

Digestive Health Strategic Clinical Network™

What is the Digestive Health Strategic Clinical Network?

The Digestive Health Strategic Clinical Network (DHSCN) is a collaborative team of physicians, front-line health care workers, researchers, administrators, patients, community organizations, and others committed to improving and informing the care of patients with digestive diseases. The scope of the DHSCN includes all digestive diseases, all liver diseases, and cancers of the digestive system across the lifespan.

Why was the Digestive Health SCN created?

The DHSCN was created to improve care and outcomes of patients with digestive diseases, across the continuum of care, from prevention of disease to diagnosis and early management, and from chronic disease management to end of life care. Networks are effective mechanisms to ensure collaboration and joint decision making, and are a proven model for uptake of best practices to reduce variation and improve quality of care. SCNs will lead and own 'bottom-up' innovation and improvement initiatives established through the exploration of evidence and practices at the local, national, and international levels.

Who's involved?

The DHSCN is comprised of passionate and knowledgeable people from across Alberta who will find new and innovative ways of delivering care to provide better quality, better outcomes, and better value for every Albertan. The DHSCN is intended to become a vehicle for wide membership, where front line staff from across care settings and community groups can contribute as members in several ways - on the core committee, working groups, research partnerships, and/or by learning about the work of the SCN through information sharing activities. The DHSCN will collaborate with all zones, provincial programs, other SCNs and relevant stakeholders to identify and implement initiatives that will improve outcomes and accountability.

Who are Core Committee members?

The Core Committee of the DHSCN consists of over 40 physicians, front-line health care workers, researchers, administrators, patients, and other stakeholders who will set the strategic priorities for the SCN. Members have been selected from across the digestive diseases community of interest to enable broad representation from key stakeholders. The core membership will set priorities, direct plans and stimulate activities of the network and will actively work with identified network members across the province. Patients and communities will be engaged in the SCN as expert groups and be equal SCN members.

What work is under way?

The DHSCN Core Committee is currently engaged in a planning process that looks at priority areas for improving Albertans' digestive health. As part of analyzing the strengths and weaknesses of digestive health in Alberta, members have identified many opportunities to better meet the needs of patients with digestive illnesses. The DHSCN plans to consult with patients and stakeholders in the spring as it continues to develop its Transformational Roadmap (TRM).

How to get involved

If you are interested in becoming involved with the DHSCN contact us at: digestivehealth.scn@ahs.ca

Network Note

The prevalence of IBD in Canada is one of the highest in the world

Death from liver disease in Canada increased by nearly 30% from 2000 to 2008

www.ahs.ca/scn

