



# The CvSSS

**of a new organisational paradigm**

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October 21, 2010

# Goals

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- Context
- Problem
- Solution and Results
- Lessons learned
- Challenges: barriers & enablers



# Definition

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- Service delivery model
- for health care, social services, education, research and technology assessment
- delivered at a distance, through the use of NICT

(adapted from: Canadian Society of Telehealth, 2008)



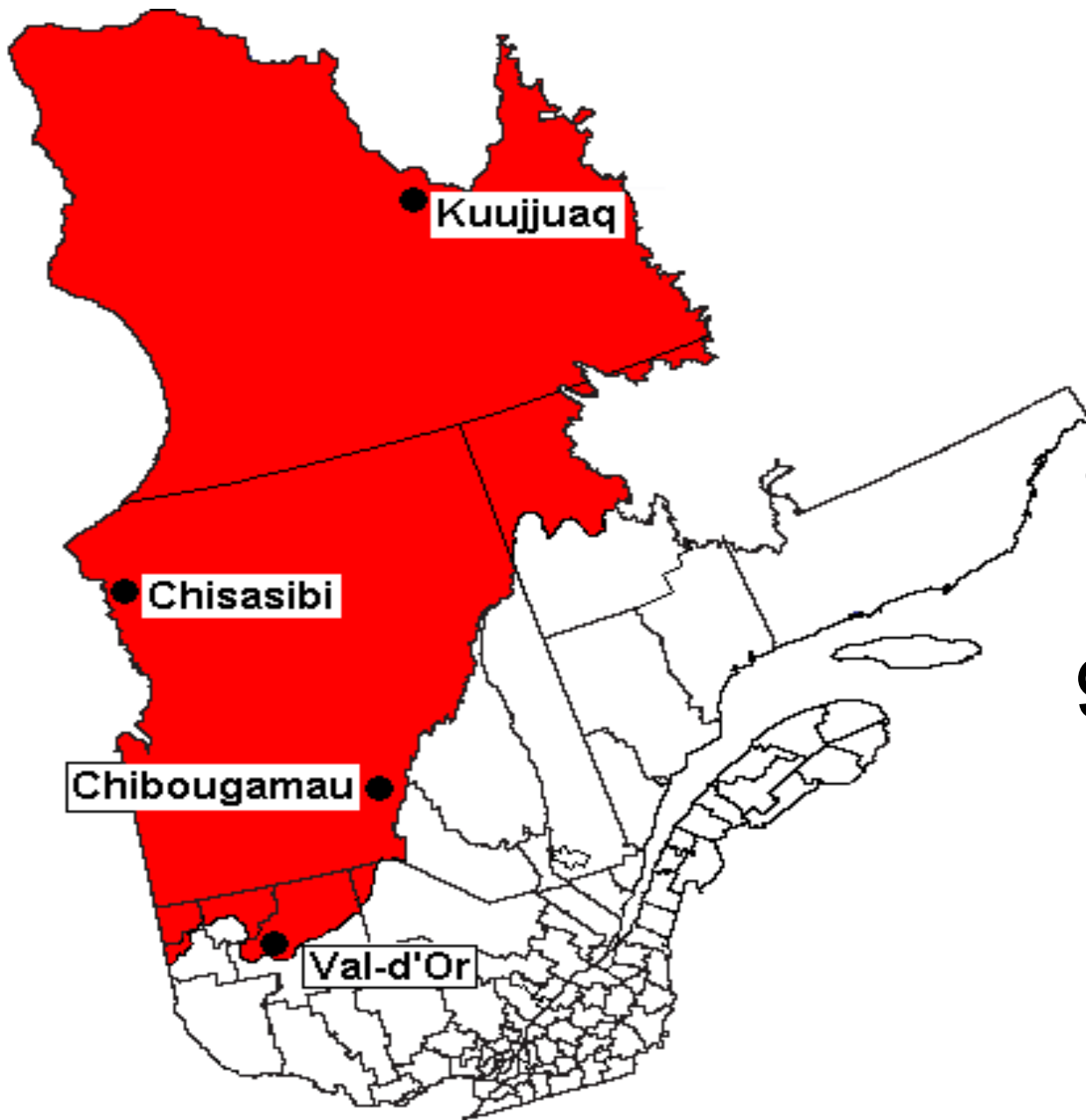
# Context

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- Shortage of manpower
- Explosion of ICT
- Public Finances
- Health care reform
- Mandate to build Telehealth







Northern  
Quebec  
910,000 km<sup>2</sup>  
of the RUIS  
953,900 km<sup>2</sup>

**2,3% of the population occupies 95% of the territory  
With the most limited connectivity**





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Kuujuaq, population: 2250



Akulivik- population: 410 , 3 Nurses



Dash 8 or Twin Otter: Patient Transfert



**Dre Johanne Morel Pediatrician**





# Problem statement

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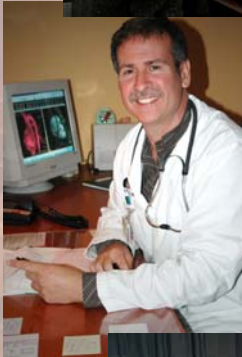
***Develop a Telehealth program that enhances the RUIS mandate for integrated university healthcare network, using populational health approach***

***Improve Access & continuity***



# LE CENTRE VIRTUEL DE SANTÉ ET DE SERVICES SOCIAUX

A lever in the organisation of healthcare within our RUIS



- **28 organisations**
  - 23 CSSS
  - 1 CHU
  - 3 CHA/Institute/CRDP
  - 1 Faculty of Medicine
- **Clinical governance**
- **125 VC units**
- **4 integrated clinical networks:**  
oncology, psychiatry, cardiology,  
obstetrics
- **New clinical services: PACS, NVHP,**  
and more

# Center Expertise & Coordination of Telehealth

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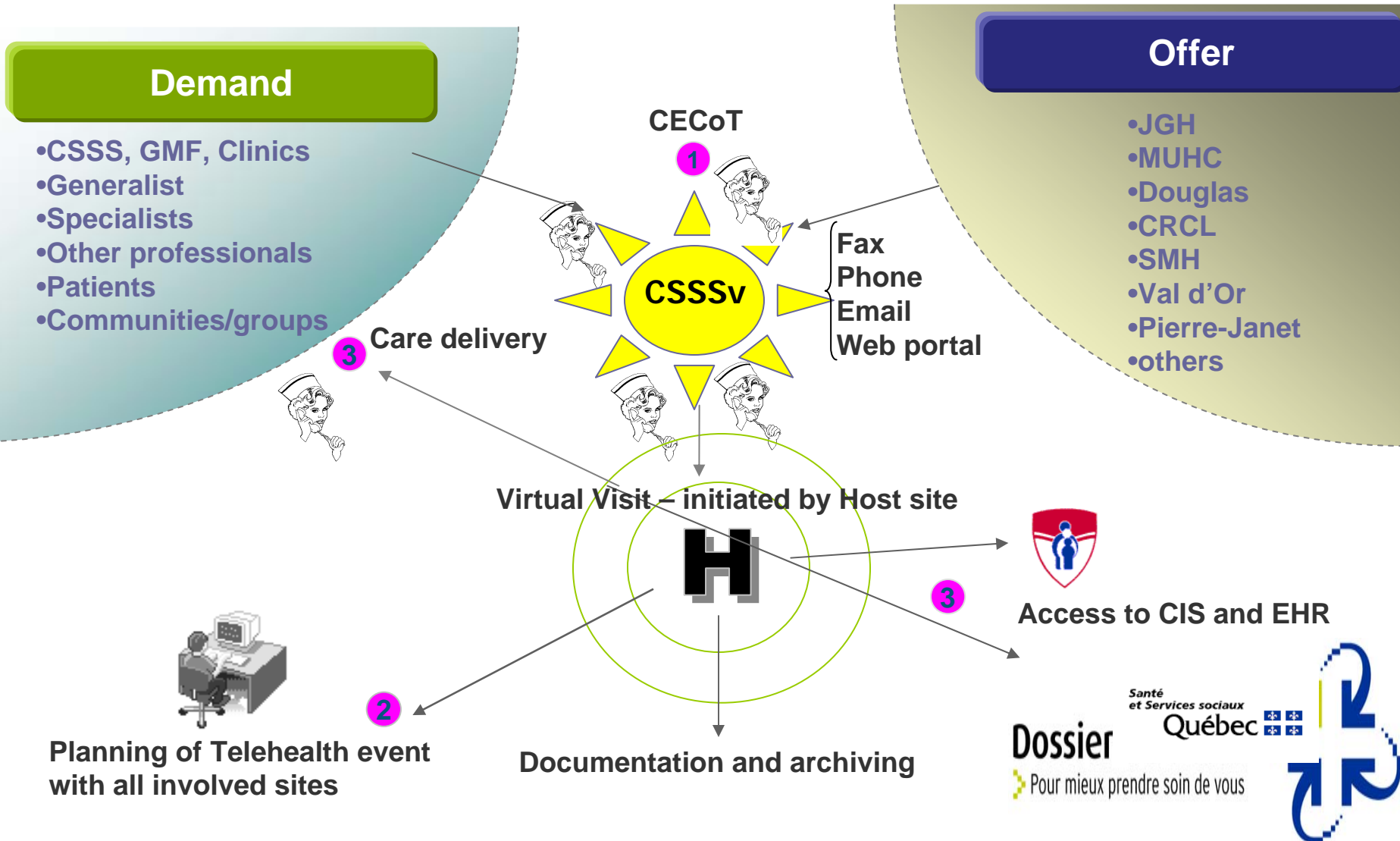


# CECoT

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# CvSSS: structuring the future



# Clinical Telehealth

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Dre A. Côté, Respirologist  
& 7 distants hospitals



# Clinical Telehealth

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ORL and Audiology  
synchronous & asynchronous



# Clinical Telehealth

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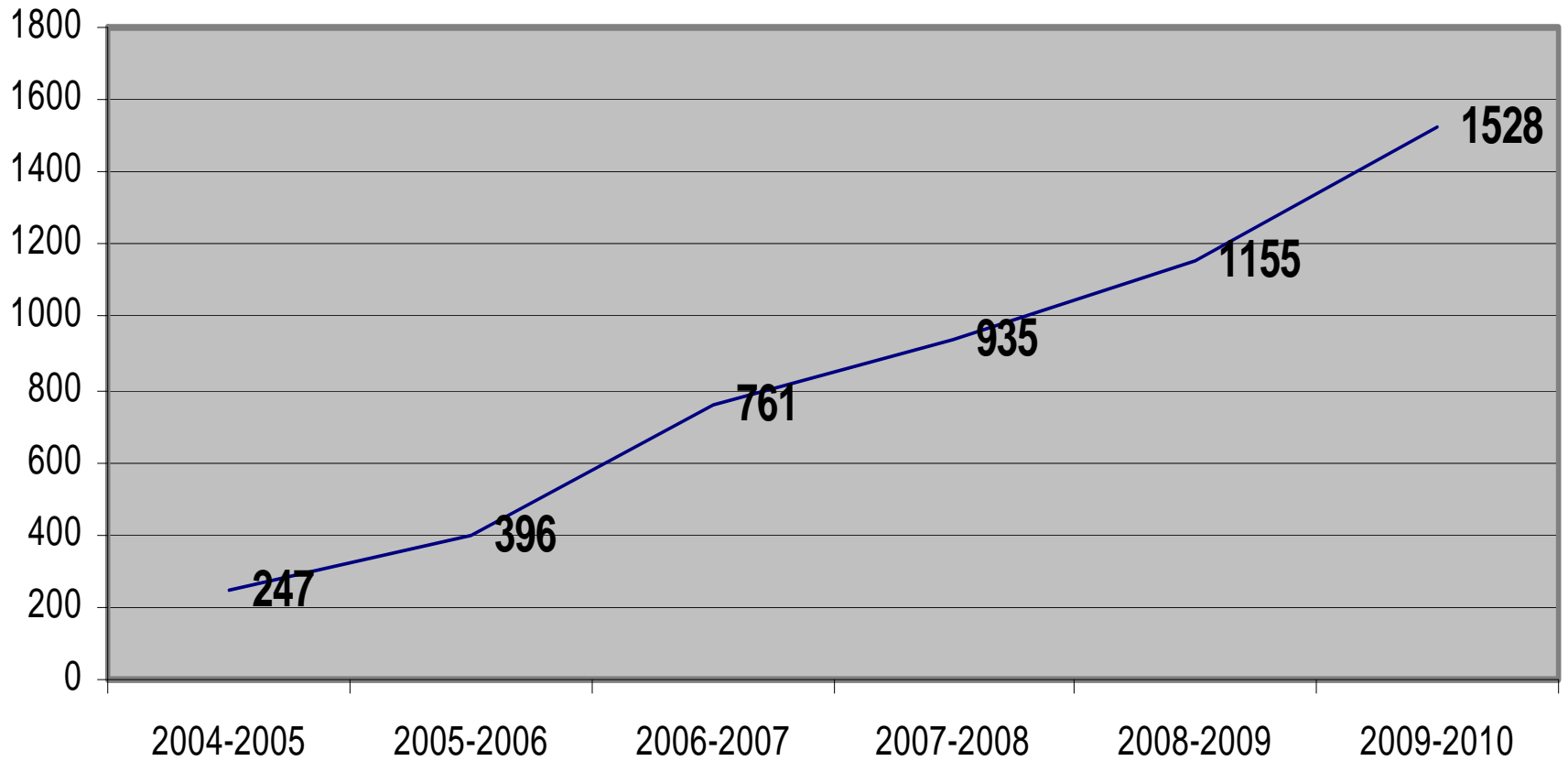
Remote communities: case discussion



# Results

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**Nombre d'activités VC réalisées au CUSM 2004-2010**



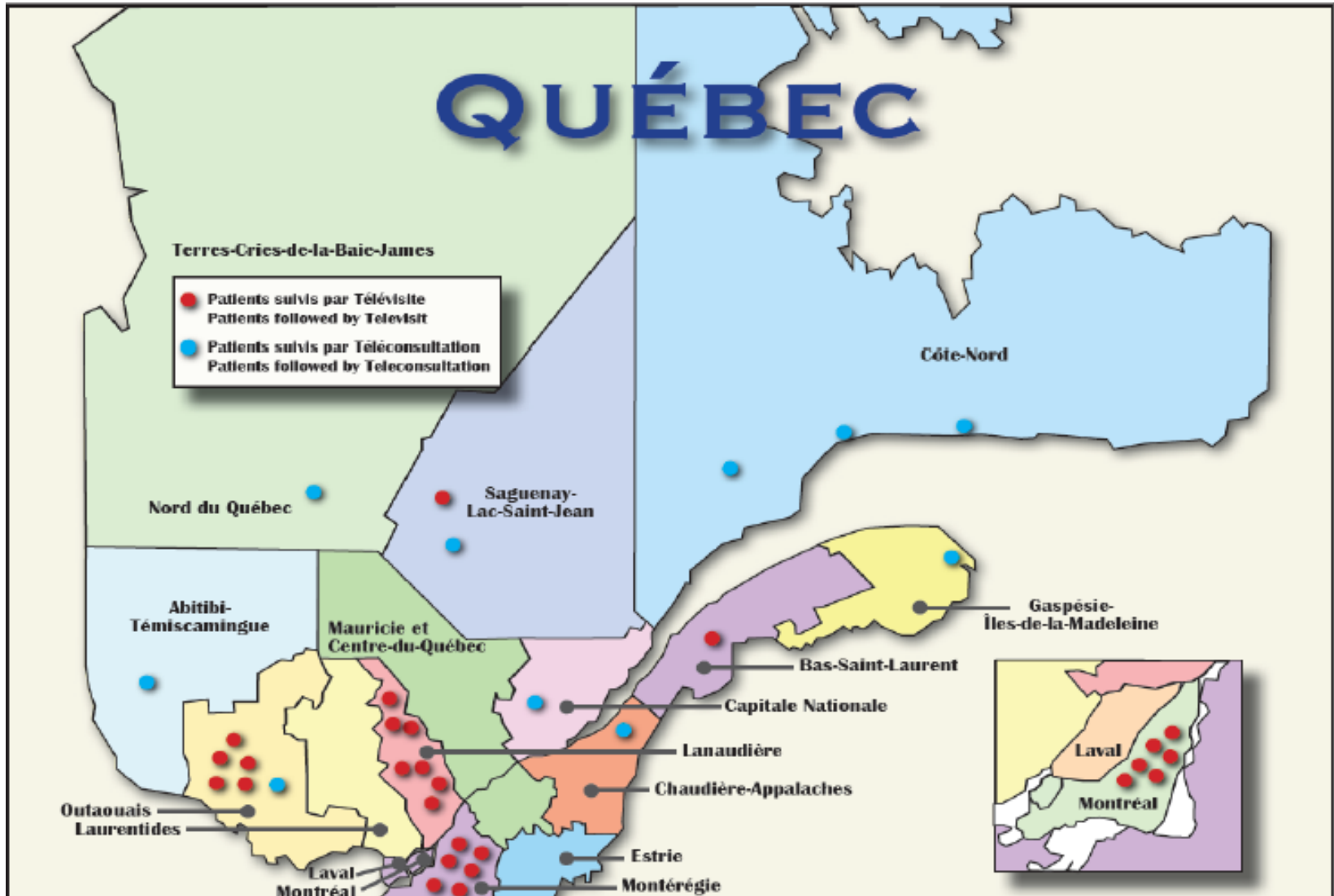
# Results

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## Telehealth at the Home Ventilation Program (NHVP)



# Telehealth at NPHVA



# Results \*

<b>Teleservice</b>	Activities (N)	Savings (Hrs)	Savings Transport (\$)
Consultation	23	232	9475\$
Home Visit	116	318	5,913\$
Training	22	514	14,844\$



\*= Troini, R., NPHVA, MUHC – June 15, 2010 preliminary results

# Results

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- **1064 hours or 152 days of specialised manpower saved in Transport alone**



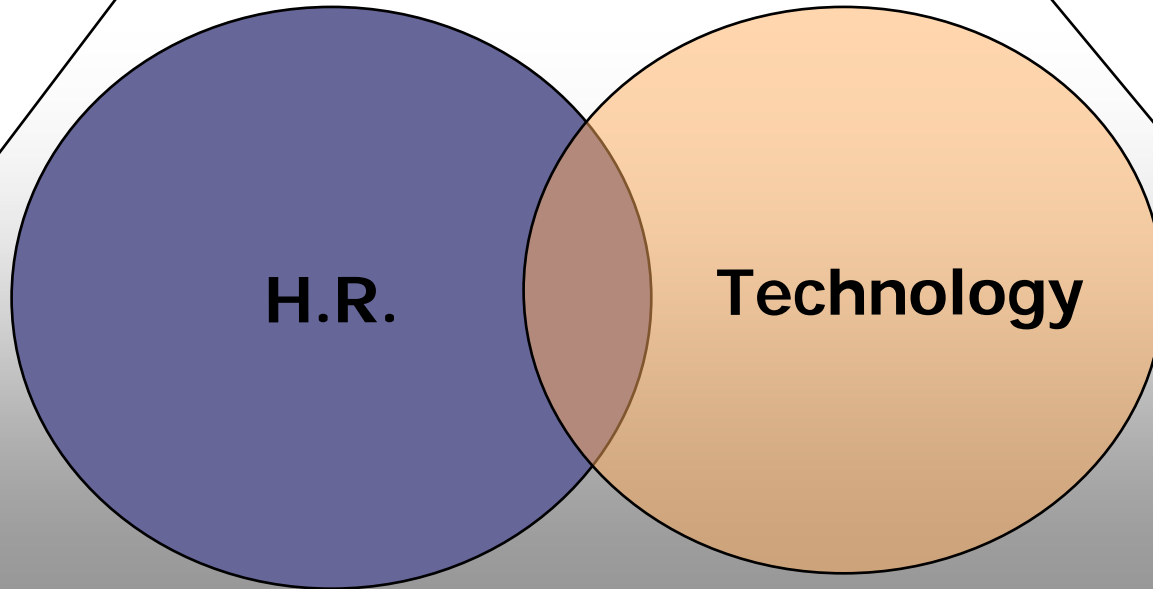


# Lessons Learned

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Enablers

**Organisational**

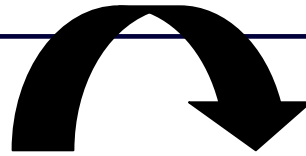
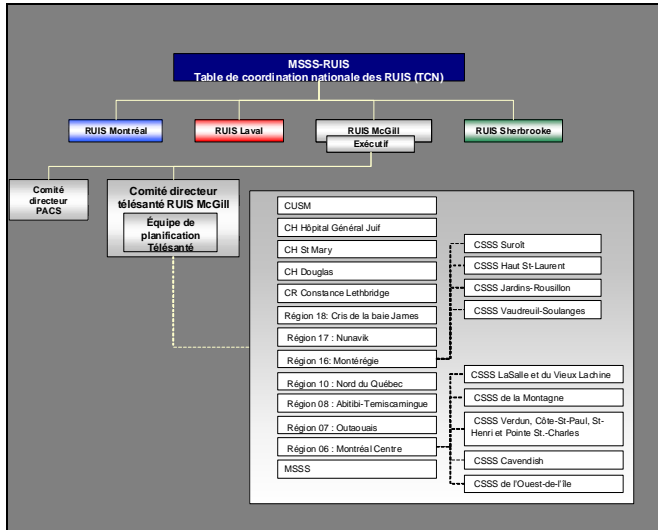


**H.R.**

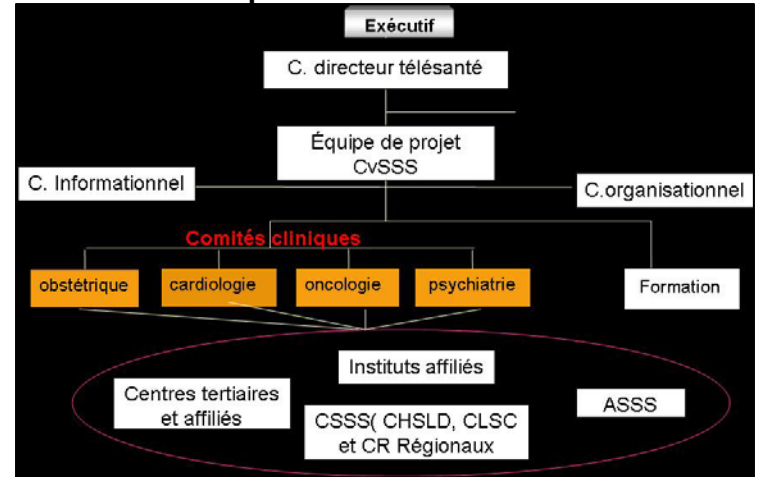
**Technology**

# Lessons Learned

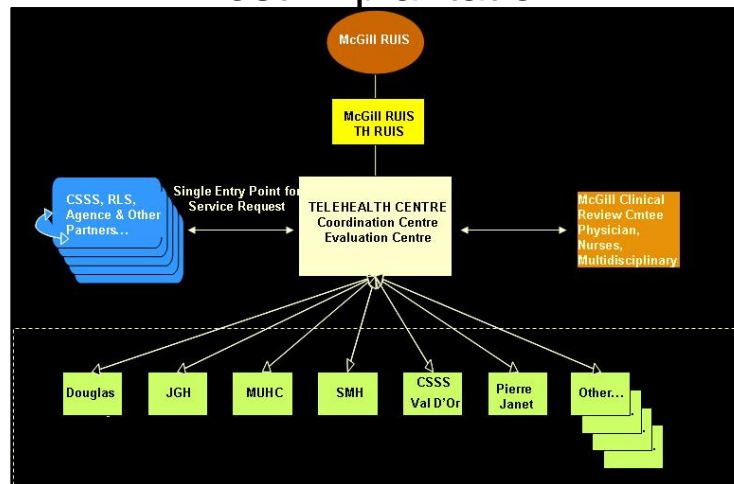
## Planning



## Implementation



## Post Implantation



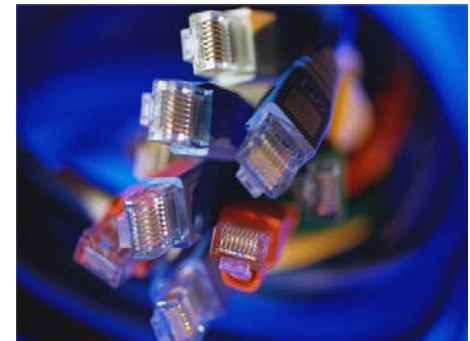
## Enablers

- Strong Active Participation of Clinicians & Partners
- Accountability to Exec. of the RUIS

# Challenges

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- Engagement:
  - grass root and upper management, 7 regions
- Engagement of MD:
  - Liability, remuneration,
- Balance offer: local vs remote requests
- Connectivity most limited in far away regions



# Challenges

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- Working across cultures
- New RUIS map vs historical referring patterns
- **Adapt to adopt: change management**
- **Change of paradigm: hospital to « network »**





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Watchiya!  
Nakurmiik!  
Thank you!  
Merci!

