



*CLE PROJECT OUTCOMES
JAMES PATON MEMORIAL REGIONAL HEALTH
CENTRE*

OVERVIEW REPORT

Submitted by:

Sherry Freake, COO-Gander & Area

Submitted on:

April 4, 2012



INTRODUCTION

Central Health was fortunate to have been involved with the Health Canada Collaborative Learning Environment (CLE) Project focused on interprofessional collaboration. Initial discussions in June 2011 led to involvement of the Maternal Child Team at James Paton Memorial Regional Health Centre in a research project in December 2011.

This site, particularly this unit, is in the process of implementing a new model of nursing “The Central Health Model of Nursing Practice”.¹ As part of the implementation of this model and through focus groups and consensus, a document was created which captured the guiding principles of the model as well as an action plan. The action plan is to be used to identify the “how to” to meet the principles which are not currently being met. This document provided an excellent opportunity for the leaders of the Maternal Child Team to consider ways in which they could incorporate enhanced interprofessional collaboration into their work area.

MATERNAL CHILD TEAM

The mandate for the Maternal Child team is to provide holistic care for the maternal child population. Membership for the team consists of the following:

Acute Care Nurses -20	Respiratory Therapist - 1
Obstetricians - 2	Dietitian -1
Pediatricians - 2	Lactation Consultant - 1
Social Worker - 1	Public Health Nurses (PHN's) - 2

The team members have shared access to paper and electronic records, with the exception of PHN's who use a separate clinical documentation system. There is a sharing of information between the PHN's, acute care nurses and physicians providing prenatal care using paper prenatal records and postnatal referrals.

The organization currently has a Regional Maternal Child Quality Improvement Team which does have an interprofessional composition. This team meets every 4-6 weeks via videoconference using meeting spaces in the Regional Health Authority (RHA). As senior leader in the RHA involved in the Maternal Child Team, support and involvement in the CLE project has come very naturally. Several other leaders included in this project (nurse manager, patient educator and model facilitator) are involved in this care area and have been interested as well. These leaders have demonstrated their willingness to champion interprofessional collaboration through their involvement in the initial agreement to participate, meeting with researchers in person and by conference call, to review the action plan with IPC opportunities incorporated and making plans to put IPC ideas into action.

¹ Based on “The Ottawa Hospital Model of Nursing”.

CIVILITY, RESPECT & ENGAGEMENT WORKPLACE (CREW)

As part of the involvement in the CLE Project, an interprofesional group of health care providers from this care area are participating in a Civility, Respect & Engagement Workplace (CREW) Program. This program is expected to facilitate an improved working environment for staff that is directly and indirectly involved. To date, the information reported by the co-facilitators is that this program is well received and attended to by staff. This forum and program is one which supports interprofessional collaboration and therefore will likely assist with sustaining IP work into the future.

INTERPROFESSIONAL COLLABORATION (IPC)

The review of the action plan and support of the CLE researchers has, and will continue, to assist us with the identification of areas where IPC fits extremely well in this work environment. The team will use the information received through the CLE support to incorporate IPS in a variety of day-to-day situations. These include, but are not limited to, increased IP orientation to the program area; initiate IP educational rounds; policy development and/or revision be carried out with an IP focus; and explore option for IP peer reviews. To facilitate some of these IPC opportunities, the Maternal Child QI Team which has an IP composition, will be the chosen forum. These opportunities have a very good alignment with the mandate of this team. It will likely be necessary to expand the membership and utilize the leaders who have been involved in this project to champion IPC.

SUMMARY

To date, there has been great value for all of us to have been involved in this IPC project, including the health system, the clients we work with and the staff. Health providers today are attending educational institutions where IP learning opportunities are being implemented and it is important for the health system to continue to enable these methods of care delivery in the post-licensure environment. This will help provide a more seamless and effective model of client centred care and will also allow all providers to function to their full capacity without concern that they are encroaching on the work of others. In times of challenges with managing human resource requirements, it is critical that as a health system we are open to any and all opportunities that will assist with the recruitment and retention of providers - the IPC concept is one way to do that. The ultimate outcome to be realized from the implementation of IPC is the improvement of quality of patient care including decreased wait times and improved discharge plans.

There is no doubt there is much work to be done at Central Health to move IPC forward; however our journey has begun and although we will encounter many bumps along the way, with leadership, support and encouragement we will reap the benefits down the road.