

Communication Strategy for the CLE Project

Background

The Collaborative Learning Environments (CLE) project is a skills-building initiative with demonstration, research, and evaluation components. The CLE project flows from the 2003 commitment of federal, provincial and territorial governments to enhance teamwork in the delivery of health services as a basis for addressing human resource shortages in the health sector as well as improving system efficiency and effectiveness.

Communications activities will support the effective implementation, evaluation of the project as well as build interest in accelerating the adoption of inter-professional collaboration in the delivery of health services.

The project will involve sites in Atlantic Canada offering services related to Well-Woman, Maternal and Newborn Children. At each of the sites, a partnership among health professions, other health-care providers, employers, regulators and governments is envisaged. This partnership will support and enhance the capacity to work as a team to deliver health services. The CLE project envisages education and training actions as key components; health professionals at the sites will participate in learning modules developed to strengthen inter-professional competencies. In addition, project sites will provide opportunities for clinical placements for students and future health care practitioners. The project also involves management and organizational activities for administrative, management and clinician staff; change management processes will be implemented at each site to facilitate and sustain inter-professional collaboration in the delivery of services.

Individually and collectively, the CLE project will provide practical information for decision-makers about the process, as well as the tools/resources needed, to implement and sustain patient centred, collaborative practice. Some of the tools will be in the form of processes, resource materials as well as learning modules for pre- and post- licensure training. The impacts of teamwork on patient outcomes, provider retention, and quality and efficiency of care (system outcomes) will be documented and monitored at each CLE project site. Case studies will be developed and collected from all CLE Project sites for use in future professional development in clinical and delivery settings. Over time, the CLE Project sites will become centres of excellence for other clinical sites to facilitate replication of the successful interprofessional competency development and change management processes.

Goals of Communications strategy

- To build awareness among stakeholders of CLE Project (listed below) , and its links to health policy goals, positive patient/health outcomes, quality/effective services, and provider retention
- To engage clinicians at each site as well as organizations of health professions related to value of inter-professional collaboration

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- At each CLE project site, to build positive anticipation among client/patient populations served by the site for changes to delivery of services including the benefits for patient care and system efficiencies.
- At each CLE project site, to promote participation of clinicians in learning opportunities.
- At each CLE project site, to promote Change Management strategy and support related actions and activities.
- To inform policy-makers and decision-makers about approaches to facilitate teamwork in health services delivery.

Approach

The recommended communication approach is to target stakeholders with frequent and early dissemination of information on the project and its elements. Recognizing their reach as well as their cost-effectiveness, existing internal and external communication vehicles (journals, newsletters, meetings, exhibits, intra-net, etc) will be levered as much as possible to support dissemination.

The approach also envisages that the Project Leader (or a designate) will be readily available to deliver presentations and/or participate in meetings related to communications regarding the project.

The plan also envisages that the members of the various project teams (change management, implementation, evaluation, etc) will work with the communications team to address opportunities and challenges, if any, as they arise. The plan also envisages reactive media relations only.

Stakeholders

Management and administrative staff of each site, clinicians at site, clients of site regulatory and professional organizations in health sector, governments (health, education), health sciences academic institutions, unions, community groups and leaders in geographic area served by site.

Workplan

- In early March 2010, review and synthesize literature related to impacts and value(s) of inter-professional collaboration in general and inter-professional collaboration as it relates to health services related to Well-Woman, Maternal, and Newborn care.
- In February/March 2010, administer a survey at Nova Scotia site, with ten or twelve representatives of clinicians, administrators, patient/clients, and community leaders. A similar survey will be done at each site once these are identified. The survey will elicit perspectives on the challenges and opportunities as well as expectations related to the CLE project. As such the results of the

- survey will help effectively position communications materials (tone, language, etc.)
- Launch project with a letter (from AACHHR?) to the DMs? ADMs? Of the four Atlantic Health departments. The letter will be developed in early march 2010. This same letter should be sent to Health Canada (ADM Karen Dodds and ADM Abby Hoffman)
 - Introduce the project to Management of identified sites; this would include developing three items for each site:
 1. a script for telephone communication;
 2. a letter (signed by AACHHR? DM or Minister?);
 3. a presentation to support meeting with the Management team.

These will be prepared for the Nova Scotia site in February 2010. Similar documents will be developed for each other site as quickly as possible once the site is identified.

- Develop a letter (and presentation?) introducing the project and the scope of the education and training envisaged to be sent to regulatory and professional organizations in the Atlantic Region health sector, deans of health sciences faculties in the Atlantic Region, unions in the Atlantic Region. This will be completed before February 25, 2010.
- Develop a letter to be sent by Principal of each site to relevant community groups and leaders in geographic area served by site. This will be done in early March 2010.
- Develop material for posting on web-site of site (as appropriate) introducing the project. This will be done to support posting at the beginning of April 2010 in Nova Scotia (assuming a March kick-off) and as determined once sites are identified elsewhere.
- Develop a brochure (or other document) on the CLE Project and its benefits/impacts for patients/clients. This document will be given to patients/clients/families beginning in April 2010.
- Develop promotional plan and material to support interest and participation in the learning modules.
- Develop promotional material to support change management strategy.
- Collect and share status reports on learning and success stories at each site.
- Develop project report.
- Develop evaluation criteria (based on goals outlined above) and assess the effectiveness of the various elements of the communications strategy.
- Support media relations activities.

Deliverables

Letters, presentations, survey brochures, web-based materials, promotional documents, stories, status reports, annual report, reactive media lines.