Issue 6 **January '09**

HealthForceOntario Newsletter

A report to Ontario's healthcare leaders.

Message from Joshua

Welcome.

Interprofessional care and education is a cornerstone of the HealthForceOntario strategy. In our second newsletter (spring 2007), we introduced the evidence for the benefits of interprofessional care and presented our initial work in this area. It is exciting to return to this topic with an update on the significant work that has been accomplished.

I want to pause before going any further and make it clear that the HealthForceOntario strategy does not claim to have "invented" interprofessional care. Far from it. There have always been inventive, visionary people collaborating for the good of their patients. Our goal is to take the scattered examples of excellence and – in the cases where evidence shows them to be the best models for patient and provider – make them the general standard of care.

The HealthForceOntario strategy also works to provide teams with the education, skills and support they need to function well. And we pursue research and evaluation to understand when and how interprofessional teams work best – an effort that will help us define and refine future initiatives.

Underlying these efforts is *Interprofessional Care: A Blueprint for Action in Ontario*. The *Blueprint* was created by a team of experts in consultation with hundreds of members of the healthcare community, including patients. We've distributed more than 1,700 paper copies of the *Blueprint* and there have been 15,000 downloads of the document from our website.

To put the principles of the *Blueprint* into action, we formed the Interprofessional Care Strategic Implementation Committee. You will read more about the committee members in this newsletter. We are extremely fortunate to have these leaders applying their experience and intelligence to the task of making interprofessional care the provincial standard.

The Committee's work, however, is really all of our work. Obviously fifteen people, no matter how capable, cannot transform our healthcare system – particularly in the area of interprofessional care. To support educators, learners and providers in carrying out this transformation, we have invested more than $40M in the past three years. A handful of the many innovative projects we have funded are profiled in this issue.

We hope that you find the stories here inspirational and motivating. As you take steps to create an interprofessional care model in your organization, I invite you to share your successes with the Interprofessional Care Strategic Implementation Committee so they can share them with others. You can reach the committee at ipcsic@healthforcecontario.ca. We do look forward to hearing from you.

Sincerely,

Joshua Tepper
Assistant Deputy Minister
Health Human Resources
Strategy Division
j.tepper@healthforceontario.ca

Ontario

Experts Lead the Way

The Interprofessional Care Strategic Implementation Committee is leading the implementation of interprofessional care in Ontario.

The Committee's activities are guided by the recommendations in the August 2007 report: *Interprofessional Care: A Blueprint for Action in Ontario*. The report is the culmination of listening and direction setting by leaders in the health delivery, regulatory and education sectors. The *Blueprint* has been downloaded more than 15,000 times and has guided our recent funding initiatives.

Implementation Committee members are experts in the fields of policy, education, practice, regulation and organizational structure who have demonstrated leadership and experience in interprofessional care. We thank them for their significant contribution.

Members of the Interprofessional Care Strategic Implementation Committee.

From left to right:
Back row: *Ginette Rodger, Lorie Shekter-Wolfson, Peeter Poldre, Jackie Schleifer Taylor, William Shragge*
Centre: *Jennifer Medves*
Front row: *Marcy Saxe-Braithwaite, Stanley Mircheff, Ivy Oandasan, Jan Robinson*

Committee Co-Chairs

- Peeter Poldre, MD, Vice President, Education and Medical Affairs, Sunnybrook Health Sciences Centre
- Jackie Schleifer Taylor, Vice-President, Quality, Standards and Performance, Women's College Hospital

Committee Members

- Jennifer Medves, RN, PhD, Associate Professor, Director, Practice and Research in Nursing Group, School of Nursing, Queen's University
- Stanley Mircheff, LLB, Criminal Lawyer
- Ivy Oandasan, MD, Associate Professor and Director of the Office of Interprofessional Education, University of Toronto.
- Eliseo (Eli) Orrantia, MD, Marathon Family Health Team
- David Price, MD, Chair and Associate Professor, Department of Family Medicine, McMaster University
- Jan Robinson, Registrar, College of Physiotherapists of Ontario
- Ginette Rodger, Senior Vice-President, Professional Practice and Chief Nursing Executive, The Ottawa Hospital
- Marcy Saxe-Braithwaite, Vice-President, Programs and Chief Nursing Officer, Providence Care, Kingston
- William Schragge, MD, Chief of Staff, Niagara Health System and Professor Emeritus, McMaster University De Groote School of Medicine
- Lorie Shekter-Wolfson, Dean of Community Services and Health Sciences, George Brown College
- Mimi Lowi-Young, Chief Executive Officer, Central West LHIN

To order a copy of the Blueprint, write: ipcsic@healthforceontario.ca

Interprofessional Education Lands on Campus

Health sciences students at 15 Ontario colleges and universities now have interprofessional education advocates on campus promoting IPC inside and outside the classroom.

In March 2007, with support from HealthForceOntario, Queen's, Western, Toronto, McMaster, Ottawa and the Northern Ontario School of Medicine each created interprofessional education offices with dedicated leadership. This year, the HealthForceOntario program has been expanded to three more universities—Windsor, York and Ryerson, and to colleges that educate health professionals in multiple disciplines. Participating colleges are: Algonquin, Humber, Centennial, Conestoga, George Brown and La Cité. Leaders in each of these offices are funded to meet at least twice a year to share their ideas and projects.

Jennifer Medves leads the Office of Interprofessional Education and Practice at Queen's University. The office encourages meetings among students from different disciplines, organizes IPC forums with educators, providers and administrators, and supports IPC-oriented continuing professional development.

In the future, Medves envisages teaching students from different disciplines together in a single classroom. Possible topics include taking a patient history, pain management and resuscitation. "We want to stop teaching in silos," she says. "We would like students to understand not only their roles and responsibilities, but also the roles and responsibilities of other healthcare professionals."

Indeed, IPC Strategic Implementation Committee Co-Chair Jackie Schleifer Taylor notes: "Education is the constant. An IPC emphasis should start in school and remain throughout training and continuing professional development."

Ultimately, she says, IPC is about changing how everyone, including the patient, views health care. It's a fundamental transformation. And like all such social revolutions, it will have a better chance of success if it comes from the ground up.

Making interprofessional care "The way it is."

For the past three years, HealthForceOntario has been building support for IPC by bringing together disparate healthcare players such as academic institutions, professional associations, providers and regulators. "We are forging meaningful partnerships by using carrots instead of sticks," says Jackie Schleifer Taylor, a co-chair of HealthForceOntario's IPC Strategic Implementation Committee. "HealthForceOntario's success in linking provincial educational and health initiatives is the biggest breakthrough I've seen in 15 years as an IPC advocate."

In the future, Schleifer Taylor sees interprofessional care as an approach that will be completely integrated into care delivery. "Interprofessional care is like hand washing, we all know that any healthcare professional should wash his/her hands before and after examining a patient. In the same way, an interprofessional approach to patient care should be something essential and automatic rather than something special. IPC should simply become 'the way it is'."

"HealthForceOntario's success in linking provincial educational and health initiatives is the biggest breakthrough I've seen in 15 years as an IPC advocate."

To stimulate innovation in interprofessional care and instill the value of interprofessional education, two major funds have been established under the HealthForceOntario strategy. Now, the projects sponsored by these funds are beginning to deliver tangible results.

More than $20 million has been disbursed across the province to educational institutions and healthcare providers through these two programs. Under the **Interprofessional Care/Education Fund (ICEF)** that "fosters the implementation of interprofessional collaboration," curriculum changes and attitudinal changes are taking place at all of the province's academic health science centres - and beyond. In North Bay, for example, Canadore College won financial support for a project that brings together students in medicine, nursing and respiratory therapy in an attempt to break down silos and improve patient care (see *"Looking after a patient is like building a house"*).

Another ICEF project, in Ottawa, aims to educate both the broader healthcare community as well as third-year, health sciences students at the University of Ottawa. Sponsored by Ottawa Inner City Health (a group recognized by the World Health Organization for its multi-professional approach to managing the health needs of the city's homeless) this effort is aimed at developing an IPC treatment plan for Hepatitis C.

"Hep C has reached epidemic proportions in Ottawa," says Wendy Muckle, executive director for Ottawa Inner City Health. "If we don't deal with it, it could cripple our local healthcare system."

Ottawa Inner City's approach moves beyond traditional healthcare providers to include others such as social workers, community housing providers and even the police, as part of an IPC approach. "Adequate housing is one of the biggest barriers to care," says Muckle. The project will examine this and other obstacles, such as transportation, diet and telephone access.

The aim of the second fund, the **Optimizing Health Providers Competencies' Fund** is to support healthcare professionals in using their full knowledge and skills as part of a health care team. (See *"Unlocking competencies"* for a look at two such projects.)

Schleifer Taylor, Vice President of Quality, Standards and Performance at Women's College Hospital in Toronto, points to the number of funded projects in both programs as proof that the IPC ethic has developed grass roots strength across the province. An independent panel comprised of experts from outside Ontario selected 84 proposals from more than 250 submissions.

The next steps are to evaluate and coordinate the projects. Dr. Peeter Poldre, the other IPC Strategic Implementation Committee co-chair, says the evaluation stage "will tell us the best way to use public funds to effect the required culture change."

Once the successful projects are assessed, there will be a foundation for supporting future projects. "The projects need to be networked," says Schleifer Taylor, "so that effective solutions can be transferred to others in the field."

That transfer of knowledge will be led by the IPC champions emerging from the funded projects, says Poldre, Vice President, Education & Medical Affairs, at Toronto's Sunnybrook Health Sciences Centre. "These people will lead the culture change," he says. But Poldre also acknowledges that obstacles remain before IPC achieves the desired support among all healthcare practitioners, especially physicians. "We need to enhance our engagement with doctors," says Poldre. "Even when they are part of a team, other team members tell us they can be a barrier to change."

Down the road, Schleifer Taylor and Poldre want to involve patients and the broader public in building even stronger support for IPC. Meanwhile, future providers are being exposed to the benefits of IPC during their training. Supporting the ICEF projects is a province-wide network of post-secondary, interprofessional education offices to "promote the development, implementation and ongoing evaluation of a core interprofessional curriculum for health profession students". The idea is to inculcate students with the value of IPC so that it becomes second nature to them as providers. Says Poldre: "Today's IPE students will be tomorrow's leaders in the IPC field."

Funding Innovative Ideas in Interprofessional Care

The idea behind interprofessional care is to get healthcare providers from various disciplines to work as a team. Evidence shows that this approach improves patient care and provider job satisfaction. That's why the ministry is funding new interprofessional care projects through two funds under the HealthForceOntario strategy.

Interprofessional Care/ Education Fund (ICEF)

The forty-nine projects funded under the ICEF build and foster interprofessional health care teams by linking interprofessional education and practice. This fund, which supports projects at the intersection of health and education, is jointly administered by the Ministry of Heath and Long-Term Care and the Ministry of Training Colleges and Universities.

A second invitation for applications was issued in September.

Optimizing Use of Health Providers' Competencies Fund

This new initiative is aimed at unlocking the existing potential in health care delivery teams. Applicants were asked to explore the best ways to use the skills and abilities of the providers on their team.

The program is the first of its kind in Canada.

A CCAC and a Family Health Team explore using the right provider for the right care.

"Necessity is the mother of invention" is the adage helping to fuel two projects aimed at making better use of healthcare professionals' skills and talents for the benefit of patients.

In southwestern Ontario, a sprawling Community Care Access Centre is challenged with a shortage of nurses to meet the needs of children that require 24/7 home care. And in the northwestern part of the province, a family health team is developing protocols to deal with the problems caused by diabetes. In both situations, the new HealthForceOntario Optimizing Health Providers' Competencies Fund is helping find ways to dramatically enhance healthcare delivery.

The first initiative involves children who survive a catastrophic injury at birth or otherwise suffer from serious ailments requiring around the clock care. Their parents have only two options to look after their children: hospital or home. There are no long-term care institutions to meet this complex need, and it is better for both the stressed hospitals and the children to be cared for at home, resources permitting. Up to now, that usually meant parents caring for their children during the day and the evening, with CCAC nurses working overnight shifts to allow parents to sleep while their children, who might be attached to a ventilator or require other life-sustaining support, are still monitored.

"For nurses, it's a very challenging job," says Megan Nichols, a Regional Quality Manager for the South West CCAC serving nearly one million people in London and eight counties. "They work alone, mostly at night, and have to care for very sick children. It takes its toll."

It is difficult to find trained professionals to meet this need. Nichols' proposed solution is to train personal support workers (PSWs) to assume some duties currently performed by nurses. "After all, we help parents learn to manage the medical needs of their children with nursing backup," she says. "Why not PSWs?"

In effect, the project aims to maximize the competencies of an unregulated health professional group, the PSWs, to free up the nurses to meet other personal and professional needs. A Personal Digital Assistant (PDA) will allow a PSW to be in real-time contact with a community nurse who has pediatric expertise. The nurse can review the child's clinical status, answer any question and provide clinical direction. Ideally, a nurse could be responsible for two or more children in the care of PSWs in different homes.

"This will increase the PSW's skill set and relieve some of the pressure on nursing," says Nichols. "Even if we can assign two clients to a nurse this way, it's a big win for us and for the families needing support."

Meanwhile, in Kenora, Randy Belair is looking to make inroads into the treatment of acute and chronic "wounds" caused by diabetes, a too-common disease among the region's large native population. Many chronic wounds, or severe breaks in the skin, require comprehensive and ongoing care. "If not properly treated, the wound could lead to loss of a leg or foot," says Belair, Executive Director of the Sunset Country Family Health Team. "We're talking about more than changing dressings."

Severe wound sufferers, and Belair says there are some 500 of them in his catchment area, typically go to the local hospital emergency room for sporadic care—not the best use of the hospital's resources, nor the best regime for a patient who should have a regular and comprehensive treatment plan. "We need to determine which health team member can most effectively provide the best care," Belair says, "whether it is, say, a RN or chiropodist. And we need to ensure that everyone on the health team knows what constitutes the best treatment for a particular patient."

The project will also involve nutrition counselling, one way to empower the client to help manage his/her condition. "This initiative fits perfectly with what we are trying to do with our family health teams," says Belair. "We want the right provider providing the right care at the right time and in the right location. That frees up other professionals to do what they were trained to do."

Gabby Nixon, 7, suffers from spina bifida and needs a trachea tube to help her breathe. From left, nurse Jane Terwoord, CCAC case manager Karen Nunn and mother Susan Nixon.

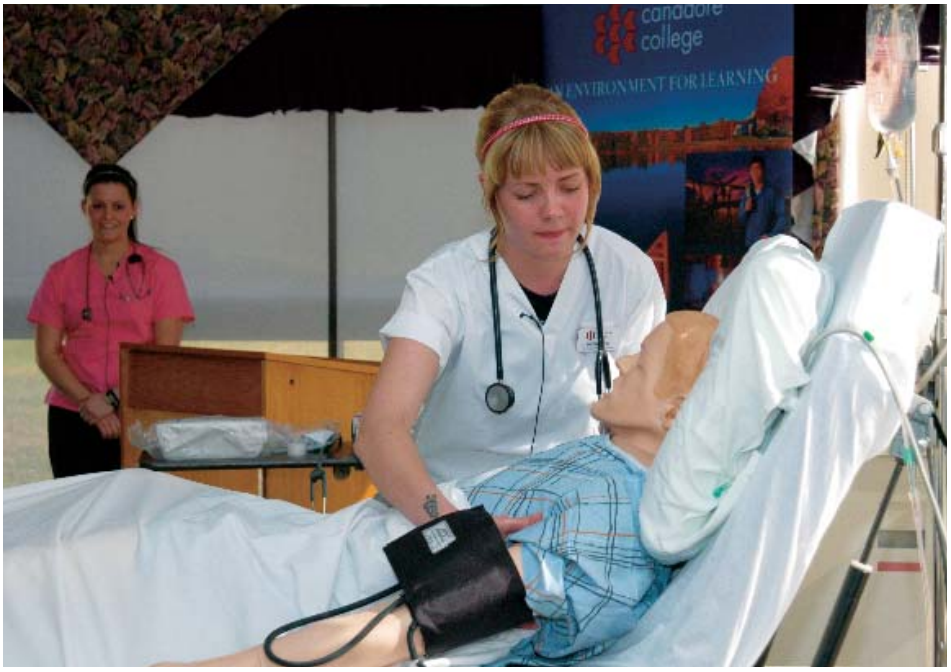
Looking after a patient is “like building a house.”

Simulation brings professions together at college in North Bay.

Teri-Lynn Christie learned the value of teamwork from working in the critical care unit at the North Bay General Hospital for 15 years. Now, the casual practising nurse /educator is trying to instill that virtue into students pursuing a variety of healthcare professions. “In critical care, you have to work closely with different disciplines to achieve the best results for your patient,” says Christie, a member of the practical nursing faculty at North Bay’s Canadore College. “Critical care patients usually require complex treatment involving different fields. I learned early on that a team approach is essential.”

The project involves both practical nursing and respiratory therapy students from Canadore, B.Sc. nursing students from the Canadore/Nipissing collaborative program and third-year medical students from the Northern Ontario School of Medicine training at North Bay General. Every week, one student from each of the four programs participates in a 1.5-hour patient simulation while some 20 students from each of the other disciplines looks on.

The simulation involves a computerized human simulator in a hospital bed that is programmed with vital signs and an ailment.



Canadore Practical Nursing student Meaghan Belanger tests her technique on the school’s human simulator while Respiratory Therapy student Allison Brown looks on.

Christie is the lead hand in a $450,000, one-year initiative designed to create a collaborative environment among students in four different healthcare professions. Funded by HealthForceOntario’s Interprofessional Care/Education Fund, the project’s goal is to help students develop co-operative skills and knowledge before they take up their professions. “It doesn’t make sense to educate people in silos and then ask them to work as part of a team,” says Christie. “Students need to understand their roles as members of a health team before they head into the field.”

The team has to assess the condition and develop a medical plan to stabilize the “patient.” Another student plays a distraught relative to add a further complication. Later, all the students discuss the mock case and how their colleagues handled it.

The object is to enhance communication skills among the professions and for them to better understand the role of the other team members, and what other professionals to call upon for help. For most students, it is the first time they have come into contact with a healthcare practitioner outside their own field.

When Christie was a nursing student, “you were taught to do your job and not encouraged to speak to professionals in other areas.” In fact, she recalls leaving a patient’s room when another provider, especially a doctor, entered to discuss the case. “But I learned that I had to listen and talk to these people if I wanted to understand what was going on with my patient.”

Renée Gauthier is one person who no longer will leave a patient’s side when a doctor enters the room. The second-year B.Sc. nursing student says the interprofessional education project has “helped me realize that I belong. I’m no longer intimidated.”

Gauthier describes the program as “fantastic.” She adds: “These exercises made me realize right away how little I knew about other healthcare providers. I had no idea what respiratory therapists did, for example, and how helpful they can be.”

Before she participated in the project, Gauthier thought of patient care as a series of turf wars. Now, she sees looking after a patient as analogous to building a house. “When you are building a home,” she explains, “you need lots of tradespeople—electricians, plumbers, drywallers, etc. They are not competing with each other; they are all interested in the common goal of building the house. That’s the attitude I want to have when I become a nurse.”

Christie says all health professional education streams need to be infused with the interprofessional ethic. “It should be part of every course,” she says. “Or a required course for everyone. We haven’t decided yet.”

Regardless, as far as Christie is concerned, one thing is clear. For interprofessional care to become viable, it needs to start with education.

HealthForceOntario

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www.healthforceontario.ca

HealthForceOntario is the province's strategy to ensure that Ontarians have access to the right number and mix of qualified healthcare providers, now and in the future.

The **HealthForceOntario** strategy is:

- Identifying and addressing Ontario's health human resource needs.
- Engaging partners in education and healthcare to develop skilled, knowledgeable providers, and create the healthcare delivery teams that will make the most of their abilities.
- Introducing new and expanded roles to increase the number of providers working in healthcare and build on the skills of those already in the system.
- Making Ontario the employer-of-choice for all health care providers.

The Ministries of Health and Long-Term Care and Training, Colleges and Universities are delivering on the **HealthForceOntario** strategy in partnership with the province's health care consumers and providers.

To contact the Interprofessional Care Strategic Implementation Committee, please email: ipcsic@healthforceontario.ca

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