

***Atlantic Advisory Committee on Health Human Resources (AACHHR)***  
***Successful Application to Health Canada***  
***Skills-Building for Interprofessional Collaborative Practice***  
***in Community-based Health Settings***  
***(CLE)***

***January 4, 2009***

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**Purpose**

1. For information.

**Background**

2. In August 2009, deputy ministers of health and education adopted the Atlantic Advisory Committee on Health Human Resources (AACHHR) priority framework. This plan allowed AACHHR to develop and apply for regional projects with Health Canada.
3. In 2009, Health Canada invited AACHHR to develop a proposal for Skills-Building for Interprofessional Collaborative Practice in Community-based Health Settings. The aim of this project is to develop, implement and evaluate innovative approaches to enhancing the skills of health professionals to work together synergistically along with patients, their families, caregivers and communities to deliver the highest quality of care. This work will focus on Collaborative Learning for Health Professionals in Well-Woman, Maternal and Newborn Child Clinics.
4. In December 2009, the proposal was approved by Health Canada and the Contribution Agreement will be signed by the Health Care Human Resource Sector Council (the Sector Council). The mandate of the Sector Council includes research, occupational and labour market analyses, and knowledge dissemination. The Sector Council works with employers, employees, industry organizations and related government departments and agencies. The Sector Council has a board of directors that is drawn from key industry stakeholders and is comprised of 12 voting members who are nominated to the Board for their expertise and knowledge in the area of health human resource planning and development.
5. The Sector Council will be responsible for the implementation of the project and will provide regular reports to AACHHR as described in the proposal.
6. There are seven specific project objectives:
  - a) Development of a framework applicable in any jurisdiction and/or community charged with the task of providing seamless care to women and children.

- b) Development of learning modules to support acquisition of competencies required to work in inter-professional teams to deliver services to women and children, including newborns.
  - c) Establishment of a minimum set of indicators to assess the impacts of capacity building approaches
  - d) Implementation and evaluation of innovative models of capacity building. The evaluation would include the following:
    - ⇒ Describe the target population to be reached by the collaborative practice and learning model.
    - ⇒ Describe the service delivery model (e.g., staff mix, education, and experience) and context (e.g., organizational supports, leadership, policies) within which the collaborative model is to be implemented.
    - ⇒ Describe current roles and relationships and examine degree to which roles are to be optimized.
    - ⇒ Determine patient/family, provider and system outcomes to be targeted.
    - ⇒ Describe the learning and change management strategies to be used to achieve the new service model, the optimized roles and the multi-target outcomes.
  - e) Describe change management processes needed to support, and resource implications of, inter-professional collaboration at each site.
  - f) Design of knowledge transfer strategies that promotes application of evidence to improve long-term practice/behaviour, which is “generalizable” across project sites, as well as across other potential new sites with differing contexts.
  - g) Document the process of implementation, lessons learned, successes and challenges, barriers and facilitators, and recommendations for creation of new sites of interprofessional collaborative practice and learning environments.
7. Each of the four provincial governments will identify a project-site within its jurisdiction. Initially, the sites for this project will be in New Brunswick and Nova Scotia. During the course of the project, governments in both Newfoundland and Labrador and Prince Edward Island will assess options for CLE project sites.
8. The budget for this project is \$1,125,000 over two years with allocations of \$300,000 in 2009-10 and \$825,000 in 2010-11. The AACHHR contribution to the project is all in-kind.
9. Timelines for the project are as follows:

Initial Set up	January 2010
Site Development	January 2010
Development of KTE and Evaluation Framework	
Competency Development	
Identification of Competency and Inter-professional Learning	February – March 2010
Full Operation of Sites	March 2010 – March 2011
Ongoing data collection	

Evaluation	
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10. Regular reports will be provided to deputy ministers of health and education through the AACHHR committee and by their individual provincial representatives on an as needed basis.