

Collaborative Learning Environment Project (CLE) - GASHA



**PRESENTED BY:
JENNIFER MURDOCH RN, RM, MHSC
PROJECT LEAD AACHHR
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Health Canada's definition

- *“Collaborative patient-centred practice is designed to promote the active participation of each discipline in providing quality patient care. It enhances patient and family-centred goals and values, provides mechanisms for continuous communication among care givers, optimizes staff participation in clinical decision making (within and across disciplines), and fosters respect for the contributions of all disciplines.”*

Where we have been?



- Funded by Health Canada – AACHHR Project
- A model to provide well woman, low-risk obstetrical community based shared-care to women and their families.
- Achieved by linking the unique skills and collaborative efforts of practitioners

Components of the CLE



- Interprofessional Education
- Change Management
- Knowledge Transfer/Communication
- Implementation Evaluation

IPE



- Best practices have been researched and frameworks and models recommended
- Validated research tools have been reviewed and administered
 - RIPLS
 - CPAT
- Needs assessment

Change Management



- **Therapeutic**
 - CREW
- **Practical**
 - MOREOB
 - Service Delivery
- **Physical**
 - Administrative support

KTE



- **Letters**
 - Atlantic Professional Associations and Regulatory Bodies
- **Presentations**
 - MRC
 - DAL
 - WNF
 - ANSM (pending)
- **Government Advisory Meetings**
 - NS, NL, NB and PE

Implementation Evaluation



- **Process Evaluation**

Priority Benchmarks for Evaluating CLE Implementation Process



1. Adoption of rotation of patients in perinatal clinic in place

Benchmarks continued



2. a) Identification of potential or current policy barriers to the development of collaborative shared-care practice.

- 2.b) Development of IP shared-care clinical protocols and policies.

Benchmarks continued



3. Increased Intra and Inter-professional consistency of approach to care across team members

Benchmarks continued



4. Participation in CLE recommended collaborative/IP activities.

The Sites



- **As of April 20, 2011 there are four identified sites**
 - GASHA in Antigonish, NS
 - Labrador West Health Region NL
 - VON Well Baby and Me in Miramichi City and Sussex

Commitments for CLE GASHA Agreement



- **GASHA completed the following:**
 - client population
 - description of current & potential teaming
 - defined barriers and enablers to teaming
 - Management level champion for teamwork
 - meeting and training space(s)
 - access to ethics review process; and
 - facilitated data collection.

Commitments for CLE GASHA Agreement



- CLE project provided:
 - training through MoreOB
 - training via CREW
 - regular observations on IP interactions among team members at weekly meetings

Interprofessional Clinical Services



- **IP and Clinical Services**
 - Forms have been developed and integrated into the GASHA charts
 - All charts were coded for purpose of data collection
 - Call Schedule was drafted and discussed
 - Observation at clinical meetings

Data supplied by GASHA



- Data for midwives and obstetricians from October 2010 to February 2011:
 - 1,484 clients seen
 - 168 babies delivered
 - 149 clinics done

What more can we do?



- Definition and identification of Low-Risk versus High-Risk obstetrical populations
- Interpretation and analysis of Midwifery Standard Six – Continuity of Care Policy
- Definition of Interprofessional Collaboration (IPC) in GASHA
- Exploration of other means to support IPC
 - Eg: The Master Agreement

Thank you



QUESTIONS FOR THE TEAM?