



Skills Building for Interprofessional Collaborative Practice

Phase II

Progress Report

Q2 July 1-September 30, 2011

09/11/2011

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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 extended 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 care providers in Well Woman and Newborn Child Clinics, and has expanded to include community services providers, community development experts and health facility administrators.

The aim of the CLE project is to develop, implement, and evaluate innovative approaches to enhancing the skills of participants to work together synergistically with patients, their families, caregivers and communities to deliver the highest quality of care. The approach used is determined on a site-by-site basis; CLE project staff identifies and/or develops learning modules and tools to support the approach being implemented at each site. The subject matter of the material is determined through a needs assessment process with the individual participants at each site. CLE evaluates the effectiveness of each approach in terms of its impact(s) on the skills of the participants. The learning from this initiative will be adaptable to various models and points of service.

Ultimately, it is hoped that primary care facilities will have access to regional expertise related to training approaches, modules and, training tools. 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, training will continue to be offered at the sites in Antigonish, Nova Scotia and Miramichi, NB; in addition, training activities will be designed, delivered and evaluated at two new sites : one at a hospital in Newfoundland and Labrador; and the other through a provincial program run by the VON NB.

The CLE project has been promoted among health professions, 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 of CLE is anticipated to be insights on approaches to training. Over time, it is hoped that the sites will provide learning tools, resources, processes and models to facilitate replication of the successful interprofessional competency development and change management processes.

PROGRESS REPORTING

This report describes the activities and status of the components of the CLE project. 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

PROGRESS SECOND QUARTER 2011-2012

OVERVIEW

A plan for CLE for 2011-2012 was endorsed by the CLE Implementation Team in April of 2011 and discussed with participants at each of the sites.

During this quarter the project team interacted with participants and decision-makers at the sites at St. Martha's Hospital in Antigonish, Nova Scotia, the Advisory Committee of the Healthy Baby and Me Program in Miramichi, NB; and the VON NB facilitators. In particular, the project staff engaged the Miramichi participants and their particular skills gaps related to conflict resolution. Project staff also identified resources to support self-directed learning approaches for the VON program facilitators.

Project staff also worked with the NL Government Advisory Committee and officials at several facilities in the province to secure a site in Newfoundland Labrador. Due to capacity issues, the principals of the site identified in 2010 (Captain William Jackman Memorial in Labrador City West) withdrew from the project. As a consequence, a new site at James Paton Memorial Regional Health Centre in Gander came on stream. An application was prepared seeking ethics approval for CLE work at the RHC. At the same time, and based on earlier skills research done with the Central Health Service Area, CLE has facilitated interaction between the RHC and the CREW team.

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/.
- CLE is partnered with the Advisory Committee for the Healthy Baby and Me program in Miramichi, NB; Committee members are drawn from the community and represent

various professions and areas of expertise. They work together to direct and guide the delivery of a program to people living in the geographic area.

- The James Paton Memorial Regional Health Centre, Gander NL is a new site. This site is an inpatient obstetrical unit. Currently, the site is undergoing a change in model of nursing care, and is being challenged with a number of different changes, both administratively and clinically. They perceive that the CLE project will bring added value in the area of interprofessional learning and practice and help identify and support IP in the new model of care and plans for its implementation.
- CLE is working with the facilitators of a province-wide program of the Victorian Order of Nurses (VON) New Brunswick, a group of independent individuals who have the same job description and work in eleven separate locations, with and for people who live in a number of geographic areas.

The CLE project staffs briefs the Government Advisory Committees in each of the four provinces. Both the CLE Knowledge Translation specialist and the CLE Evaluator have been invited to join Advisory Committee meetings and teleconferences in order to enrich discussions by providing firsthand information. Partnership Agreements (PAs) are in place with participating sites, with the exception of the new site in NL, which will be signed shortly.

INTERPROFESSIONAL LEARNING AND EDUCATION (IPE)

The objective of the IPE component for 2011-2012 is to assess methodologies for enhancing clinicians' competencies to support the inter-professional delivery of health-care by a team of providers. Various IPE activities are in progress at the different sites.

Q2 2011 Activities:

VON NB:

Provincial facilitators Healthy Baby and Me Program

Following needs assessment with the VON NB provincial facilitators group on June 13, 2011, three gaps were identified: environmental scanning, conflict management and negotiation skills. Educational programming relating to environmental scanning will be delivered via self-directed learning. Two syntheses of literature have been distributed to each of the participants; one related to environmental scanning and the other to conflict resolution. In addition each participant has received tasks which involve their considering and applying the elements of the syntheses. The tasks will be discussed in a classroom session on Nov 16. Training dates for conflict management will be Nov.16 and negotiation skills on Nov.17, 2011. This will be followed up in December 2011/Jan 2012 to evaluate the effect of this training.

Advisory Committee Healthy Baby and Me Program Miramichi:

Learning programs regarding conflict management were designed. A training date (December 1 and 2, 2011) was arranged. An additional follow-up activity on Stress Management for this group is planned for delivery at the same time.

GASHA:

When the CLE project began in 2009, a formal needs assessment questionnaire and focus group was carried out to identify learning needs at the GASHA site. From that initial activity CREW and MOREOB were identified as appropriate IPE treatments for the site. Feedback has been positive for both programs, as documented in previous CLE progress reports. The CLE team designed an activity to support the collaborative review of clinical and administrative policies to address barriers to team-based delivery of care. This activity will roll out during Q 3 and Q4. The clinical policy development guide is included in Appendix A.3.

Central Health NL:

The new CLE site at Central Health NL is very similar in makeup and focus to the site at GASHA in Nova Scotia. Building on the lessons learned at GASHA, the CLE Project Lead, the COO for Central Health and some of the NL team members reviewed the results of IPE treatments that have been successful at GASHA. All agree that because of the time available for the NL team to participate in the CLE project, CREW would most benefit their site. Additionally they identified that assistance with developing models of care for nursing would also be of benefit to them at this point.

Upcoming Tasks:

Q3:

- Delivery and evaluation of the conflict management training sessions at Miramichi site;
- Follow-up on Stress Management training at Miramichi site;
- Design , delivery and evaluation of negotiation skills training with VON NB provincial facilitators;
- Delivery of self-directed training modules related to conflict management and environmental scanning with VON NB provincial facilitators;
- Piloting review of clinical and administrative policies rat GASHA;
- Implementation of CREW for the NL site;
- Finalize evaluation questionnaires.

Q4:

- Distribution and analysis of evaluation questionnaires at each of sites.

Issues:

- NL site will be underway later than anticipated and this will affect timelines and outcomes of IPE and the ability to measure IPE outcomes at that site. This challenge is being addressed by conducting an IPE process that entails working with an IP team at the site to revise the site's existing action plan for introducing a new model of care to enhance IP collaboration. It will be possible to complete this IPE intervention by the end of Q4.

CHANGE MANAGEMENT (CM)

The objective of the change management component of the project is to assess processes needed to support, and resource implications of, introducing inter-professional models of delivery.

Q2 2011 Activities:

Crew and MOReOB continued implementation and follow-up activities at GASHA.

Upcoming Tasks:**Q3:**

- Monitoring and reporting change management skills of participants at GASHA;
- Introduction of CREW program in NL site, including
- Identification and training of a CREW champion.

Q4:

- Evaluation of impacts of training related to change management skills at sites;

- Identifying learning relating to the process and outcomes of change management interventions for Intercolaborative 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 learning from the CLE project.

Q2 2011 Activities:

The CLE Team created an RFP to support the development of a video highlighting the learning and experiences of the staff at the four sites. The target audiences for the videos are administrative decision-makers in health settings, government officials and staff of professional associations and regulatory bodies. The videos (in French and English) will focus on staff skills development via the tools and sessions designed, identified and delivered through the initiative.

- A workplan for the video was developed
- The CLE project staff prepared reports for the AACHHR as well as the Government Advisory Committees in NL, and NS

Upcoming Tasks

Q3:

- Continue communications with Government Advisory Committees;

- 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;
- Complete KT video production.

PROJECT MANAGEMENT

Project management includes project coordination, site development, time and cost management; quality management; team communication; human resources management; procurement management; and risk management.

Q2 2011 Activities:

Administrative processes continue:

- Providing secretariat support for the project team;
- Background research, document tracking and archiving, progress reporting and presentations for AACHHR and Health Canada, cashflow tracking and preparation, translation, travel, payroll, purchasing, etc.
- Regular team meetings: meeting facilitation and preparation of agendas, minutes and records of decisions, dissemination and archiving of project documents;

Q3 & Q4

Administrative processes continue as above.

EVALUATION

The objective of the evaluation component is to identify learning and program processes and models that can be transferred to other sites.

Q2 2011 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:

Q3:

- identification of presage and process/implementation data for CLE site in Newfoundland;
- Refining of outcome measures for;
- 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:

- Probable limited outcome evaluation data from NL site.

SUMMARY

The CLE team will continue to implement and evaluate activities and processes aimed at increasing interprofessional competencies with five distinct sites, each with its unique needs and challenges. Data continues to be collected and analyzed to inform the process and learning

around the development of interprofessional competencies with teams at various stages of development and with different focuses.

Program staff has successfully supported the progress of the CLE project along the projected timelines to completion in this quarter. Four sites are operational and a fifth is due to come on-line soon. All will be ready for some level of summative evaluation by the end of March 2012. Objectives slated for completion by September 2011 are either completed or in progress toward the goals, an updated workplan report is included in Appendix A.1.

APPENDIX A: ATTACHMENTS

A.1: Q2-CLE WORKPLAN PROGRESS REPORTS

Activities for CLE Sites: 2011-2012

April 1, 2011- March 31, 2012 - Workplan					
Planned Activities	Outputs	Outcomes	Update Status	Challenges	Updated Time Frames
Second Year Administrative Initiation					
Re-evaluate consultant requirements for additional year	All required staff will be in place	Staff will be hired and understand roles and responsibilities for work	COMPLETE	none anticipated	May-11
Planned Activities	Review 2011 Process Evaluation and results	Identified activities relating to recommendations from Process Evaluation	COMPLETE	none anticipated	May-11
Partnership Agreement for NL site (new)	MOA's prepared as appropriate	Ensure clarity of roles and responsibilities in project	COMPLETE	agreement to participate	Sep-11

Site Development					
Implement CLE Activities	Activities initiated in 4 sites	Through meetings activities based on agreed upon criteria stemming from the results of the Process Evaluation, will be created outlining the indicators for effective, productive, collaborative learning environments	Underway	none anticipated	Oct-11
KTE					
Re-establish Government Advisory Committees (GAC)	Confirmation of NL, NS and AACHHR as GAC	KTE for the project - 4 updates to the GAC's	2 meetings complete	none anticipated	Nov-11
Continue KT plan including in collaboration with AACHHR	Approved KT Plan documented including Information Video	Consistent and accessible information regarding the AACHHR CLE project.	Underway	Organizing year end gathering in NL	Oct-11

Change Management					
CREW	Workshops delivered in 2 of the four sites	Stakeholders will understand and discuss the barriers and enablers to forming an interprofessional team.	Underway	Site in NL confirmed. CREW will do an in-person meeting in November/December	Oct-11
Interprofessional education and collaboration					
IPE and IPC Activities	IP Policy development. Development of definition for Low and High risk obstetrics for sites doing obstetrical care. Shared clinical tools and charting materials	IP team work and learning to create an evidence informed and consistent approach to care.	GASHA underway. NL will also have IPE activities that will include review of the Action Plan and identification of IP opportunities for the healthcare providers working on the unit	None Anticipated	Nov-11
	Survey VON sites and NL site	Activities to be verified through survey	Underway		Sep-11

Apply for ethics approval required	Ethics approval application written for NL	Approval to move forward with activities and evaluation in the NL site	Underway for NL	None anticipated.	Nov-11
Evaluation					
Indicator Development of Activities	Four or five activities identified with outputs and outcomes determined for evaluation	Ways and means of tracking progress and growth of IP teams within the CLE project	Underway	None	Nov-11
Collection of data	Indicators used to collect data through questionnaires and interviews	Site specific evidence to support the development of IP teams	Ongoing	None	Jan-12
Final Report					Mar-12

A.2: Q2 JOB DESCRIPTION SITE COORDINATOR

POSITION DESCRIPTION

Date	September 2011
Location	
Position Title	Site Coordinator CLE Project
Supervisor	

GENERAL ACCOUNTABILITY

The Site Coordinator for the CLE Projects is a key member of the team responsible for the coordinating, planning, data gathering and liaison duties between the Project Lead and the site. As such, the Site Coordinator has specific operational and support responsibilities.

ORGANIZATIONAL STRUCTURE

This position reports directly to the Project Lead for the CLE Projects.

NATURE AND SCOPE

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 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.

Under the general supervision of the Project Lead, the Site Coordinator works independently a maximum of 2.5 days/wk for 6 months. As a member of the team, he/she works to promote, facilitate and implement assigned duties and CLE Activities at the site. The Coordinator is rooted in the daily operations and regularly liaises with the Project Lead and other team members.

The Site Coordinator is responsible for gathering data as assigned, scheduling and supporting necessary meetings, participating on CLE conference calls as well as other committee calls. He/she may also track operational activities and report on status.

The position will also be responsible for assisting with the writing of minutes, records of decisions, document control, document reproduction and implementing the logistics of program delivery.

The Site Coordinator works with the Project Lead and site professionals to support interprofessional collaboration and education.

SPECIFIC ACCOUNTABILITIES

1. Ensures that documentation and distribution is tracked and maintained.
2. Assist in the ongoing activities of the CLE project.
3. Schedules and attends conference calls as directed and arranges for the availability of appropriate meeting rooms, ensures dissemination of necessary documents for meetings, completes minutes/RODs in electronic formats.
4. Ensure that the site professionals are kept well informed of project activities.
5. Recognizes issues that need further input from Project Lead and advises accordingly.
6. Prepares and maintains monthly activity records/reports.
7. Prepare, update and maintain program schedules to reflect the project plan. Also participate and support in the development of a scheduling tool.
8. Other duties as assigned.

KNOWLEDGE/SPECIAL SKILLS

- Excellent computer skills with MS Office Suite, Access, multi-media, etc.
- Knowledge/appreciation of low risk obstetrical /well woman and newborn care
- Documentation preparation.
- Above average communication skills in English.
- Team building and participation
- Professional
- Accountable
- Reliable

- Well organized – attention to detail is critical
- Pride in ability to build and launch systems and processes to support activities directly related to the CLE project
- Experience in a health care facility would be considered an asset

APPROVED BY:

Project Lead – CLE

Date

ACKNOWLEDGED:

I have received and reviewed a copy of this job description.

A.3: Q2 DEVELOPMENT OF IP CLINICAL POLICY



Collaborative Learning Environment (CLE) Project

Background

There is an emerging push across the healthcare system that includes: government, providers, educational institutions and healthcare facilities, to address the many issues that affect the quality and access to patient care in today's healthcare environment.

The promotion of increased teamwork and collaboration among providers in organizations, both in the community and the acute setting, is an important approach being implemented to manage the many competing issues including financial costs and the numbers of healthcare providers available to improve working environments and ultimately to provide a better model to deliver a comprehensive and holistic patient care.

However, interprofessional collaboration (IPC) is not an easy task, which is why a key component to IPC is the ongoing investment of organizations and involvement of healthcare providers in post licensure interprofessional education and activities. Different from pre-licensure education, which is defined as formal learning, before being licensed to practice independently, post licensure education is defined as education that takes place during independent practice as a healthcare professional. This proposed activity will strengthen IPC and facilitate post-licensure education for the practitioners who will be involved.

Overview of Activity

The following is an activity for the Collaborative Learning Environment (CLE) project. It is anticipated that the process for developing Interprofessional Policies (IP) in shared-care practice context will provide an opportunity for practitioners who share care in a collaborative team to enhance their IP competencies to meet the needs of their patient populations in a more effective and evidenced -informed manner.

This process will have a corresponding timeline for the completion of the activity and will be facilitated by a member(s) of the CLE Implementation Group.

Process for Activity

Meeting 1: The Collaborative Learning Environment / Interprofessional (CLE/IP) team chooses a clinical policy to be addressed that is of shared concern or identifies an area that requires the development of a new IP policy to support /strengthen IP clinical shared-care. CLE/IP team members from each profession represented will independently complete the IP Policy Initiation Document (IP/PID) -received and reviewed with facilitator at the first meeting.

NB: Achieving team consensus regarding the policy area and specific policy to be revised/or created should be given priority in initiating the IP policy development process.

Meeting 2 and 3: Individual IP/PID's will be presented to the full team and discussed. Among other things, the completion of the initiation document includes preparation of a brief position statement that identifies the key issues that an 'ideal' IP policy would include/address/revise. Completion of the document also includes giving a brief indication of the assumptions, principles, and evidence-base underlying the position presented.

Discussion of the PID will include unique and individual perspectives regarding the ideal IP Policy. The purpose of this step is not to reach consensus on how to reconcile differences identified between the positions presented, rather the goal is for all team members to gain an informed understanding of each of the profession's position.

Meeting 4 and 5: Over the next 2 meetings, and based on the discussion in meetings 2 and 3, the CLE/IP team members produce an IP draft policy in which they attempt to address/respond to the differences of perspective/position that were identified. The draft policy and rationale is circulated to all members of the team for consideration in preparation for subsequent meetings.

Meeting 6: In this session, each represented profession reviews and responds to the draft policy evaluating its strengths and weakness; this is done with an eye to full IP inclusion and evidence. Once the review is complete, a rationale for further revisions is made if necessary. Before Meeting 7, a copy of the final draft with these revisions is produced and circulated to all CLE/IP Team members.

Meeting 7: CLE/IP team meets for discussion of final draft of IP Policy. The Team approves the IP Policy and agrees to adoption of IP Policy (or to further revisions and repetition of Meetings 4 and 5 until a consensually agreed upon IP Policy has been finalized). A plan for implementation of the new IP Policy is developed at this or a subsequent meeting.

Meeting 8: The CLE/IP team meets to create an implementation action plan for the approved IP Policy. The team designates a team member to manage and monitor implementation activity.
