



**Western and Northern
Health Human Resources Planning Forum**

**“Developing Sustainable Interprofessional Collaborative
Practice and Learning Environments”**

SITE REPORT
June 2011

Jurisdiction: Manitoba

Site Names:

- ❖ **Home Care Community Stroke Care Service (CSCS)**
 - ❖ **Mature Women's Centre (MWC)**
 - ❖ **River Park Gardens (RPG)**

**Submitted on behalf of:
Manitoba Jurisdictional Steering Committee**

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Developing Interprofessional Collaborative Practice and Learning Environments (ICP & LE) across the Continuum of Care in Western and Northern Canada

Description of the ICP & LE sites/teams

The Winnipeg Health Region (WHR) serves residents of the City of Winnipeg as well as the Rural Municipalities of East and West St. Paul, with a total population of just over 700,000 people. The WHR also provides health care support and specialty referral services to nearly half a million Manitobans who live beyond these boundaries as well as residents of North-western Ontario and Nunavut who require the specialty referral services and expertise available within the WHR. More than 28,000 people work in the WHR and with an annual operating budget of nearly \$2.1 billion dollars, the Winnipeg Regional Health Authority (WRHA) operates or funds over 200 health service facilities and programs.

Recognizing the evidence linking interprofessional education and collaborative practice to improved quality, safety and outcomes of care, higher patient/family/provider satisfaction with care, and enhanced system efficiency, WRHA Senior Management endorsed the need to advance interprofessional education and collaborative practice across the care continuum in 2008. The WRHA Professional Advisory Committee, the senior patient care committee within the region, was assigned the responsibility to oversee the development, implementation, and evaluation of an action plan to advance interprofessional education and collaborative practice within the WHR. Some of the key accomplishments to date include: reaching consensus on shared definitions and guiding principles for interprofessional education and collaborative practice, adopting the Canadian Interprofessional Health Collaborative (CIHC) National Competency Framework, establishing a strong partnership between the University of Manitoba Interprofessional Education Initiative and the WRHA, initiating formalized interprofessional student clinical placements, and embedding interprofessional education and collaborative practice into the newly revised strategic directions for the region.

This Health Canada funded project actively worked with three project sites within the WRHA from August 2010 through to March 2011 to assess, assist and optimize each team's collaborative practice. Each site is described below.

Home Care Community Stroke Care Service

The Home Care Program's Community Stroke Care Service (CSCS) is a community based centralized, interprofessional service that provides case coordination from hospital to home, home care support and home based rehabilitation to adults who have recently suffered a stroke. When a person experiences a stroke, the need for support and rehabilitation does not end after their hospital stay. The CSCS responds to these challenges and evolving needs of clients and caregivers as they recover and adjust to

life after stroke at home. By promoting recovery and independence the CSCS helps people with stroke to remain at home as long as possible. Clients are supported and empowered to develop and achieve their goals. CSCS staff includes a team manager, case coordinator, occupational therapist, resource coordinator, physiotherapist, speech language therapist, and rehabilitation assistants (~12 staff in total).

Mature Women's Center

The Mature Women's Centre (MWC) at the Victoria General Hospital is a referral-based, nurse-managed centre that provides comprehensive management of health issues related to menopause and aging with an emphasis on health promotion, and disease and disability prevention from a physical, cultural, emotional and spiritual perspective. Clients come from all across Manitoba, North-western Ontario and Saskatchewan. The age range of clients spans from 17- 99. Men age 40 and over are also seen in the osteoporosis clinics conducted at MWC. MWC staff includes a Manager of Patient Care (Registered Nurse), clerical staff, registered nurses, pharmacist, dietitian, clinical kinesiologist (~11 staff in total whose primary work place is MWC) and a Medical Director. There are some physicians/medical residents (~6) who rotate and run various clinics at the MWC site but their primary site/workplace is elsewhere.

River Park Gardens

The River Park Gardens Personal Care Home (RPG-PCH) is an 80-bed facility located on the banks of the Seine River in South east Winnipeg (South St. Vital), and is owned and operated by the WRHA Personal Care Home Program. This facility provides 24 hour professional nursing services to elderly individuals who can no longer manage independently at home with family support and/or community services. The RPG-PCH's philosophy of care is based on resident and family centered approach that is grounded in mutually beneficial partnerships among health care providers, residents and families. RPG-PCH has approximately 80 staff including registered nurses, licensed practical nurses, health care aides, a physician, administrative staff, housekeeping, and dietary staff.

Degree of student involvement

Although the primary focus of this project was on supporting teams as they transition to collaborative practice and learning environments, all three sites have historically had students placed with their teams and were open to mentoring interprofessional teams of students during their clinical placements/practicum/fieldwork. In partnership with the University of Manitoba Interprofessional Clinical Placement Working Group, efforts were made to coordinate the simultaneous placement of students. Due to a variety of factors (differing placement schedules, preceptor availability, and communication issues) none of the sites had a sufficient number or mix of health care students placed

simultaneously. On a positive side, sites became very innovative in finding ways for IP practice education to occur when an IP core group of students was not present (e.g. team observation, cross profession shadowing). During the project period, one student each from pharmacy, kinesiology, dietetics, and administration was placed at MWC; one student each from rehabilitation and pharmacy discipline was placed at CSCS (albeit not simultaneously).

Description of Roles and Relationships/Workforce Optimization

For the purpose of guiding the project's planning, implementation, and evaluation, a Manitoba Jurisdictional Steering Committee was formed. A copy of the 'Terms of Reference' for this committee is provided in Appendix A. Further, three different role descriptions (site lead, facilitator, and research associate) were developed. Managers of each site played the role of site lead. Two facilitators were hired to carry out the project activities with the chosen sites. One facilitator was given the charge of coordinating project activities with MWC & CSCS and the other facilitator coordinated project activities with RPG and handled financial aspects of the project. A Research Associate from the WRHA Research and Evaluation Unit was assigned to coordinate and carry out research and project evaluation related activities. A brief description of the above mentioned roles and relationships nurtured within the service delivery team are presented in Appendix B.

Workforce Optimization Opportunities

During the course of the project, it became apparent that workforce optimization is a critical component that must be addressed when developing IPC & LEs. Teams must be willing to critically evaluate themselves both in terms of roles and functions of team members as well as in terms of team composition. Before the onset of the project, one team was spending several hours a week looking for client information due to an outdated paper system. A transition to computerized scheduling and a revised filing system is freeing up clinical staffs' time to be used in client care and interprofessional practice. In addition, this team is currently evaluating the needs of their clients and is assessing the need to add psychiatric health services in their team composition. Another team evaluated their team composition in order to address the need for managing onsite resident care when the physician was not available. This resulted in the addition of a part time nurse practitioner to their team. A third team evaluated how information was shared with support staff. Currently, this team is working on improving processes for knowledge translation and access to educational material for rehabilitation assistants (RA). It is expected that this will optimize RAs skill sets with certain client groups and foster collaborative care.

Overall, to a large extent it appears that the region (WRHA) had the opportunity to assess, assist and optimize each team's collaborative practice through the course of the project as described under sections: 'outcomes', 'intervention/activities' and 'documents produced'.

Description of Overall Outcomes

The project interventions such as Appreciative Inquiry (AI) workshops and IP-COMPASS¹ meetings focused on identifying patient/family, provider and system outcomes at each site level. AI focused on identifying teams' strengths and wishes (See attachments - Pre-intervention evaluation reports (3) of CSCS, MWC, & RPG) related to the interprofessional collaboration that they would like to work on and to fulfill in the near future. Similarly, IP-COMPASS aimed at developing and implementing an action plan to create an environment that is conducive to interprofessionalism. The following tables lay out each sites' identified outcomes/action items that they targeted to work on to strengthen and improve their respective collaborative team environment.

CSCS Action Plan	Completed During Pilot	Ongoing Action Item
Develop CSCS brochure and conduct related activities to inform public and community partners about CSCS	X	X
Include CSCS information on WRHA Insite: Programs → Home Care→ Specialty Programs		X
Ensure staff new to CSCS engage in interprofessional practice concepts		X
Enhance continuity of care/reduce wait times/workforce optimization		X
Enhance team's clinical learning		X
Maintain/improve team relations/expectations		X
Enhance clinical learning for interprofessional students		X

MWC Action Plan	Completed During Pilot	Ongoing Action Items
Increase our satisfaction survey to patients		X
Revisit our Advisory Committee to including a patient representative on our committee		X
Include in new orientation manual - Physician section and Role of Clinician		X
Conduct daily morning meetings	X	
Expand our MWC team to include Psychiatric Health service		X
Present case rounds more regularly, weekly nursing meeting and consistent Wed rounds		X
Document students involvement in inter-collaborative practice in orientation manual		X
Clearly define team goals/Strategic plan		X
More formalized process so improved consistency within disciplines		X

¹ Appreciative Inquiry (AI) is commonly used for organizational and program development. AI is a highly participatory approach to visioning and collective action. IP-COMPASS (Interprofessional Collaborative Organization Map and Preparedness Assessment) provides a tool for understanding organizational culture as it relates to interprofessional education and practice. It is a guided self-assessment framework for organizations interested in (or, which provide) intentional interprofessional learning activities for students.

RPG Action Plan	Completed During Pilot	Ongoing Action Items
Work force optimization maximizing the role of the nurse		X
Enhance an effective communication with VGH emergency department and River Park Gardens.		X
Remain open to new ideas – Use of PIECES (physical, intellectual, emotional, capabilities, environment, and social assessment tool)		X
Continue to hire staff with empathy and high work ethics		X
Extended practice prescribing pharmacist on site daily	Deleted from the plan as a Nurse Practitioner started working at the site	

Description of Interventions Introduced

Several activities were undertaken with each team. However, the AI and the IP-COMPASS workshops/meetings were the two main interventions conducted in order to facilitate structured activities to assist the team at each site to assess their interprofessional status and to set future team goals. A collaborative care education session was also conducted in order to facilitate knowledge translation and dissemination. A description of AI, IP COMPASS, and collaborative care education follows.

Appreciative Inquiry

Appreciative inquiry is commonly used for organizational and program development. It is now also being used widely in project evaluations. AI is a highly participatory approach to visioning and collective action. It focuses on identifying strengths and ‘what gives life’ to organizations by asking questions that identify strengths and wishes for the future (Reed, 2007). A WRHA Research & Evaluation Unit team member who was not involved in the evaluation planning but had experience conducting AI workshops, was brought in to facilitate the AI workshop. Please see Appendix C for AI workshop details and the AI interview guide.

IP-COMPASS

The Interprofessional Collaborative Organizational Map & Preparedness Assessment (IP-COMPASS) is a quality improvement framework intended to help clinical settings improve interprofessional collaboration and become better prepared to provide intentional interprofessional education, i.e. learning experiences that help students develop skills for interprofessional collaboration (Oandasan & Parker, 2010). It provides a structured process to help healthcare organizations understand the types of organizational values, structures, processes, practices and behaviours that, when

aligned, can create an environment that is conducive to interprofessionalism. See Appendix D for IP-COMPASS brochure.

Prior to implementation, site leads and project facilitators participated in an orientation session that provided information about the IP-COMPASS' purpose and process. In addition, all sites participated in an appreciative inquiry summit (focusing on interprofessional practice) prior to the IP-COMPASS. Each team implemented the IP-COMPASS in a slightly different way, based on their team composition and practical constraints. As a result of using the IP COMPASS, each team developed a detailed action plan. IP-COMPASS implementation decisions are described in the following table.

	CSCS	RPG	MWC
IP-COMPASS Team size ²	9	6	9
Facilitation	External facilitator	Supported self-facilitation ³	External facilitator
Meeting schedule	Two meetings (each two hours in length)	Two meetings (each two hours in length)	One meeting (two and a half hours in length)

Collaborative Care Education

An interactive educational session on the CIHC National Competency Framework was conducted at each site. This framework identifies six core competencies required for effective collaborative person-centred care and services. See Appendix E for the description of the session.

Other Activities for Broader Knowledge Transfer and Dissemination

- The content and format for a new WRHA webpage dedicated specifically to interprofessional education and collaborative practice was developed. The webpage will be launched in Fall 2011. This website will provide an in-house resources/toolkit to support teams in the region. The following resources were developed within the scope of the project for inclusion on the new webpage:
 - Snapshot documents of the WRHA Definitions/Guiding Principles for Interprofessional Education and Collaborative Practice
 - A summary document on the World Health Organization (WHO) Framework for Action on Interprofessional Education and Collaborative Practice

² At both CSCS and RPG, one team member was not able to attend both IP-COMPASS meetings.

³ While one team member opted to lead the process, an external facilitator was available throughout in order to provide guidance and support.

- CIHC Interprofessional Competency Fact Sheets (overview document plus one for each of the 6 competencies)
 - Collation of national and international interprofessional resources and tools
 - Success Stories and photos of the three teams in the pilot project
 - Story on Interprofessional Education initiatives within the region
 - Interprofessional practice e-bulletin template
 - Education and facilitator materials for a 1-2 hour Team Competencies Overview education sessions
- Sample position descriptions (direct care staff and manager positions) incorporating interprofessional collaborative practice competencies were developed and will serve as a foundation work for the revision of position descriptions within the WRHA (See attachments – JobDescriptionDevelopmentProcess.pdf, FirstLine Manager.pdf, and FrontLineHealth.pdf).
 - Discussions are being held with IP COMPASS developers in order to explore transferability and feasibility of using the IP-COMPASS within other sites in the Winnipeg region. (See attachment – WRHA_IP-COMPASS Pilot report[1])

Activities at a glance
<ul style="list-style-type: none"> • Appreciative Inquiry workshop • Follow up session with each site • Collection of success stories and photos of the teams • IP COMPASS Orientation session • IP COMPASS meeting (s) • IP COMPASS focus group discussion • Collaborative care education session • Website development

List of Documents Produced, Brief Description, and Rationale

1. Site Report (See Appendix F) and Manitoba ICP & LE presentation PowerPoint (See attachment – WRHA_ICPLE_2010[1].pdf)

The site report describes each site's location within the WRHA, team composition, work environment, a typical day's process, and student placement. Similarly, the presentation provided a brief description of the health regions in Manitoba, WRHA and the three sites participating in the project.

Rationale: Report and presentation developed to provide project facilitators, Jurisdictional Steering Committee members, and core team members with a virtual tour of each site to move forward on the project activities.

2. Pre-Intervention (Baseline) Evaluation Reports (See attachments - Pre-intervention evaluation reports (3) of CSCS, MWC, & RPG)

The aim of the project was to develop, implement, and evaluate innovative and effective interprofessional collaborative practice and learning approaches to health care delivery in a variety of practice settings (urban/ rural/remote), across a range of clinical settings reflecting the continuum of health care delivery (acute, community/primary and long term care). Therefore, baseline data from each site staff on attitudes towards health care teams, team skills, team climate, and patient centered care were collected. Further, an Appreciative Inquiry (AI) workshop with each team at the three sites was held to launch the overall project. These reports provide: (i) the results of staff attitudes towards health care teams, team skills, team climate, and patient centered care; (ii) a list of evaluator identified areas that need attention to improve and strengthen collaborative practice; and (iii) a list of collaborative practice related wishes put together by site staff with the help of AI facilitators.

Rationale: The findings found in these reports were used by the project's facilitators to (i) develop and help implement effective interprofessional care approaches with each site's staff to work towards their common vision of care and (ii) compare the pre-intervention (baseline) findings with post-interventions findings to draw conclusions about how the intervention approaches worked to change staff attitudes and knowledge with respect to ICP & LEs.

These reports were made available to all the site staff and JSC members. Their feedback was incorporated into the report and placed on the eCOP (electronic community of practice) website that provided an opportunity to project partners across the provinces to learn from one another.

3. Collaborative Care (CC) – What does CC mean to me? What does CC mean to patients? (Facilitator Guide (See Appendix E) and PowerPoint presentation (See attachment IP_Competencies_Education_Feb2011[1]).

An interactive educational session on the CIHC National Competency Framework was conducted.

Rationale: The presentation and accompanying facilitator guide was developed to: (i) provide team members with an introduction to the concepts and core competencies of interprofessional practice, (ii) promote knowledge translation and education related to the language and terminology of collaborative care to the chosen sites and to all WRHA staff via a webpage (currently under

development) and (iii) place on the eCOP website to enable project partners across the provinces to learn from one another.

4. WHO Framework – Summary (See attachment – WHOFINALHIGHRES.pdf)

The WHO published a 64 page document entitled “Framework for action on interprofessional education and collaborative practice”. This four page summary simplifies and summarizes the key messages from the WHO full report.

Rationale: The WHO Framework Summary provides broader knowledge dissemination and education related to WHO framework via the eCOP and upcoming WRHA webpage.

5. Canadian Interprofessional Health Collaborative Competency Framework documents (See attachments x 7 – OverviewFin.pdf and Comp1.Fin.pdf to Comp6.Fin.pdf)

These documents provide an overview and clear explanation of each of the six CIHC competencies with subheadings such as, ‘what it is’, ‘how does it work’, and ‘application and integration’. The documents provide real life examples of the competencies in action.

Rationale: The CIHC framework documents will be shared via the eCOP and upcoming WRHA webpage.

6. Interprofessional Collaboration – Tools and Resources (See attachment – Tool_Resources_collection_final.doc)

The tools and resources document provides a list of various IP related websites for quick access to the WRHA staff to support interprofessional education and collaborative person-centred practice development in their practice areas. These tools and resources are categorized into:

- WRHA initiatives
- IPE initiatives
- Survey and practice tools
- Education, curriculum, accreditation documents
- Fact sheets, FAQs, posters
- Reports, articles, brochures
- Useful websites and additional information
 - Links to professional journals, videos conferences and associations in Canada
- Commercial firms

Rationale: Tools and resources provide health care providers with quick and easy access to all websites which provide information, materials, and evidence related to interprofessional education and collaborative care practice.

7. Intermediate (post-interventions) Evaluation Reports x (3) (See attachments – Intermediate (post-intervention evaluation reports of CSCS, MWC, & RPG)

During the project period, the evaluator conducted team meeting observations and document review. After the completion of planned interventions and activities, a survey was administered to each sites' staff to explore participants views on the project's activities and retest their attitudes and team climate skills. This report provides the results of the observations and document review (qualitative) and survey results (quantitative and qualitative). Further, these reports provide recommendations for sustainability within the individual sites.

Rationale: The intermediate reports were completed to: (i) understand current staffs' awareness about the project, (ii) determine if learning and change management strategies/interventions are helping sites to enhance collaborative patient-centred care, (iii) determine whether the intervention approaches worked to change staff attitudes and knowledge with respect to ICP & LEs and, (iv) report to the project's stakeholders (e.g., site manager and project planners) on steps to be taken to keep the momentum going for sustaining effective interprofessional care approaches within each site.

These reports were made available to all the site staff and JSC members. Their feedback was incorporated into the report and placed on the eCOP site for national knowledge sharing.

8. Pilot Testing of the IP-COMPASS Report (WRHA_IP-COMPASS Pilot report[1])

After the completion of the IP-COMPASS pilot, project organizers wanted to explore the feasibility and utility of using this tool with other teams in the region. Therefore, they approached IP-COMPASS developers to conduct focus groups with each site to explore this. This report provides a detailed description of the background, methodology, findings and lessons learned from the completion of the focus groups of participating sites.

Rationale: This report provides WRHA stakeholders with information to assist in making an informed decision about the inclusion of the IP-COMPASS in an online toolkit of key resources.

9. WRHA Guiding Principles on Collaborative Care and position descriptions (See attachments – Guiding Principles_Final.pdf, JobDescriptionDevelopmentProcess.pdf, FirstLine Manager.pdf, and FrontLineHealth.pdf)

The Guiding Principle document highlights the WRHA guiding principles on interprofessional education and collaborative practice. Key terms are also defined to enhance consistency across the region. Position description documents provide IPE/IPC job description development process and detailed role and responsibilities of first line manager and direct care health provider.

Rationale: These documents will provide foundational work for the revision of position descriptions within the WRHA.

10. Overall Project Evaluation Report

After the completion of project interventions/activities and withdrawal of facilitators (April 2011), in-person and phone interviews were conducted by the evaluator to explore staff members' perceptions about the overall project. The interview questions were categorized into: context, activities, resources, impact, learning, and sustainability. This report will describe these domains in detail.

Rationale: The overall project evaluation report will inform project stakeholders and that of WRHA what went well in the project and what steps need to be taken into account if a similar activity is to be planned for other sites in the region. Overall, it is expected that this report will assist WRHA Senior Management in making informed decisions with respect to next steps related to advancing collaborative practice in the region.

Reference:

Reed, J. (2007). *Appreciative Inquiry*. Thousand Oaks, CA: SAGE Publications.

Oandasan & Parker. (2010). Interprofessional Collaborative Organization Map and Preparedness Assessment (IP-COMPASS). Unpublished.

Appendix A

Manitoba Jurisdictional Steering Committee Terms of Reference

Purpose

To provide planning, development and evaluation support to guide the implementation of the ***Developing Interprofessional Collaborative Practice and Learning Environments*** project.

1. To provide direction for the development and planning of the Manitoba initiative,
2. To provide direction and guidance throughout the implementation of the project, and
3. To ensure requirements of the Memorandum of Agreement between the BC Academic Health Council (BCAHC) and the Winnipeg Regional Health Authority (WRHA) are met.

Activities and Responsibilities

- Oversee the IP CP & LE sites in the Manitoba project.
- Provide guidance and general direction to the project facilitators regarding achievement of the deliverables for the project.
- Review opportunities, risks and issues as they arise during the project and provide expert advice on management of same.
- Develop system facilitators for success.
- Assist in removal of system barriers.
- Develop capacity for “generalizability” of successful models of care within the health authority and province.
- Develop options for achieving sustainability of project outcomes at the jurisdictional level.
- Promote the project both within and external to the organization through established networks.
- Provide representation on the Project Steering Committee.
- Provide regular progress reports as required to the Project Steering Committee.
- Provides information and progress reports to other groups as appropriate.
- Liaise and communicate with the BCAHC Project Management Team on a regular basis and as required.
- Model collaboration and respect each other’s wisdom and contributions. Decisions will be made by a process of collaboration, discussion and consensus.
- Any other relevant duties as determined and agreed to by the JSC.

Membership

- Vice President and Chief Nursing Officer, WRHA (Chair)
- Manager of Nursing Initiatives, WRHA
- Regional Director Clinical Education & Continuing Professional Development, WRHA
- Regional Director, Project Management Office & Allied Health, WRHA
- Director, Research and Evaluation Unit, WRHA
- Executive Director, Manitoba Health
- Consultant, Manitoba Health
- Coordinator, Interprofessional Education Initiative, University of Manitoba
- Director, Institutional Relations, Manitoba Advanced Education and Literacy
- Project Facilitators (2), Acting Chair (until March 31, 2011)
- Research Associate, WRHA Research and Evaluation Unit
- Project Site Leads (3), Mature Women’s Clinic
- Project Site Leads (2), Community Stroke Care Services
- Project Site Leads (3), River Park Gardens
- Other stakeholders as requested by the Jurisdictional or Project Steering Committee

Appendix B

Site Lead Role Description

The WRHA is participating in the Western and Northern Canada Health Human Resources Forum funded project entitled “Developing Interprofessional Collaborative Practice and Learning Environments across the Continuum of Care in Western and Northern Canada”. A project of this nature requires sites lead with excellent communication skills and a working knowledge of the site/program team members, structure, external stakeholder group, client population and health needs, and program vision.

Site Lead Responsibilities

1. Act as facility representative for the site’s project team.
2. Participate in the Manitoba Jurisdictional Steering Committee and key project infrastructure activities as required.
3. Engage in and support self-assessment of the team functioning and participate in all project evaluation activities.
4. Coordinate and facilitate team meetings to support team work on identified goals.
5. Develop a site/program communication plan to ensure that information is shared with all key stakeholders.
6. Coordinate workshop/education activities for all site/program team members.

Site Lead Accountability

The site leads are accountable to the Project Facilitators.

Project Facilitator Role Description

The WRHA is participating in the Western and Northern Canada Health Human Resources Forum funded project entitled “Developing Interprofessional Collaborative Practice and Learning Environments across the Continuum of Care in Western and Northern Canada”. The project requires facilitators to oversee and coordinate activities of the project and to work with the participating site teams and stakeholders.

Project Facilitator Responsibilities

1. Coordinate all activities related to the project.
2. Coordinate and provide all required reporting to the national project team.
3. Participate in provincial and national project committees and key project infrastructure activities as required.
4. Chair the Manitoba Jurisdictional Steering Committee for the duration of the project.
5. Participate and provide reporting for project evaluation activities as required.
6. Design, gather, and develop team education and development learning resources for use with the three teams participating in the project and to be used with other teams within the region after completion of the project.
7. Support and facilitate assigned teams in achieving site specific plan goals to the extent possible within project timeframe which may include;
 - a. Identify their team collaboration enhancement needs,
 - b. Identify goals for changes they wish to employ,
 - c. Develop a plan for implementing the goals,
 - d. Support implementation plan, and
 - e. Assist with identifying opportunities for sustainability and transferability of the initiative.
8. Assist and support with interprofessional student placements at the sites if they arise during the course of the project.

9. Participate in the dissemination of project information as opportunities arise.

Project Facilitator Accountability

The Project Facilitators are accountable to the Manitoba Jurisdictional Steering Committee and report to Kathleen Klaasen - Project Manager, Nursing.

Research Associate Role Description

The WRHA is participating in the Western and Northern Canada Health Human Resources Forum funded project entitled “Developing Interprofessional Collaborative Practice and Learning Environments across the Continuum of Care in Western and Northern Canada”. The project requires an evaluator to work with the participating site teams, facilitators, and stakeholders and to evaluate the activities of the project.

Research Associate Responsibilities

1. Work under the supervision/guidance of the Director, Research and Evaluation.
2. Work in collaboration with project facilitators.
3. Play an active role in the preparation of evaluation framework and ethics submission.
4. Coordinate research and evaluation activities related to ICP & LEs evaluation in all the three or four sites.
5. Maintain frequent contact with WRHA key stakeholders involved in project activities:
 - a. attend all meetings and take notes,
 - b. ensure timelines and comprehensive data collection,
 - c. scheduling meetings (e.g. scheduling Appreciative Inquiry),
 - d. recording and follow-up on actions arising from team discussions, and
 - e. initiating data collection (e.g. scheduling interview, observation recordings).
6. Function as evaluation coordinator & research analyst:
 - a. conduct comprehensive literature review,
 - b. baseline scanning of documentation of each site,
 - c. actively participates in the implementation of evaluation protocol in each site,
 - d. data collection (quantitative and qualitative),
 - e. data analysis (manual – qualitative & using software – quantitative),
 - f. report writing of project findings periodically, and
 - g. dissemination of findings using variety of strategies (presentations, publications).

Research Associate Accountability

The Research Associate is accountable to the Manitoba Jurisdictional Steering Committee and reports to Colleen Metge – Director, Research and Evaluation, WRHA.

Appendix C

Appreciative Inquiry

Planning and Organizing the AI

- a) Set up a three hour session time with RPG-PCH staff.
- b) Invitation to participate in AI workshop with the help of flyer distribution.
- c) Development of interview guide for participants and facilitator guide for group discussions.

Conducting AI

- a) At the beginning of the AI workshop, participants were shown a short video titled: "Monk Help Desk".
- b) A presentation introducing Appreciative Inquiry and interviewing techniques was given.
- c) Participants were randomly paired to interview one another on their experience working at the RPG-PCH with a focus on interprofessional teaming to achieve positive patient outcomes;
- d) Small group discussions to identify characteristics of effective Interprofessional team
- e) Participants were asked to write and prioritize three wishes to further develop their team's ability to provide quality patient care and what supports or resources they would need to make these happen,
- f) In the large group discussion small group discussion points were presented and participants were facilitated to discuss and identify common vision statements and expected outcomes were prioritized to work towards effective interprofessional collaboration with the help of project facilitators.

Appreciative Inquiry Workshop Interview Guide

Please ask the following question and take notes in the blank space provided. At the end let your partner review your notes and make changes as needed. Thank you.

Question [10 minutes each]:

Think back about your experiences working at River Park Gardens. Think about a situation that really stands out in your mind where you were part of an *interprofessional team that worked together to bring about a positive outcome for a patient or group of patients. Please tell me the story of this experience.**

- ❖ *By interprofessional team, we mean two or more staff who work together to plan and coordinate treatment for a specific patient, client, resident or group.*

{Once the person has finished telling you their story, you may ask them for clarification or for more information about certain aspects. You may ask them some of the following probing questions if they have not answered them already ... but don't feel that you have to ask them all.}

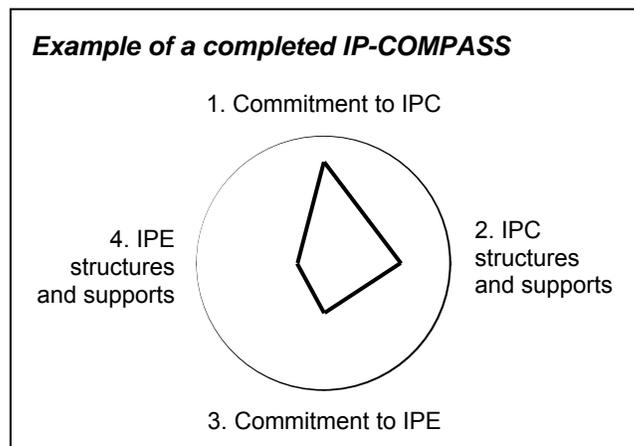
- a. **What role did you play?**
- b. **Who else was involved? What role did they play?**
- c. **What was the outcome of the situation for the resident? The family? For the team?**
- d. **What structures (e.g. equipment, technology, resources, physical space) and processes (the way things are done/care is provided) were in place that allowed this situation to occur?**
- e. **What skills did you use to manage this situation?**

Appendix D

Interprofessional Collaborative Organizational Map & Preparedness Assessment (IP-COMPASS)

What is IP-COMPASS?

IP-COMPASS is a quality improvement framework intended to help clinical settings improve interprofessional collaboration (IPC) and become better prepared to provide intentional interprofessional education (IPE). It provides a structured process to help you understand the types of organizational values, structures, processes, practices and behaviours that, when aligned, can create an environment that is conducive to interprofessionalism.



Step 1:
Get the right people at the table

Step 2:
Take stock

Step 3:
Take action

Step 4:
Review your progress

Who Can Use IP-COMPASS?

IP-COMPASS is designed to be used in hospital units where there are two or more types of healthcare professionals working together to provide patient care, and that host healthcare students. However, it may also be useful in other types of clinical settings. You can use the IP-COMPASS if you are already providing interprofessional learning experiences to students, or if you would like to do so in the future.

What Does the Process Involve?

IP-COMPASS is a four step process. It involves:

- Assembling a team of 3-5 interested people;
- As a team, completing a guided self-assessment process;
- Developing and implementing an action plan; and
- Revisiting your action plan to determine next steps.

Where Can I Get More Information?

Please contact Ivy Oandasan (Ivy.Oandasan@uhn.on.ca) or Kathryn Parker (kathryn.parker@sickkids.ca) for information on access to the IP-COMPASS.

Appendix E

Interprofessional Education Session – Café Style Format

The format of this session is interactive and best done in pairs.

Duration: 1 hour

Group size: Minimum 6 – 12 participants, but may be used for larger groups

For this session, you will need:

1. Laptop/data projector
2. Flip Charts (x 6)/markers
3. CIHC IP Competency Definitions
4. Evaluation forms

Room set-up:

The room should allow for set-up for an initial PowerPoint presentation as well as the ability for the pairs to circulate through the room to discuss the competencies.

Post the six competency definitions on the flip charts around the room.

Instructions:

Start with the initial PowerPoint presentation outlining the WRHA Collaborative Care Action Plan/regional commitment to IP and the CIHC Competency Framework. Divide the group into pairs. (~15 minutes)

Depending on the time allocated for the session and the number of pairs, you may assign the pairs to specific competencies, or allow all pairs to circulate through the room to discuss as many of the competencies as they can in the allocated time.

Pairs are asked to read the definitions of the competencies, discuss how their team demonstrates that particular competency, and write their comments on the flipcharts. They may use story telling related to a particular case example; discuss team processes or particular team characteristics, etc... (~20 minutes)

The pairs are brought back together to the large group where either:

1. each pair is asked to present on the competency(s) that they were assigned to, or
2. a general group discussion is facilitated. (~20 minutes)

Provide participants with evaluation forms (~5 minutes)

This session may be modified to different time lengths depending on the team and the amount of discussion anticipated. If a longer time line is possible, the discussions could lead to development of action plans by participants to improve their engagement related to each of the IP competencies.

Six Competencies and their definitions:

- Person-Centered Care – Health Providers/students include Residents/families as members of the healthcare team, involving them in the design, implementation and evaluation of their care plan.
- Role Clarification – Health Providers/students understand their own role and the roles of those in other professions. This helps avoid duplication and gaps in care.
- Team Functioning – Health Providers/students understand the principles of team work and team processes to enable effective interprofessional collaboration.
- Collaborative Leadership – Health Providers/students work together as a team to plan, put into place and evaluate care. Each team member shares responsibility for their role towards positive outcomes.
- Interprofessional Communication – Health Providers/students communicate with each other and Residents/families in an open, collaborative and responsible manner that builds trust with others.
- Interprofessional Conflict Resolution – Health Providers/students work as a team that actively engages in addressing disagreements and responds effectively to all types of conflict.

Appendix F

SITE REPORTS

1. Community Stroke Care Service (CSCS)

Visited: July 28, 2010

The CSCS is a centralized Home Care Service that provides case co-ordination, support and home based rehabilitation (PT, OT, SLP services) to people who have recently suffered a stroke, have been discharged from Acute care to River View Health Centre, and there after to their home and community via River View Health Centre.

The inter-disciplinary team currently includes

Team Manager – 1 (Louise Nichol)
Case coordinators – 2 (Helen & Barb) (OT & Nurse)
Resource coordinator – 1
Occupational Therapist – 2; 1(Full time); 1(Part time)
Physiotherapist – 1(Part time)
Speech-language pathologist – 1 (part time)
Rehabilitation Assistants – 6
Administration Support – 1 or 2 (.3)

Total: ~16 staff; * No Physician

Case Coordinators:

They are employees of Home care and take 50% case load each. They spend ~ 70% of the time at River View and ~30% at CSCS office and client visit

- They are the once who initiate contact with the client while in hospital
- Follows client progress, attend rounds and family conferences
- Collaborate with hospital stroke team to plan discharge and prepare care plan
- Completes all referrals
- Continues to provide case coordination for the client in River view and in the community for as long as he/she requires the services offered by the CSCS
- Transfers the client to district office following CSCS involvements for case coordination if ongoing home care support is required

CSCS include:

Case coordination
Home-based rehabilitation
Home Care support (Direct Care staff for ADLs & RN for medications and treatments)
Linkage to community resources/agencies such non medical rehabilitation, voluntary organizations, fitness centres etc.)

Work Environment:

- CSCS is located on 2nd floor of 189 Evanson St.
- Big room divided into cubicles for Resource coordinator, OT, PT, and SLP
- Staff usually go directly to the client site (client never come to office)
- Come to office mostly to pick their schedule, charting, attend meetings or case discussion

Student Placement:

- In past OT and Rehab Assistant students have be accepted for placement
- Feel constrained to take PT and SLP students due to current staff resource (only .5 each).
- Planning on taking nursing students to provide opportunity to learn case coordinator role

2. River Park Garden Personal Care Home

Visited: August 4, 2010

River Park Gardens is an 80-bed facility located on the banks of the scenic Seine River in South St. Vital, and is owned and operated by the Winnipeg Regional Health Authority. The philosophy of care is based on a resident and family centred approach that is grounded in mutually beneficial partnerships among health care providers, residents and families.

The inter-disciplinary team currently includes

Acting Director of Care – 1 (Mary Baranski)
Registered Nurses (RN) – 12 [5 fulltime + 5 part time + 2 casual]
Licensed Practical Nurse (LPN) – 10 [7 + 3 casual]
Health Care Aids (HCA) – 41 [39+6 casual]
Rehab Assistant – 1 [provides care once a week]
Recreation assistant – 1 [provides services except on Sunday]
Registered dietician (RD) – 1 [part time]
Pharmacist – 1 [provides service ½ a day per week]
Physician – 1 [provides care once a week & takes calls]
Occupational Therapist – 1 [provides service once a week]
Physiotherapist – 1 [provides service on need basis]
Cooks (~3)
Kitchen aid (~2)
Housekeeping (~6)
Maintenance (1)
Reception (~2)
Accountant – 1 [provides service once a week]
Scheduling clerk – 1

Total: ~ 80-85 staff

** RN, LPN, HCA & Housekeeping work in shifts (7-3, 3-11 & 11-6/7)

Typical Day Includes

Report giving/taking
Checking clients room to room
Getting clients out of bed for toileting, break fast & meds
Assist in ADLs & Recreation activities
Meetings & care conferences if any
Lunch

Taking clients to various programs
Toileting, Serving Snack , charting
Shift change
Recreation/Rest
Supertime and Meds
Talking to families
Putting clients to bed depending on their choice of time.

Meetings

- As and when required
- Quarterly medication review
- Yearly Family conference and as and when required

Environment

- Located next to the river; started 3 years ago
- Its divided into 4 houses with names
- Homely ambience
 - open kitchen & dining area
 - TV room, quite room
 - Individual rooms
 - Well equipped bathroom and bed rooms (client lifting equipment)
 - Each client has an address [suit no.]

Student Placement

- Take nursing students; medical students; LPN students

3. Mature Women's Centre – VGH

Visited: August 11, 2010

The Mature women's centre at the VGH is a referral-based, nurse managed centre that provides comprehensive management of health issues related to menopause and aging with emphasis on health promotion, and disease and disability management from physical, cultural, emotional and spiritual perspectives.

The inter-disciplinary team currently includes:

Manager – 1 [who also manages day surgery, recovery room and PAC]
Registered Nurses – 3 [2 full time and 1 part time]
Pharmacist – 1 part time
Dietitian – 1 part time
Exercise therapist – 1 part time
Clerical staff – 3 [1 full time secretary ; 1 full time & 1 part time unit assistant who also work as both clerks and HCAs
Physician – 1 MD Gyne 4 days/wk
Family practice physicians – 4
Gynaecologist – 3 (run VGH clinics and use procedure room)
Endocrinologist – 2 (once a month)

House Keeping – do not have fixed staff; VGH environmental services staff comes in do the regular cleaning

Psychiatrist – as consulted externally.

Total: ~15 staff [excluding gynaecologist and endocrinologist]

Type of clinics run:

Menopause clinic

Osteo clinic

Sexual health

Gyne & Hysterectomy Alternative (HALt) clinic

Note: Nurses first see the referral and mail *Health Assessment* questionnaire and schedule an appointment with a Nurse followed by dietitian, exercise therapist and pharmacist. After the appointment nurse triages the patient to respective clinic appointment.

Achievements & Work Underway:

- Developed a *Referral form* and *consultation requisition* which has been well received by physician community
- Developed *Visit summary* form to improve communication between staff and patients and within staff
- Collecting data on health assessment, dietary patterns, & activity pattern
- Run a program called “Time for Lifestyle Change” program (TLC) twice a week for 4 weeks/ twice a year
- Currently paper based appointment scheduling and answering enquires; working with e-health to develop electronic database

Expectations from this project:

- Improve students engagement with different disciplines when place in the clinic
- Improve communication among the staff and communication related to students
- Changing the mind set of staff that students can assist with workload not increase it.
- Reduce duplication and overlapping of the services provided by nurses, dietitian and pharmacist

Student Placement:

- Medical students
- Nursing (NP Students)
- Dietitian interns
- For Jan 2011 pharmacy and kinesiology student