

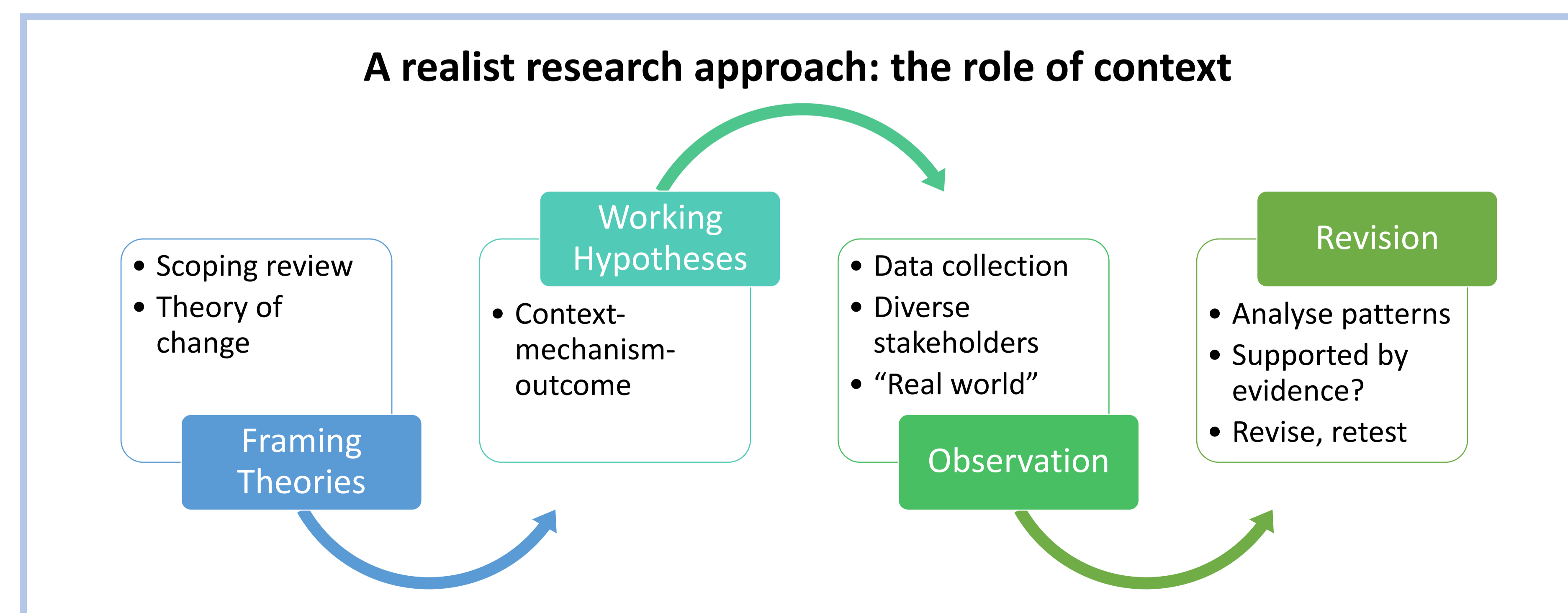
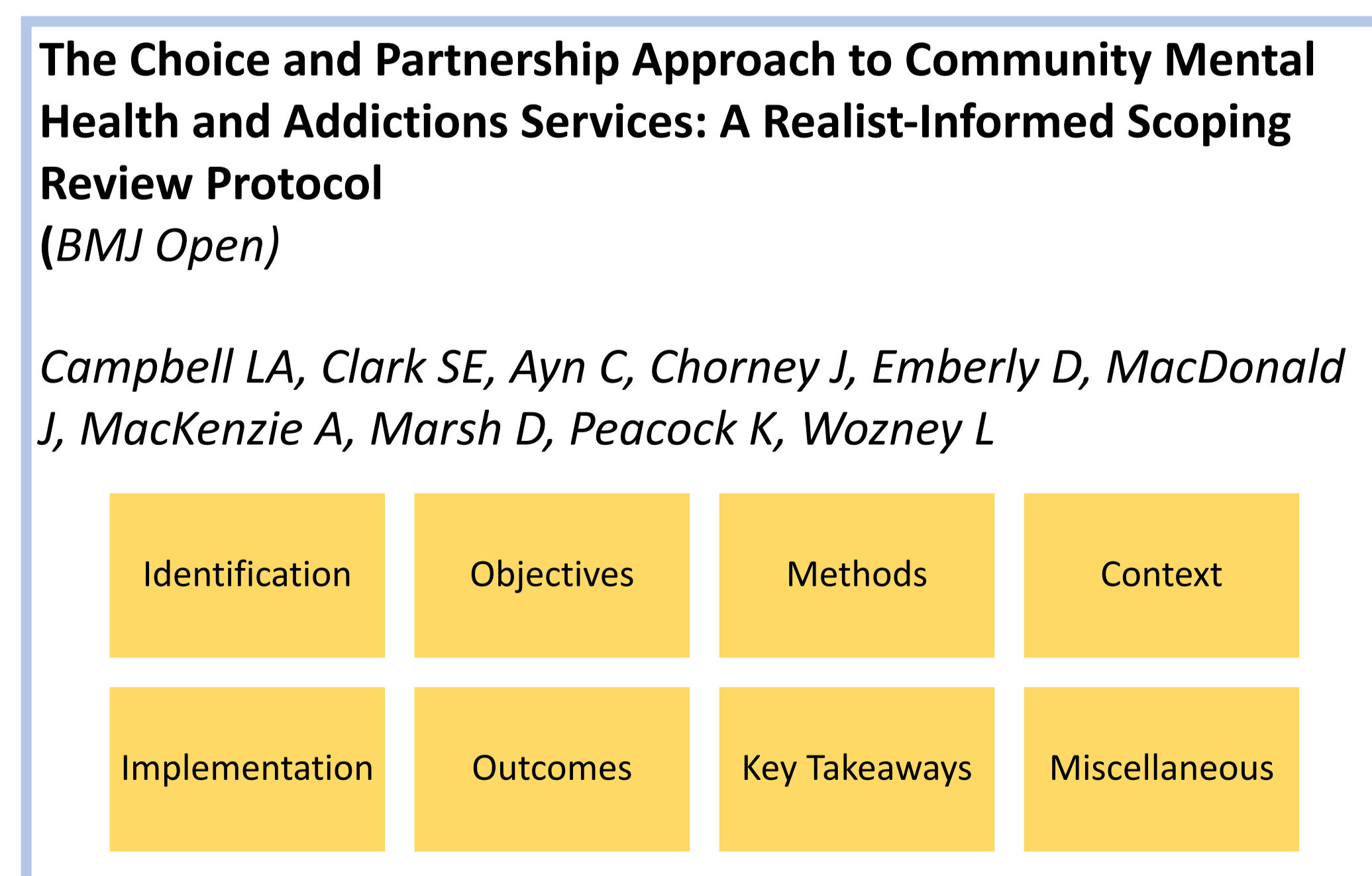
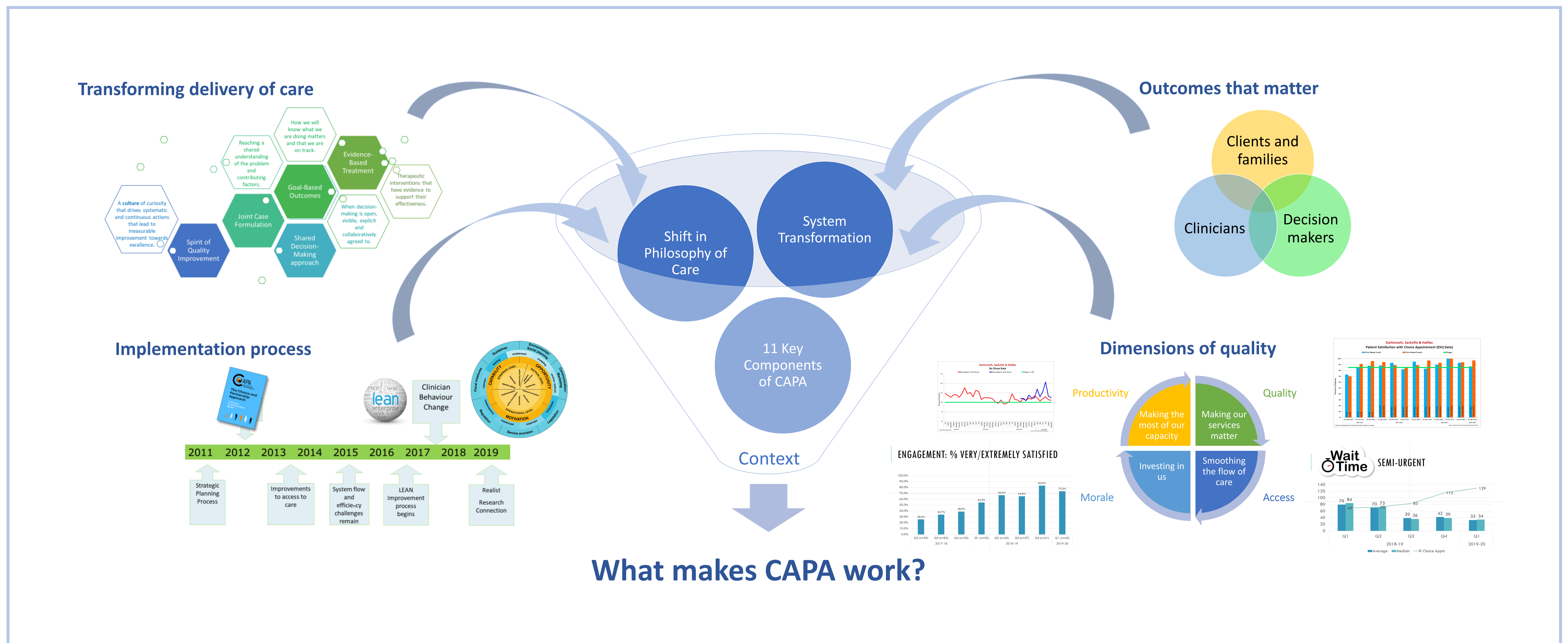
We are Better Together: The Choice and Partnership Approach Implementation and Evaluation of a Complex Health System Transformation

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Background: The Choice and Partnership Approach (CAPA) is a transformative continuous improvement model of mental health service delivery based on shared decision making and informed through outcome measurement to enhance care effectiveness and client flow. The IWK Health Centre adopted CAPA in 2011 to address long waits for services and system inefficiencies. Wait times are reduced, but implementation and evaluation has been variable across sites. Little is known about the relative importance of the 11 key components of CAPA or the role of context in successful implementation and system transformation.

Research Question: To what degree does CAPA work, for whom, and under what circumstances?

Approach: Realist framework guides the research to understand the impact of contextual variation on observed outcomes.



Key component	Resources	Participants (Who We Reach)	Outputs (What We Do)	Direct Products (What We Create)	Intermediate	Long Term
1) Leadership & Management: There is a focus on clear working group or within another meeting that we present.	Effective leadership and a clear working group, including a manager responsible to the CAPA model. (2) a clinical leader or co-leader responsible to lead on CAPA and (3) a clinical leader for implementation. (4) a clinical leader for engagement. (5) a clinical leader for research. (6) a clinical leader for evaluation. (7) a clinical leader for communication. (8) a clinical leader for training. (9) a clinical leader for quality improvement. (10) a clinical leader for patient and family engagement. (11) a clinical leader for community engagement.	All staff: clinicians, administrative assistants, booking and registration staff, families, referral sources, community partners	Managers convene the target of change (boards and committees). Clinicians represent the CAPA model. A clinical leader for implementation. A clinical leader for engagement. A clinical leader for research. A clinical leader for evaluation. A clinical leader for communication. A clinical leader for training. A clinical leader for quality improvement. A clinical leader for patient and family engagement. A clinical leader for community engagement.	Leadership group: regular meetings, minutes	Awareness of all moving parts; focus on shared management and process needs	building and supporting continuous improvement culture
2) Language: The service has changed its language and its target rights to assessment, assessment or support but either doctor or the service user/family are not involved in the Choice and Partnership approach. (3) the service user/family are not involved in the Choice and Partnership approach. (4) the service user/family are not involved in the Choice and Partnership approach. (5) the service user/family are not involved in the Choice and Partnership approach. (6) the service user/family are not involved in the Choice and Partnership approach. (7) the service user/family are not involved in the Choice and Partnership approach. (8) the service user/family are not involved in the Choice and Partnership approach. (9) the service user/family are not involved in the Choice and Partnership approach. (10) the service user/family are not involved in the Choice and Partnership approach. (11) the service user/family are not involved in the Choice and Partnership approach.	Multi-skilled workforce; time and skill set; staff to create structured documentation	All staff: clinicians, administrative assistants, booking and registration staff, families, referral sources, community partners	Agreed open language communication of language change; with focus on assessment to choice and treatment to learning; reviewing clinical skills and not a particular discipline; use of language	Structured, tailored, informational materials/clinical documentation opportunities for language shift; referral information; choice video; choice cards	support change process; with training of all staff; clinical engagement; partners; within clinical skills	increase alert and response management; focus on clinical engagement; partners; within clinical skills
3) Needs Demand: The service ensures that referrals are appropriate e.g. using published eligibility and restrictive criteria. Service user or other on initial Choice appointment when their referral is accepted or not. (2) the service user/family are not involved in the Choice and Partnership approach. (3) the service user/family are not involved in the Choice and Partnership approach. (4) the service user/family are not involved in the Choice and Partnership approach. (5) the service user/family are not involved in the Choice and Partnership approach. (6) the service user/family are not involved in the Choice and Partnership approach. (7) the service user/family are not involved in the Choice and Partnership approach. (8) the service user/family are not involved in the Choice and Partnership approach. (9) the service user/family are not involved in the Choice and Partnership approach. (10) the service user/family are not involved in the Choice and Partnership approach. (11) the service user/family are not involved in the Choice and Partnership approach.	Knowledge of role of referral; clinical referrals; 2) services to be referred to; knowledge of community based services	All staff: clinicians, administrative assistants, booking and registration staff, families, referral sources, community partners	1) Develop eligibility criteria: tailored to local circumstances what your service should do; 2) All booking: clients are given the option of at least two Choice appointments; 3) Playing capacity in response to referral rates; 4) staff to take to start	Published eligibility criteria and priorities; team choice (likely increasing or decreasing choice appointments); (availability based upon referral rate) of referrals/needs; limited capacity criteria	the right people are entering the system; with clinical and service user (28 days for regular referral; 7 for urgent)	barrier access leads to improved outcomes; appropriate match between needs and service availability
4) Choice Framework: Curiosity about the service user's view and our reflected system. (2) a manager responsible to the CAPA model. (3) a clinical leader or co-leader responsible to lead on CAPA and (4) a clinical leader for implementation. (5) a clinical leader for engagement. (6) a clinical leader for research. (7) a clinical leader for evaluation. (8) a clinical leader for communication. (9) a clinical leader for training. (10) a clinical leader for quality improvement. (11) a clinical leader for patient and family engagement. (12) a clinical leader for community engagement.	Joined workforce trained in the choice framework; training tools; e.g. new user manual; while benefits for creating joint formulation	Clinicians; youth and families	regular and structured service users; joint formulation shared understanding of the problem; matching problem with alternative interventions to meet their goals; shared decision making model; shared assessment; create engagement leads	choice training clinic; clinical documentation to support increased engagement/youth; shared work for choice; (choice documentation for client)	discussed need before clinical "next" begins; increased transparency; shared and consistent in care; improved mental health through system; improved health for next day services; decreased no-show/cancellation rates	Shift to client/longer waiting; engaged and consistent in care; improved mental health through system; improved health for next day services; decreased no-show/cancellation rates