



# Inter-Establishment Complex Musculoskeletal Care Pathways in Montreal

From Home – To Hospitals – To Home

Marie Beauséjour, Martin Sasseville, Aurélie Vigné,  
Stephanie Gould, Sophie Riendeau, Kelly Thorstad

Journée annuelle de la Chaire de recherche du Canada SA3S  
September 25, 2025 – ÉNAP, Montréal

2025 ©

# Disclosures



*This project was supported by the foundations of CHU Sainte-Justine and its Marie Enfant Rehabilitation Centre, of the Montreal Children's Hospital and of the Shriners Hospitals for Children - Canada, with the support of the Mirella & Lino Saputo Foundation.*

*The research team received funding from FSISSS (MEDTEQ/MEI), Centre de recherche du CHU Sainte-Justine, Centre de recherche Charles-Le Moyne, and FRQ-S young investigator award granted to M. Beauséjour.*



# Disclosures

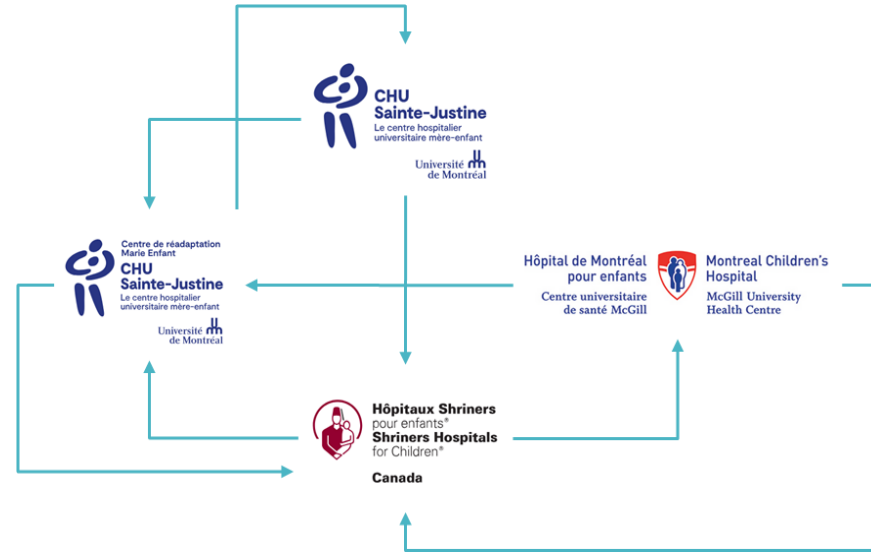
- Members of the Patient Trajectory Project working group lead by *Kelly Thorstad* and involving Inter-establishment Patient Navigators (*Stephanie Gould, Camille Brosseau, Julie Letendre*) and Chiefs/Directors of services and of participating institutions
- MUSCO Initiative manager : *Aurélie Vigné*
- Evaluation expert committee: *Philippe Juvet and Thomas Poder* (UdeM), *Isabelle Gaboury and Chantal Camden* (UdeS)
- Local PIs at Shriners Hospitals - Canada, Montreal Children Hospital, CHU Sainte-Justine and Centre de réadaptation Marie Enfant: *Argerie Tsimicalis, Janet E. Rennick/Sam Daniel, Stefan Parent*
- Partnerships with Meilleur Monde: *Sophie Riendeau, Solen Roth, Claire Grillet*
- Partnerships with UÉTMIS CHUSJ, TransMedTech Institute and Bureau partenariat Patient-Famille-Soignant CHUSJ
- Research Project Manager: *Martin Sasseville*
- Master's students in Health Research UdeS: *Liset Rodriguez-Ojea Garcia, Ya Ning Zhao, Carolina Jamarillo Martinez*

# Context & Challenges

- Inter-establishments transfers may result in fragmented pediatric MSK care in Montreal

*Care pathway fragmentation refers to a situation in which healthcare services are delivered in an uncoordinated or disconnected manner across different professionals, institutions, or sectors of the healthcare system.*

*(Nursing Science; Kurn et al. 2024)*



- Long delays, duplication of tests, postponement or cancellation of surgery
- Families navigating complex systems alone



## FOR WHOM?

Children who have neuro-musculoskeletal disorders and who require complex care, and their families.



## WITH WHOM?

4 pediatric institutions :  
CHU Sainte-Justine  
Marie Enfant Rehabilitation Centre  
Montreal Children's Hospital  
Shriners Hospitals for Children - Canada  
with the support of the  
Mirella & Lino Saputo Foundation



## HOW?

Through a collaborative approach, placing the needs of families at the heart of all projects.



... based on a strategic plan over 7 years



MUSCO

### VISION

That a collaborative culture is applied on a daily basis **for the benefit of patients** requiring complex care and suffering from neuromusculoskeletal disorders

### MISSION

**Foster collaboration and mobilize partners** to optimize the care and services provided to patients and their families.

### CHALLENGES

An **inclusive** initiative  
**Innovative** projects  
A **translational** approach  
A **collaborative** process



# ... supporting Collaborative Projects



MUSCO

## ▪ **Patient Trajectory project**

- One of the projects developed within the MUSCO Initiative is carried out by a multidisciplinary working group from the 4 establishments, and in an integrated approach that also involves a research team and social designers.
  - The research team was assembled to evaluate existing care pathways and, eventually the harmonized inter-establishment pathways in a real-time context

## ▪ **Inter-establishment navigator**

- Another MUSCO Initiative project, the inter-establishment navigator (IEN) is a new position which covers:
  - Interventions with professionals to facilitate care for families
  - Support for the improvement of processes and procedures, and for the Patient Trajectory project



# Our Aim

To describe the **context, process, and outputs** of the involvement of researchers in support of a continuous quality improvement project based on an integrated approach

**Frame the story around four key change processes :**

- i) Consolidation of the Patient Trajectory project
- ii) Mappings of the inter-establishment pathways from home to hospitals to home
- iii) Identification of quick win solutions and Inter-Establishment Navigator (IEN) observation
- iv) Sharing research study results and elaboration of broader “systemic” solution

# Methods

## Material

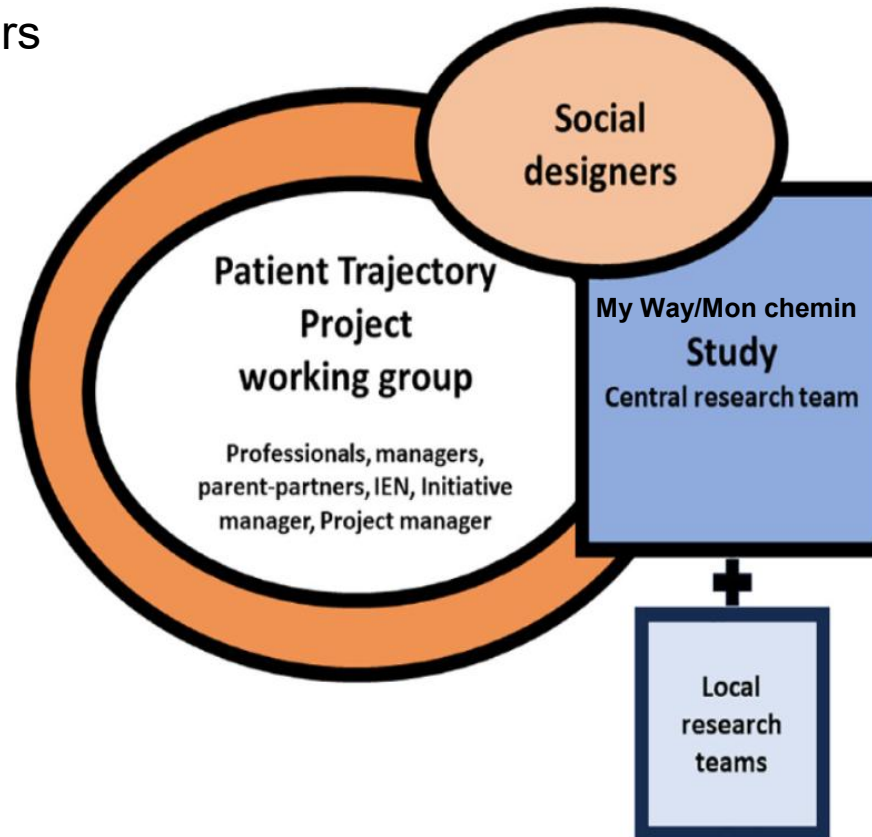
- Grey literature:
  - Minutes of the Project meetings (n = 14)
  - The research protocols/ Grant application and annual reports (n = 9)
  - Press articles (n = 5)
  - Working papers (ex. workshop material, mappings, etc. (n = 29)
  - Presentations prepared to support the team meetings (n = 11)
  - Conference abstracts/ posters/seminars (n = 12)
- Interviews with key managers for validation

## Qualitative content analysis (Armat et al. 2018; Vaismoradi et al. 2013)

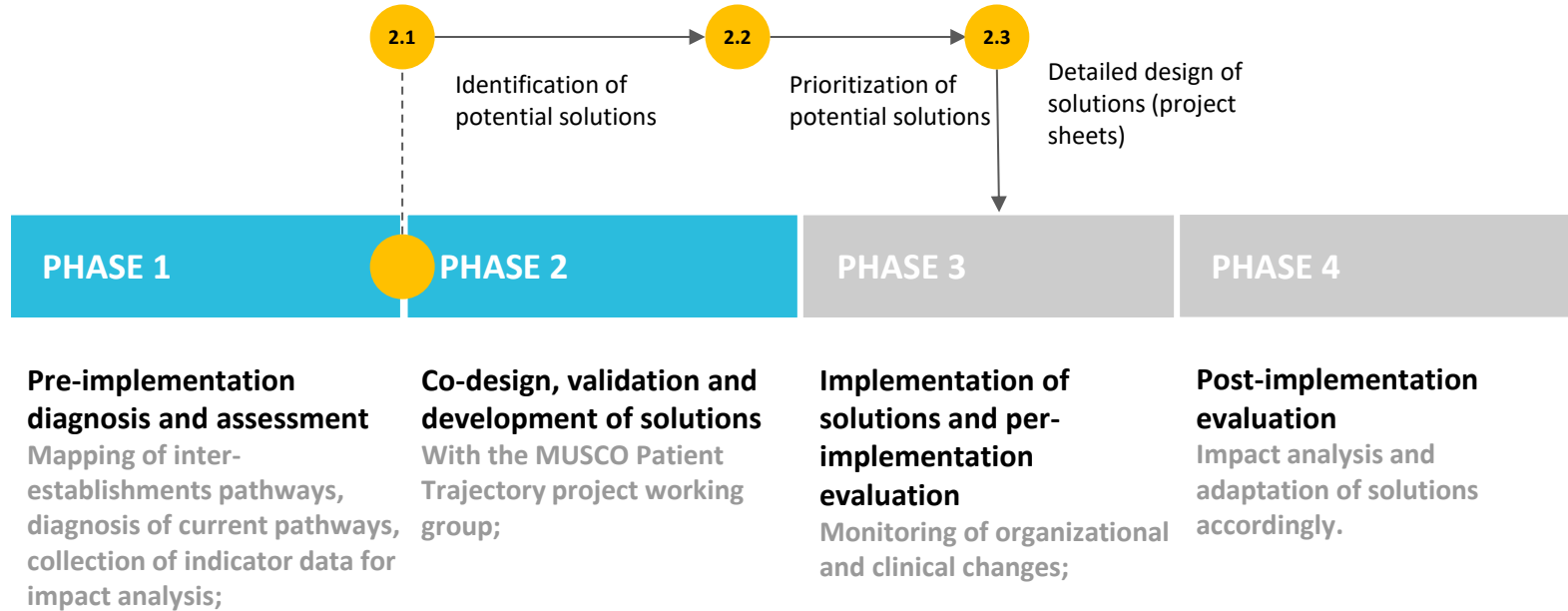
- Elaboration of a Project Timeline
- Researchers role description
  - Linking to contextual elements (Newton-Levinson et al. 2020);
  - Validation of the change processes with key managers
  - Using the definitions of the change processes for quality improvement (Backhouse and Ogunlay 2020), and the framework of strategies for care integration (Baxter et al. 2018).

## i) Consolidation of the Patient Trajectory project

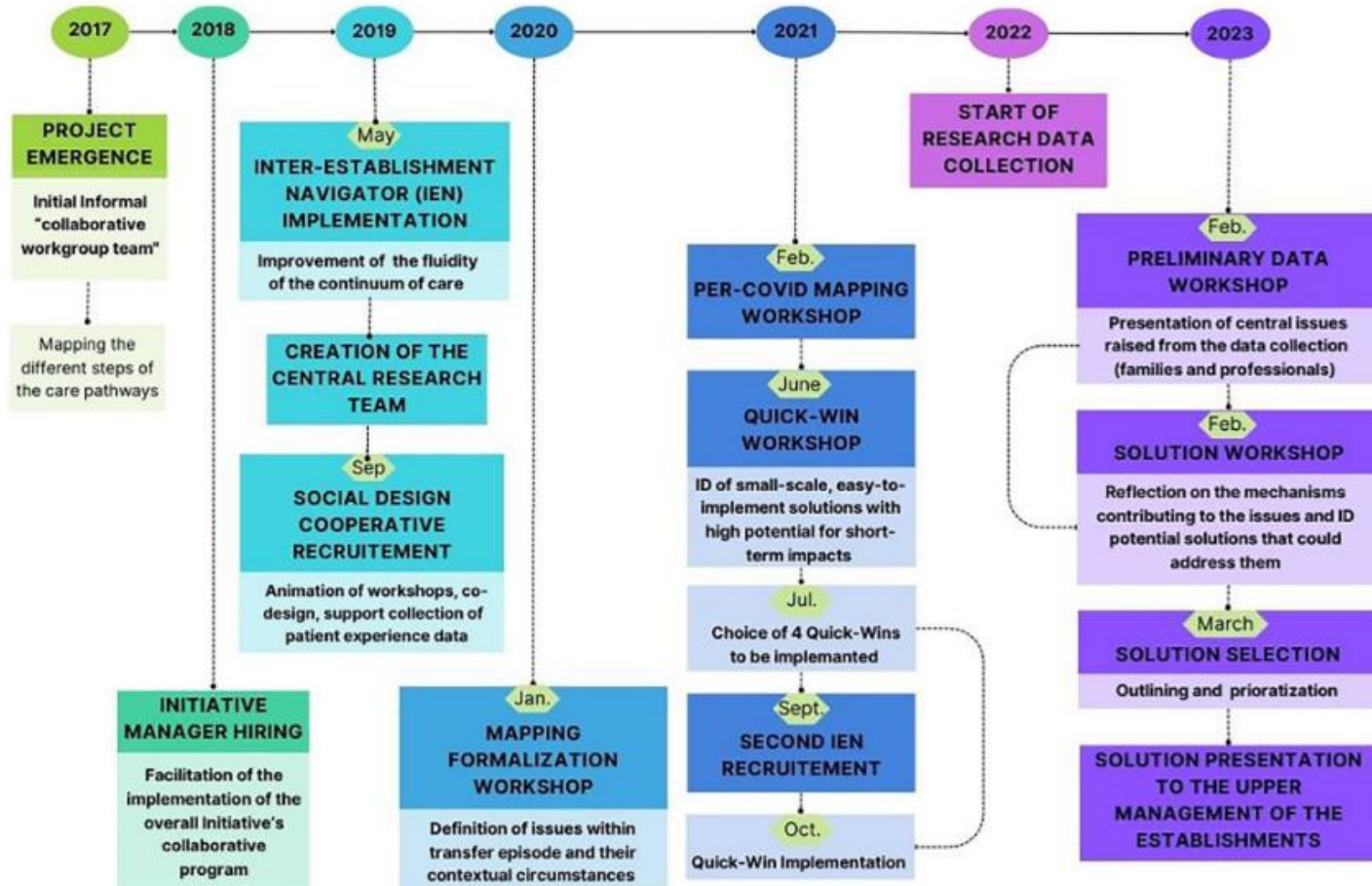
Integration of multiple stakeholders



# Collective Effort



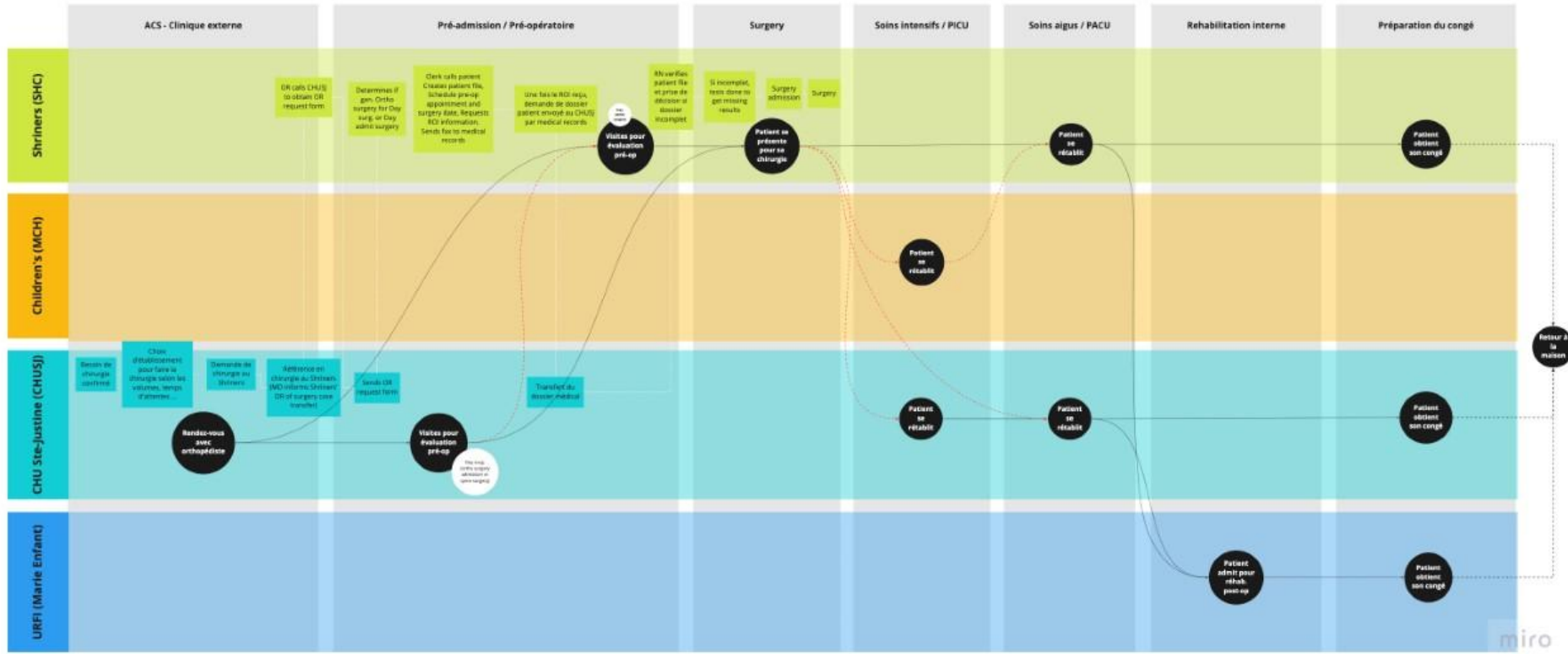
# Timeline of the Project



2025 ©

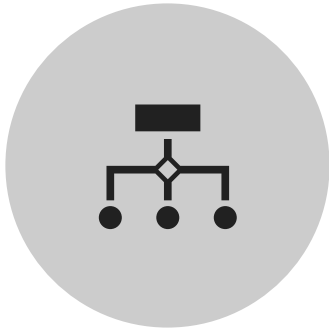
# ii) Mapping of the inter-establishment pathways: " From Home – to Hospitals – to Home "

Profil 1 : Spine (idiopathic et complex) CHUSJ / Shriners



# iii) Identification of quick win solutions and Inter-Establishment Navigator (IEN) observation

Small Scale – High Impact Solutions

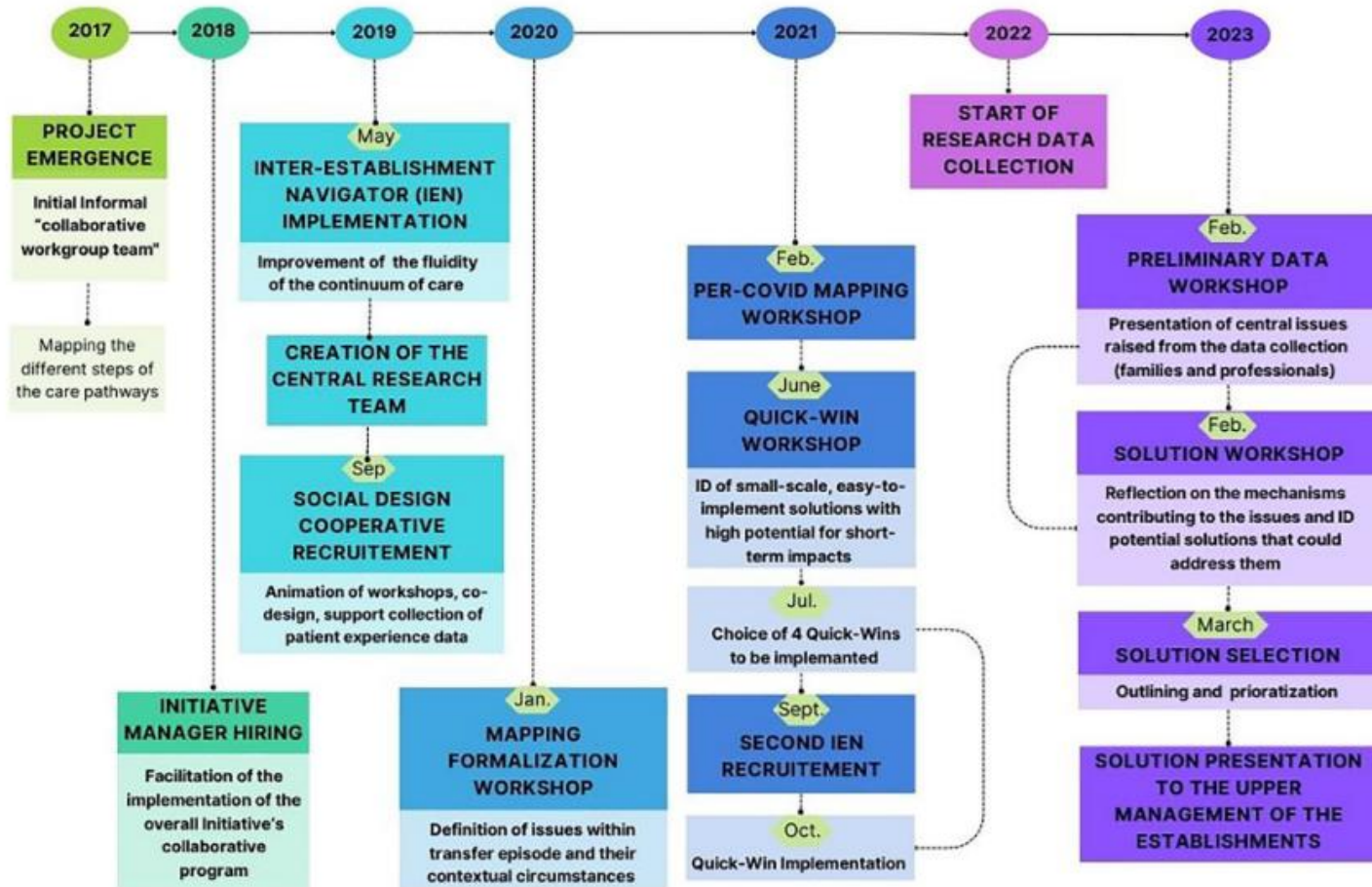


**4 QUICK-WIN SOLUTIONS :**  
1-Checklist of information to be transferred, 2-Responsibility matrix for information transfer; 3-Remote access to records by physicians; 4-Clarification and dissemination of admission criteria

**IMPROVED  
INFORMATIONAL AND  
MANAGERIAL  
CONTINUITY**

**BUILT STRONGER  
MUTUAL TRUST  
BETWEEN  
ESTABLISHMENTS**

# Timeline of the Project



## Role of researchers

- Integrated into the initiative from the start
- Participatory approaches and developmental evaluation
- Supported co-construction and real-time learning
- Documented and analyzed process and outcomes
- Facilitated knowledge translation for decision-making
- Derived new research questions



Kelly Thorstad, Patient trajectory project lead

## iv) Sharing research study results and elaboration of broader “systemic” solution

- **First workshop:**

Presentation and discussion of **key insights** from interviews.

- **Second workshop:**

Development of preliminary solutions based on the results presented in the first workshop.

- The solutions to be prioritized were identified in a small committee and selected on the basis of expected impacts and the effort required to implement them.

- **Third workshop:**

Validation of the synthesized solutions and their prioritization for presentation to participating institutions' upper management.

**1** A relational connection that is difficult for doctors to maintain on their own

**2** Initiatives by caregivers are appreciated, but seemingly "ad hoc"

**3** Transparency is important for trust-building, but often difficult to achieve

**4** Challenging moments of uncertainty that are difficult to live through but inevitable

**5** Parents serve as guardians of informational continuity, but are not fully equipped to do so

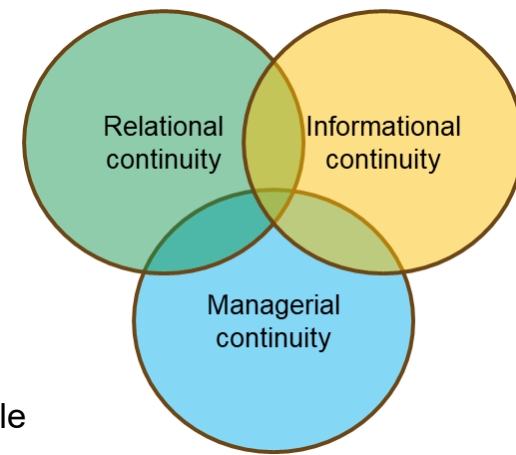
**6** A lot of medical information to collect, to understand and to archive

**7** Available services and resources gradually uncovered or found over time

**8** Coordination issues that create an additional burden for the families

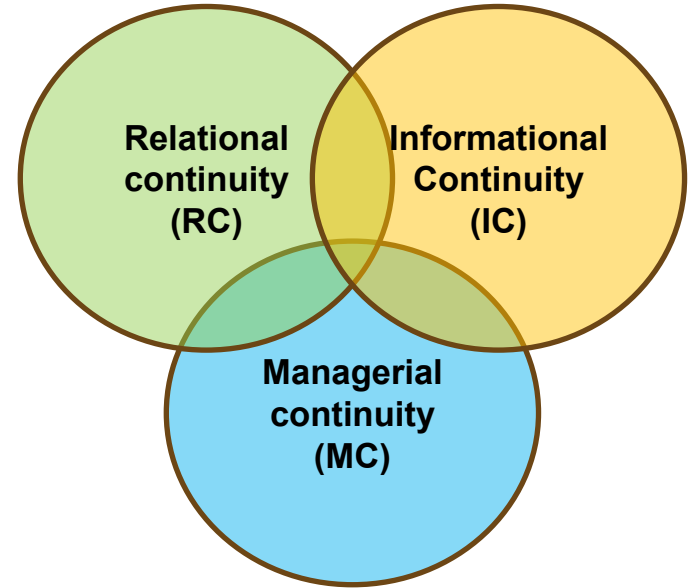
**9** A feeling of service breakdown at times of transition

**10** The hospital discharge is an integral part of the care pathway



# Systemic Solutions

- 2 solutions to duplicate
  - Early interdisciplinary visit (RC)
  - Postoperative follow-up call (IC & RC)
- 2 solutions to be strengthened
  - Pre-operative courtesy call (IC)
  - Sustaining and enhancing IEN's\* position (MC)
- 2 new projects
  - Creation of a 4-way exchange protocol between establishments (IC & MC)
  - Implementation of an inter-establishment trajectory management committee (MC)



# Lessons learned

- Raise awareness of research timelines vs. quality improvement cycles
- Select initiative manager with collaborative leadership
  
- Involve IENs\* earlier and more integrally
  
- Distribute workload among qualified participants
- Promote and facilitate inter-institutional connections
- Use focus groups and co-design to build collaboration
  
- Adequate set-up to monitor change carefully

\* Inter-Establishment Navigator

# Conclusions – Key points



Stronger inter-establishment collaboration

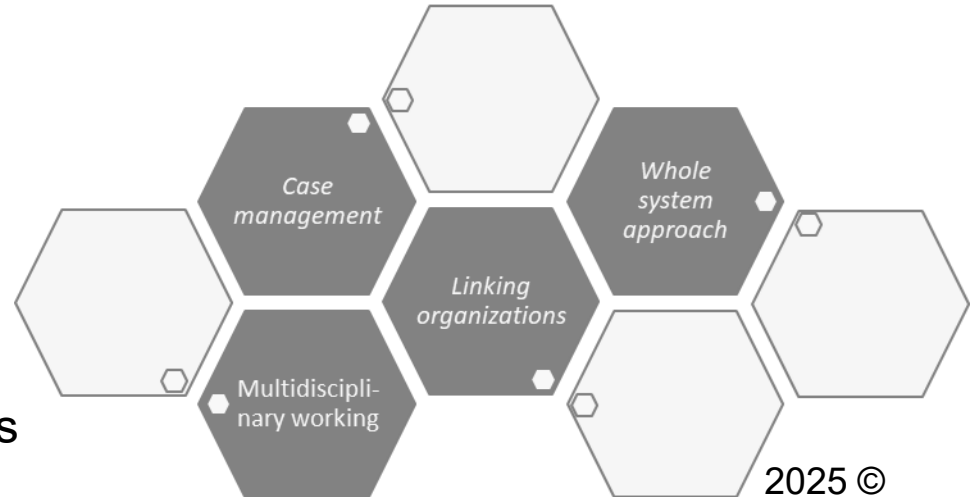


Stakeholder engagement



Ongoing evaluation

Model for future integrated care initiatives



# Thank you to all our partners!



Université de Sherbrooke



MEDTEQ  
FSISSS



BUREAU DU  
PARTENARIAT  
PATIENTS  
FAMILLES  
SOIGNANTS



INSTITUT  
TRANSMEDTECH  
MONTREAL  
LIVING LAB



ÉCOLE DE GESTION  
CHU SAINTE-JUSTINE



Meilleur Monde  
studio de design

Unité d'évaluation des technologies et des modes  
d'intervention en santé UETMIS CHUSJ

Hôpital de Montréal  
pour enfants

Centre universitaire  
de santé McGill



Montreal Children's  
Hospital

McGill University  
Health Centre



Centre de réadaptation  
Marie-Enfant

CHU  
Sainte-Justine

Le centre hospitalier  
universitaire mère-enfant



Mirella & Lino  
Saputo  
FOUNDATION

Université  
de Montréal



Fondation  
CHU  
Sainte-Justine

la fondation  
de l'hôpital  
de Montréal  
pour enfants  
the montreal  
children's  
hospital  
foundation



Shriners Hospitals  
for Children™



CHU  
Sainte-Justine  
Le centre hospitalier  
universitaire mère-enfant

2025 © Université  
de Montréal