



THE PEBBLE IN THE POND: COLLABORATIVE PRACTICE & YOU



INTERPROFESSIONAL LEADERSHIP PROJECT: *Building Community Capacity to Improve Health Care for Seniors*

OGA
April 30, 2010

Presented by Susanne Babic

Name Acrostics: Take each letter in your name and write down a word that tells us something inspiring about you, your character or what you do i.e. a personality trait, a value, a physical attribute, a skill...

S	Sincere	M	Magnificent	P	Patient
A	Angelic	O	Outgoing	A	Adventurous
M	Memorable	N	Nice	U	Unique
A	Adorable	I	Imaginative	L	Lively
N	Natural	C	Cheerful		
T	Trusting	A	Active		
H	Honest				
A	Articulate				

WHAT'S IN A NAME?

Able	Curious	Giving	Lovable	Sensible
Accepting	Daring	Gracious	Loving	Serious
Adventurous	Determined	Happy	Loyal	Short
Ambitious	Devout	Hard-working	Merry	Silly
Articulate	Dynamic	Helpful	Messy	Smart
Athletic	Eager	Honest	Mischievous	Stable
Bold	Efficient	Hopeful	Neat	Strong
Brave	Eager	Humble	Noisy	Tall
Bright	Efficient	Humorous	Organized	Thoughtful
Busy	Embarrassed	Imaginative	Outgoing	Tireless
Calm	Energetic	Impulsive	Passive	Tolerant
Careful	Excited	Independent	Patient	Trusting
Caring	Expert	Intelligent	Personable	Understanding
Cautious	Fair	Inventive	Pleasant	Unique
Cheerful	Faithful	Jolly	Questioning	Vivacious
Clever	Fancy	Joyful	Quiet	Wacky
Clumsy	Fighter	Keen	Quirky	Warm
Compassionate	Forgiving	Kind	Realistic	Willing
Complex	Free	Knowledgeable	Rebellious	Wonderful
Confident	Friendly	Leader	Reflective	Xen
Considerate	Fun-loving	Light	Relaxed	Young
Cooperative	Funny	Light-hearted	Reliable	Zany
Courageous	Generous	Likeable	Respectful	Zealous
Creative	Gentle	Lively	Responsible	Zippy

1 Increase your knowledge & awareness

2 Practical Ideas

- Each Other
- HFO (HealthForceOntario) Blueprint
- IPC (Interprofessional Care)
- Collaborative Practice
- PCC (Patient/Person Centred Care)
- IPE (Interprofessional Education)
- Interprofessional Leadership Project

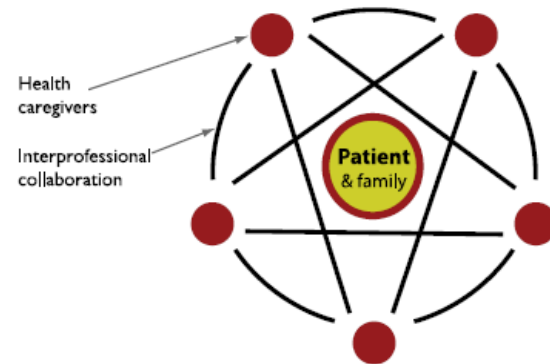




Interprofessional Care: A Blueprint for Action in Ontario

Submitted by the
Interprofessional Care Steering Committee

July 2007





WHAT IS INTERPROFESSIONAL COLLABORATIVE PATIENT- CENTRED CARE?



WHAT? “The provision of comprehensive health services to...**WHO?** patients by multiple health caregivers who work collaboratively to deliver quality care...**WHERE?** ...within & across settings.”



WHY?

“Demands on the health care system are increasing. Chronic diseases such as cardiovascular disease, diabetes, respiratory disease and mental illness are on the rise.

Patients and their families want to be actively engaged in managing their health..., expecting the right care at the right time”

WHY?

Population aging = significant impact on human resource planning

New ways of approaching care are needed & different solutions must be implemented

WHAT? Optimal mix and use of all health professionals who will function to the fullest extent of their education and training as part of integrated and collaborative teams...Collaboration ...essential to harness the full capabilities of all practitioners.

HOW? Enabling professionals to perform more tasks independently, consistent with their competence, will enhance their ability to work with others in health care teams. Professions will be able to take on new or altered roles in a collaborative environment as barriers are removed...Increased transparency and clarity about scopes of practice will raise awareness of the abilities of various professions and open up new collaborative possibilities in care setting.



WHEN?

The time is now...



HPRAC

Critical Links: Transforming and Supporting Patient Care

A Report to the Minister of Health
and Long-Term Care on Mechanisms to
Facilitate and Support Interprofessional
Collaboration and a New Framework
for the Prescribing and Use of Drugs
by Non-Physician Regulated
Health Professions



January 2009

Submitted by the
Health Professions Regulatory
Advisory Council (HPRAC)



@ # Regulated Health Professions

28

@ # Controlled Acts in the Regulated
Health Professions Act, 1991 (RHPA)

14

REGULATED HEALTH PROFESSIONS STATUTE LAW AMENDMENT ACT 2009



“Ont. to expand health professionals' powers”

Fri Apr. 24 2009-The Canadian Press

- @ Amends the RHPA & 24 other statutes; Expands scope of many
- @ How do you assess competencies of the team with a regulatory lens?
- @ What if a complaint is actually about the team not about an individual?
- @ Liability (group, not individual?)
- @ Staff training & orientation?
- @ Type of employees?
- @ Implications for clinical placements?
- @ More complicated labour relations? The Change Foundation



ROYAL ASSENT
DECEMBER 2009

BILL 179

****INNOVATIVE NEW HEALTH CARE
PROFESSIONAL ROLES IN AREAS OF HIGH
NEED****

**Surgical First Assist
Nurse**

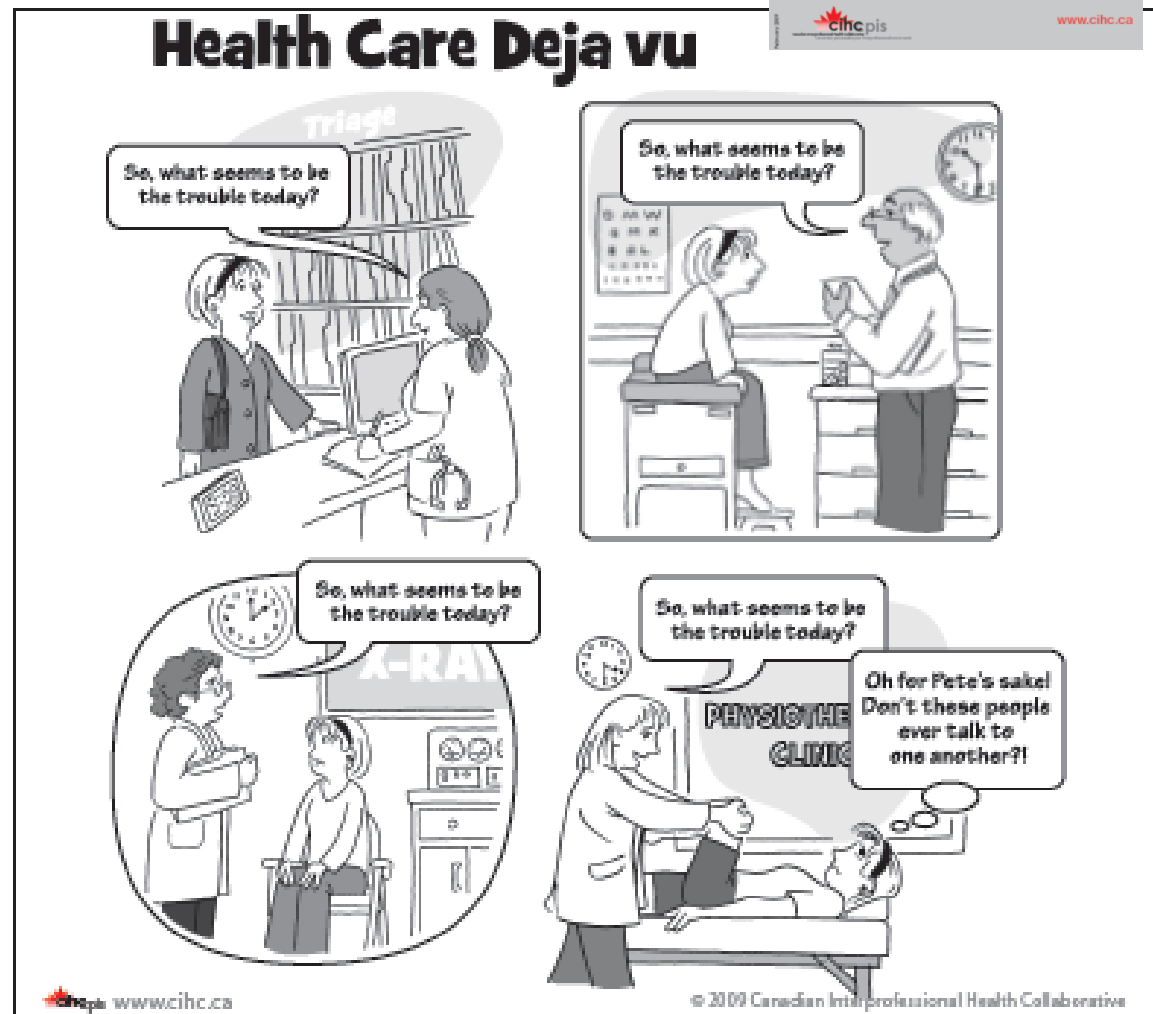
Anesthesia Assistant

Clinical Specialist Radiation Therapist (CSRT)

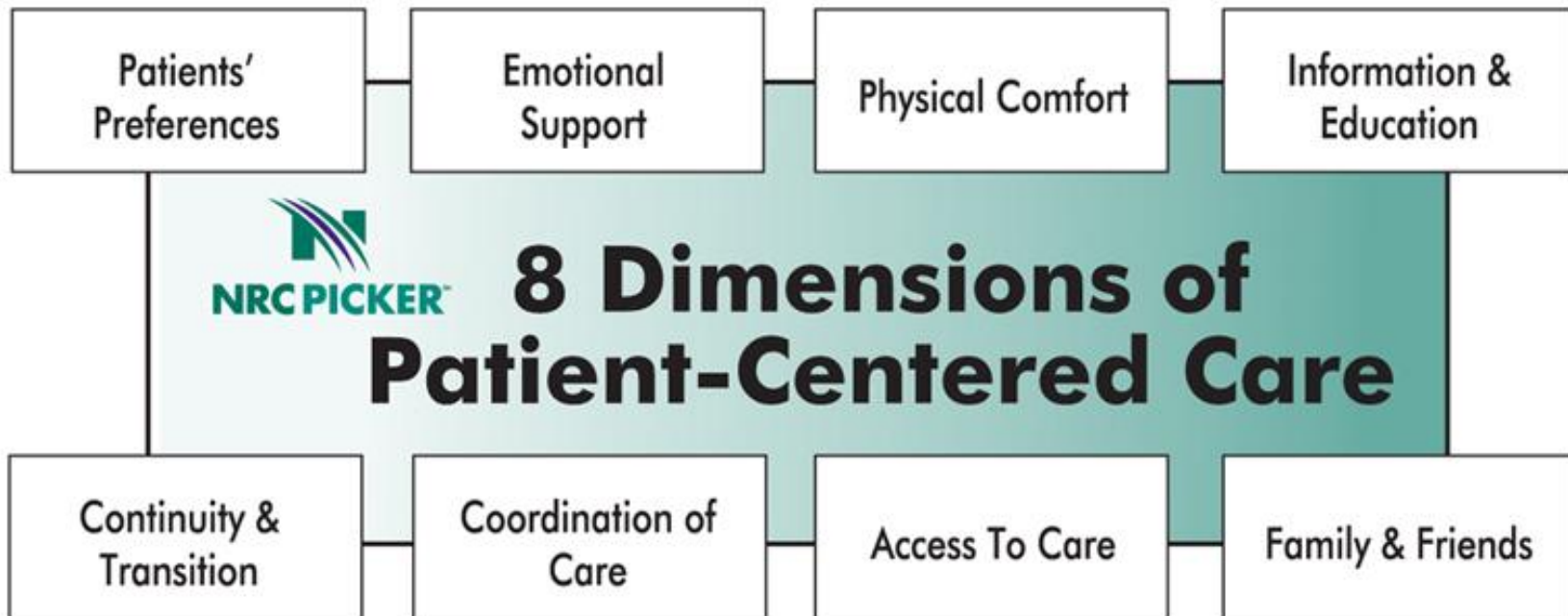
Physician Assistant (PA)

Nurse Performed Flexible Sigmoidoscopy

Person is at centre of their own health care and when patient is at the centre, the healthcare system revolves around their needs rather than the needs of healthcare providers



What is the patient's
experience of care?



Look for 'muda' from our 'customers' perspective-our residents, patients, staff, physicians, families, etc. about the things that cause dissatisfaction or frustration. What makes their day more difficult than it should be? What are the reasons things don't work well on their unit or in their work area? What wastes time? What could be improved?



Waiting unnecessarily for services, waiting on the phone, waiting for someone to find test results, filling out the same demographic information over and over again, completing multiple assessments, maintaining multiple documents both manually/electronically or receiving unclear instructions, having to repeatedly follow-up, etc.

WHAT IS IPE?

Process to train & educate practitioners to work collaboratively, share skills & knowledge

Cases encountered are becoming increasingly complex. Does one healthcare provider have all the answers?

Changes how healthcare providers view themselves; increases flexibility to practice in a variety of settings



How can they work together if they don't learn together?

 www.chhc.ca

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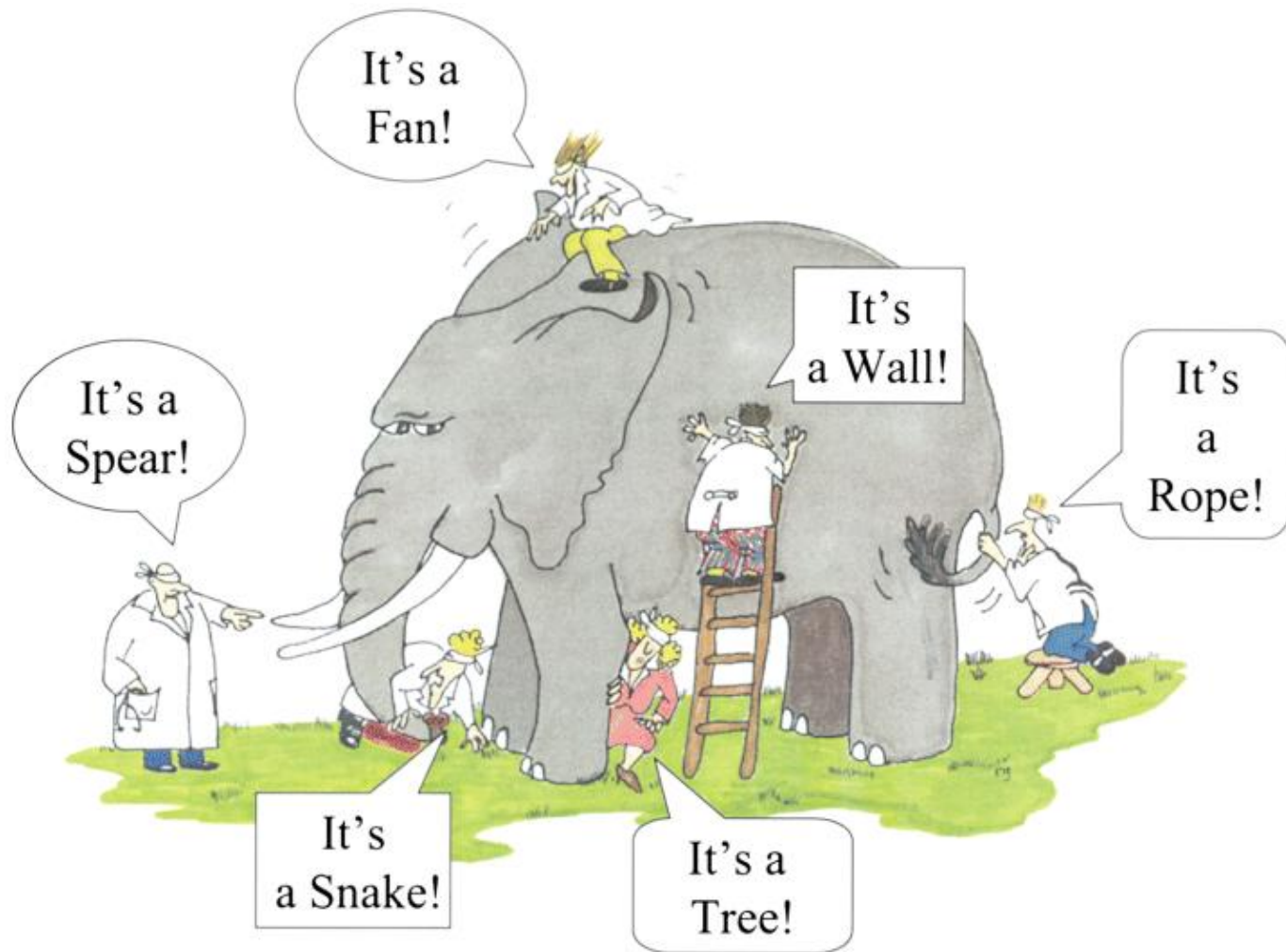


Intergenerational Workforce

Perception of 'work ethic' and relationship to generational differences

Internationally and within Canada, becoming a key focus in curriculum development

4 generations, with different values, in the workplace at the same time



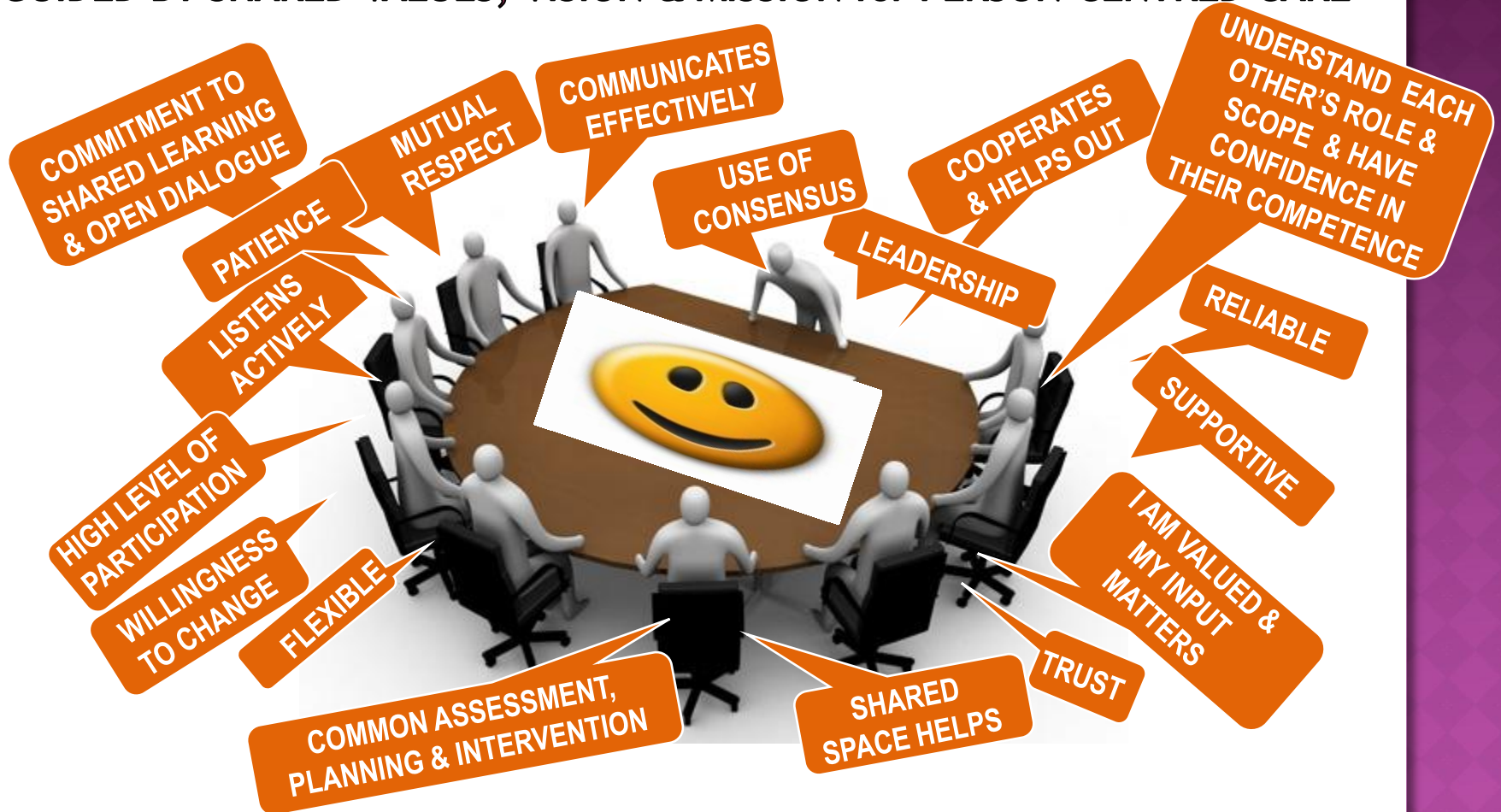
- ★ Everybody has a unique perspective
- ★ Can we expect improved care, service and outcomes when we understand each viewpoint?
- ★ By respecting, combining, and integrating all perspectives we may better grasp the whole situation

ARE THESE CONDITIONS & COMPETENCIES FOR COLLABORATIVE PRACTICE?

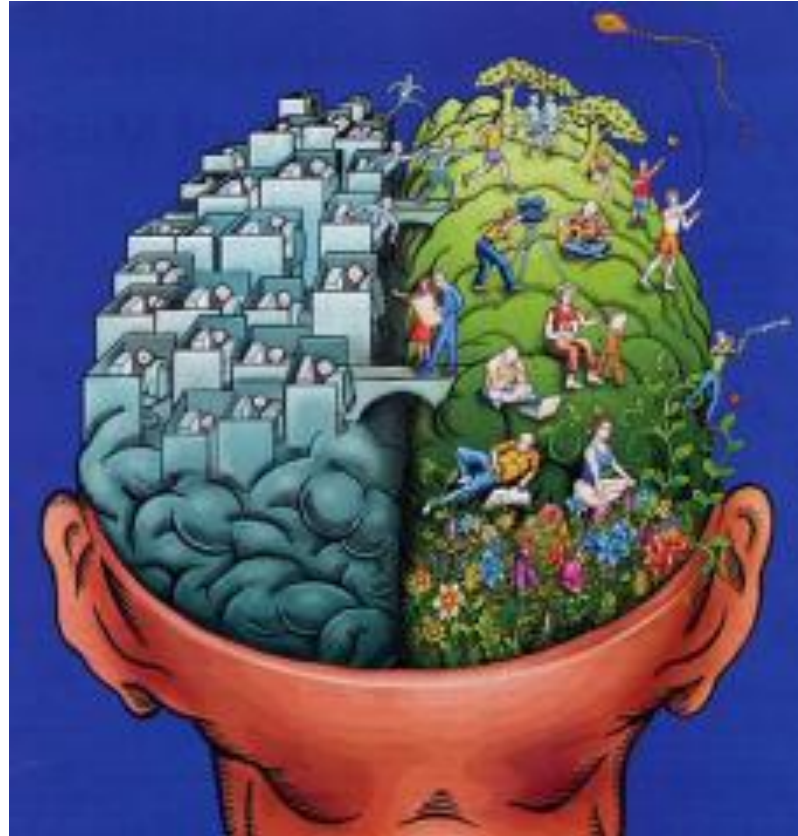


CONDITIONS & COMPETENCIES FOR COLLABORATIVE PRACTICE

GUIDED BY SHARED VALUES, VISION & MISSION for PERSON-CENTRED CARE



MBTI Meyers Briggs
Signature Themes
True Colors
StrengthsFinder
Personality Dimensions
EI-Emotional Intelligence
What Colour is My Parachute?



Defensive?

Command & Control
Low Trust
High Blame
Alienation
Undertone of threats and fears
Anxiety
Guardedness
Hyper-rivalry
Withholding
Denial
Hostile Arguments
Risk Avoidance
Cheating
Political Games
Greed
Attitude of entitlement
Deadness
Cynicism
Sarcasm
Tend to hide mistakes
Work experienced as painful
Dependence on external motivation
Self-serving leaders
Character Assassination

Collaborative?

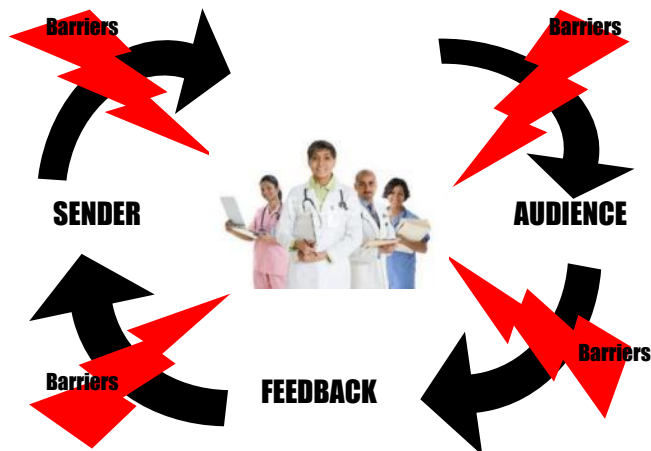
Highly participative
High Trust
Dialogue
Excitement
Honesty
Laughter
Mutual Support
Sincerity
Optimism
Cooperation
Shared Vision
Flexibility
Risk Taking
Tend to learn from mistakes
Face difficult truths
Broad perspective
Open to feedback
Sense of contribution
Work experienced as pleasurable
Internal motivation
Sense of purpose
Ethical behaviour
Inspirational leadership
Authentic community

- ◉ Type of collaboration depends on a variety of factors: the nature of the problem, the task to be accomplished, the types of professional skills available, legal and ethical issues, limited financial resources, and geographic constraints
- ◉ Some problems require only one type of expertise, others more
- ◉ Seek out those who want to collaborate with you
- ◉ Small successes > Incremental Change
- ◉ Physician care dominates in many minds and there may be a sense that one is 'getting less than' the best; Not only about socializing professionals-also about public perceptions





"OH, ITS AN ACRONYM FOR 'IT DOESN'T STAND FOR ANYTHING.'"



Process of getting a message across to other people so it is clearly understood.

Only effective and successful when both the sender and the audience understand the same information as a result of the communication.

Different providers, different practice settings, different terms and acronyms...can be like another language!

Technology like email is an efficient, fast tool that can be used to send a message to a few or many in mere seconds BUT has limitations.

The only thing humans do more often than communicate is breathe. Good communication is essential to clinical practice, building teams, patient safety and for effective leadership.

Poor communication leads to relationship breakdowns, misunderstandings, high levels of emotion, judgment and excess drama.

THAT'S NOT WHAT I MEANT...



Literacy levels

Level of existing knowledge about the topic

Computer Literacy

Computer Access

Distractions or interruptions affect concentration

How clear is the message?

Time of Day

Time Available to process information

Credibility of the Sender

Level of formal education

Role of the staff member & applicability to job

Perception based on values, beliefs, generalizations, attitudes, memories

Body Language

Listening Skills

Fatigue or Alertness

Lack of Interest in the Message

Environment- lighting, temperature, noise

Cultural Influences

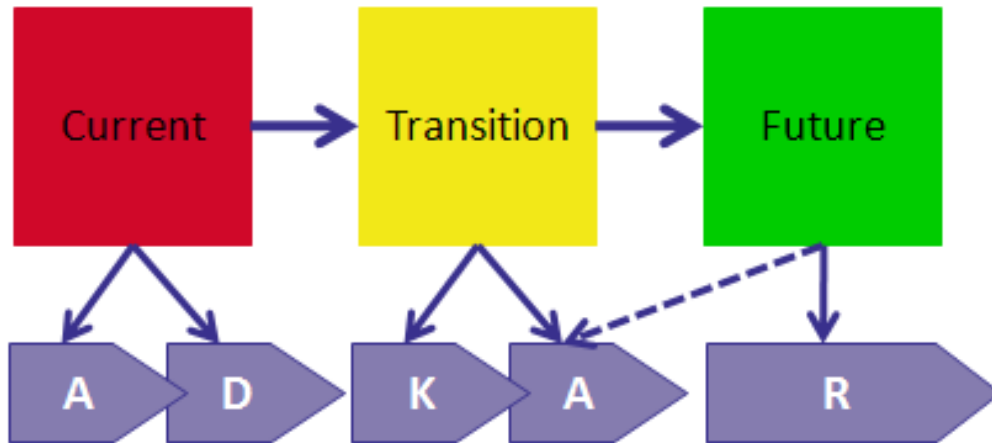
Physical Barriers (hearing, vision)

Change is good. You go first.

Dilbert

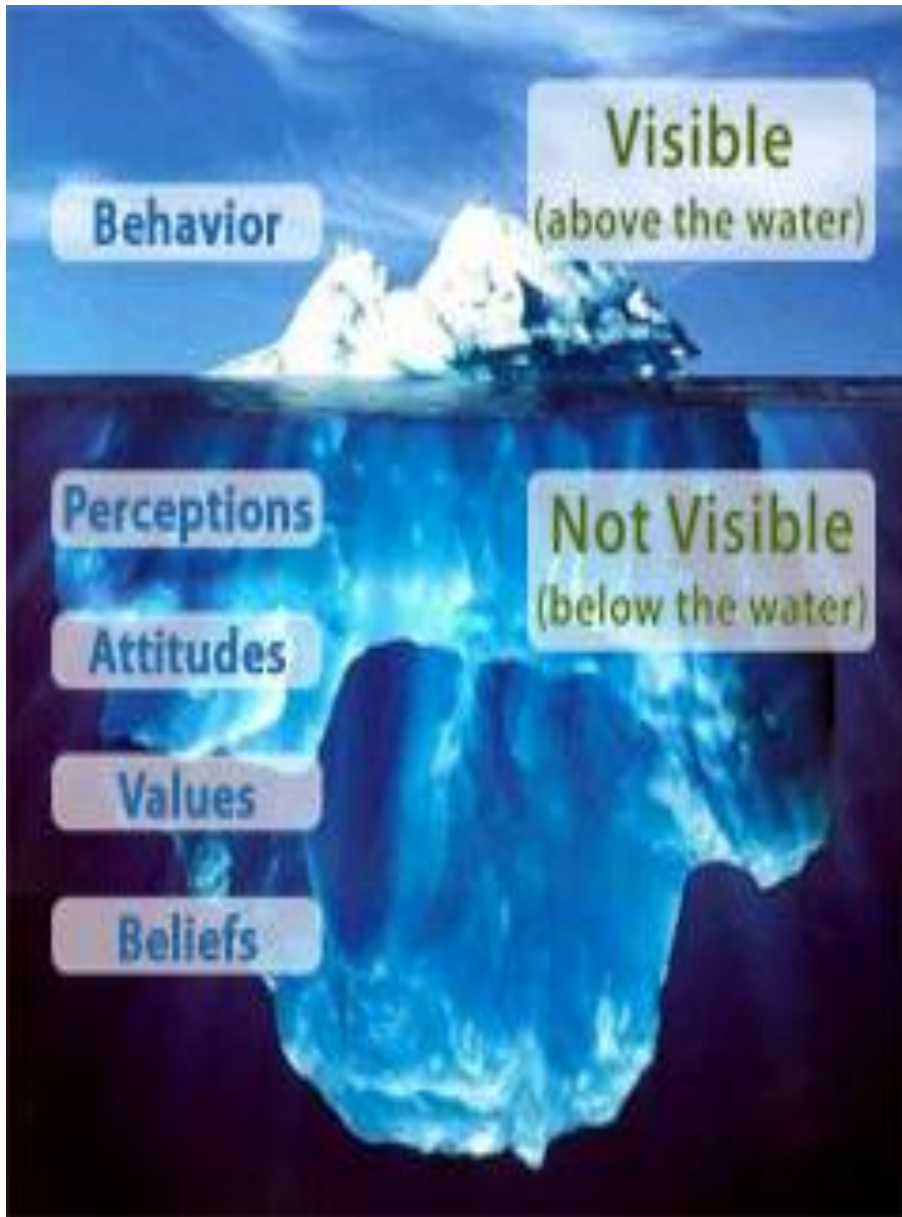


States of change



Prosci's ADKAR® Model

- A** **Awareness** of the need for change?
- D** **Desire** to participate and support the change?
- K** **Knowledge** on how to change?
- A** **Ability** to implement required skills and behaviours?
- R** **Reinforcement** to sustain the change?



Whether you can define it or not, you know that culture exists within your team or your organization.

It's that certain something that hangs in the air and influences how work gets done, critically affects project success or failure, says who fits in & who doesn't, and determines the overall 'mood' & sense of 'fairness.'

Silos or
Collaboration?



CARE OF THE PATIENT

- ◉ Focus on the patient and build our systems, processes, and focus around their needs
- ◉ Have high standards of compassionate service, standards which are taught, caught and regularly measured

CARE OF EACH OTHER

- ◉ How health care people treat each other is critical in creating a healthy health care system
- ◉ The work people do in health care is difficult and by nature, highly collaborative
- ◉ “Toxic” co-workers are a major source of work dissatisfaction and stress
- ◉ A healthy workplace is not just about the patient/client/resident; it is also about you, the team, so we must work hard to create spirited teams, where collaboration, appreciation, and high standards of how we treat each other become the norm

CARE OF THE SELF

- ◉ Probably most neglected and while the work of health care is very rewarding it is also very demanding-emotionally and physically
- ◉ Few health care providers have the skills to manage their own “care”
- ◉ If providers are not taking care of the self or if the stress they work under is not recognized, a health care system cannot be healthy

OVERCOMING BARRIERS

Power & Politics



Funding



Educational biases, traditional training & "tribalization" of professions



Limited Understanding of Other Professions

Territory & Turf



Multiple Assessments



Lack of Interest



Liability

Lack of Leadership Support



Multiple Personalities

Perceived & Real Lack of Time



Unwilling to Change



BENEFITS MAY INCLUDE...

When health care providers work together, they make better use of their skills and knowledge and they are able to more effectively coordinate care according to patients' needs. As a result, patients should receive higher quality care.

Better use of
clinical
resources

Rural &
Remote areas

Enriches
personal
practice and
perspective

Increased
Access

Decreased
wait times

Patient
Safety > Reduction
in errors

Holistic
Approach

Increased
patient
satisfaction

Better
outcomes for
pts with
chronic
disease

Empowers
competent
professionals
to practice


- ◉ Village of Taunton Mills partnership with the University of Ontario Institute of Technology (UOIT), HETRU (Health Education Technology Research Unit), and the Schlegel-UW Research Institute for Aging (RIA)
- ◉ One of 41 projects funded-Interprofessional Care Education Fund 2008-09 project, funded through HealthForceOntario by the MOHLTC and Ministry of Training, Colleges and Universities
- ◉ HETRU at UOIT adapted their evidence-based IP framework, "The Compass Model" which included the development of a Core Competency Framework on IPE and complex health video simulations showcasing IPC to deliver 18 hour Education Workshops for 27 participants
- ◉ 6 month practicum project (with support) where they used their new knowledge to implement a new IP practice
- ◉ Example of UOIT's "school-to-practice transition"
- ◉ Independent evaluation by Loretta M. Hillier, Health Care Research & Evaluation Method




NOW WHAT ?



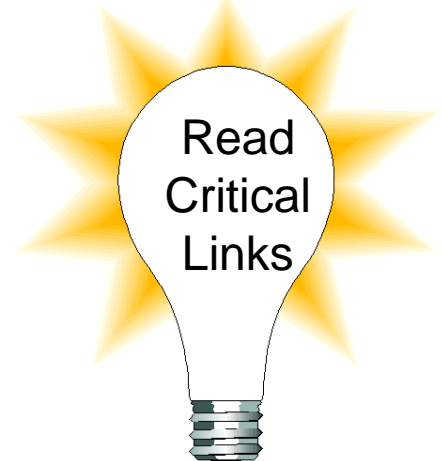
Read HFO
Blueprint




Self Reflection
& Assessment



Review
Layout




Read
Critical
Links



Team based
Case Studies




Team
Assessments &
Team Building



Team
Learning & Training



HR *Orientation, *Job
Descriptions, *Hiring &
Interview Practices,
*Performance
Development, *Cross-
training, *Job Shadow

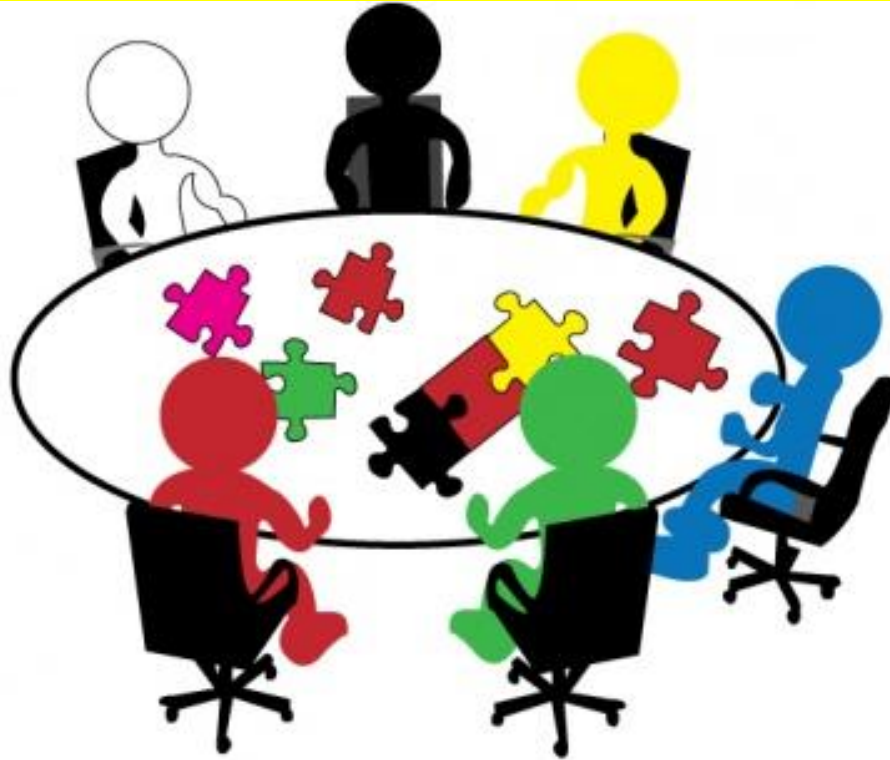


RHP role &
scope
presentations



Learn more
about IPC
competencies &
target training

Thank you for your time and enjoy the rest of your day!



“I have more respect for what other people do now. Because if you don’t know what other people do, how can you appreciate their contribution, right?”

Be self-aware and value yourself-When we value ourselves more we also tend to value others more making them more receptive to us. Be confident & competent!

RESOURCES

<http://www.caipe.org.uk/about-us/defining-ipe/>

HealthForceOntario

<http://www.healthforceontario.ca/WhatIsHFO/AboutInterprofessionalCare/ProjectResources.aspx>

Health Canada-<http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/interprof/index-eng.php>

The CIHC National Competency Framework at Canadian Interprofessional Health Collaborative

<http://www.cihc.ca/>

Lots of ideas from the Dalhousie University CAB II conference held in Halifax May 20-22, 2009 (Collaborating Across Borders) http://www.cabhalifax2009.dal.ca/Files/All_Presentation_Abstracts.pdf

View IPL Project information at: http://www.the-ria.ca/research/themes_other.cfm AND at

Central East LHIN-http://www.centraleastlhin.on.ca/newsclips.aspx?ekmensele=e2f22c9a_72_190_82_2

Health Professions Regulatory Advisory Committee

<http://www.hprac.org/en/>

The Change Foundation-<http://www.changefoundation.ca/presentations.html>

<http://www.changefoundation.ca/VNR.html>

<http://www.nrcpicker.com/Measurement/Understanding%20PCC/Pages/DimensionsofPatient-CenteredCare.aspx>

RESOURCES

Presentations from the IPE Conference located under the Ontario Collaborative & CIHC

<http://www.cihc.ca/regional/overview/ontariolist/oc>

Guide to Collaborative Team Practice MOHLTC

http://www.health.gov.on.ca/transformation/fht/guides/fht_collab_team.pdf

Online learning modules:

http://www.otweb.ualberta.ca/presentations/HealthCanada_Module1/player.html

<http://ipe.utoronto.ca/resources/dvd.html>

www.theizzogroup.com

www.betterworkplacenow.com

Access the GiiC Toolkit at <http://rgp.toronto.on.ca/>

<http://www.canadianhealthcarenetwork.ca/healthcaremanagers/management/patient-safety/what-do-you-think-about-patient-centred-care-3453>