



## **Skills Building for Interprofessional Collaborative Practice**

### **Phase II**

Progress Report Q3

October 1-December 31, 2011

**24/01/2012**

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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

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.

The four separate sites are:

- Nova Scotia: St. Martha's Hospital, a facility of the Guysborough Antigonish Strait Health Authority (GASHA) in Antigonish, Nova Scotia  
[http://www.erhb.ns.ca/Services/St\\_Martha/](http://www.erhb.ns.ca/Services/St_Martha/)
- New Brunswick-1: 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.
- New Brunswick-2: VON Healthy Baby and Me Provincial Managers, of a province-wide program of the Victorian Order of Nurses (VON) New Brunswick. The Managers are 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 James Paton Memorial Regional Health Centre, Gander NL is an inpatient obstetrical unit. The site employs # people, including RNs, LPNs, On-site Coordinator, Employee and Family Assistance Program (EFAP) representative, Employee Health & Wellness Coordinator, TeleHealth Coordinator, and Clinical Leader for Nursing, Social Worker and Chief Operating Officer.
- Since May 2012, the NS Government Advisory Committee has opted to be briefed through the AACHHR.
- The CLE Project Lead briefs the NL Government Advisory Committee as well as AACHHR each quarter.
- Both the CLE Knowledge Translation specialist and the CLE Evaluator have joined the NL Advisory Committee meetings and teleconferences in order to enrich discussions by providing first-hand information.
- Partnership Agreements (PAs) are in place with participating sites.

## **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.

These include:

- IP Policy Development
- Peer Review and Case Study
- Training Modules

### **PROGRESS THIRD QUARTER 2011-2012**

During this third quarter the project team interacted with participants and decision-makers at each of the four sites:

#### **NB-1: Advisory Committee Healthy Baby and Me Program Miramichi**

Based on the October 2010 needs analysis, Conflict Management was identified as a training need by the Advisory Committee. Learning programs regarding conflict management were designed and a training date (December 1 and 2, 2011) was agreed to. An additional follow-up activity on Stress Management training that had been delivered in February and June of 2011 was planned for delivery at the same time. Training space and hospitality was booked and all arrangements were contracted.

Two weeks prior to the booked sessions the Coordinator advised that there were only two participants who could now make themselves available for the December training dates. The Coordinator explained there had been many public service cuts and perhaps employers of the Committee Members could not afford to release employees for two consecutive days. The CLE team suggested splitting the days and delivering one day on December, 2011 and a second in

January, 2012. Repeated e-mails and follow-up was unsuccessful in soliciting any response from Committee members.

In an alternate attempt to complete the follow-up to the Stress Management, e-mails were sent to sixteen participants in the Stress Management program who had agreed in June to participate in a short (30 minute) follow-up telephone interview. Only two individuals responded to the e-mail. The CLE team in consultation with the Coordinator concluded that factors extraneous to the CLE project, some economic and some perhaps related to collective bargaining issues and pattern of communication in the small community, were undermining the Advisory Committee's willingness to participate further in the IPE sessions.

It became clear that an alternate approach for delivery of the Conflict Management training and follow-up to Stress Management would be required. To make best use of the time, effort and money already invested in training for the Miramichi site, the CLE team devised a one-page survey for distribution to the Stress Management participants. In addition, the team agreed to re-design the Conflict Management course for on-line asynchronous delivery. Although not ideal, this approach may be less threatening and will allow individual members to access information and perhaps start to begin to apply some learning in a less threatening fashion in their work and home lives. The CLE team negotiated dissemination of the on-line course by the Nova Scotia Community College On-Line Learning group.

In terms of contextual factors at this site, in November of 2011 there was a staffing change in the healthy Baby and Me Program in Miramichi: the more experienced of the two coordinators had secured alternate employment; meaning that the second co-coordinator would be assuming full responsibility for the Healthy Baby and Me program in Miramichi.

## **NB-2 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 was delivered via self-directed learning on the summer of 2011: two syntheses of literature were distributed to each of the participants, one related to environmental scanning and the other to conflict resolution. In addition each participant was invited to complete tasks which involved their considering and applying the elements of the syntheses. The tasks were then discussed in a classroom session on Nov 16, 2011. Conflict management training was delivered on Nov.16, 2011 and negotiation skills on Nov.17, 2011. Initial feedback from the Provincial Managers group has been very positive. Follow-up evaluation will take place in early 2012 and will provide input to the final report.

#### **NS-GASHA:**

In Q3, the activity designed in Q2; to support the collaborative review of clinical and administrative policies to address barriers to team-based delivery of care, was introduced at GASHA. An Interprofessional Policy Development Committee was formed with the following representatives: CLE Project Lead, CLE Evaluator, Chief of Staff St. Martha's, VP Clinical Services, Nurse Manager Children's and Women's Health Unit, Head Midwife, Perinatal Clinic RN, Chief OB/Gyn, and a second Obstetrician/ Gynecologist. The Committee identified a need for consistent post-date pregnancy protocols and practices across professions. To support the post-date practice protocol it was determined that a policy is required to address the early and accurate dating of pregnancies. They further determined that to ensure understanding, acceptance and consistent utilization of such a policy by all practitioners, there is a need to include a family physician and a radiologist on the Interprofessional Policy Development Committee. The Committee will re-convene to work on the policy when the Chief of Radiology and the Chief of Family Medicine respond to the request for a representative.

#### **NL-Central Health:**

After many hours of discussion and planning, the AACHHR CLE Project is now working with the Central Health Authority in Gander, Newfoundland. The Project Lead and Evaluator visited the



Gander site and reviewed the project with the COO of the James Paton Memorial Regional Health Centre. The site is an obstetrical unit at a community hospital (similar to that of the GASHA site). After discussion it was agreed that in some cases the findings from some of the data collected from GASHA could be used in relation to the needs of the Gander site. This allowed for the implementation of an abbreviated and more specific needs assessment resulting in a request that the researchers implement an IP intervention to enhance IP Collaboration among staff.

Due to the time constraints, it was decided that the intervention at the Gander site would focus on a review of an Action Plan to introduce a new model of nursing practice on the obstetrical unit. This new model is fashioned after the “Ottawa Model of Nursing Care” whereby, among other changes, nurses take on a primary care role and do not have a traditional nurse manager on the floor. The Action Plan is new to the staff and therefore, a review of the plan and identification of IP and collaborative opportunities were thought to be a helpful contribution.

Additionally, CREW was implemented at the Gander site following receipt of the final Ethics approval from the Region in early December 2011. The CREW Consultant held a training session during her site visit on December 12, 2011. Attendees included the on-site CREW Coordinator, the Employee and Family Assistance Program (EFAP) representative, Employee Health & Wellness Coordinator, Nurse Manager, TeleHealth Coordinator, and Clinical Leader for Nursing, Social Worker and the Chief Operating Officer. The on-site CREW Coordinator will be responsible for delivery of the initiative and his colleagues will be his support team during the CREW intervention. Initial CREW surveys have been distributed and the CREW consultant is now awaiting return of surveys for analysis and inclusion in the final CLE report.

The CREW Consultant reports that there is overall willingness at the Gander site to engage in the process and there was confirmation by those present that it is important to have an open, honest forum for discussion. The group committed to bi-weekly meetings in the future. The CREW Coordinator is enthusiastic and committed to this initiative.

#### **Upcoming Tasks Q4:**

- Design and implementation of an on-line Conflict Management training program adapted from materials developed for the NB-1:Miramichi site and with built-in evaluation component;;
- Collection, collation and analysis of follow-up to Stress Management training at the NB-1:Miramichi site;
- Completion of follow-up with NB-2, collation and analysis of feedback;
- Feedback on development of interprofessional clinical policy at GASHA;
- Analysis of needs survey and feedback from implementation of CREW at the NL site;
- Development of interprofessional policy options and opportunities for IP collaboration for models of care at NL site; analysis and feedback
- Analysis of evaluation feedback; and
- Production of final CLE project report.

#### **Issues:**

- Timelines for implementation at the NL site will affect timelines and outcomes of IPE and the ability to measure IPE outcomes at that site. This challenge continues to be addressed by 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.

## **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.

### **Progress Third Quarter 2011-2012**

MOReOB continued implementation and follow-up activities at GASHA. CREW site visit implemented and needs analysis completed at the NL Site.

### **Upcoming Tasks Q4:**

- Identifying learning relating to the process and outcomes of change management interventions for Intercollaborative practice;
- Analysis of change management feedback and contribution to the CLE Final report.

## **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.

### **Progress Third Quarter 2011-2012**

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.

- Video shoots were carried out with the CLE participants at GASHA , with the NB-2:Provincial Managers site;

#### **Upcoming Tasks Q4:**

- Video shoot at NL site; follow-up video interviews with NB-2: video of Miramichi participants under negotiation.
- Continue communications with Government Advisory Committees;
- 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.

#### **Progress Third Quarter 2011-2012**

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;

## **Upcoming Tasks 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.

### **Progress Third Quarter 2011-2012**

#### **NB-1: Healthy Baby and Me Miramichi**

Baseline needs analysis data was collected in October 2010. Both Stress Management sessions have feedback data available as the result of immediate feedback via session evaluation forms. A Logic model for evaluation of training at the Miramichi site was developed and will be revisited in light of developments at that site. See discussion on page 5.

#### **NB-2: Provincial Managers**

Baseline needs analysis data has been collected. Feedback from November interventions was positive. Follow-up will take place in February early March. Refer to page 6.

#### **NS- GASHA**

Patient Satisfaction Surveys will be circulated. Data will be analyzed and findings included in the final report. CLE Project Participant satisfaction surveys are ready and will also be circulated early in the New Year. Refer to page 7. A report on MOREOB work to be included in the CLE final report.

## **NL-Central Health**

Baseline interviews have been held at NL site as well as CREW survey. Process evaluation data will be collected as available. Refer to page 8.

### **Upcoming Tasks Q4:**

- Continue to collect process/implementation data for CLE site in Newfoundland;
- Complete CREW training at NL site;
- Complete data collection tools and processes for NL site;
- Collecting, summarizing, analyzing and interpreting data from various sites;
- Completing evaluation section of the final project report.

## **SUMMARY**

The CLE team will continue to implement and evaluate activities and processes aimed at increasing interprofessional competencies with four 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 December 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
<b>Second Year Administrative Initiation</b>					
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
<b>Site Development</b>					

<b>Implement CLE Activities</b>	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
<b>KTE</b>					
<b>Re-establish Government Advisory Committees (GAC)</b>	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
<b>Continue KT plan including in collaboration with AACHHR</b>	Approved KT Plan documented including Information Video	Consistent and accessible information regarding the AACHHR CLE project.	Underway		
<b>Change Management</b>					



<b>CREW</b>	Workshops delivered in 2 of the four sites	Stakeholders will understand and discuss the barriers and enablers to forming an interprofessional team.	Underway	Program to be delivered in Q4 based on results of needs survey.	Q4
<b>Interprofessional education and collaboration</b>					
<b>IPE and IPC Activities</b>	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 begun but stalled due to need for additional participants  NL policy review in Q4	None Anticipated	Q4
	Survey VON sites and NL site	Activities to be verified through survey	Completed		Q4 Sep-11
<b>Apply for ethics approval required</b>	Ethics approval application written for NL	Approval to move forward with activities and evaluation in the NL site	Completed	None anticipated.	Nov-11
<b>Evaluation</b>					

<b>Indicator Development of Activities</b>	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
<b>Collection of data</b>	Indicators used to collect data through questionnaires and interviews	Site specific evidence to support the development of IP teams	Ongoing	None	Jan-12
<b>Final Report</b>					Mar-12