Responsibility: All Staff and Volunteers
Area: KOP, KOB, Brandon
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Total Pages: 5

Klinic Community Health is committed to facilitating interprofessional collaboration to create an environment that ensures that clients receive the right care, from the right professional, at the right time. Our integrated service model aims to address physical, emotional, mental and spiritual health of both those who access and provide care at Klinic. We continue to work on initiatives that build upon Klinic's community and social justice mandate and that contribute to local, provincial, and national partnerships to increase our internal capacity and to share best practices.

Overview

Klinic is a leader in community health, built on a foundation of social justice values and non-hierarchical health care delivery. With an understanding of the impacts of the social determinants of health, staff and volunteers at Klinic provide diverse services and programming targeted to populations most negatively affected by the inequitable distribution of these determinants. Our programming has a strong mental health focus, which presents opportunities for hope, healing and empowerment in a trauma-informed environment. As a socially conscious workplace, Klinic staff work together to provide the best possible care to all clients and to have a positive impact on our communities.

Background

Over the last several decades, interprofessional collaboration as a concept of health care delivery has grown in popularity as a means to provide high quality, personal care, in an environment that demands increased productivity and efficiency. Interprofessional collaboration is increasingly seen as a critical element of improving access to client-centred health care. At its root, it is an interpersonal process for communication and decision making that enables the separate and shared knowledge and skills of care providers to influence client care[1]. This occurs across the workplace when a variety of employees from different professional and personal backgrounds provide comprehensive services and work with and for patients, families and communities, to deliver the highest quality of care within and across settings[2, 3].

> **Interprofessional Collaboration may also be referred to as:**
> - Collaborative Person-Centred Care and Services
> - Collaborative Person-Centred Practice
> - Collaborative Practice
> - Collaborative Care
> - Integrated Care
> - Interprofessional Practice
> - Interdisciplinary Teams
> - Shared Care
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> http://www.wrha.mb.ca/professionals/collaborativecare/files/Competencies-Overview.pdf

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[1] http://ocfp.on.ca/docs/public-policy-documents/implementation-strategies-collaboration-in-primary-care---family-doctors-nurse-practitioners-delivering-shared-care.pdf?sfvrsn=3
[2] http://www.pmprovincesterritoires.ca/phocadownload/publications/health_innovation_report-e-web.pdf
[3] http://apps.who.int/iris/bitstream/10665/70185/1/WHO_HRH_HPN_10.3_eng.pdf?ua=1

Interprofessional collaboration models of care vary based on: the context; the inter and intra-group processes; the nature of the tasks; and, the structure and process of the teams. Regardless of framework or model used, flexibility in design and implementation is essential to success. Many successful interprofessional collaborations start with an explicit or underlying value for non-hierarchical decision-making[4]. Functionally, team members divide the work based on their scope of practice, education, and experience; share information to support one another's work; and, coordinate processes and interventions to provide a number of services and programs to their community[5]. Depending on the needs of the client, the intensity of collaborations range from simple consultation between or among professionals, to wholly integrated provision of care.

An interprofessional approach to health care facilitates access to a range of health care providers, across a number of program areas. From primary health services and counselling, to community health and education, interprofessional collaboration is shaped by the needs of the individual and their community. Working together to use their complementary skills, knowledge, and competencies, care providers build trust, respect and an understanding of each other's roles and responsibilities[6], while providing people with the care they need. This has been shown to improve care and lower costs of treating people living with chronic diseases and/or mental health needs[7], depression, physical disabilities, and other conditions that are difficult to treat in primary care settings[8].

Klinic Community Health has a wealth of experience and an understanding of the range and complexity of factors that influence health and well-being, as well as disease and illness. This long history of championing interprofessional collaboration engages health professionals from diverse personal and professional backgrounds to work together and share their experience broadly. This range and complexity continues to be reflected in the services that shape our organization. In both the community health and interprofessional collaboration models, the client and the community consistently remain central to decision-making. In fact, advanced or mature collaborative teams include the patient and family as key members of the team[9], which aligns well with the philosophy of community health.

Institutional support mechanisms:
- governance models
- structured protocols
- shared operating resources
- personnel policies
- supportive management practices

Working culture mechanisms
- communication strategies
- conflict resolution policies
- shared decision-making processes

Environmental mechanisms
- built environment
- facilities
- space design

http://www.who.int/hrh/resources/IPE_SixCaseStudies.pdf?ua=1

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[4] http://www.cfhi-fcass.ca/Libraries/Commissioned_Research_Reports/Virani-Interprofessional-EN.sflb.ashx
[5] http://www.cfhi-fcass.ca/Libraries/Commissioned_Research_Reports/Virani-Interprofessional-EN.sflb.ashx
[6] http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-02.pdf
[7] http://www.cfhi-fcass.ca/Libraries/Commissioned_Research_Reports/Virani-Interprofessional-EN.sflb.ashx
[8] http://www.commonwealthfund.org/~/media/files/newsletters/quality-matters/qm_2010_aug_sept.pdf
[9] http://www.cfhi-fcass.ca/Libraries/Commissioned_Research_Reports/Virani-Interprofessional-EN.sflb.ashx

Principles

As part of our ongoing commitment to interprofessional collaboration, Klinic staff identified a number of principles or catalysts of interprofessional collaboration across all levels of the organization.

Respect – Mutual respect and trust are foundational to effective interprofessional working relationships across the agency. Interprofessional collaboration honors the diversity reflected in the individual expertise that each profession brings to care delivery[10].

Shared understanding, values and goals – Health care professionals interact on behalf of shared goals for care with patients or communities, shared problem solving and shared decision making, especially in circumstances of uncertainty, leads to a stronger team[11]. The interprofessional dynamic in an organization influences new program development and organizational decision-making based on shared understanding of what is important.

Healthy and positive work environment – Creating healthy work environments is both an individual and collective responsibility. Healthy work environments are safe, collaborative and diverse, and offer reasonable workloads, with many benefits to the organization, employees, and clients[12].

Teamwork – whether a team is formal or informal, there is an opportunity for health care professionals to work together in a way that ultimately benefits all. Teams are developed by establishing and maintaining effective working relationships, applying team practice processes to informal working groups, and understanding the process and dynamics of team development[13].

Communication – Creating a culture that promotes respectful and regular communication through active listening of verbal and non-verbal cues, standardizing documentation, using common vocabulary, and encouraging information sharing will facilitate both knowledge sharing and decision-making[14].

Client-centered care – requires collaboration among clients and health professionals who work together at the individual, organizational and health-care system levels to optimize the health and wellness of clients and involve the client in decision-making. Clients are actively engaged in the prevention, promotion and management of their health[15].

Social justice – people are entitled to a health system that has the capacity to keep them well by linking interprofessional collaborative care to social justice, equity and determinants of health; supporting health promotion; and promoting community-based care as well as acute illness care[16].

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[10] https://ipecollaborative.org/uploads/IPEC-Core-Competencies.pdf
[11] https://ipecollaborative.org/uploads/IPEC-Core-Competencies.pdf
[12] http://rnao.ca/sites/rnao-ca/files/DevelopingAndSustainingBPG.pdf
[13] http://www.wrha.mb.ca/professionals/collaborativecare/files/Competencies-3.pdf
[14] http://rnao.ca/sites/rnao-ca/files/DevelopingAndSustainingBPG.pdf
[15] https://www.cna-aiic.ca/~/media/cna/page-content/pdf-en/interproffessional-collaboration_position-statement.pdf?la=en
[16] https://www.cna-aiic.ca/~/media/cna/page-content/pdf-en/interproffessional-collaboration_position-statement.pdf?la=en

Recommendations

Organization and Management

- Create spaces and environments that promote collaboration

- Identify barriers to collaboration within and across programs

- Develop a process for interprofessional care planning both within and across programs

- When considering new services, consider how implementation can include participation by staff in different program areas

- Review current services to find ways different programs can be involved and how there might be synergies to build upon

- Create a mechanism to integrate a common understanding of best/emerging practices and how we assess new programs or offerings using this shared understanding e.g. community experiences, social determinants

- When engaging in strategic and operational planning consider how different programs at Klinic share goals and visions in order to support development of interprofessional and inter-program service development and delivery

Staff

- Encourage ongoing self-care practices for all staff

- Promote shared staff wellness activities such as fundraisers, yoga, choir, workout room, massage, spirit week

- Promote opportunities for networking, information sharing and team building across programs

- Respect and honour each other's experience and what each of us contributes to the team

Community

- Acknowledge that our agency and employees occupy a position of privilege/power and consider how we mitigate that power by involving clients and community in program design and development. (Nothing about us without us.)

- Request and incorporate feedback and evaluation from clients and community

Communication and Learning

- Use current communications tools to celebrate current interprofessional collaboration

- Establish and support cross-organizational committees with clear guidelines, that expand the mission and values of Klinic

- Celebrate staff contributions to the agency and beyond

- Develop a staff orientation based on our roots that includes rotation through various program areas e.g. internal program shadowing

- Develop a procedure for conflict resolution within the organization, and provide training for staff on how to handle difficult conversations etc, and respect one another's way of knowing/learning/teaching

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