

COLLABORATIVE LEARNING ENVIRONMENT PROJECT (CLE)



**PRESENTED BY:
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The CLE Implementation Team



- **Project Lead, AACHHR – Project Management**
 - Jennifer Murdoch, June MacDonald, Health Sector Council
- **Interprofessional Education**
 - Janet Davies, Kelly McKnight
- **Change Management**
 - Janet Davies, Janet Everest
- **Knowledge Transfer/Communication**
 - Janet Davies, Jennifer Murdoch
- **Implementation Evaluation**
 - Patricia Saunders-Evans, Andrea Patchett

Collaborative care: 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.”*

CLE – what is it?



- Funded by Health Canada – AACHR Project
- Aimed at facilitating team-based delivery of primary and maternity care
- Deliver training to address needs of practitioners
- Advise on administrative supports
- Evaluate impacts on patients, practitioners, and system

CLE – Where is it?



- Four sites in three provinces:
 - GASHA in Antigonish, NS
 - St. John's NL – new site identified
 - Advisory Committee of Healthy Baby and Me Program, Miramichi, NB
 - NB Victoria Order of Nurses program directors

Components of the CLE project



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

MoreOB - Learning



Learning

- If we don't know something, we take the initiative to ask someone who does (96%)
- We voluntarily share knowledge and experiences with one another (93%)

Lowest scoring statement in this element:

- Clinical management processes are examined to identify where errors might be made and how they can be prevented (74%)

MoreOB - Communication



Empowering People

- We take the initiative to solve problems faced in our daily work without waiting to be told (93%)
- I have the knowledge to identify when someone is about to do something that might threaten patient safety.(90%)

Lowest scoring statement in this element:

- I am asked for suggestions on how to improve patient care and safety (58%)

MoreOB - Teamwork



Teamwork

- Multidisciplinary meetings about patient care are a normal part of our practice (38%)
- When things do not go well with a patient, we meet as a multidisciplinary group to discuss the issues involved (51%)

Highest scoring statement in this element:

- We take the initiative to offer assistance when needed without waiting to be asked (90%)

MoreOB - Communication



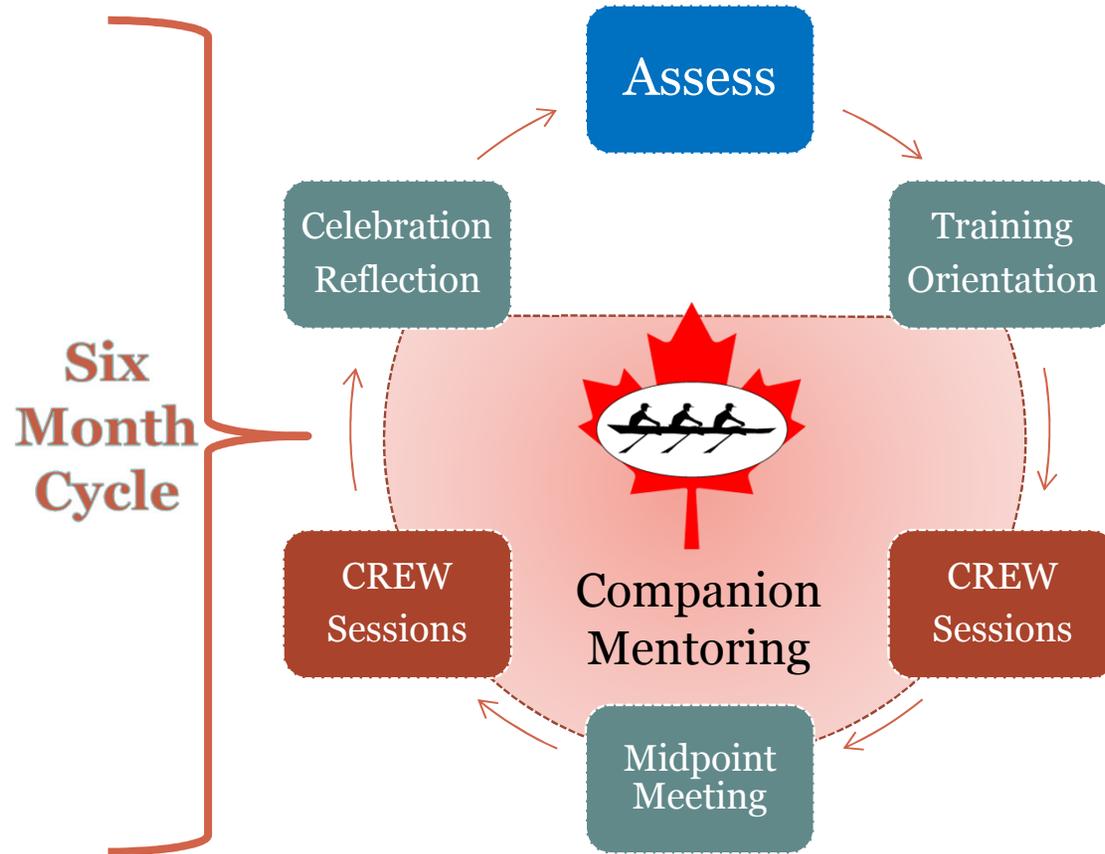
Open Communication

- Information is shared across disciplines on a regular basis (51%)
- Patients are included in discussions and decisions regarding their care (58%)

Highest scoring statement in this element:

- If I don't understand something, I feel free to ask questions (93%)

CREW Process



CREW - Conditions for Success



- Buy-in from senior leaders
- Active support from manager
- CREW coordinator must support facilitators
- Facilitators must have time to prepare & facilitate
- CREW group must be willing & able to participate
- Regular meetings for 6 months

Next steps - 2011



- See Chart



DISCUSSION AND DIALOGUE