HealthForceOntario Newsletter

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MESSAGE FROM JOSHUA

HealthForceOntario is about increasing the number of health professionals in Ontario. It is also about making the best use of everyone's knowledge and skills. In the past, our system has often been defined by silos, turf wars and people working next to each other but not together. One way to change that is by creating patient centered interprofessional teams.

As a clinician, I've worked in both good and bad interprofessional teams. I've had a chance to see how important interprofessional teams can be to patient care when they're done well, and how hurtful and disenfranchising they can be for providers and patients when they're done poorly.

Interprofessional teams are not about replacement or substitution. They're about using the right mix of skills to provide the best health care. We are learning that effective teamwork can lead to greater patient and provider satisfaction, better outcomes, decreased mortality, and enhanced recruitment and retention.

Interprofessional teams are one of the cornerstones of our HHR strategy – so it's important to get them right. Teamwork is also critical at the system level between different institutions or sectors to ensure patients move seamlessly from one care level or sector to another. Teamwork is also about more than front line providers: administrators, managers, researchers, leaders, government and others must also be engaged in a new collaborative culture that will help improve health and health care.

Interprofessional teams are key to the future of health care, but they are not always the answer to our problems. We have to be able to recognize where teams can be transformative, and where they are not needed. Team-based care is also not a substitute for appropriate remuneration and other supports in the workplace. In fact, teams and teamwork need the right resources to succeed. We need to learn more about changes within the health care system – the policies, education, practice models and other supports – that will help health professionals become highly functioning, effective teams.

This issue of the HealthForceOntario newsletter talks about changes occurring within government, the education system and the health care sector to support interprofessional education and practice.

Joshua Tepper
Assistant Deputy Minister

TEAM WORK: GOOD FOR PATIENTS, HEALTH CARE WORKERS AND THE HEALTH SYSTEM

What is interprofessional care?

Interprofessional teams are groups of health care providers who work collaboratively to deliver the best quality of care in every health care setting and across settings. Interprofessional care encompasses partnership, collaboration, and a multi-disciplinary approach to enhancing care outcomes.

How do patients benefit from interprofessional care?

Patients benefit from more timely, safer care. Because they receive the right care from the right provider at the right time, they have better access to services, shorter wait times and better outcomes. For example, interprofessional teams of anesthesiologists, working with nurses and respiratory therapists who are trained as anesthesia assistants have helped reduce wait times in the province's cataract surgery centres by 41%[1]. As a result 14,000 more Ontarians are able to have cataract surgery each year. Patients also report being more satisfied with the care they receive from interprofessional teams[2].

How do health care professionals benefit from being part of an interprofessional team?

Team members learn from one another, make the most effective use of each member's knowledge and skills and find the work more rewarding.[3]

How do health care organizations benefit from interprofessional care?

Health care organizations that offer opportunities for teamwork find it easier to recruit and retain professionals, and have lower rates of staff turnover.[4]

HEALTH**FORCE**ONTARIO: SUPPORTING THE INTERPROFESSIONAL AGENDA

1

Summit on Advancing Interprofessional Education and Practice

In June 2006, more than 100 decision makers, health care providers, community leaders and educators participated with the Ministry of Health and Long-Term Care and Ministry of Training, Colleges and Universities in a Summit on Interprofessional Care and Practice.

Out of this meeting grew an Interprofessional Care Steering Committee to create a blueprint to advance interprofessional education and practice across the province. The committee is chaired by Tom Closson and Ivy Oandasan. (see profiles p.6)

The IPC Project will draw on the expertise of leaders in health care and education to:

- identify the system levers that will remove barriers to interprofessional care in both education and practice settings
- provide tools to support and facilitate IPC within specific timelines.
- facilitate dialogue among regulators and practitioners
- develop a way to measure the effectiveness of interprofessional care initiatives
- identify "quick wins" that demonstrate interprofessional care works.

1 Ontario Wait Time Strategy. Ministry of Health and Long-Term Care. http://www.health.gov.on.ca/transformation/wait_times/provider/wt_pro_mn.html.Accessed April 3, 2007.
2 www.dh.gov.uk/PolicyandGuidance/HumanResourcesAndTraining/ModernisingWorkforceplanning. (online) cite August 23, 2004.
3 Canadian Health Services Research Foundation. Teamwork in Healthcare: Promoting Effective Teamwork in Healthcare in Canada. June 2006
4 Retention and Recruitment Collaborative 2003-04. Outcome and Impact Report. NHS Modernisation Agency. www.dh.gov.uk/PolicyandGuidance/HumanResourcesAndTraining/ModernisingWorkforceplanning. (online) cite August 23, 2004.

2

Incentives for Interprofessional Leadership

In June 2006, the Minister of Health and Long-Term Care invited health sector employers, health professional associations, and post-secondary education institutions to apply to the Interprofessional Mentorship, Preceptorship, Leadership and Coaching Fund.

The fund will support programs that:

- enhance health professionals' ability to practise together
- develop teams from various disciplines working together to deliver more coordinated care
- replicate existing examples of excellence in team-based care so that they can be used to improve the systems and outcomes
- use the expertise, knowledge and wisdom of experienced health professionals to mentor new professionals – either in the same or other disciplines
- improve retention and career satisfaction.

A total of 38 programs ranging from large, province-wide programs to smaller local level initiatives have been recommended for funding.

Some Successful Interprofessional Leadership, Mentorship, Preceptorship and Coaching Projects:

- An academic health sciences network and a university establishing interprofessional collaboration as a standard in order to enhance patient care and staff retention.
- Protocols and structures for interprofessional bedside rounds in a respiratory step-down unit.
- Mobile Coaching Teams, made up of physicians, nurses, physiotherapists, occupational therapists, dieticians and speech language pathologists.
- A mentoring program for interdisciplinary teams assessing and providing complex care for patients with mood and anxiety disorders.
- A web-based mentorship program that allows physiotherapists to locate mentors who match their learning requirements and professional goals.
- A multi-disciplinary team-based treatment program and protocols for patients with social phobias that makes better use of health human resources.
- A leadership development program for public health practitioners.
- A program that links rehabilitation practitioners in Northern Ontario with a team of professionals with different clinical expertise.

HEALTHFORCEONTARIO: SUPPORTING THE INTERPROFESSIONAL CARE AGENDA

3

Funds for Interprofessional Health Education

In June 2006, the Ministry of Training, Colleges and Universities announced the Interprofessional Health Education Innovative Fund. The goal is to encourage post-secondary institutions to develop innovative education programs that will help health care providers work in teams.

Eight proposals for innovative interprofessional health education developed by the province's post-secondary institutions have received significant funding, and 17 more have received seed grants. The projects are designed to encourage faculty to provide interprofessional education, and give health professionals more opportunities to learn and work together (see descriptions of some successful projects below).

In addition, the Ministry of Training, Colleges and Universities and the Ministry of Health and Long-Term Care have also provided multi-year funding to the province's six Academic Health Science Centres (AHSCs) to support Interprofessional Education offices. Each office will have a dedicated individual who will champion interprofessional education within the AHSC and involve all disciplines in interprofessional education initiatives.

Some successful Interprofessional Health Education projects:

- a district-wide program to enhance interprofessional teaching and role modeling in local universities, community colleges and teaching practice sites
- training experienced providers to be interprofessional preceptors for health programs students at a community college, and assessing the impact of interprofessional education on recruitment and retention
- a collaborative university/community initiative to develop a flexible, web-based interprofessional curriculum, increase the number of faculty who offer interprofessional education, and train new professionals in teams
- developing a comprehensive approach to interprofessional education – including modules on interprofessional competencies, clinical placements, assessment tools, faculty courses, and preceptorship programs – that will make it the norm at one of the province's largest health science universities
- using simulation labs to prepare learners to work in cohesive, collaborative teams
- designing experiential learning modules on collaborative decision making and team reflection
- a French-language program designed to give primary care and rehabilitation practitioners opportunities to learn and work in interprofessional settings and meet the needs of Francophone Ontarians.

For more information about the IPC Project, visit: www.healthforceontario.ca/IPCProject

TEAM WORK IN ACTION

Group Health Centre (GHC): At the Group Health Centre in Sudbury, physicians, nurse practitioners, nurses and allied health care providers work with patients to develop and implement comprehensive care plans for diabetes, heart disease and other complex chronic diseases. To meet the needs of individuals and the community, all practitioners work to their full scope of practice and look for innovative ways to provide services. For example, the diabetes education and care program operates out of a local mall.

Assertive Community Treatment (ACT): Asssertive Community Treatment teams across the province provide services for people with serious mental illness. Professionals with backgrounds in social work, rehabilitation, counseling, nursing and psychiatry work together to provide case management, initial and ongoing assessments, psychiatric services, employment and housing assistance, family support and education, substance abuse services, and other critical services and supports that help clients live successfully in the community.

The Arthritis Program (TAP): From its inception in the 1980s and early 1990s, The Arthritis Program at Southlake Regional Hospital was based on an interprofessional team concept. Today the TAP team consists of rheumatologists, occupational therapists, physical therapists, pharmacists, social workers as well as other practitioners who work collaboratively to help people manage their arthritis. As a result of this interprofessional program, annual hospital admissions for arthritis have dropped significantly. For example, in 1984/85, TAP provided care for 100 inpatients and 66 outpatients with Inflammatory Joint Diseases such as Rheumatoid Arthritis. In 2006/07, Southlake had only five medical admissions for Rheumatoid Arthritis but almost 500 people participated in the outpatient program.

HealthForceOntario Facts

- Ontario has created 150 Family Health Teams – nurses, doctors, dieticians, pharmacists, physician specialists, mental health workers and many other health care professionals – serving 2.5 million Ontarians.
- 22 Critical Care Teams – intensive care physicians, intensive care nurses and respiratory therapists – are now providing early intervention and resuscitation for patients in 22 hospitals – in and outside the ICU, saving lives, reducing avoidable admissions to ICU, and improving access to ICU beds.
- 9 Anesthesia Care Team pilot sites, introducing new roles for some team members will improve access and reduce wait times for surgical procedures. These interprofessional teams include new roles for respiratory technologists, registered nurses, anesthesia assistants and nurse practitioners working together with anesthesiologists.

THE PEOPLE BEHIND HEALTHFORCEONTARIO

HealthForceOntario is government, health professions, educators, employers and communities working together to make Ontario the employer of choice for health care professionals. Here are two leaders helping to build interprofessional teams:

Ivy Oandasan, director of the Office of Interprofessional Education at the University of Toronto, has extensive experience with interprofessional care through her work as a clinician, educator, researcher and administrator. An associate professor and research scholar with the Department of Family and Community Medicine at the University of Toronto, she has led a number of research projects about interprofessional education and collaborative practice, and is widely sought as a speaker on these topics. Ivy recently won a national education award for her work.

Says Oandasan, "We need to learn how to work together effectively and efficiently – to have the right skills to provide evidence-based care and avoid duplication. This approach will lead to better care for patients, but it will also help make the best use of our limited resources."

Tom Closson, a health care management consultant, has had extensive experience leading and managing major health care organizations, such as the University Health Network, Sunnybrook Health Sciences Centre, and the Capital Health Region in British Columbia.

"For me, it's all about achieving sustainability," says Closson. "If we're going to have a sustainable health care system, we need a more effective integrated model of care. Historically, we designed our system to separate professionals. Health care providers trained in their own streams. In the 1990s, we saw the first moves to program management. Now, we have to go further, bring disciplines together to focus on patient care, and prepare professionals to work as teams."

Both Oandasan and Closson point to examples in the health care system now – such as mental health and critical care – where teams are working and working well. By building on these experiences, "the IPC project can change the health care system," says Oandasan.

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