

**Developing Interprofessional
Collaborative Practice and
Learning Environments
across the Continuum of Care
in Western and Northern Canada**

Project Charter

September 2010

(revised July 2011)



Western and Northern
Health Human Resources
Planning Forum

The project charter was endorsed by the Project Steering Committee in Winnipeg, Manitoba on September 29 and 30, 2011 and contributions to this charter by the Interim Project Steering Committee are acknowledged.

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Purpose of the Project Charter

The focus of the Developing Interprofessional Collaborative Practice and Learning Environments across the Continuum of Care in Western and Northern Canada Project (IP CP & LE project) is the development, implementation and evaluation of innovative collaborative models of service delivery in each of the partner jurisdictions of the Western and Northern HHR Planning Forum (the Forum).

Each jurisdiction has been invited to identify a minimum of 1-2 clinical sites for inclusion in the project and will select a site(s) in keeping with its own needs and priorities. However, all sites will be linked through the development of an integrated project framework and the creation of an infrastructure that will promote shared learning throughout the duration of this “action research” based initiative.

Individually and collectively, these project sites will provide practical information for decision-makers about the process, as well as the tools/resources needed, to implement and sustain exemplary patient centred, interprofessional collaborative practice and learning models that promote high quality care by optimizing the knowledge and skills of all members of the health care team, while enhancing work life satisfaction, recruitment and retention.

The Project Charter is an agreement among the various partners participating in the IP CP & LE project to work collaboratively in achieving the project vision and objectives. By signing the Charter, the individuals, organizations, and governments accept the overall intent and principles of the Charter and agree to do their part to pursue the goals.

Project Overview

Vision

To establish and implement interprofessional collaborative practice and learning environments (IP CP & LEs) in a variety of multi-jurisdictional sites across the continuum of care.

The IP CP & LEs will exhibit innovation in interprofessional patient-centred practice and workforce optimization, promoting high quality care and improved patient outcomes.

The IP CP & LEs will serve as capacity centres to provide the essential tools, resources, processes and learning opportunities to facilitate replication of the successful interprofessional and change management practices for other clinical sites and settings in the future, as well as to provide the opportunities for learning for future students and health care practitioners.

Objectives

The specific project objectives include the following:

Establish project structure and processes

1. Sign-off on Project Charter by all partners.
2. Document project processes and results.

Build IP CP & LE capacity

1. Define a interprofessional collaborative practice & learning environment (IP CP & LE) and associated terms (teams, sites, IP, CP, patient-centred care; learning environments; collaborative competencies; HHR outcomes, e-Community of Practice, etc).

2. Clearly describe the process for developing a IP CP & LE including the change management processes and learning strategies & resources to be applied to each site.
3. Develop and implement at least one innovative model of interprofessional collaborative practice in each participating jurisdiction. This objective, as a minimum, would include the following:
 - a. Formally describe the target population to be reached by the collaborative practice and learning model. (PATIENT / POPULATION)
 - b. Describe the service delivery model (e.g. staff mix, education, experience) and context (e.g. organizational supports, leadership, policies) within which the collaborative model is to be implemented. (STRUCTURE)
 - c. Describe current roles and relationships and examine degree to which roles are to be optimized. (PROCESS)
 - d. Determine patient/family, provider and system outcomes to be targeted. (OUTCOME)
 - e. Describe the learning and change management strategies to be used to achieve the new service model, the optimized roles and the multi-target outcomes.

Evaluate the IP CP & LE models

1. Establish a minimum set of evaluation and outcome indicators to be used in measuring the impact of the projects especially on patient outcomes and HHR issues. Describe the evaluation process that will be established to enable ongoing monitoring and evaluation of the development process.
2. Document the process of implementation, lessons learned, successes and challenges, barriers and facilitators, and recommendations for creation of new sites of interprofessional collaborative practice and learning environments.

Support Knowledge Transfer (KT)

1. Develop a collaborative HHR Planning and Research Network facilitated and supported by an electronic platform or e-Community of Practice (e-COP). This Network would

comprise all key partners, stakeholders, CPE site teams and others as appropriate to ensure the success of the project and the effective dissemination of all learning and tools that are derived during the project. The electronic platform will build on existing developments where appropriate.

2. Develop an integrated KT plan that promotes application of evidence to improve long-term practice/behaviour, which is “generalizable” across project sites, as well as across other potential new sites with differing contexts.

Deliverables

The following deliverables are expected to be completed by March 31, 2011:

- » Successful completion of a 2-day Value Management Review meeting of all partners and key stakeholders including documentation of all decisions made during the meeting.
- » Completion of a detailed work plan
- » Successful establishment of the Project Team, Project Steering Committee and Project Governance Structure
- » Development of an HHR Planning and Research Network to support the project.
- » Development of a Knowledge Translation (KT) and Dissemination Plan.
- » Common criteria for selection of project sites and desired outcomes are developed, documented and agreed by partners.
- » Common guidelines for development of IP CP & LE and workforce optimization approaches are developed, documented and agreed by partners.
- » Development and documentation of generic site intervention plan and logical process for implementation.
- » Essential tools and resources sourced and/or developed and then documented.
- » Project sites selected and established.
- » Development, documentation and signing of a MOA outlining governing rights, responsibilities, commitments and levels

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of support required by all key partners and stakeholders, as appropriate, for each site.

- » Baseline scans and analysis undertaken and documented for each site.
- » Initial Change Development Plans for each site developed and documented.
- » Evaluation framework developed and documented, including development of minimal evaluation indicator set.
- » Evaluation plan documented and initiated (site specific).
- » Phase One Report and Updated Guidelines on how to develop sustainable IP CP & LEs completed and submitted to Health Canada at end of first 12 months.

ICP & LE Project Logic Model

Context	Inputs	Activities	Outputs	Outcomes
<p>Shortage of health professionals</p> <p>Inefficient provision of healthcare practice (lack of collaboration across health professions)</p> <p>Inadequate/ Inefficient use of healthcare resources/teams</p> <p>Delayed access to health services/care</p> <p>25 Canadian post-secondary institutions are at various stages of planning/ implementing an IP education integrated curriculum</p>	<p>Funding</p> <p>ICP&LE project site(s) (facility/ies)</p> <p>Technology</p> <p>ICP & LE Learning materials</p> <p>ICP Governance Team</p> <p>Healthcare professionals & staff</p> <p>Healthcare Students</p> <p>University Faculty</p> <p>In-kind contributions of participating organizations</p>	<p>Jurisdictional Activities</p> <p>Implement local level initiatives with a focus on collaborative practice and effective/ efficient use of health workforce</p> <p>Operational Infrastructure</p> <p>Operational supports, social networking, electronic communities of practice and KE as mechanisms to support local, provincial and national advancement of ICP & LE</p> <p>Support for Systems Change</p> <p>Identify and address the structures and processes at the broader system level (organization, province, inter-provincial) that support collaborative practice and effective/ efficient use of the health workforce at the local and provincial level</p>	<p>Jurisdictional Activities</p> <p>Site activities occurred as planned:</p> <ul style="list-style-type: none"> - # of champions and facilitators; - type and # of ICP training courses provided; - type of change management training and support mechanisms available and/or delivered; - type of personnel engaged in ICP sessions; - type of clinical placements; - types of students participating in ICP clinical placements - site intervention plans complete, implemented and documented - baseline scan activities undertaken and documented - completion of activities relative to timeline - documentation of types and reasons of changes in planned activities - description of the ICP & LE models <p>Operational Infrastructure</p> <p>Operational infrastructure activities complete:</p> <p>Completion of planning (work plan, dissemination plan, evaluation framework)</p> <p>Operational supports in place (establishment of project team, PSC and governance structure, value mgmt review complete, MOA complete and signed, criteria for project sites established, project sites established, HHR Planning and Research Network established)</p> <p>Documentation complete (guidelines for ICP & LE workforce optimization, phase one report complete)</p> <p>Completion of activities relative to timeline</p> <p>Documentation of types and rational for change in planned activities</p> <p>SNA educational webinar conducted</p> <p>SNA survey designed, implemented and analyzed and results shared and discussed (preliminary data analysis webinar, final workshop and summary report)</p> <p>Completion of activities relative to timeline</p> <p>Documentation of types and reasons for change in planned activities</p> <p>eCoP up and running</p> <p>types of participants utilizing technology</p> <p>Completion of activities relative to timeline</p> <p>Documentation of types and reasons for change in planned activities</p> <p>Documentation of tools, activities and relationships shared through virtual community</p> <p>Support for Systems Change</p> <p>Identification of facilitators and barriers to collaborative practice</p> <p>Support to sites in addressing barriers to collaborative practice</p> <p>Lessons Learned</p>	<p>Short Term</p> <p>Increased capacity for ICP & LE and change management practices among the site level participants: providers, patients, students and workforce optimization.</p> <p>Effective operational infrastructure in advancing ICP & LE.</p> <p>Support for systems change (institutional support, working culture, environmental mechanisms)</p> <p>Intermediate</p> <p>Improved team effectiveness in ICP & LE at practice sties (providers, patients, workforce optimization)</p> <p>Established ICP & LE network: function eCoP, enhanced network ties, KE integrated</p> <p>Established system support (organizational, provincial, and interprovincial) to advance ICP & LE.</p> <p>Long Term</p> <p>Enhanced health and human resources planning and supply</p> <p>Optimal health services</p> <p>Improved health outcomes</p>

Project Structure

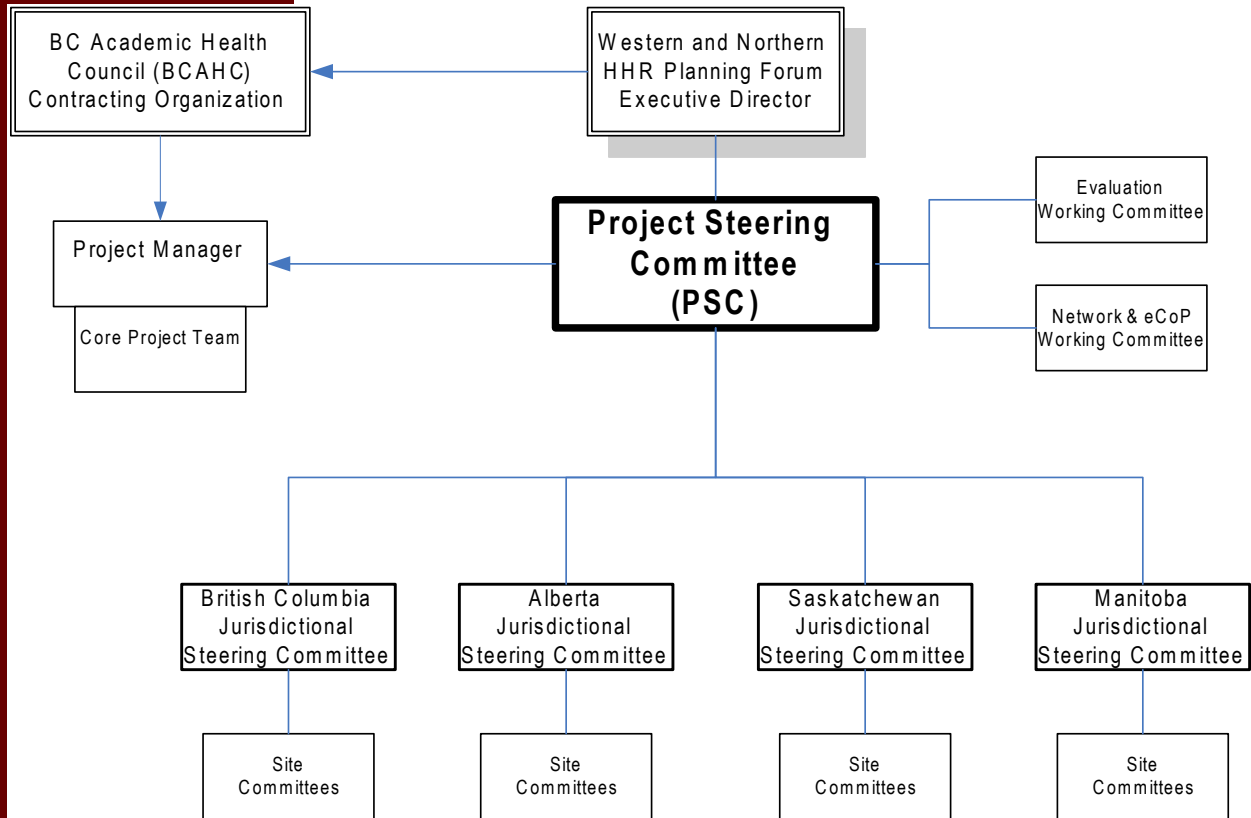
Guiding Principles

The project will incorporate the following guiding principles throughout the project period:

- » All knowledge gained and tools and educational resources developed during the project will be openly shared with all participants, stakeholders and partners.
- » Flexibility will be a feature of the governance and management of the project to accommodate for variations in experience, capacity and performance in IP CP & LE project sites and variations in jurisdictional policies and practices. The Project Steering Committee and Core Project Team, in consultation with other key stakeholders, will undertake modifications to the project process and methodology whenever appropriate to ensure the success of the project.
- » Optimal collaboration will be pursued with all partners and relevant stakeholders, including the Atlantic Advisory Committee on Health Human Resources (AACHHR), wherever appropriate.
- » Avoidance of duplication of effort will be pursued wherever possible.
- » Key partners, stakeholders, jurisdictions and health employers will be asked to contribute financially and/or in-kind, to support this project, as a lead in to ensure full support for the project and to facilitate the potential for sustainable outcomes from the project.
- » Wherever possible and appropriate within the capacity of the project workplan and resources, the project should encourage and facilitate the development of centralized expertise in each

jurisdiction and/or across the region that would be able to lead, support and provide expert guidance and training to current and future sites committed to establishing interprofessional collaborative practice and learning environments and optimized workforces.

Governance Model



Roles and Responsibilities

Within the governance model, each group has a specific role to play. This is described in detail below.

Group	Accountability	Membership	Key Tasks
Project Steering Committee (PSC)	To Western and Northern HHR Planning Forum	Executive Director of the Forum (Chair), ex officio 2 Representatives of the Western Canadian Interprofessional Health Collaborative (WCIHC), voting 1 Representative of the Canadian Interprofessional Health Collaborative (CIHC), status to be finalized at the 1st full PSC meeting Representative of the Contracting Organization, observer Representative of the Core Project Team – Project Manager, ex officio (other Core Team members to attend as required by the PSC Chair persons from each participating jurisdiction’s local Steering Committee (Health Employer representatives), voting One Project Site Manager per Jurisdiction, voting One Ministry of Health representative from each participating jurisdiction, voting Atlantic Advisory Committee on Health Human Resources (AACHHR) Project representative as observer Health Canada representative as observer Other key partners/ stakeholders as appropriate, as determined by the PSC from time to time.	Approve the overall project workplan and budget Approve the plan for the development of the HHR Planning and Research Network and e-Community of Practice Approve the evaluation framework Identify the common indicators that need to be in place at each site in order to measure impact Support and approve the development of a shared vision among project participants Endorse and support the project governance structure Address any policy issues and opportunities arising during the course of the project Develop consensus recommendations as required, for reporting out to Health Canada Engage stakeholders as required Promote information and knowledge sharing Any other relevant duties as determined and agreed to by the PSC

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Group	Accountability	Membership	Key Tasks
Jurisdictional Steering Committee (JSC)	To Project Steering Committee	<p>Health Authority representative(s) (One per site) - Chair to be selected from the Health Authority reps</p> <p>Local WCIHC member/s and/or other IP/Implementation experts as appropriate</p> <p>Ministry of Health representative</p> <p>Ministry of Advanced Education representative</p> <p>Health Facility management representative(s) (one per site)</p> <p>Key IP CP & LE site staff (including the Site Manager)</p> <p>Key IP Education staff</p> <p>Others as deemed appropriate by the JSC</p> <p>The Project Manager and/or Executive Director of the Forum should be invited to attend on a regular basis to provide continuity and communication for the total project.</p>	<p>Oversee the IP CP & LE sites in that jurisdiction</p> <p>Develop system facilitators for success</p> <p>Assist in removal of system barriers</p> <p>Develop capacity for “generalizability” of successful models of care</p> <p>Develop options for achieving sustainability of project outcomes at the jurisdictional level</p> <p>Any other relevant duties as determined and agreed to by the JSC</p>
Site Committee	To Jurisdictional Steering Committee	<p>Site Manager (Chair)</p> <p>Facilitator</p> <p>Research Assistant</p> <p>Champions, being the practice environment leaders from all the appropriate levels of the organization responsible for the selected site, and who are in a position of authority to affect change and who are clearly supportive of the project and its underlying philosophy and principles.</p> <p>Site Team, comprising clinical and non-clinical staff as appropriate</p> <p>Other members as deemed appropriate by the Site Committee</p>	Manage the local project site operations

Group	Accountability	Membership	Key Tasks
Core Team	To Project Steering Committee	Project Manager Facilitators Research Assistants Implementation Experts (Intervention/Workforce Optimization) Evaluation Experts (Evaluation Working Committee) KTE and Network Development Experts (Network & eCoP Working Committee) Other experts as deemed appropriate from time to time by the Project Steering Committee.	The Core Project Team, under the leadership of the Project Manager, is the key group that will be tasked with implementing the decisions, policies and procedures of the Project Steering Committee. The Core Project Team works together to share tools, processes and expertise so there is an optimized level of collaboration and coordination across the project.
Evaluation Working Committee (EWC)	To Project Steering Committee	Evaluation experts from participating jurisdictions Representatives from AACHHR	Oversee evaluation activities as relates to the implementation of the common evaluation framework Provide advice and consultation regarding methodology Recommend approval of evaluation framework to Project Steering Committee Review reports and provide feedback Collaborate in interpreting results and provide insights regarding local context Facilitate the sharing of site specific evaluation materials and frameworks Undertake any other relevant duties as determined and agreed to by the EWC Provide advice and direction regarding dissemination of project products

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Group	Accountability	Membership	Key Tasks
Network & eCoP Working Committee (NCPWC)	To Project Steering Committee	Representatives from participating jurisdictions	<p>Oversee HHR network and eCoP development activities</p> <p>Provide assistance with interpretation of evaluation data as they relate to network and eCoP development and implementation</p> <p>Provide advice and consultation regarding social network analysis methodology</p> <p>Make recommendations to Project Steering Committee</p> <p>Review any reports and provide feedback</p> <p>Collaborate in interpreting results of the social network analysis and provide insights regarding local context</p> <p>Undertake any other relevant duties as determined and agreed to by the NCPWC</p>

Stakeholder Matrix

The PSC recognizes the value of collaborating with any organization with common interests in improving the quality of health care and HHR planning in Canada. This means ensuring all relevant stakeholders are actively involved as appropriate within the project.

Stakeholder	Role in Project	Role in Knowledge Translation and Dissemination
Canadian Interprofessional Health Collaborative (CIHC)	Participation in PSC. Provide a forum for consultation with national partners (e.g. Health Canada; CHSRF, Quality Worklife Quality Health Care Collaborative, CIHC) to identify research needs, priorities and opportunities for collaboration.	Actively participate in communication and KT within and across Canada. Promote shared learning to partner organizations.
Atlantic Advisory Committee on Health Human Resources (AACHHR)	Participation in PSC. Participation in Evaluation Working Committee.	Actively participate in communication and KT within and across the Atlantic Region. Promote shared learning to partner organizations.
Michael Smith Foundation for Health Research (MSFHR)	Potential funder of sites in British Columbia.	
Western Canadian Interprofessional Health Collaborative (WCIHC)	Participation in PSC. Experts in CORE TEAM. Provide a forum for collaboration and to leverage and link to work that has been undertaken.	Actively participate in communication and KT across Western Canada.
Health Canada	Participation in PSC. Funders.	
Western and Northern Health Human Resources Planning Forum	Chair of the PSC. Contractors with Health Canada.	Promote shared learning to partner organizations.
BC Academic Health Council	Contracting Agency – Central Project. Contracts consultants, project manager, MOA's with provinces, manages project.	Establishes contracts with experts/consultants to carry out the KTE deliverables and ensures processes are established.
Provincial Jurisdictions	Participation in PSC and JSC. Site selection.	Promote shared learning to partner organizations.
Health Authorities	Participation in PSC and JSC. Manage sites.	
Universities/Research Organizations	Participation in JSC. Site evaluation activities.	

Risk Mitigation Plan

Risk Management Issues	Risk of Occurrence low, medium, high	Potential Impacts	Mitigating Strategies
Communicating appropriately and keeping everyone on the same page and involved is a complex undertaking given there are many levels, front line, site, disciplines, management, senior management, etc. involved in this project.	Medium	A key element of having the project be successful is having everyone understand both the overall focus of the project and how their work contributes to meeting the deliverables.	<ul style="list-style-type: none"> - Communicating through the project governance model. - Communicating through the HHR planning and research network, including eCoP, as it develops.
The jurisdictions may move forward at different times and have different needs.	High	Not all jurisdictions/sites are on the same timeline. Flexibility is required to ensure that all can move at their own pace without negatively impacting each other or the overall project objectives.	<ul style="list-style-type: none"> - Negotiating local MOAs between the BCAHC and the health authority/ employer. - Setting realistic deliverables to March 3, 2011.
There are many different organizational cultures involved.	Low	The participating organizations vary in size, location (urban, rural), and complexity. The approaches for making practice change need to be tailored specifically to their unique needs in order to be successful.	<ul style="list-style-type: none"> - Setting up site committees to support local approaches. - Developing site plans that reflect and are responsive to the local context.
The requirement to learn from and incorporate prior activities, research, etc.	Low	Evidence review and the incorporation of best practice is an important component of "action research" based initiatives. Making time for this activity and giving participants access to results is key.	<ul style="list-style-type: none"> - Vesting responsibility for key activities with expert Working Committees. - Sharing materials and resources through the HHR planning and research network, including eCoP, as it develops.

Appendix:

Project Workplan

Activities	Time Frame	Outputs	Outcomes	Anticipated Challenges
1) Establish project governance structure and processes			This is the establishment phase of the project to ensure all project management and governance components will be in place to enable the full implementation of the project.	
Select Contracting Organization to manage project	April 2010	Letter of offer to selected Contracting Organization	Selection of key component for management of project	No significant challenges expected
Formalize Contract with Contracting Organization	April 2010	Signed contract with selected Contracting Organization	Formal confirmation of agreed terms and conditions for engaging project management	Reaching complete agreement on detailed legal contracts can result in unanticipated time delays.
Establish Project Manager and Core Project Team	April to August 2010	Signed contracts and/or letters of engagement with the Project Manager and all members of the Core Project Team	Finalization of the key people/organizations that will comprise the management of the project	Identifying and confirming the right people for this task is critical to the success of the project and can result in unanticipated delays. This process is already underway.
Confirm partners and key stakeholders in all participating jurisdictions	April to September 2010	Formal letters of confirmation identifying partners and key stakeholders in the project.	Finalization of the whole team of partners and key stakeholders that will comprise the broader project team.	Ensuring that the composition and size of the broader project team is sufficiently comprehensive to include all key stakeholders, while making sure the team is not too cumbersome to operate effectively.
Undertake Value Management Review	March 2010	Successful completion of a 2-day Value Management Review meeting of all partners and key stakeholders including documentation of all decisions made during the meeting.	This is a critical component of the project process and is essentially a reality check of the existing project proposal. The desirable outcome should be clarification and confirmation of the project goals, objectives, methodology and Workplan by all partners and key stakeholders	It is always challenging obtaining detailed agreement of a complex project proposal with multiple partners and key stakeholders from multiple jurisdictions. However, the Forum has considerable success in achieving collaboration in such situations. Concern was expressed during the VMR regarding the commitment to only 13 months of Health Canada funding at this stage. It was acknowledged that this would cause some revision of how the project would proceed, but partner jurisdictions agreed to proceed nevertheless.

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1) Establish project governance structure and processes			This is the establishment phase of the project to ensure all project management and governance components will be in place to enable the full implementation of the project.	
Select Contracting Organization to manage project	April 2010	Letter of offer to selected Contracting Organization	Selection of key component for management of project	No significant challenges expected
Formalize Contract with Contracting Organization	April 2010	Signed contract with selected Contracting Organization	Formal confirmation of agreed terms and conditions for engaging project management	Reaching complete agreement on detailed legal contracts can result in unanticipated time delays.
Establish Project Steering Committee	April 2010 to September 2010	Letters confirming appointment of Project Steering Committee members and dates of first meeting provided.	The establishment of the Project Steering Committee is another key component of the capacity building and accountability structure for the project	No significant challenges expected
Develop detailed Project Work Plan	April 2010 to August 2010	Completion of a Detailed Work Plan	This will be a major deliverable in that this document will reflect the results of the VMR and will be the final agreement from all key partners and key stakeholders as to how the project will proceed, .	Assuming there is agreement on the project process in the VMR, no significant challenges are expected.
Establish Jurisdictional Steering Committees	April 2010 to September 2010	Letters confirming appointment of Jurisdictional Steering Committee members and dates of first meeting provided.	The establishment of the Jurisdictional Steering Committees is another key component of the capacity building and accountability for the project	No significant challenges expected
Establish Working Committees as required	April 2010 to September 2010	Letters confirming appointment of Working Committee members and dates of first meeting provided.	The establishment of the Working Committees is another key component of the capacity building for the project	No significant challenges expected
Develop Partnership Agreements (MOAs) as appropriate for all sites and partners.	July 2010 to October 2010	MOAs prepared for all partners, as appropriate.	This is an important component to ensure clarity of roles, responsibilities and accountabilities for all partners in the project	Reaching complete agreement on Project Charters can result in unanticipated time delays.
Develop collaborative structures and processes with Atlantic Provinces	April 2010 to March 2011	Collaborative structures and processes documented and agreed to by the project management and AACHHR	This is an important requirement for maximizing extension of the impact of the project to the Atlantic Provinces	There are no significant challenges expected in this process as this component is not critical to the Forum's project, but is considered a desirable outcome.

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1) Establish project governance structure and processes			This is the establishment phase of the project to ensure all project management and governance components will be in place to enable the full implementation of the project.	
Select Contracting Organization to manage project	April 2010	Letter of offer to selected Contracting Organization	Selection of key component for management of project	No significant challenges expected
Formalize Contract with Contracting Organization	April 2010	Signed contract with selected Contracting Organization	Formal confirmation of agreed terms and conditions for engaging project management	Reaching complete agreement on detailed legal contracts can result in unanticipated time delays.
2) HHR Planning and Research Network and KT Plan			This component of the Workplan is designed to provide an effective communication process for all partners and key stakeholders during the project and to facilitate dissemination of all learning from the project, and to increase awareness and uptake of the outcomes from this project leading to sustainable results.	
Develop KT plan including e-COP in collaboration with AACHR, where appropriate.		Approved KT Plan documented.	The development, documentation and approval of the KT Plan and eCoP by the Project Steering Committee is an important deliverable that will facilitate extensive sharing of the learning and outcomes of this project	Careful consideration has to be given to identifying and incorporating, where appropriate, existing KT Plan and eCoP components from other organizations, e.g. CIHC, without reducing the functionality and cohesiveness of the requirements for this project.
Develop detailed plan to establish HHR Planning and Research Network		Approved Plan to establish HHR Planning and Research Network	The development, documentation and approval of the Plan by the Project Steering Committee is an important step deliverable that will facilitate extensive sharing of the learning and outcomes of this project	Issues of ongoing potential and costs, number of participants and extent of participation, ownership of Network and intellectual property control of components, and other factors need to be very carefully considered before full implementation.
Establish HHR Planning & Research Network	June 2010 to January 2011	Network established and functioning	This deliverable has considerable importance in ensuring the capacity of the project to deliver on its KT Plan for the dissemination of learning from the project, as well as potential as a Network to assist in ongoing collaboration after the project is completed.	Assuming the satisfactory acceptance of the plan for the establishment of the Network, the implementation of the Network is not expected to create significant challenges as similar networks have been established successfully in other situations.

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1) Establish project governance structure and processes			This is the establishment phase of the project to ensure all project management and governance components will be in place to enable the full implementation of the project.	
Select Contracting Organization to manage project	April 2010	Letter of offer to selected Contracting Organization	Selection of key component for management of project	No significant challenges expected
Formalize Contract with Contracting Organization	April 2010	Signed contract with selected Contracting Organization	Formal confirmation of agreed terms and conditions for engaging project management	Reaching complete agreement on detailed legal contracts can result in unanticipated time delays.
Establish KT plan including eCoP	June 2010 to January 2011	KT Plan and eCoP established and functioning	This deliverable has considerable importance in ensuring the capacity of the project to deliver on its KT Plan for the dissemination of learning from the project, as well as potential as a Network to assist in ongoing collaboration after the project is completed.	Assuming the satisfactory acceptance of the KT Plan and the plan for the establishment of the Network, the implementation of the KT Plan and eCoP is not expected to create significant challenges.
Actively engage partners and stakeholders in KT activities	June 2010 to January 2011	Documentation of activities undertaken in engaging partners and stakeholders in KT activities	This is the implementation stage of the KT Plan and Network. Refer above for Outcomes.	No significant challenges anticipated.
Monitor, review and refine KT Plan as required	June 2010 to January 2011	Ongoing evaluation of the KT Plan is included in the Evaluation Plan. Implementation of this plan will provide for data, analysis and corrective action where appropriate of the KT Plan. This will be highlighted in minutes of working group meetings and PST meetings.	The outcomes of this activity will be evidence of the evaluation process and the increasing effectiveness of the KT Plan, which will substantiate the effective dissemination of learning from the project	The challenges will emerge based on the complexity of the project, its multiple partners and key stakeholders across multiple jurisdictions. This feature of the project will impact on all Workplan activities, but is factored into the design of the project. The project has been designed with maximum realistic flexibility to accommodate for the complexity.
3) CP&LE Practice Sites Selected and Development Initiated			This is the major implementation component of the Workplan, where the sites are selected and the IP and workforce optimization interventions are initiated.	
3.1) Develop Generic Processes for Site Selection and Development				

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Select Contracting Organization to manage project	April 2010	Letter of offer to selected Contracting Organization	Selection of key component for management of project	No significant challenges expected
Formalize Contract with Contracting Organization	April 2010	Signed contract with selected Contracting Organization	Formal confirmation of agreed terms and conditions for engaging project management	Reaching complete agreement on detailed legal contracts can result in unanticipated time delays.
Confirm selection criteria and desired outcomes for Practice Sites	April 2010	Common criteria for selection and desired outcomes are developed, documented and agreed by partners.	This is an important step in defining what is wanted and expected for project sites. It will be a key outcome in identifying, monitoring and evaluating the overall performance of sites and the project.	The challenges will emerge based on the complexity of the project, its multiple partners and key stakeholders across multiple jurisdictions. The challenges will be managed by allowing sites to have additional criteria and desired outcomes to meet site specific or jurisdictional variations on the common framework for site selection and outcomes, where appropriate.
Create guidelines for development of CP&LE and workforce optimization approaches	September 2010 to March 2011	Common guidelines for development of CP&LE and workforce optimization approaches are developed, documented and agreed by partners.	This is an important deliverable for the project. The initial guidelines will be subjected to regular "Plan, Do, Study, Act" review and continuous improvement over the life of the project to ensure an up-to-date set of guidelines reflecting the full learning from the project that can be used as a template for extension of the techniques to other sites in the future.	The main challenge will be determining common guidelines to cope with the potential for differing situations from different sites across different jurisdictions and different clinical settings.
Develop generic plan and logical process for implementing CP&LEs	September 2010 to March 2011	Development and documentation of generic plan and logical process for implementation.	This is similar to the above and will be incorporated into the template for extension of the techniques to other sites in the future.	The main challenge will be determining a generic plan and process to cope with the potential for differing situations from different sites across different jurisdictions and different clinical settings.
"Develop a standard MOA governing rights, responsibilities and levels of support required by all key partners and stakeholders as appropriate"		Development and documentation of a MOA outlining governing rights, responsibilities and levels of support required by all key partners and stakeholders, as appropriate.	This is an important component of the governance and accountability framework to ensure all players know their role within the project. It is also important as a key step in increasing the potential for sustainability of the process and will facilitate the potential for replication within the jurisdictions/health authority and health facility in the future.	The challenges will emerge based on the complexity of the project, its multiple partners and key stakeholders across multiple jurisdictions. Once the standard MOA is developed for each category of partner/stakeholder, provision will be made within the negotiation process to enable flexibility for each site, as appropriate to reflect local differences.

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1) Establish project governance structure and processes			This is the establishment phase of the project to ensure all project management and governance components will be in place to enable the full implementation of the project.	
Select Contracting Organization to manage project	April 2010	Letter of offer to selected Contracting Organization	Selection of key component for management of project	No significant challenges expected
Formalize Contract with Contracting Organization	April 2010	Signed contract with selected Contracting Organization	Formal confirmation of agreed terms and conditions for engaging project management	Reaching complete agreement on detailed legal contracts can result in unanticipated time delays.
Source and/or develop tools and resources required to support implementation of CP&LEs	September 2010 to March 2011	Essential tools and resources sourced and/or developed and then documented.	These tools and resources will be made available to all project sites, as well as made available for the use of partners and key stakeholders. This activity will then provide a compendium of suitable tools and resources to replicate the change management process in other sites.	The main challenges here will include sourcing existing tools and resources first to ensure no inappropriate duplication is undertaken during the project. Then the issue will be to negotiate "royalty-free" use of the tools and resources wherever possible to enable easy access for all future users. And finally, determining what tools/resources the project may need to develop itself that would be feasible within the limited time period of the project. At this early stage of the project, it is considered that most of the tools required are currently available.
3.2) Select CP&LE Practice Sites				
Core Project Team to work with key partners to identify 1-2 suitable practice sites per jurisdiction	April 2010 to September 2010	List of sites approved by key partners including jurisdictions, for inclusion in the project.	This is an important phase of the project to ensure the project has an acceptable number of sites with the right levels of local support and a good range of clinical settings covering a wide expanse of the continuum of care.	This is one of the most critical steps of the project, where sensitive negotiation will need to be taken to ensure all essential criteria for sites is met. Failure to identify suitable sites would be a serious problem for the project.
Develop Site-specific MOA including prioritization of any ethics approval process required		Site-specific MOAs developed and documented.	This is the culmination of the negotiation process and is important as a step in clarifying the roles, responsibilities and support (commitment) of key partners and stakeholders.	The challenge is to negotiate well and to document the results clearly. Negotiation here implies ensuring a win-win situation for all participants and not producing an unfair agreement.
Ensure MOA is signed by all key partners and stakeholders in each practice site prior to initiation of site development		Site-specific MOAs are signed.	This step is the final step in the negotiation process.	Assuming previous steps are undertaken competently, there should be no challenges. However, if not, this process could take more time than is allocated under this activity.

Activities	Time Frame	Outputs	Outcomes	Anticipated Challenges
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Select Contracting Organization to manage project	April 2010	Letter of offer to selected Contracting Organization	Selection of key component for management of project	No significant challenges expected
Formalize Contract with Contracting Organization	April 2010	Signed contract with selected Contracting Organization	Formal confirmation of agreed terms and conditions for engaging project management	Reaching complete agreement on detailed legal contracts can result in unanticipated time delays.
Recruit Facilitators	July 2010 to Oct 2010.	Facilitators formally recruited.	This is an important step as the Facilitators are key players in the project.	The challenge will be to recruit the right people to these roles as they can make a significant impact on the project, either positively or negatively. These people need to be carefully matched to the individual project sites.
Select Site Champions	July 2010 to Oct 2010	Site Champions selected.	This is an important step as the Site Champions are key players in the project.	The challenge will be to select the right people to these roles as they can make a significant impact on the project, either positively or negatively. These people need to be carefully matched to the individual project sites, including ensuring the right levels of the organizations that they may represent.
Apply for ethics approval for all CP&LE implementation if required	July 2010 to Oct 2010.	Ethics approval application, if necessary, has been submitted.	It is unclear at this stage if this step will be required. If it is required, it will be essential to undertake as soon as possible.	This is potentially a serious challenge. It is unclear at this stage if this step will be necessary or not. It is possible that this project will be deemed a change management initiative incorporating an evaluation component, which may not necessitate approval through a research ethics committee. In addition to this uncertainty, there is also the reality that the procedures may be quite different between different sites and different jurisdictions. These issues will be reviewed during the site selection process and the negotiation of the MOAs. If problems emerge, they may be resolved by negotiation within the MOA, or alternative sites will be identified.
3.3) Develop and Initiate Site Specific Plans				

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Appendix

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1) Establish project governance structure and processes			This is the establishment phase of the project to ensure all project management and governance components will be in place to enable the full implementation of the project.	
Select Contracting Organization to manage project	April 2010	Letter of offer to selected Contracting Organization	Selection of key component for management of project	No significant challenges expected
Formalize Contract with Contracting Organization	April 2010	Signed contract with selected Contracting Organization	Formal confirmation of agreed terms and conditions for engaging project management	Reaching complete agreement on detailed legal contracts can result in unanticipated time delays.
Identify learning and support needs for each practice site	July 2010 to Dec 2010.	Site-specific IP needs assessment undertaken, documented and approved by all partners for implementation.	This activity will provide the basis for the IP interventions to be undertaken in each site.	There is no perceived challenge evident in the needs assessment and documentation of this activity as the Project Team will have the skills, knowledge and expertise required to undertake this task. However, the challenge will be in obtaining agreement by all partners to undertake the interventions proposed.
Develop site specific approaches for workforce optimization	July 2010 to Dec 2010.	Site-specific workforce Optimization needs assessment undertaken, documented and approved by all partners for implementation	This activity will provide the basis for the workforce optimization interventions to be undertaken in each site.	There is no perceived challenge evident in the needs assessment and documentation of this activity as the Project Team will have the skills, knowledge and expertise required to undertake this task. However, the challenge will be in obtaining agreement by all partners to undertake the interventions proposed.
Ensure Ethics Approval for all Project Sites prior to initiating development in practice sites	July 2010 to Oct 2010.	If required, ethics approval obtained in writing from appropriate authority.	If required, ethics approval will be essential to allow the project to proceed. Steps have been included that may ameliorate the likelihood of this being necessary, or at best, ensuring that the process is expedited.	The challenge in this activity is based on the variability of level of approval required, and the complexity and speed of process required. Steps have been incorporated into this project to try to avoid the need for this task, or at best, to expedite the process if it is deemed unavoidable.
Implement appropriate training for Site Facilitator, Research Assistants and Site Champions	July 2010 to whenever all sites have been initiated.	Appropriate training undertaken for Site Facilitators, Research Assistants and Site Champions.	This ensure Facilitators, Research Assistants and Champions are working on the same principles and process for change management and IP.	No significant challenges are anticipated in this task.

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Formalize Contract with Contracting Organization	April 2010	Signed contract with selected Contracting Organization	Formal confirmation of agreed terms and conditions for engaging project management	Reaching complete agreement on detailed legal contracts can result in unanticipated time delays.
Provide appropriate training and support required for effecting necessary changes at each site	July 2010 to whenever all sites have been initiated.	Appropriate training undertaken for site clinical team and other key personnel, as required.	This ensures the site clinical team and other key personnel are working on the same principles and process for change management and IP.	The challenge will be how to provide the necessary training to site staff while minimizing disruption to normal work requirements at the site, and who will fund the cost of any replacement of staff during the training. It is anticipated that this will be negotiated during the MOA phase and the selection of sites. Health authorities/jurisdictions will be encouraged to cover these costs as part of their contribution towards the project costs.
Implement Change Development Plan for each Practice Site	July 2010 to whenever all sites have been initiated.	Implementation of Change Development Plans for each site implemented and documented.	This is the main thrust of the project, where the change management interventions will be implemented. The process will be monitored and evaluated to maximize the learning and to enable the "Plan, Do, Study, Act" cycle of continuous improvement to be implemented. Phase One of the project will only enable the initial interventions and some mid-term evaluation. Phase Two will enable a longer term intervention and evaluation. The full impact of the project is expected to take longer than 18 months.	The challenge of this activity will be based on the inevitable complexity that the different sites, settings and jurisdictions will provide. It is inevitable that sites will advance at different speeds and levels and will experience a full range of differing outcomes and processes along the way. This project has anticipated this complexity and has provided multiple mechanisms to accommodate for this complexity. The need for a Phase Two is clearly warranted given this reality.

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4) Evaluation Framework Developed and Established to First Phase			This component is a critical factor in being able to collate and compare all the results that will be carefully documented throughout the project. This component will provide the basis for the learning and future generalizability template that we expect to develop through this project to enable the successful processes to be extended to other sites.	
Develop overarching evaluation framework including minimal evaluation indicator set in consultation with AACHHR	June 2010 to September 2010	Evaluation framework developed and documented, including development of minimal evaluation indicator set.	This task sets the framework for the key task of evaluating the project.	There may be difficulties in the identification of an effective evaluation indicator set that all sites and all jurisdictions are capable of providing. The variety of clinic sites selected to date will increase the challenge.
Develop comprehensive site evaluation plans (process and outcomes) to align with jurisdictional needs and goals and include the minimal evaluation indicator set from a) above.	July 2010 to December 2010	Comprehensive Site Evaluation Plans developed and documented.	This task sets the Evaluation Plan for the project each of the sites. This is a key component of the project process and its success will determine the level for assessment of success of the project.	There may be difficulties in the identification of an effective evaluation indicator set that all sites and all jurisdictions are capable of providing. The variety of clinic sites selected to date will increase the challenge.

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Establish Baseline Study on all participating sites	September 2010 to Dec. 2010	Baseline Study for all participating sites undertaken and documented.	This is an important step in describing the current state of each site, prior to the change management interventions. This process will also define the level of evaluation indicators that will be available for the initial phase of the project.	There may be difficulties in the identification of an effective evaluation indicator set that all sites and all jurisdictions are capable of providing. The variety of clinic sites selected to date will increase the challenge.
Ensure execution of evaluation activities to first phase of Evaluation Plan	March 2011	First Phase Evaluation Plan undertaken and documented.	This is the implementation of the Evaluation Plan. This process will provide the “pay load” for the learning to be extracted from this project.	This is where the effectiveness, or otherwise, of the data gathering and analysis of the activities for each project site, and the project in total will be undertaken. The biggest challenge here will be quality control of the data and it's analysis. The success of the project will be determined in this task. Steps have been incorporated into the project design that will impact on creating a standardized approach, wherever possible, to collecting and analyzing the data.
Submit end of Phase One Project Report and Updated Guidelines on how to develop sustainable CP&LEs that create capacity for collaborative practice and enhanced patient care.	March 2011	Phase One Report and Updated Guidelines on how to develop sustainable CP&LEs completed and submitted to Health Canada.	This is the key component of Evaluation and KT that will define the mid-term evaluation of the project.	This Phase One Report and Updated Guidelines on how to develop sustainable CP&LEs will provide the full impacts of the project operations as at the end of Phase One. This will be a crucial step in the project implementation. To undertake the actual writing of the Report and Updated Guidelines should not create a significant challenge, but the results contained therein will inevitably reflect the impact of all the challenges that have been experienced during the life of the project to date.