

Connecting Health and Social Services for Patients with Complex Care Needs: A Pan-Canadian Comparative Policy Research Program

Relier services de santé et services sociaux pour les patients ayant des besoins complexes en matière de soins :
un programme pancanadien de recherche comparative sur les politiques

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Appendix 4. Program Integration Rating Tool

Indicators and scale ¹	Points	Normalized score ²
1. (a) Program design: Geographic coverage and rostering		
1.1 Program exists within, or is partnered with, the health system's broader primary care network structure.	/5	
1.2 Program has been planned with a regional focus to maximize responsibility for local populations, enhance accessibility and minimize duplication. 0 = pilot project; 1 = single site only; 2 = urban only; 3 = single region (urban/rural); 4 = multiple regions; 5 = most/all of province.	/5	
Section total:	__/10	__/10
1. (b) Program design: Organizational culture and leadership		
1.3 Organizational goals and objectives are aligned across services/sectors.	/5	
1.4 The larger organization (i.e., health system) supports the work of the program.	/5	
Section total:	__/10	__/10

Indicators and scale ¹	Points	Normalized score ²
2. Comprehensiveness of services		
2.1 The scope of services includes medical and non-medical services. 0 = no; 1 = yes; DK = don't know/cannot rate/unsure.	/1	
2.2 The scope of services is appropriate to the problem and the goal of the program (judgment). 0 = no; 1 = yes; DK = don't know/cannot rate/unsure.	/1	
2.3 There is cooperation with other services within the health system and/or non-health system (including social services, community supports).	/5	
Section total:	___/7	___/10
3. Standardized care delivery		
3.1 Extent of interprofessional teams. Narrow to broad (0 = narrow; 1 = broad).	/1	
3.2 Use of shared protocols across services/sectors.	/5	
3.3 Clear definitions and delineation of roles and responsibilities.	/5	
3.4 Protocols include training.	/5	
3.5 Interprofessional teams function effectively.	/5	
3.6 Processes are in place to coordinate transitions in care across services.	/5	
Section total:	___/26	___/10
4. Governance structure		
4.1 Strong, diverse governance with membership from all stakeholder groups (including communities served).	/5	
4.2 Connection between service providers is formalized into inter-agency agreements.	/5	
Section total:	___/10	___/10

Indicators and scale ¹	Points	Normalized score ²
5. Patient focus		
5.1 Patient satisfaction is assessed. 0 = no; 1 = yes.	/1	
5.2 Population-based needs assessment is a driver of service planning.	/5	
5.3 Patients/families are involved in shared decision making.	/5	
5.4 Patients/families have access to medical records. 0 = no; 1 = yes.	/1	
Section total:	___/12	___/10
6. Information systems		
6.1 Electronic information systems for communication between services have been defined and are used.	/5	
6.2 Electronic information systems for information sharing between services have been defined and are used.	/5	
6.3 Electronic information systems to track processes and outcomes across services have been defined and are used.	/5	
6.4 Data are tracked and shared with stakeholders. 0 = no; 0.5 = limited; 1 = yes, sufficiently; 2 = to a large extent; DK = don't know/cannot rate/unsure.	/2	
Section total:	___/17	___/10
7. Trialability		
7.1 Degree to which the program was trialed. 0 = not at all; 1 = pilot; 2 = rolled out.	/2	
7.2 Evaluation and extent: To what extent were desired outcomes demonstrated through evaluation?	/5	
7.3 Front-line service providers were involved in the design of the program.	/5	
7.4 Degree of workforce acceptance to implementing the program.	/5	
Section total:	___/17	___/10

Indicators and scale ¹	Points	Normalized score ²
8. Financial management		
8.1 Extent to which financial management is coordinated across services/sectors.	/5	
8.2 Mechanisms to share other resources have been established (staff, space, equipment). 0 = not defined; 1 = defined, not adopted; 2 = established, trialed; 3 = trialed, limited uptake; 4 = moderate spread; 5 = institutionalized.	/5	
Section total:	__/10	__/10
9. Performance management		
9.1 Performance metrics have been defined. 0 = not defined; 1 = defined, not adopted; 2 = established, trialed; 3 = trialed, limited uptake; 4 = moderate spread; 5 = institutionalized.	/5	
9.2 Performance metrics are being used to inform quality improvement, evaluation and program policy.	/5	
9.3 Clinical measures are being evaluated.	/5	
9.4 Cost-effectiveness outcomes are being measured.	/5	
Section total:	__/20	__/10
Program integration rating – Total score		__/100

¹ Unless otherwise indicated, use measurement scale: 0 = not at all; 1 = to a very minimal extent; 2 = to a small extent; 3 = to a moderate extent; 4 = to a considerable extent; 5 = to a very large extent. Put “DK” if there is insufficient data or uncertainty for other reasons.

² Normalized score = (section’s total points/section’s possible points) × 10. Normalized section scores are summed to create the program integration rating – total score with a possible range of 0 to 100.