In June 2005, we launched the Inter-Professional Practice (IPP) initiative. Since the launch, we have established a strategy for strengthening IPP at SickKids. That strategy is to be implemented and supported by three innovation teams:

1. Oversight Committee
2. Child and Family Experience Team
3. Navigation Team

The Oversight Committee is co-chaired by Ron Laxer, Vice President, Academic & Clinical Affairs and Margaret Keatings, Vice President, Professional Practice & Chief Nurse Executive. This committee is charged with helping to develop the IPP model, developing grant proposals for funding, and supporting the other two teams in achieving their mandate. “At the heart of the IPP model is an intent to ease the journey of both patients and families through the care process,” says Laxer. “We need this kind of model to promote and support the practices of family-centred care.”

The Child and Family Experience Team is co-chaired by Bonnie Fleming Carroll, Associate Chief of Nursing, Education and David Nicholas, Academic and Clinical Specialist with the Department of Social Work. The Navigation Team is co-chaired by Peter Cox, Associate Chief & Clinical Director, Critical Care Unit and Cindy Bruce-Barrett, Director, Strategic Projects, Child Health Services. These two teams are the main innovation groups and will focus on creating an inventory of existing best practices already in place in some areas as well as developing and piloting new initiatives in other areas.

The teams were launched in a retreat held in April 2006. Both teams have met several times and will reconvene in September 2006. “The Child and Family Experience committee is off to a great start. We have had productive discussion about areas of strength and potential growth in optimizing children's and families’ experiences here at SickKids,” says Nicholas. Similarly, “The Navigation team has made terrific progress over the past few months working hard to bring clarity to the concept of “navigation”. They studied three key initiatives thought to be examples of “best practice” and were able to draft some principles of navigation from their learning that could be applied in other areas,” says Bruce-Barrett.

All disciplines are, to some extent, represented on one or more of the teams. “In the true spirit of inter-professional practice, the Child and Family Experience Committee comprises a diverse range of disciplines, including representation from the Family Advisory Committee,” says Nicholas. “We are at the early stages, but are well-positioned in seeking to add quality to the hospital-based experiences of children and families through inter-professional practice and innovation.” In addition, Natasha Brownrigg has been hired as project manager and is responsible for coordinating and supporting the co-chairs in carrying out the implementation strategy.

### NAVIGATION INNOVATION TEAM

- Dr. Benjamin Alman, Riyana Babul-Hirji, Karen Beven-Reid, Barbara Bruinse, Cindy Bruce-Barrett (IPP co-chair), Dr. Peter Cox (IPP co-chair), Daniela Cristianu-Gaita, Krista Cauz, Laurie Edwards, Dr. Miriam Kaufman, Kim O’Leary, Carol-Anns Smith, Kim Streitenberger, Kathryn Timberlake, Irene Ushycky

### CHILD & FAMILY EXPERIENCE INNOVATION TEAM

- Ayman Al-Taker, Nicky Brookes, Michele Durant, Bonnie Fleming-Carroll (IPP co-chair), Frank Gavin, Gölksen Gemenwald, Dr. Jonathan Hellman, Pam Hubley, Dr. Donna Keller, Karen LeGrow, Lucia Lobo, Dr. Anne Mathew, Dr. Sandra Mendelowitz, Dr. David Nicholas (IPP co-chair), Jennifer Pepper, Dr. Rhyns Strentner

### OVERSIGHT COMMITTEE

- Natasha Brownrigg (IPP Project Manager), Cindy Bruce-Barrett (IPP co-chair), Dr. Peter Cox (IPP co-chair), Bonnie Fleming-Carroll, Margaret Keatings (IPP chair), Dr. Ron Laxer (IPP chair), Senag Macne, Dr. Ted McNeill, Dr. David Nicholas, Dr. Ivy Chandran, Dr. Debbie O’Connor, Dr. Bonnie Stevens, Polly Stevens, Dr. Susan Tallett
We recognize that SickKids has been advancing IPP for some time and that there are many great examples of IPP already in place. As well, there have been great achievements made around the child and family experience and transition of care. We want to highlight those achievements and efforts while providing an opportunity for others to adopt best practices for other areas.

Overall, we are hoping that this initiative will further improve the quality of care children and families receive and result in a stronger IPP model of care hospital-wide. Likewise, we hope and anticipate that this will also further improve the quality of work life for SickKids staff. “The IPP model proposes a change in the philosophy that has traditionally informed the way we provide health care,” says Fleming Carroll. “The model compels the health-care practitioner to focus on the needs of the patient and family as opposed to their own professional needs or those of the institution.”

Staff have identified opportunities for improvement in the areas of communication, transition of care, role clarity, better understanding of the child and family experience and team functioning. It is that feedback that is informing and guiding the progress of this work. “The fundamental premise driving this project is the need to bring the various disciplines together through an enhanced communication process that, ultimately, will help us to function more effectively, efficiently and increasingly as a cohesive team,” says Cox. “IPP is not an easy concept to understand. The understanding, like the implementation, is a process, an evolution, and we expect that it will take time.”

It is our intention to continue to communicate developments and progress on a regular basis.

---

**Team Essential Characteristics**

- Sharing a common purpose
- Members understanding their own and others' functions
- Pooling knowledge, skills, resources & responsibility for outcome of their decisions
- Ability to carry out its work and manage itself as an independent group of people

**Definitions**

**Multidisciplinary** Static, labour divided through traditional hierarchical, power-over structure; limited interaction; different professionals working with same client towards same long term goal but within own professional boundaries/practices with little exchange of information or change in working practices

**Interdisciplinary/Interprofessional** Dynamic; interwoven; evolves; unique and complimentary roles are discovered through sharing of power; interaction & collaboration expands synergistically; core expertise recognized and skills blended into integrated whole; inclusive decision making

**Synergy** Process of harmonizing, integrating & interrelating all elements of healthcare including conflicting parts into a new, greater whole within a horizontal (power-within) structure

---

* Pritchard, 1995; Rubin & Bechard, 1974
† Cornish et al. 2005 Memorial University; Laidler, 1994; Finlay, 2000; Ovretveit, 1997

---

From top to bottom: Cindy Bruce-Barrett (IPP Co-Chair), Dr. Peter Cox (IPP Co-Chair), Margaret Keatings (IPP Chair), Dr. David Nicholas (IPP Co-Chair), Natasha Brownrigg (IPP Project Manager), Dr. Ron Laxer (IPP Chair), Bonnie Fleming-Carroll (IPP Co-Chair)