Advancing Inter-Professional Practice

Inter-professional practice (IPP) in a paediatric health-care setting refers to the continuous interaction of two or more professions, organized into a common effort to solve or explore common issues with the best possible participation of the child and family. It is designed to promote the active participation of each discipline in patient-care planning and delivery while remaining focused on child and family-centred goals and values. Ultimately, IPP should facilitate the development of a shared purpose, vision and strategy, the building of enhanced systems of communication and decision-making systems, and the achievement of a clearer understanding and respect for the role and expertise of each professional group.

In March 2005, a Steering Committee was struck to explore the potential for advancing IPP at SickKids. Membership on the committee was diverse and representative. The mandate was to design and oversee a consultation process that would lead to concrete, actionable ideas for furthering IPP at SickKids. The process involved surveying a variety of stakeholders' activities, including a literature review, discussions with experts, a review of the work being done at other institutions, Ministry of Health and Long-Term Care trends and directives, several focus groups, workshops and the June 21, 2005 retreat.

The Steering Committee recognized that IPP is well established at SickKids but that there was opportunity for advancement. They established a timeline and work plan for the consultation process with a goal to move as quickly as possible toward identification of next steps while appreciating existing IPP achievements at the hospital.

Over the course of the consultation process, five clearly identifiable themes began to emerge:

- 1. The need to establish a shared agenda from across the professions for advancing IPP that provides direction and vision to all constituents at the hospital.
- 2. The need to deepen our understanding of the experience of the child and family through the course of the care journey as we develop our IPP model at SickKids.
- 3. The importance of role clarity within and between all disciplines.
- 4. The critical role of the team and the challenges its members face to function efficiently and effectively.
- 5. Communication as the critical thread that enables collaborative team-based practice and a high quality experience for children and their families.

The following pages summarize the feedback received during the consultation process, including suggestions regarding areas for action. The IPP working group has studied this information and concluded that the following areas of focus are a good place to start. Specific projects within these areas will be established in the new year. The areas of focus include the:

- Development of an IPP model of care for SickKids clarifying roles, developing tools, planning, communication, and competencies.
- Deepening of our understanding of the child and family experience to better advance the model of care.
- Development of navigation supports to facilitate the care journey.

A new structure is being established to oversee this work. Work teams will be commissioned for each of the three areas above. To begin, the teams will be asked to document all efforts ongoing in the hospital that relate to the topic. A draft work plan will then be developed. Communication will continue during this process to allow you to keep pace with our progress. We will continually monitor and evaluate our progress, including professional staff, the Family Advisory Committee, Children's Advisory Committee and leadership staff levels. For further information on this initiative please do not hesitate to contact us.

MARGARET KEATINGS

RON LAXER

Vice President, Professional Practice & Chief Nurse Executive

Vice President, Academic & Clinical Affairs

SickKids

STEERING COMMITTEE

Barb Bruinse, Bonnie Fleming-Carroll, Frank Gavin (FAC), Pam Hubley, Karen LeGrow, Anne Matlow, Ted McNeill, David Nicholas, Deborah L. O'Connor, Kimberly O'Leary, Sarah Patterson, Kim Streitenberger, Bonnie Stevens, Wendy Swinden, Irene Ushycky



Creating a Shared Agenda

The consultation process on advancing IPP at SickKids clearly verified that work in this area is critical to ongoing best practice efforts in clinical care, particularly within the context of the hospital's evolving child and family-centred approach. Participants, while acknowledging prior efforts and current practices, strongly endorsed the creation of an action plan for the advancement of IPP. The key word in this sentence is 'action'.

The consultation process revealed divergent, but compatible perspectives on the purpose and potential of IPP across stakeholder groups. For this reason, the working group proposed that creating a shared agenda for IPP should be a priority objective.

Four primary perspectives that emerged included:

- 1. Children *Focus on the care experience*: needs for respect, choice, communication and information, relationship with care providers, comfort (feeling safe, supported, and comfortable), and family involvement in care delivery and decision–making.
- 2. Families Focus on the care journey: improve coordination, communication (timely and respectful), and collaboration between team members, programs, and with the family at a point in time and over time.
- 3. Health care professionals Focus on the process of care delivery: work on role clarity, lines of accountability, communication, and workflow.
- 4. Health care leaders *Ensure alignment with other priorities and initiatives in the hospital:* continually balance priorities and make linkages between efforts such as patient safety, effective use of resources, family centred care, etc., while advancing practice.

Ideas for Moving Forward

The following summarizes the ideas developed by the working group including the input of the June 21st retreat sub group.

- 1. Further develop and formalize the IPP model at SickKids and determine ways to strengthen the IPP practices and culture at the hospital.
- 2. Promote a hospital wide understanding and commitment for advancing IPP at the hospital.

Note that the sub group did provide detailed suggestions regarding improved information flow and enhanced team functioning. These ideas are reflected later in this report under the communication theme and the team functioning theme respectively.

Child and Family Experience

In the course of the consultation process, participants continually returned to the concept of child and family centred care at SickKids. It became clear that the experience of the child and family over the course of care and their role within the team were central considerations.

Two main perspectives were expressed:

- 1. Families' needs are diverse and often complex. Using a child and family-centred approach, IPP care practices need to be individualized where possible by offering options and choices. Families' unique needs must be appreciated and respected. This commitment to respecting the unique needs of families can be demonstrated through their level of involvement in care planning and decision-making, and through the mode and frequency of communication.
- 2. At the same time, the consultation process indicated that children and families would like a more standardized experience across the hospital. Families reported that their experiences from team to team in the hospital are often quite different in terms of approach, communication, and role of the family on the different teams. These differences can make it challenging for children and family members to know what to expect, where to get information, and/or how to best be involved.



Role Clarity

In the course of the consultation process, role clarity was a central passionate topic of discussion for health care leaders, health care professionals, parents, and children alike.

Discussion ranged from the ongoing need to clarify roles in the context of child and family centred care, to ever shifting scopes of practice, to balancing the demand of research and clinical service delivery, to team leadership, to communication and coordination, and finally roles between departments and between programs.

Participants expressed the need and desire to clearly know their own role:

- in order to ensure their best contribution,
- to better understand each other's roles, and
- how best to work together to leverage each other's strengths and competencies.

The essence of these discussions was the need to continually develop and deepen the shared understanding of roles and to respect and value each other's contributions. Particular considerations were to be given to:

- 1. Improve the understanding of who does what, when, and how best to access the appropriate team member.
- 2. Further clarify the role and contribution of the diverse members of the care team to care planning and updates to ensure all can contribute as appropriate.
- 3. Continue to clarify care team roles e.g., who (by discipline) is on the team and how is this decided, is a core team required and for what purpose, how do children and family members participate on the team and how are decisions made, who is in the best position to manage the flow and coordination of care especially across teams and programs, and who is responsible for communication within the team, between teams, and with the child and the family.

Ideas for Moving Forward

The following summarizes the ideas developed by the working group, including the input of the June 21st retreat sub group:

- 1. Review the interdisciplinary planning of care process including its development and ongoing tracking. Consider ownership and accountability for the plan, the best use of rounds, communication, and care coordination.
- 2. Work on role clarity across and between disciplines.
- 3. Develop shared education opportunities across disciplines.
- 4. Further develop means of communicating who does what, when and where, including, for example, SickKids TV, intranet, increased use of the Family Journal, pictures of staff and roles on Unit.

Ideas for Moving Forward

The following summarizes the ideas developed by the working group including the input of the June 21st retreat sub group.

- 1. Develop core principles for IPP across the hospital. Articulate the philosophy and practice of child and family centred care to ensure consistency of practice/care regardless of acuity and treatment plan. Consider mapping the plan and process, communication, roles, etc.
- 2. Develop a process to support a child and their family as they navigate through the system, over time, and through the different stages of the child's development. For example, orientation, mentoring, materials (travel guide), and an assigned navigator within the team.
- 3. Explore care coordination opportunities between teams, programs/services, external providers, etc. Particularly consider the moments of transition unit-to-unit, hospital to home, acute care to chronic care, and paediatric care to adult care.



Team Functioning

In the course of the consultation process it became clear that while there is a strong commitment to inter-professional care delivery, day-to-day realities including shifts, rotations, increasing degrees of specialization, budget constraints, and the need to balance academic and care expectations, often present challenges.

Strong IPP depends on effective team functioning – within multi disciplinary teams, between teams, between programs and departments, and between the hospital's care team and other providers outside the hospital. Key points expressed in support of effective team functioning included:

- 1. Build skills of team members to better participate in and contribute to a team delivery approach.
- 2. Establish clear roles and accountabilities including care delivery, decision-making, and navigation support.
- 3. Improve information flow about who is doing what, decisions, and status updates on the progress of the child.
- 4. Establish one information system/approach to support care planning and communication that everyone agrees to use.

Ideas for Moving Forward

The following summarizes the ideas developed by the working group including the input of the June 21st retreat sub group.

- 1. Define and create commitment to the features of a high functioning team at Sickkids.
- 2. Develop an accountability model and tools to facilitate team functioning that includes evaluation and the sharing of best practices and evidence.
- 3. Enhance existing mechanisms for supporting team functioning across disciplines, teams and programs, e.g., rounds, sharing of information and documents, multidisciplinary assessments, and improved communication and dialogue skills.

Communication

The consultation process strongly endorsed that effective communication is absolutely essential to successfully advancing IPP at SickKids. Ideas discussed included:

- 1. Focus communication with children and their families to better inform, involve and engage. Areas for improvement includes the amount of information, two way communication, choices in how information is delivered.
- 2. Establish communication principles e.g., open, honest, clear, timely, respectful, and accessible.
- 3. Ensure that there is clarity about who is communicating what to whom, why, when, where, and how.
- 4. Improve use of technological tools to support care planning and communication.
- 5. Focus communication and level of involvement of various professionals based on appropriateness and need to know.

Ideas for Moving Forward

The following summarizes the ideas developed by the working group including the input of the June 21st retreat sub group.

- 1. Articulate the values (core fundamentals) regarding communication considering who, what, where, when and how. Provide and evaluate guidelines and standards for use across the hospitals.
- 2. Develop mechanisms to promote communication: formal education and accountability, the concept of parent as a communication partner, the navigation of care supports, computer assisted aids for managing seamless care delivery, enhanced information sharing with community partners, care plan documentation, etc.
- 3. Develop a communication contact person/gatekeeper role to support the flow of information between consultants, team members, teams, and family members.
- 4. Increase information clarity, for example:
 - Establish a core source for information concise, accurate, complete, and accessible.
 - Develop and promote the IP Patient Plan of Care and make it accessible clear and easy to find.
 - Establish a single automated system for documentation and educate all on its use; establish an on-line repository of linked tools.
 - Modify or continue to develop the concept of a family journal/passport.
 - Collect and share family satisfaction stories.

