CLE Process Evaluation: Interim Review of Findings

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Process/Formative Evaluation: Objectives

- Evaluate implementation of the CLE shared-care model , at each and between sites
- Indentify the specific presage/contextual challenges and specific implementation needs of shared-care IP teams
- Make recommendation regarding the development and introduction of learning and support activities to facilitate implementation, growth and retention of the CLE shared-care model.

Benchmarks for the CLE Implementation Process

- CLE-specific Clinical data capture forms in use on site **: Non-compliant**
- On-site Facilitation of data collection by the project-partial cooperation for most part with team observations/ interviews/surveys: **PARTIAL**
- Adoption of rotation of patients in perinatial clinic in place –more even distribution of low-risk patient load across primary care provider team members **PARTIAL**

Benchmarks continued

- Identification by team members and administration of potential and/or current policy and/or pre-existing service delivery barriers to collaborative shared-care: Partial
- Development of IP shared clinical protocols and polices: Partial
- Intra and inter-professional Consistency of approach to care across team members: Partial
- Increased inclusion/integration of extended care provider team members: Partial

Benchmarks continued

- Identification by site team members and administration of the potential and current policy, and pre-existing service delivery, barriers to collaborative shared-care: Partial
- Participation in CLE recommended collaborative/IP skills enhancement activities: Partial

Benchmarks continued

- CLE model of call schedule developed and adopted for trial by site: No
- Identification by team members and administration of potential and actual policy and/or pre-existing service delivery barriers to collaborative shared-care: Partial
- Team member participation in CREW: Initial

Partnership Agreement

- Share description of client population, and population level data related to obstetrical services at St Martha's facilities;
- Describe current & potential teaming in delivery of care;
- Define barriers and enablers to teaming;
- Identify Management level champion for teamwork;
- Identify Clinical level lead;

Partnership Agreement

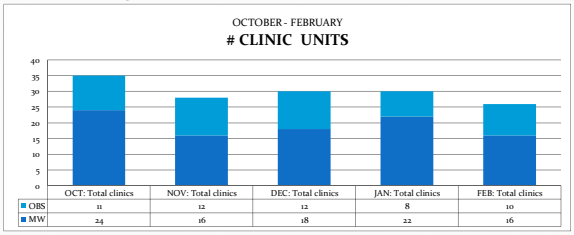
- Identify meeting and training space(s) for team;
- Provide access to communications vehicles with staff and to community;
- Provide access and assistance where required, related to its ethics review process;
- Facilitate data collection.

Partnership Agreement

- Utilize CLE Clinical Tools
- Participate in all CLE study interventions
- Continue the work for 2 years after this funded agreement sequential to the MORE OB program

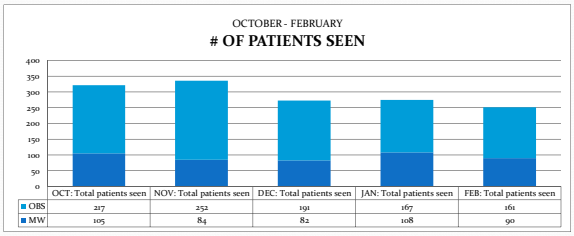
In support of the project, and during the term of the agreement, the Recipient agrees to implement data capture forms particular to the project

CLE Implementation: Patient Distribution



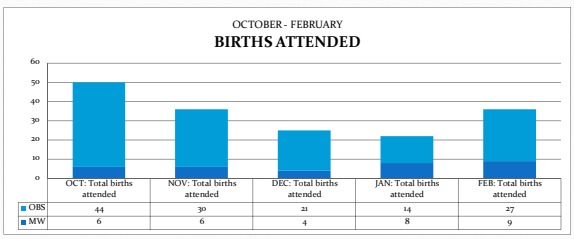
	OCT: Total clinics	NOV: Total clinics	DEC: Total clinics	JAN: Total clinics	FEB: Total clinics
OBS	11	12	12	8	10
MW	24	16	18	22	16

CLE Implementation: Patient Distribution



	OCT: Total patients seen	NOV: Total patients seen	DEC: Total patients seen	JAN: Total patients seen	FEB: Total patients seen
OBS	227	252	191	167	161
MW	105	84	82	108	90

CLE Implementation: Patient Distribution



	OCT: Total births attended	NOV: Total births attended	DEC: Total births attended	JAN: Total births attended	FEB: Total births attended
OBS	44	30	21	14	27
MW	6	6	4	8	9

Figures for Oct. 2010 to Feb. 2011

Total of patient appoint: MW: 496, OB: 988 – Total: 1,484

Total of clinic .5 day units MW: 96 , OB : 53 -- **Total:** 149

Average number of appoint per clinic: MW: 4.8% , OB 18.6

Percentage of total appoint. per clinic: MW: 34% , OB: 66%

Contextual and Other Barriers to implementation of the CLE Model at St. Martha's

- Financial disincentives for equalizing the patient load through rotation of patients
- Other employment contract barriers-37.5 hour work week and on-call hours?
- Pre-existing service delivery models
- Absence of some particular policies and the presence of others

Contextual and Other Barriers to implementation of the CLE Model at St. Martha's

- Lack of full understanding of what the objective and values of the CLE shared-care model/framework are
- Time constraints for the CLE Implementation Team for providing on-site and on-going support
- Under-estimation by the CLE Implementation team of the influence of some predicted presage factors and lack of initial awareness of some new presage factors that were not predicted

Contextual and Other Barriers to implementation of the CLE Model at St. Martha's

- Over-estimation of the influence of the Champion role of both clinical team and administration lead.
- Physical space constraints at the clinic –only one care provider at a time can hold clinic

Where Do We Go Next ?

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Deciding whether to continue CLE model implementation at the St Martha's Perinatal Clinic

What Will it Take to Move Forward?

- Issue of continuity of care for Midwives will need to be resolved in a way that does not compromise the relationship between the two midwives and their Regulatory Council. One possibility is to formally request that the MRC-NS approve the midwives' participation in the CLE project.

What Will it Take to Move Forward

- If the 'continuity of care' issue can be resolved, the next step would be to ensure that the site team and administration renew their commitment (with a detailed written project plan) to implementing the CLE model with a more concrete understanding of the goals and benefits of the shared –care model

What Will it Take to Move Forward

- the CLE Implementation team make regular 6 week on-site visits
- The CLE call-schedule be trialed after the IP protocols have been developed and put in place at the site

What Will it Take to Move Forward

- Evaluation objectives be reviewed with site team and administration
- Issues of facilitation of data collection be resolved.

This process will require prior CLE Implementation decisions concerning scope, priorities and resource allocation for ongoing CLE Project evaluation.