Skills Building for Interprofessional Collaborative Practice Phase II

Progress Report
Q1 April 1-June 30, 2011

by

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The CLE Project

Introduction

This report follows the progress of the Skills Building for Interprofessional Collaborative Practice project of the Atlantic Advisory Committee on Health Human Resources (AACHHR), as funded by Health Canada through the "Health Care Policy Contribution Program". Initial funding was from January 2009- March 31, 2011. An additional year of funding will extend the project to March 31, 2012.

Background

The Collaborative Learning Environment for Health Professionals (CLE) is a skills-building initiative with demonstration, research, and evaluation components. The project began with a focus on Well Woman and Newborn Child Clinics, and has since expanded to include Home Care and Administrative teams; all who will benefit from enhanced post-licensure, interprofessional change management and skills enhancement. The learning from this initiative will be adaptable to any community.

The aim of this project is to develop, implement, and evaluate innovative approaches to enhancing the skills of health professionals so they may work together synergistically along with patients, their families, caregivers and communities to deliver the highest quality of care. Ultimately, it is hoped that primary health care facilities will have access to regional expertise, interprofessional competencies training tools, and change management strategies. This project is expected to be of considerable significance to the future sustainable delivery of health care in participating jurisdictions.

During the second phase of the project, 2011-2012, four (4) sites will be involved: the site in Antigonish, Nova Scotia will receive continued support; a new site will be

implemented in Newfoundland and an additional site added in New Brunswick. Sites will be evaluated to identify learning and to detect successful process for sustainable change.

The CLE project has developed demonstration sites in Atlantic Canada and has promoted partnerships among health professions, other health-care providers, employers, regulators and governments. The project supports the definition of collaboration developed by Health Canada;

> *"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."*

The outcome is anticipated to be learning about process and transferable models that promote high quality care by optimizing the knowledge and skills of all members of the health care team, while enhancing work life satisfaction, recruitment and retention. Over time, it is hoped that the sites will serve as centres of excellence. They will provide learning tools, resources, processes and models to facilitate replication of the successful interprofessional competency development and change management processes which support post-licensure continuing education activities. It is anticipated to provide high quality clinical placements for students in a number of health disciplines. It is hoped that through future clinical placements budding health care practitioners will experience as the norm, the process and behaviours that promote collaborative practice. Additionally, medical residents from a variety of disciplines may be interested in working in these teams, hence improving recruitment of needed specialist to rural and remote areas that have been difficult to staff.

Progress Reporting

The report is a compilation of brief monthly reports from leaders of the components of the CLE team. They are organized around the broad objectives of the workplan and support the progress reported against the work plan at the end of each quarter. Those components are:

1. Interprofessional Education (IPE)
2. Change Management, (CM)
3. Knowledge Transfer (KT) and Communications
4. Process Evaluation, and
5. Clinical Applications & Project Management and Support

The following narrative reports are organized so as to parallel the overall workplan categories and supplements the information reported on end of quarter CLE workplan progress reports. (Appendix A.1)

Progress to Date 2011-2012

Overview

A framework for CLE work for 2011-2012 has been endorsed by the Implementation team and meetings held with VON Miramichi, VON Sussex and GASHA. Sites have agreed to plans for their respective sites.

Between April 1, 2011 and June 30, 2011, the project team have been working to support and evaluate activities at the site in Antigonish¸ Nova Scotia and to identify needs and organize activities for the sites at Miramichi, New Brunswick and Lab City, Newfoundland. A second VON site has been identified in New Brunswick and is being developed**.** One face to face and four teleconference meeting of the implementation team have been held. Current Sites include:

Two (2) programs at St. Martha's Hospital, a facility of the Guysborough Antigonish Straight Health Authority (GASHA) in Antigonish, Nova Scotia http://www.erhb.ns.ca/Services/St_Martha/.

Two (2) Victorian Order of Nurses (VON) New Brunswick, "Health Baby and Me" program http://www.von.ca/branch/nb.html sites in Miramichi City and a second coordinated out of Sussex for the provincial facilitators of VON NB Health Baby and Me program.

A site at Captain William Jackman Memorial Hospital Located in Labrador City West, a facility of the Labrador-Grenfell Regional Health Authority, in Newfoundland and Labrador; http://www.lghealth.ca, was slated for implementation by June 30, 2011. Unfortunately the site has identified barriers that prevent them from participating at this time. An alternative site is under consideration in Saint John's Newfoundland.

Government Advisory Committees have been updated in all four provinces. Lines of communication for knowledge transfer are maintained. Partnership Agreements (PAs) with participating sites have been signed.

The first overall evaluation report for the implementation of the Civility Respect and Engagement in the Workplace (CREW) program at the GASHA site has been received.

MoreOB has continued their work and reported on year one outcomes in April of 2011.

Reports from both CREW and MoreOB are detailed under the Change Management section of this document.

A fact sheet has been prepared and circulated to prospective new Newfoundland sites. Follow-up has been carried out with the Government Advisory Committee in NL and engagement of a new NL site will take place in late August to early September, 2011.

Update for Identification of Competency and Interprofessional Learning (IPE)

The objective of the IPE component for 2011-2012 is to sign and assess methodologies for enhancing clinicians' competencies to support the inter-professional delivery of health-care by a team of providers.

Q1 2011 Activities:

MoreOB and CREW contribute to both IPE and Change Management components of the project and both programs continue at GASHA. The year one update reports from April 2011 are found under Change Management section of this report.

The second phase of Stress Management education was held for VON Miramichi "Healthy Baby and Me" Project Advisory Committee in June of 2011. On June 2, nine (9) additional participants complete Day 1 training. On June 3 a combined group of fifteen (15) completed the Day 2 session and completed Stress Management Change plans. Agenda, training guide and evaluation summary are found in Appendix B.1

A needs analysis for the second educational need, Conflict Management, identified by VON Miramichi has been completed. The needs assessment questionnaire is included in Appendix B.2. Training sessions for conflict management are planned for October, 2011. This session will also include a face to face follow-up session with the Stress Management trainer, by request of participants.

Meetings were held with the coordinator of the "Healthy Baby and Me" provincial facilitators group and commitment was obtained for participation. The needs analysis for the second VON application, to include all "Healthy Baby and Me" facilitators from across New Brunswick and coordinated out of a new site in Sussex New Brunswick, was completed. The needs analysis questionnaire is included in Appendix B.3.

Upcoming Tasks:

Q2-Q3:

- Follow-up on Stress Management training at VON Miramichi;
- Delivery and evaluation of the conflict management training sessions for VON Miramichi;
- Delivery of IPE treatment for VON NB provincial facilitators;
- Needs identification of IPE for the NL site;
- Implementation of IPE learning for the NL site;
- Finalize evaluation questionnaires for IPE components.

Q4:

- Distribution of follow-up evaluation questionnaires and evaluation of results of IP Education for GASHA; VON and NL sites;
- Contribution to the final project report for March 31, 2012.

Issues:

- NL site will be underway later than anticipated and may affect timelines and outcomes of IPE and the ability to measure IPE outcomes at that site.

Change Management, (CM)

The objective of the change management component of the project is to describe change management processes needed to support, and resource implications of, inter-professional collaboration at each site.

Q1 2011 Activities:

CREW

An update of CREW intervention to support Interprofessional Education and Change Management was provided for the GASHA and the Implementation Team was received on April 20th. The CREW Lead reported that a post-CREW survey was

Completed by both the CREW group as well as the larger initial group who participated in the pre-CREW survey. The resultant profile and program feedback is included in Appendix C.1. A summary of findings was as follows:

CREW began work in Sept with a preCREW survey of the administrative team. It was soon apparent that the team did not meet often enough to complete the CREW program and, in late October, the CREW team was switched to include the perinatal team. The team met from November 2010 through April 2011. The CREW facilitator, who is external to the team, was able to increase both the length of each session and regularity of the meetings to once a month in Dec 2010. The CREW facilitator noted the group at GASHA was committed, and that feedback from participants indicated that the group valued the training despite their busy schedules and other time constraints, and would continue to use some of the training elements. The GASHA Site Coordinator thought the CREW training "raised awareness for team respect and civility as well as recognition of room for team improvement". Another GASHA team member added that a team "needs feedback to know what the group dynamics really are" and sees the positive impact of CREW through other meetings. The slide deck used for the report is found in Appendix C.2.

MoreOB

The MoreOB program consisted of an environmental scan, a pretest of knowledge, a CAS or culture assessment survey and 17 clinical skills chapters. Skills drills followed with a workshop day and Objective Structured Clinical Examinations (OSCEs). The year end's evaluation consisted of team fitness tests, a post test, another CAS and a survey. The MoreOB facilitator reported that the GASHA team demonstrated much strength and some possible areas for improvement.

She reported some very positive results from the MoreOB program; for example, the knowledge gap is improving between the nurses and obstetricians/midwifes. The greatest increase since implementation of the MoreOB program was the increase of a patient safety culture. The team felt empowered and responsible for patient safety and indicated that they will focus on improving teamwork, multidisciplinary meetings and open communication during the second year.

The environmental scan identified other areas for possible consideration. Three were recommended by MoreOB for focus in year 2 of the program at GASHA, (2011-2012). These were to improve/address the physicians' attendance at the Neonatal Resuscitation Program, the low rate of vaginal birth after caesarian (VBAC) and low attendance at prenatal classes. It was noted that while these were suggestions, the team is free to select their own focus for the second year. Slide Deck, Appendix C.3.

To June 30, 2011 GASHA is the first organization in NS to receive the MoreOB intervention. An independent review report on Midwifery in Nova Scotia, commissioned by the Nova Scotia Government in 2011, cites MoreOB at GASHA as one of the positive aspects of the implementation of Midwifery in the Province.

Additionally GASHA received MoreOB in conjunction with CREW, making them the first organization to implement these two interprofessional team development programs concurrently.

GASHA is also the first organization in the Atlantic Provinces to successfully integrate obstetrical and midwifery practice into a low risk obstetrical team.

Upcoming Tasks:

Q2-Q3:

- Monitoring and reporting of CREW and MoreOB at GASHA;
- Making decision around implementation of MoreOB, based on makeup of the team at the new NL site;
- Introduction of CREW program in NL site;
- Implementation of the Needs Analysis for CREW at the new NL site;
- Identification and training of a CREW champion at the new NL site;
- Organizing implementation of the CREW program at the new NL site;

Q4:

- Evaluation reporting of CREW and More OB at participating sites;
- Identifying learning relating to the process and outcomes of change management interventions for Intercollaborative practice.

Issues:

- Reorganizing to serve the new NL site, time constraints and possibility of incomplete implementation of intervention(s) before the project completion in March 2012.

Knowledge Transfer (KT) and Communications

The objective of the knowledge transfer and communications function is to inform government, and health care providers/ communities of the IP project and produce standardized presentation and letters to discuss IP competencies and learning tools.

Q1 2011 Activities:

- Team Review meeting held with GASHA and CLE Implementation Team. Slide shows prepared for GASHA team meeting, Appendix D.1;

- Briefing note and report prepared and presented to Government Advisory Committees in each province, Appendix D.2;
- Initial Government Advisory Committee (GAC) meeting held with NL;
- NL specific Terms of Reference were developed, Appendix 9
- Communications document prepared and circulated to potential NL sites, Appendix D.3;
- Fulsome discussions with the NL Govt. Advisory Co-Chair Olga Heath and Lorraine Burrage (member of GAC) regarding an alternative site in the Central NL Health Region.

Upcoming Tasks

Q2-Q3:

- Continue communications with Government Advisory Committees;
- Define scope of project in NL in light of time frame constraints;
- Consolidate NL site and gain agreement on implementation plan;
- Begin production of knowledge transfer video(s) as component of the final dissemination plan for project learning.

Q4:

- Complete final project report and communication package, including video in both official languages.

Issues:

- Time frames for NL work considering the revision of site and timelines for implementation.

Evaluation

The objective of the evaluation component is to perform a process evaluation of CLE Pilot sites: St. Martha's, GASHA, NL and VON NB and to identify learning and program processes and models that can be transferred to other sites.

Q1 Activities:

A review of evaluation activities for 2010-2011 revealed some issues and provided direction for enhancing the evaluation process, data collection and measurement criteria for 2011-2012**.**

Upcoming Tasks:

Q2-Q3:

- Identification of presage and process/implementation data for CLE site in Newfoundland;
- Refining of outcome measures for VON #2 and NL site;
- Identifying data collection tools and processes for NL;

Q4:

- Collecting, summarizing, analyzing and interpreting data from various sites
- Completing evaluation section of the final project report.

Issues:

- Ensuring common outcome measures and data collection processes to ensure consistency of evaluation across sites;
- Time constraints, with NL site;
- Probable limited outcome evaluation data from NL site.

Project Management/Clinical Applications[1]

The objective of the overall project management and clinical applications for CLE includes project coordination, site development, time and cost management; quality management; team communication; human resources management; procurement management; and risk management.

Q1 Activities:

1 Administrative processes:

- Have supported the project team;
- Regular Implementation and Evaluation team meetings have been booked, facilitated and minutes and records of decisions disseminated and archived;
- The CLE web communication area includes: a calendar, document publishing and archiving and forum posting areas, www.price-macdonald.com. This website is used as a shared and consistent mechanism for all project team members.
- Coordination and Communication activities with sites have been on-going
- Review and adjust tools/resources as needed.

2 Clinical processes GASHA St. Martha's

- Activities based on the findings from the Process Evaluation are being discussed and planned for. Evidence shows that although the sites are showing a great deal of IP collaboration and team function, improvements and refinements are still possible. Activities such as the team participating in an exercise to develop an IP policy and common definitions regarding care (i.e.:

[1] Project management and clinical applications more accurately reflects the work of PMA and J. Murdoch as project leader.

low and high risk obstetrics) will further bind the shared care model in these sites. Additionally, the consistent use of common charting tools will enhance IP

- Communication among the core clinical team as well as partner providers involved in the care.
- Solid commitment among the team to proceed with the IP activities-one of the midwives will be leaving in August and another one will be starting. Additionally another OB will be starting in the team also.
- There is an imperative to meet with the team ASAP to re-confirm the commitment to the work and get the buy-in for the go-forward activities.
- JM met with some of the senior admin group week of June 10th, another meeting is planned for the end of August with the full team.
- Expectation that all activities will be confirmed for start-up in September.
- Service Delivery GASHA - All materials have been organized and revised. Charts at the GASHA site will incorporate the Service Delivery materials.
- Forms will also be used for the NL site if possible.

3 Positive discussions are underway for an Obstetrical CLE site in NL to replace the Lab City site. The CEO has requested a brief summary of what the project entails, what will be done this year, and what the expectations are. A summary has been written and circulated to NL sites. The request to NL is to have the new site confirmed and up and running by September.

Upcoming Tasks:

Q2-Q3

- Continue to support the project team in carrying out the activities of the project in all sites, including such administrative activities as: meeting management, team communication management, background research, document tracking and archiving, progress reporting and presentations for AACHHR and Health Canada, cashflow tracking and preparation, translation, travel, payroll, purchasing, etc.

- Follow-up meeting with GASHA and commitment to workplan for 2011-2012. See Appendix E.1.
- Follow-up to gain commitment for NL site;
- Perform needs analysis and implement treatment(s) at NL Site;

Q4:

- Continue support activities at established sites;
- Monitor and support implementation at new sites
- Identify reasonable expectations for outcomes at late joining sites

Issues:

- Short time lines around the facilitation of support and communications for inclusion of new site in NL;
- Time requirements for site development in NL;

Summary

Program staff has successfully supported the progress of the CLE project along the projected timelines to completion. Four sites are operational and in various stages of development and ready for the evaluation by the end of March 2012. Objectives slated for completion by June 2011 are either completed or in progress toward the goals, a workplan report is included in Appendix A.1.

The CLE team continues to develop, implement and evaluate activities aimed at increasing interprofessional competencies with four distinct sites, each with its unique needs and challenges. A fifth site is in process of development and it is hopes NL will come on board by September 2011. Data is continuously collected and analyzed to inform the process and learning around the process of development of interprofessional competencies in teams at various stages of development and with different focuses.

Appendix A: Workplan 2011-2012

A.1: Q1-CLE workplan progress reports

DRAFT Activities for CLE Sites: 2011-2012

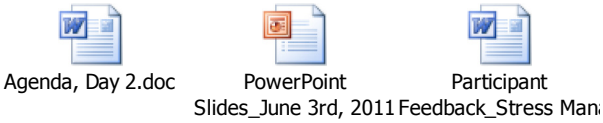
CLE Component	NL Needs Analysis and Possible Activities based on Previous CLE Experience	Advisory Committee Miramichi HBM Activity	VON facilitators in New Brunswick Activity	St. Martha's possible activities based on previous CLE experience	Projected Outputs	Projected Outcomes
Inter-professional Education	1. Analysis of IP competency level and team learning needs. 2. Analysis of current policy to identify need for facilitation of policy development with the IP Team. 3. Focused IP activities based on team analysis activities.	1. October 2011 IP needs assessment identified two capacity gaps: stress management& conflict. management 2. Second assessment of IP needs in December/ January to determine change in identified gaps.	1. Needs assessment on 10/06/11 2. Learning programs to address identified IP competency gaps to be designed in summer 2011 for delivery in fall 2011. 3. Second needs assessment in December/ January to determine change in identified gaps.	1. Analysis of current policy to identify need for facilitation of policy development with the IP Team. • Define Low and High Risk obstetrics	1. A new IP Policy that addresses an issue that is common among the team. 2. Continued identification of enablers and barriers to IPC	Demonstration of increased IP Competencies and enhanced seamless IP Collaboration in the team.

Knowledge Transfer/ Communication	1. Government Advisory Committee. 2. AD-Hoc Communications with Stakeholders.	1. Presentations to NB Government Advisory Committee 2. Coordinator participates in CLE tele-conferences Fall 2011	1. Presentations to NB Government Advisory Committee 2. Coordinator participates in CLE tele-conferences Fall 2011	2. Government Advisory Committee. AD-Hoc Communications with Stakeholders.	1. 3-4 meetings across 2 provinces. 2. Update quarterly reports sent to 4 provinces. 3. Information video, 7-10 mins. in length showcasing the 4 components for IP CLE	Increased knowledge of the barriers and enablers to developing post-licensure IP teams.
Clinical Services	1. Moving toward Shared - care Scheduling. 2. Exploring common Charting tools.	1. Info sheet for partner organizations Summer 2011	1. Info sheet for partner organizations Fall 2011	3. Moving toward Shared - care Scheduling. 4. Exploring common Charting tools.	1. Improved rotation of clients/patients through an IP team. 3. Equal (as possible) numbers of visits.	Full trust, communication and seamless patient care with high levels of both patient and practitioner satisfaction with the model.
Change Management	1. Analyse needs for change management intervention base on CREW process.	1. Stress management learning sessions delivered to 8 advisory committee members in	TBA	1. On-site support to help with the ongoing	1. Post-test reveals improved ability of team to cope with shared identified	IP teams will be able to quickly identify and manage conflicts

	(Includes pre and post-test). 2. On-site support to help with the ongoing facilitation of the CLE activities.	Spring 2011. 2. Group conflict management capacity building on scheduled for Fall 2011.		facilitation of the CLE activities.	conflict and stress 2. Teams create ongoing mechanisms to continue working on conflict and stress, post project funding.	and challenges in a trusting, timely and civil manner.
Process Evaluation	1. Collection of contextual data. 2. Patient and Practitioner satisfaction survey 3. Cross-project / survey 4. Collection of Data including phone interviews -4 times 5. Analyse and Final Report	1. Needs assessment questionaire	1. Needs assessment questionaire	6. Collection of contextual data. 7. Patient and Practitioner satisfaction survey 8. Cross-project / survey 9. Collection of Data including phone interviews -4 times Analyse and Final Report	1. Outcomes measured and reported to Government Advisory Committees, CLE sites, Health Canada and shown on video.	Indicators and measures for future IP teams.

Appendix B: Interprofessional Education-Stress Management

B.1: Stress Management, Day 2, June 2 & 3, 2011



B.2. VON Miramichi, Conflict Management Needs Assessment Questionnaire

Your input is needed to make sure the training sessions planned for this fall are useful to you and to the work of the Advisory Committee for the Healthy Baby and Me program in Miramichi.

This questionnaire has been designed by Muriel Jarvis who is a trainer, specializing in management issues, including conflict resolution. It requires about thirty minutes of your time. *All responses will be kept confidential.*

By August 5, 2011 please return the completed questionnaire to Muriel Jarvis, 4702 Route 127, Chamcook, NB E5B 3A4 or to tmjarvis@nb.sympatico.ca

1 In one or two sentences, can you describe the benefits you gain from your participation as a member of the Advisory Committee for Healthy Baby and Me program.

_____
_____
_____
_____

2 In addition to your work on the Advisory Committee for Healthy Baby and Me program, on what Boards of Directors or other governance committees have you participated?

_____
_____
_____
_____

If so, was this participation in Miramichi? _____

3 In one or two sentences, can you describe the attributes of effective groups?

_____
_____
_____

4 The attached terms of reference for the Advisory Committee for Healthy Baby and Me program outline the expectations of the Advisory Committee. Please identify any inconsistencies between what is expected and what is actually done.

_____
_____
_____

5 There are a number of elements involved in conflict management and conflict resolution. From the menu below please rank the top three elements most relevant to the Advisory Committee (top priority would be 1; second priority, 2; and third priority, 3):

___ Understanding inter personal conflict (conflicting personalities)
___ Dealing with conflicting priorities
___ Negotiation skills (dealing with conflicting interests)
___ Decision-making skills (dealing with conflicting opinions)
___ Communication skills (dealing with conflicting messages)

6 How are decisions made during a meeting of the Advisory Committee for the Healthy Baby and Me program?
_____
_____

Does this process lead to effective decisions? _____

7 What word best describes your conflict management skills?
_____

8 How would you describe the conflict management skills of the Advisory Committee (as a whole)?
_____

9 Based on your experience, what are the top priorities for the Healthy Baby and Me program in Miramichi?
_____
_____
_____

10 What criteria did you use to identify these priorities?
_____
_____
_____

11 In your view, would other members of the Advisory Committee identify the same priorities?
_____

12 Please provide one example of an inter-personal conflict that you have experienced as a member of the Advisory Committee for the Healthy Baby and Me program.
_____
_____
_____
_____
_____

13 Have you experienced a situation where members of the Advisory Committee for the Healthy Baby and Me program could not reach agreement? _____
Please share a brief description of the situation.
_____
_____
_____
_____

14 How was the situation resolved?
_____
_____
_____

15 How long did the resolution process take? _____

16 Describe your role in the resolution process.
_____
_____
_____
_____

THANK YOU SO MUCH FOR YOUR TIME AND INPUT!
Please return to tmjarvis@nb.sympatico.ca
All responses will be kept confidential.

B3: The needs analysis questionnaire VON Sussex. Provincial Facilitators

Health Canada and the departments of health in each of the four Atlantic Provinces are working at several sites to assess workplace-based processes to enhance skills for delivering team-based services. As part of this project, we would ask you to rank 12 statements below:

* Your answers will be confidential; we would ask however, that you identify yourself by name.

Statement	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. I have good negotiation skills.					
2. The managers in the Healthy Baby and Me program in New Brunswick respect and trust each other.					
3. I am aware of the roles of organizations and individuals whose work complements the Healthy Baby and Me program in my region.					
4. I don't want to waste time learning with people in other Healthy Baby and Me projects in New Brunswick					
5. Patients/clients would ultimately benefit if professionals in the health sector and other sectors work together.					
6. Other managers in the Healthy Baby and Me program in New Brunswick are effective at conflict management					
7. I am not sure what my role is in the Healthy Baby and Me program.					
8. I have used case studies to learn new skills.					
9. I am better able than other managers of the Healthy Baby and Me program to keep up with changes to policies and/or health care technologies					
10. I have to acquire more team-work skills than other managers in the Healthy Baby and Me program in New Brunswick.					
11. Shared learning with individuals in other Healthy Baby and Me projects in New Brunswick will help me to communicate better with patients and health professionals in my region.					
12. I have benefited from professional development courses.					

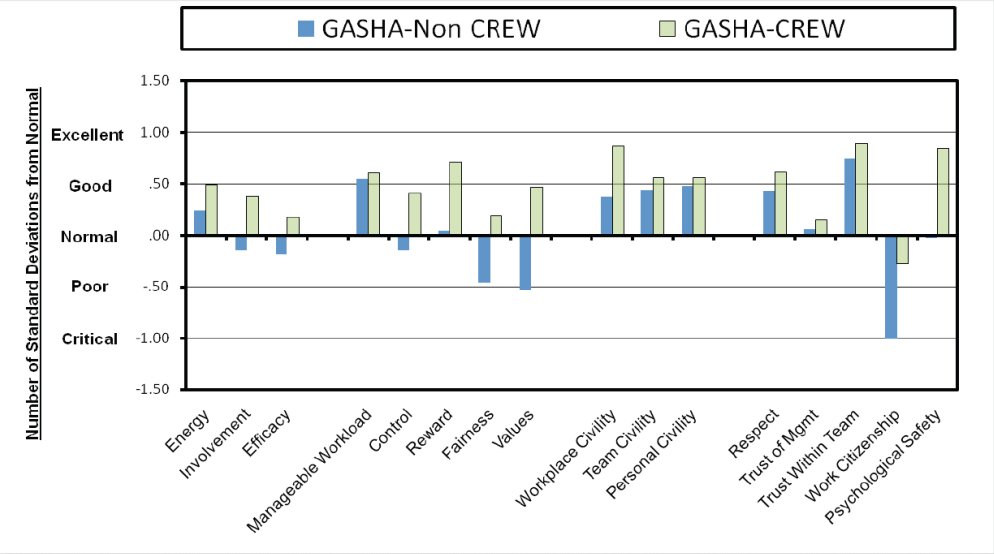
App

endix C: Change Management

C.1: CREW profile and program feedback 2010-2011

CREW Results for St. Martha's Regional Hospital GASHA 2011

Civility, Respect and Engagement at Work (CREW) was implemented at St. Martha's Regional Hospital (Guysborough Antigonish Strait Health Authority) in September 2010. Initially, the Midwifery Steering Committee had two months of CREW meetings before it became apparent that the group was not suited for a CREW intervention. Subsequently, the Perinatal Clinic group, comprised of 12 members, was chosen to do CREW. The majority of the Midwifery Steering Committee members were also part of the Perinatal Clinic group. This group met for a CREW meeting once a month, for one hour, from November 2010 to April 2011.



Column graphs represent average responses from members of the Collaborative Learning Environment Team at St. Martha's. This included the Core Clinical Team, the Open Arms Clinic, the Administrative Team, the Full Maternal/Newborn/Child Team and the Family Practitioners/Community Team. These graphs indicate the overall differences in staff perceptions of workplace community within the work units for those who participated in CREW, and those who did not. All columns extend from a midline that represents the average score for a particular measure.

The response rate to the survey was 59.3%.

The CREW group reported higher perceptions of ***Energy***, ***Involvement***, and ***Efficacy*** than the non-CREW group, although these areas are still near normal for the non-CREW group.

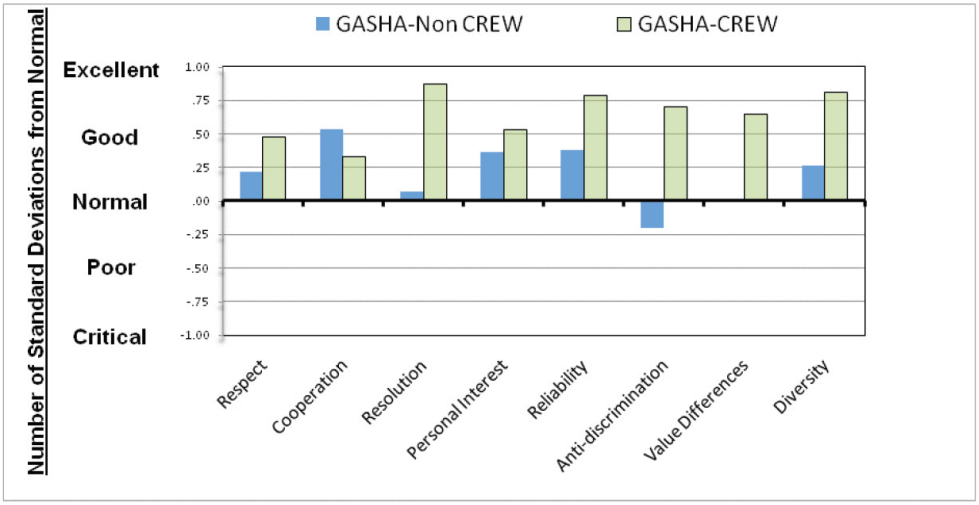
Both groups felt good about their ***Workload***, but the CREW group had significantly more positive views of ***Control***, ***Reward***, ***Fairness***, and ***Values***. Reported levels of ***Team Civility*** and

CREW Results for St. Martha's Regional Hospital GASHA 2011

Personal Civility were similar, with both groups indicating above normal scores in both areas. ***Workplace Civility*** scores were significantly higher for the CREW group.

Trust of Management was normal for both groups of employees, and both groups rated ***Trust within Team*** in the excellent range. ***Work Citizenship*** was the only score below normal for the CREW group; however, it was significantly higher than for the non-CREW group. ***Work Citizenship*** for the non-CREW group was in the critical range. Employees who participated in CREW had an excellent sense of ***Psychological Safety***, while the non-CREW group scored in the normal range.

Workgroup Civility



The CREW group scored higher than the non-CREW group on all ***Workplace Civility*** items, except ***Cooperation***. CREW participants rated the ***Resolution, Reliability***, ***Anti-discrimination***, ***Value Differences,*** and ***Diversity*** items as significantly more positive. None of the ***Workplace Civility*** items were in the critical range for either group.

The "Workgroup Civility" on the overall profile is the combination of these 8 items.

1. ***Respect:*** People treat each other with respect in my work group.
2. ***Cooperation:*** A spirit of cooperation and teamwork exists in my work group.
3. ***Resolution:*** Disputes or conflicts are resolved fairly in my work group.
4. ***Personal Interest:*** The people I work with take a personal interest in me.
5. ***Reliability:*** The people I work with can be relied on when I need help.
6. ***Anti-discrimination***: This organization does not tolerate discrimination.

7. ***Value Differences:*** Differences among individuals are respected and valued in my work group.
8. ***Diversity:*** Managers/supervisors/team leaders work well with employees of different backgrounds in my work group.

Definitions

- When a workgroup has high ***energy***, the individuals feel energized by their work and are able to bounce back from a hard day on the job. When energy is low, individuals feel emotionally drained and used up after work.

- ***Involvement*** refers to the workgroup's attitude towards their work. If a workgroup is involved, they have more energy to perform and come up with solutions for work problems. If a workgroup has low involvement, the individuals have a distant attitude towards their work.

- ***Efficacy***, or effectiveness, refers to the belief that they can do their job in an effective and timely manner. If a workgroup has high efficacy, the individuals believe that they can solve problems and contribute to their organization.

- A ***manageable workload*** offers the opportunity for people to use and refine their existing skills, as well as become effective in new areas and develop professionally. In contrast, a work overload, or inability to manage the workload, makes individuals unable to meet the demands of their job, i.e. "I don't have enough time to do what's important at my job."

- ***Control*** measures the workgroup's perceived ability to influence decisions that affect their work and gain access to necessary resources. Control gives an individual the chance to make choices and decisions about the things they are responsible for. A lack of control leaves individuals with no opportunity to makes decisions and can create a situation where they experience a conflict in priorities that interferes with their ability to perform their job.

- ***Reward*** measures how consistent the rewards (for example, money and the opportunity to have pride) are with the expectations of the organization. This reveals whether the workgroup feels they receive recognition for their efforts at work.

- ***Fairness*** is a workgroup's perception of whether the decisions at work are fair and if people are treated with respect. Fairness is important to the long-term good of an organization's staff. Some perceptions of unfairness are pay inequity, miscommunication, and unfair promotions. Often employees are more interested in fairness than the actual outcome.

CREW Results for St. Martha's Regional Hospital GASHA 2011

- ***Values*** are the ideals and motivation that attract an individual to their job. Values define a person's goals at work and motivate them to do tasks because their work has meaning to them. It is important for an individual's values to match their organization's values. When they do not match, it results in tension and conflict that reduces the individual's motivation to do their job.

- The three ***civility*** scores measure people's interaction with each other. A high level of civility represents an inclusive and supportive environment. Civility has 3 components: ***workplace, team*** and ***personal***. ***Workplace*** is a general measure of civility in the organization. ***Team*** is based on unit/workgroup perceptions, and ***personal*** is how an individual perceives their own civility.

- ***Respect*** indicates whether an employee feels valued in their organization, including superiors and colleagues. When an employee does not feel respected in an organization, team work may suffer.

- ***Trust*** refers to the faith in competency and honesty of co-workers and management. Trust can either enhance a working relationship by creating a supportive, reliable environment. Trust within working relationships may also differ among co-workers and supervisors.

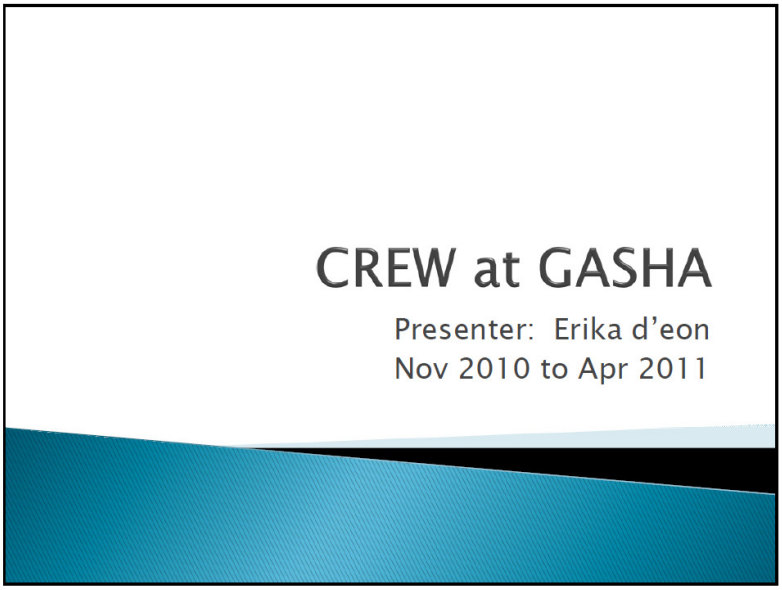
- ***Work citizenship*** provides insight into tendencies to help other employees (i.e. offering help to those with heavy workload), to be conscious of other employees, to have a positive work attitude, and courteousness.

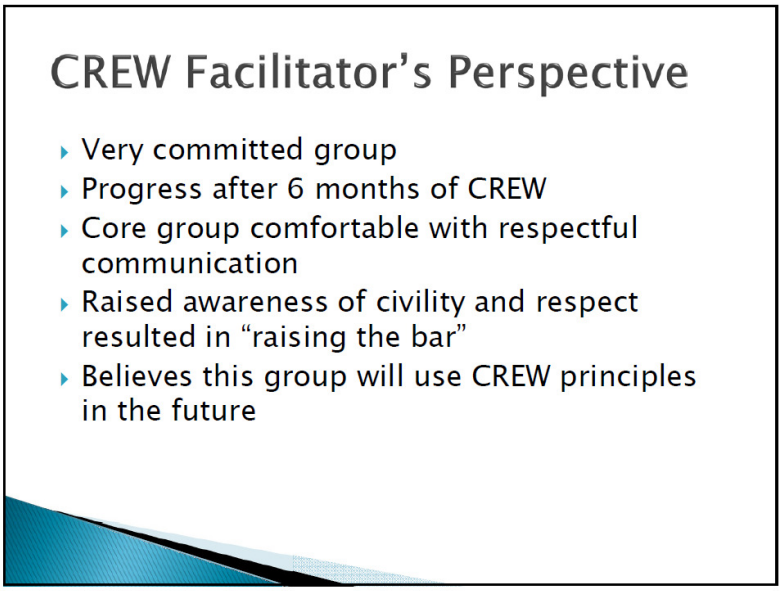
Michael Leiter & Associates is an international consulting firm located in Wolfville, Nova Scotia, Canada, specializing in employee burnout and work engagement research and solutions using survey tools, implementation, training, and support.

For more information on how your team can benefit from Michael Leiter & Associates unique CREW Solution, visit email info@workengagement.com or call 1.902.691.1446.

This report contains confidential information and is intended for St. Martha's Regional Hospital (GASHA) only.

C.2: CREW slide deck, April 20, 2011





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Manager's Perspective

- Group saw value in CREW
- Time restraints were numerous
- Participation was very good
- Main issue, team building, especially with family physician, fell through
- Group more aware of civility, respect, and communication, of their effects on the work group

CREW at GASHA

- Successful endeavor
- Sustainability
- Looking forward to the survey results

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C.3 MoreOB slide Deck, April 20, 2011

St_Martha's_M1_Rep
ort_PP_April_2011[1].

Appendix D: Knowledge Transfer (KT) and Communications

D.1: Slide shows prepared for GASHA team meeting, April 20, 2011

Interim_CLE_Presenta
tion_GASHA_-_team_(

D.2: Briefing note and report prepared and presented to Government Advisory Committees in each province

Common_Briefing_No
te_CLE_2011_2012_A(

D.3: Communications document prepared and circulated to potential NL sites

CLE_Overview_NL_Jul
y_20_2012[1].doc