



## Transforming an Interprofessional Practice Portfolio: One Experience

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*“The work done in the past 20 months has brought the level of integrative leadership thinking to an entirely new place. To a mature level of collaboration and partnership for the sake of those we serve, and, for the sake of those that want to contribute maximally in their roles in the health system.”* (J. Vine, VP Patient Care)





## OVERVIEW

- Background
- Transformation Processes
- Processes, documents and tools
- Outcomes
- Conclusion



# BACKGROUND

1998

- decentralized Program Based Care model
- Professional Practice Chiefs (PPCs)
- Professional Practice Council

2015

- Convergence of change readiness of PPCs & organizational leadership
- Institutional enabling environment



# TRANSFORMATION PROCESSES

Transformation processes can be described as some change in behavior which is intended to alter the desired outcome ([https://en.wikibooks.org/wiki/Systems\\_Theory/Transformation\\_Processes](https://en.wikibooks.org/wiki/Systems_Theory/Transformation_Processes))



# TRANSFORMATION PROCESSES

Fall 2015

- External review
- Established Executive Leadership (ELT) priorities
- Learning Team engagement

2016

- Practice Development School (Feb/Mar)
- Position Description development (Apr-June)
- Role change to Professional Practice Leader (PPL)
- Practice Partnership Agreement (July)

2017

- IP Strategic Plan Development & Implementation



# PROCESSES, DOCUMENTS & TOOLS

- Communication & incorporation of organizational executive leadership priorities
- Partnership in development of recommendations for a new Position Description for Professional Practice Chiefs (PPCs)
- Change in title to Professional Practice Leader (PPL) – Sept/16
- Finalization of Position Description by ELT and Human Resources (HR) – Sept/16



# PROCESSES, DOCUMENTS & TOOLS

- Collaborative partnership in development of new Practice Partnership Agreement - *The Way Forward* event (July 7 2016)
  - Many of the PPC job profile responsibilities requiring clarification were situation dependent. To address this, guiding principles and a lens tool were created to support the Practice Partnership Agreement and the PPL position description.



## Practice Partnership Agreement

The Practice Partnership Agreement is a commitment to a partnership between the Clinical Managers and the Professional Practice Leaders (PPLs) that optimizes productivity and positivity in how practice is lead and supported.

**Guiding Principles:** These Guiding principles are meant to support the way we work together in a way that respects and values all members.

1. Commitment to collaboration and open communication to ensure a shared understanding that optimizes patient and family centered care.
2. Commitment to recognize and integrate each other's unique contributions to inform best possible patient/family outcomes and to respect and trust each other's expertise and knowledge.

### Proactive Partnership Tool

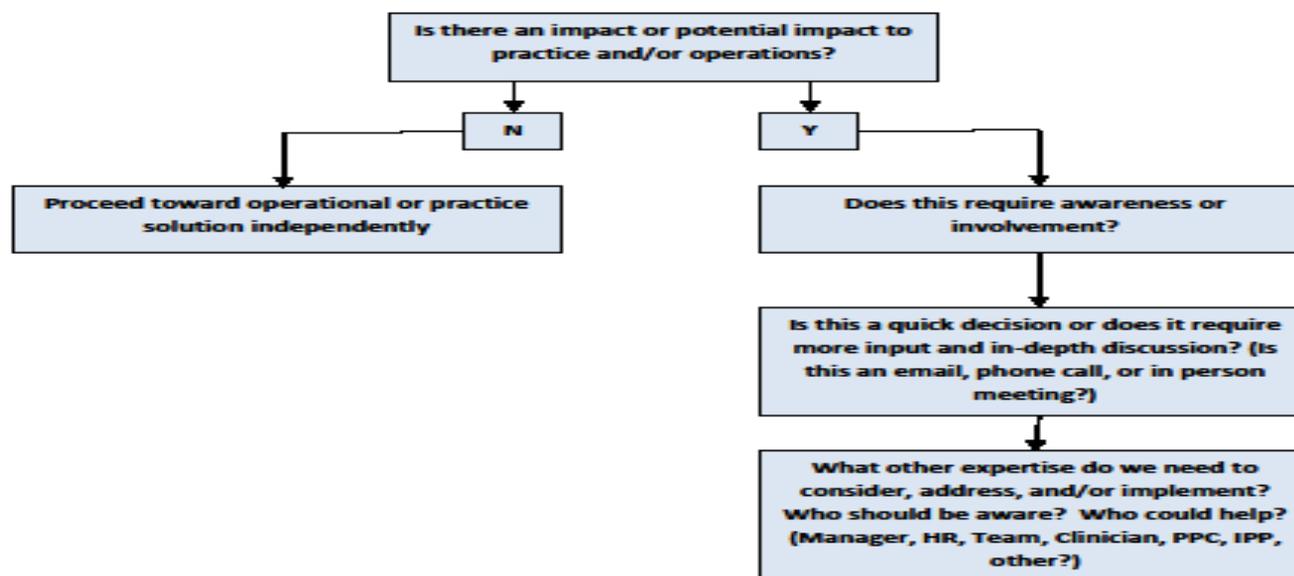
#### Practice Includes but is not limited to:

Accountability to provincial and national bodies/standards,  
Accountability to profession  
Legislative/credentialing/licensure  
Professional Scope of Practice  
Intraprofessional practice and interprofessional practice

#### Operations Includes but is not limited to:

Time (Individual/team)  
Resources (human or fiscal)  
Coverage for program  
Census  
HR e.g. hiring, orientation, performance  
Scope of employment

The questions we need to ask ourselves when considering whether our partner(s) needs to be engaged and to what degree:



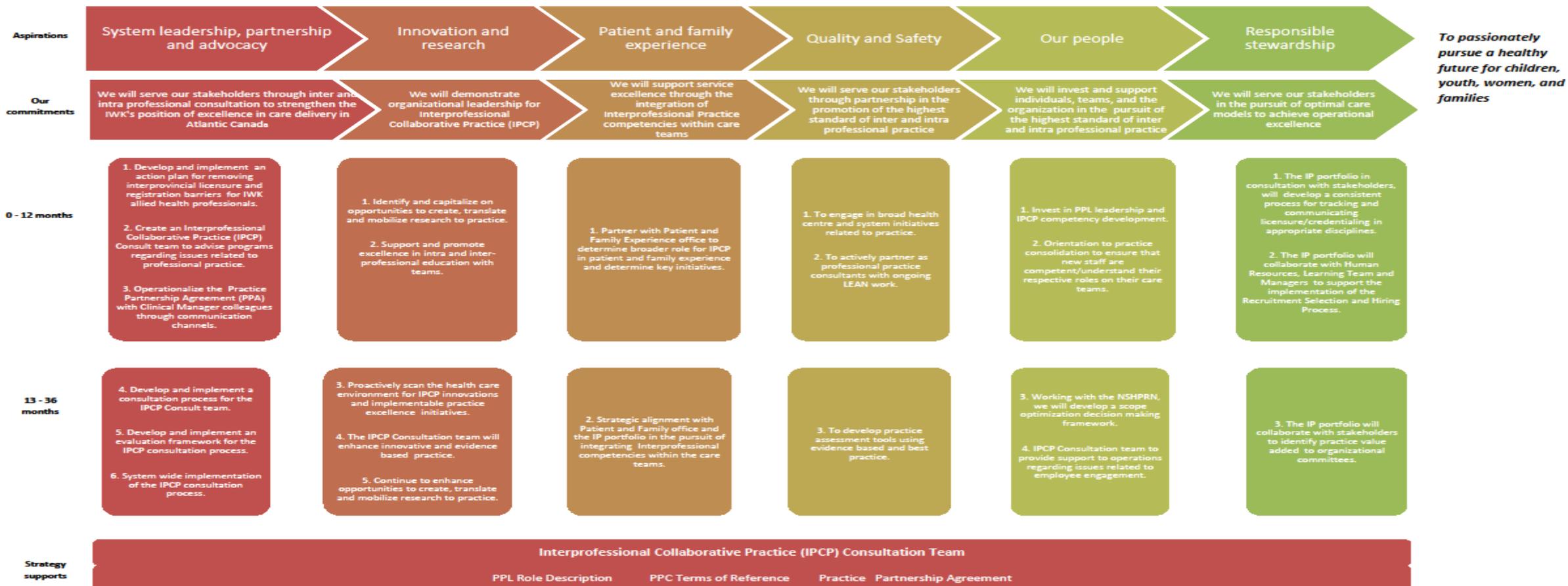
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# PROCESSES, DOCUMENTS & TOOLS

- IP Strategic Priorities Development
  - Reflect IWK Strategic Plan and Aspirations
  - Brainstorming session
  - Integration of ideas
  - Validation of goals
  - Executive Leadership input and endorsement



## IPP Strategy Operationalization



# PROCESSES, DOCUMENTS & TOOLS

- IP Strategic Priorities Underway
  - Development of measureable goals
  - Identification of teams to work on goals
  - Quarterly report for ELT developed



# PROCESSES, DOCUMENTS & TOOLS

## Innovation and Research

Time Frame	Goal	SMART Goal/Measure
0-12 Months	<p>1. Identify and capitalize opportunities to create, translate and mobilize research to practice.</p> <p>2. Support and promote excellence in intra and interprofessional education with teams.</p>	<p>1.1 We will partner with Research Services to create and operationalize a plan to develop PPLs as knowledge brokers by April 2018.</p> <p>2.1 We will develop an IPCP toolkit for Clinical Leaders of Development to use in staff orientation and ongoing staff development by November 2017.</p> <p>2.2 We will work with Learning &amp; Development to integrated IPCP competencies into the Preceptor Workshop by September 2017.</p> <p>2.3 We will develop a Managers Resource for discipline specific student placements by April 2018.</p> <p>2.4 We will develop and implement quarterly Interprofessional Grand Rounds by third quarter 2017.</p>
13-36 Months	<p>3. Proactively scan the health care environment for IPCP innovations and implementable practice excellence initiatives.</p>	<p>3.1 IPP leadership will continue to formally and informally partner with national &amp; international colleagues on current best practice IPCP initiatives.</p>



# PROCESSES, DOCUMENTS & TOOLS

Progress Report Q\_1\_\_ - Mike Sangster  
System leadership, partnership and advocacy  
2017-18

Commitment	Goal	Team Initials	2017-2018				Current Status	Comments & Next Steps
			Q1	Q2	Q3	Q4		
We will serve our stakeholders through inter and intra professional consultation to strengthen the IWK's position of excellence in care delivery in Atlantic Canada	Develop and implement an action plan for removing interprovincial licensure and registration barriers for IWK allied health professionals.	MS AF AC	25%				In Progress	<ul style="list-style-type: none"> <li>Meeting with DHW/Michelle MacDonald and NSHPRN/Bruce Holmes on May 18 and June 12, 2017 to discuss go-forward plan for DMs of NS, PEI and NB.</li> <li>Briefing note describing the current state at the IWK and the primary issues and desired outcomes was provided to Michelle MacDonald on June 12, 2017. Preliminary meeting with MS/AF/AC to update status and discuss next steps has occurred.</li> <li>MHA student currently conducting a legislative review of practice acts for the identified disciplines.</li> </ul>
	Create an Interprofessional Collaborative Practice (IPCP) Consult team to advise programs regarding issues related to professional practice.	MS TS AW Clin Nut	10%				In Progress	<ul style="list-style-type: none"> <li>Preliminary meeting to discuss plan of action (TS and MS in attendance).</li> <li>TS has provided 2 documents from the UHN/UofT Centre for Interprofessional Education for team review.</li> <li>Meeting re next steps to be scheduled for September 2017.</li> </ul>
	Operationalize the Practice Partnership Agreement (PPA) with Clinical Manager colleagues through communication channels.	MS TS VW	25%				In Progress	<ul style="list-style-type: none"> <li>MS has met with Stacy Burgess re presenting PPA in partnership with TS at Leadership and Ops meetings for each program (CH, WNH, MHA) in the fall of 2017.</li> <li>TS and MS developing presentation materials.</li> </ul>



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# OUTCOMES

*“The entire process has allowed for role clarification and has strengthened the partnership and collaboration between the PPLs and Managers. This sense of partnership allows for the expertise of the individual and the responsibilities of their role to be at the center of decision making and interprofessional collaboration.”* (S. Burgess, Interim Director Children’s Health Program)



# OUTCOMES

*“As a manager with a diverse portfolio and multiple health professionals working in my teams I was pleased to be a part of a collaborative process of building an IPP Strategy and Practice Partnership Agreement together last spring. My experience has been very positive in working with my Professional Practice Leaders to achieve the commitments that were set out in the Strategy. The collaboration in developing a Practice Partnership Agreement demonstrates our continued respect for the knowledge and expertise each of us bring in our roles and collectively ensuring our ongoing commitment to provide the very best care to our patients and families.”* (E. Gillespie, Clinical Manager Ambulatory Services CHP)



# OUTCOMES

*“ With the new focused role description for the Professional Practice Leaders and the development of a Practice Partnership Agreement with the clinical managers I believe this provides enhanced leadership and strengthens Inter-Professional Practice throughout the health centre. This results in top quality and innovative patient care.”* (T. Sanford, PPL Respiratory Therapy)



# CONCLUSIONS

Front-line health care providers, Professional Practice Leaders, Managers, Directors, and Executive Leadership will have a clear understanding of the Professional Practice Leader role, how it aligns with other roles and organizational strategic priorities. There will be an increased level of consistency, effectiveness and growth of professional practice and interprofessional practice.





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