships

- Amount of Direct Contact
- Continuity
- Well Rounded Acquaintance
- Together as Equals
- Common Purpose



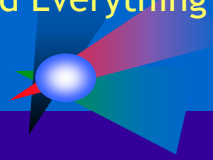
Amount of Direct Contact

- Method of communication
- Amount of face to face contact
- Contact without intermediaries
- Contact through personal rather than impersonal media



Continuity

- Frequency of contact
- Regularity of contact
- Period of time over which contact is maintained
- Reliability and predictability of relationship
- Capacity to build mutual trust and respect



Well Rounded Acquaintance

- Roles and contexts in which experience is shared
- Extent to which there is a rounded picture of each other
- Develop appreciation of other dimensions of a persons life, experience and feelings



Together as Equals

- Extent to which people meet as equals
- Not in terms of role or status but of respect
- Degree of power relationship
- Capacity to share equally in decision making



Common Purpose

- Extent of sharing a common purpose or agenda
- Degree of agreement and clarity about what they are doing together
- Conditions which facilitate mutual understanding and trust



Pointers for Intervening in Complex Systems

- **Gather Positive & Negative Information:**
 - (Appreciative inquiry)
- **Respect History**
- **Consider Interactions**
- **Encourage Self-Organized Networks**
- **Seek minimal interventions**
- **Large variation of interventions**
- **Select and Seed**
- **Fine-Tune Processes & Interventions**