

STEERING COMMITTEE

Minutes – September 3-4 2009

Sheraton Wall Centre Hotel, Vancouver

Thursday, September 3

Present: John Gilbert (*Chair*), Louise Nasmith, Andrea Burton, Rita Karakas, Frederick Montpetit, Lindsay Burke, Hassan Soubhi, Ellen Bull, Jacquie Lemaire, Ivy Oandasan, Valerie Banfield, Esther Suter, Carole Orchard, Ruby Grymonpre, Grace Mickelson

Regrets: Bill Lahey

Topic and Decisions	Action/Outcome and Timeframe
<p>1.0 Introduction (<i>John, Chair</i>)</p> <ul style="list-style-type: none"> ▪ Welcome to new Steering Committee members ▪ Review and approve minutes from July 14, 2009 teleconference ▪ Review and approve Agenda 	<p>Minutes approved.</p>
<p>2.0 Health Canada Proposal (May/June 2009), project objectives, output, outcomes and impact (<i>John</i>)</p> <ul style="list-style-type: none"> ▪ The outline of the discussion for Day 1 focused on the six broad objectives outlined by CIHC in the proposal to Health Canada. An opening discussion on capacity development started the day (outlined below), which then led into the broader discussion. ▪ Objective 1: Capacity Development <ol style="list-style-type: none"> a. SC ideas on capacity development: <ol style="list-style-type: none"> 1. Empowering an organization to meet its demands to deliver what it set out to deliver. 2. Getting members on board with a consistent message. 3. The institution/structure, leadership, members and strategic alliances and partners. 4. Meeting both education and practice needs. Becoming a leader and a go to organization. 5. Mentoring. 6. Understanding what CIHC delivers to members. 7. Products, and understanding what the practice environment needs from CIHC. 	<p><i>Alix to circulate the Authorships document again to members in a member update this fall (to collect more feedback).</i></p> <p><i>Secretariat to work on enhancing the general usability of the website and making publications easier to find on the website over the fall 2009.</i></p> <p><i>Google analytics will be set up on the CIHC website (there is need to secure funding and check budget)</i></p> <p><i>Secretariat will send along a presentation calendar so that the organization is</i></p>

Topic and Decisions	Action/Outcome and Timeframe
<ul style="list-style-type: none"> 8. Responsiveness and flexibility. 9. Housing products and information; sharing documentation, and enhancing the accessibility of information. 10. Bringing people into the organization. b. These are all very important “views’ of capacity development and will be worked into a specific document of how CIHC considers its ability to ensure that FULL capacity is developed across IPE/L/P/C/; c. Authorships document out as a draft. Several comments in - by and large people are happy. This document was gifted to R&E (from PKE). During 2009-10 will continue to collect Case Examples of instances where the document does NOT yet work. Essential to frame within Capacity Development. d. Publications: What is posted on the website is a change process as CIHC figures out how best to display its products. Discussion centered around publications being difficult to find on the current website. Discussions about needing an overview story to help set the background for some of the publications. e. Speakers list: Everyone participating in the SC speaks often. SC asked to keep Secretariat informed of “major” talks to ensure that membership is aware of these important capacity building efforts. 	<p><i>clear about where and when members of the SC are speaking.</i></p> <p><i>Continue member engagement strategies throughout fall 2009. Creation of a sub-group that helps to ascertain what type of information CIHC needs to collect from users.</i></p> <p><i>Carole and Lesley Bainbridge to finish the latest round of competency framework changes. The Secretariat will send it out for peer review. Following peer review, one last iteration before becoming official CIHC document, posted on Website and to general circulation.</i></p>
<ul style="list-style-type: none"> ▪ Objective 2: Role Modeling <ul style="list-style-type: none"> a. Website is major mechanism to enable role modeling. Stats show that people visit and are interested in looking at the site. CIHC will continue to keep the site clean and look at ways of making it even more user friendly. b. Membership is growing (currently at 1200 people up from roughly 700 in July 2008). Secretariat will be profiling members using an enhanced membership form. The intent is to learn more about who joins CIHC in order to better target work to specific groups and so better engage Members in the central work of Mainstream. c. Discussions about formalizing CIHC’s relationships with the East, Ontario and the West to ensure that all regions are on message, and engaged under a national umbrella d. Discussions about creative ways to use the website that will facilitate role modeling. e. The website is already starting to move in this direction with proposals to welcome AIPHE and WCIHC (and already the OC) as new “sections” on the site. f. Reminder: Abstracts for ATBH V due in November a great forum for role 	<p><i>Hassan to draft a 1-2 pager on the MSR project (plain language) to describe it. Please ensure that this is sent to the Secretariat for review.</i></p> <p><i>CIHC Secretariat will issue a press release at the launch of the first JRIFE publication, hopefully this will be soon and in conjunction with other CIHC work (social media, etc.)</i></p> <p><i>Rita Karakas and Dave Clements will review the KE Strategy in the next several weeks to offer their</i></p>

Topic and Decisions	Action/Outcome and Timeframe
<p>modeling.</p> <ul style="list-style-type: none"> ▪ Objective 3: Curricula <ul style="list-style-type: none"> a. Key discussion in this area focused on the competency framework. <ol style="list-style-type: none"> 1. Working groups to identify practice champions 2. Patients as members of the curricula team. 3. Vital to get language correct in the IP competency document. 4. The competency document is anticipated in many jurisdictions. Validation is key issue. 5. Need to be in more practice friendly language to ensure uptake in practice community. Outcome vs. impact. Measuring outcomes must be followed by measuring IMPACT. 6. Get competency document “out there”. It’s the only way to assess the general perception and their “impact”. 7. Need for peer review process. See action item related for more details. ▪ Objective 4: Research and Evaluation <ul style="list-style-type: none"> a. Goal of the committee is to build R&E capacity in IPE by gathering people interested in the topic. This is about creating capacity within the broader healthcare system (not the organization) by creating an infrastructure for research in this area. b. Three groups exist within the current R&E structure. <ol style="list-style-type: none"> 1. Multi-site research: 7 provinces are currently represented in this group. Each site has work based learning and are responding to practice. A grid has been created that provides a baseline of sites in terms of patient centred practice. Thus far three meetings of this group have occurred, with the next scheduled for the end of September. 2. Quantitative Tools: This group is focused on evaluation tools. A database of tools used in the IP context. Questions of value, and the criteria used to ascertain which tools/instruments are in this database are still being discussed as this group evolves. 3. Partnerships. No discussion or update occurred here. c. JRIPE update: By the end of September/early October the first items will be added to the journal. ▪ Objective 5: Knowledge Management <ul style="list-style-type: none"> 1. Update re: KE strategy.–Rita Karakas and Dave Clements have agreed to read 	<p><i>input into what will be a final draft. Andrea to send them the document.</i></p>

Topic and Decisions	Action/Outcome and Timeframe
<p>through this, offer their thoughts, which will be incorporated into a final version. This is nearing completion.</p> <ol style="list-style-type: none"> The dissemination strategy isn't complete yet. No date yet but given CIHC has a few other priorities this will be tabled for now. Grace Mickelson provided an update on the PKE committee. PKE has "finished" its mandate and will disband as it exists in its current format. Grace provided CIHC with a grid (attached) of a possible new structure for the committees. As time was running out it was agreed to table the discussion of the committee structure until Friday the 4th. CIHC Library continues to grow. Materials, communities and policy documents are being added to and created with the help of our Library Working Group (which has three full-time librarian members). <ul style="list-style-type: none"> Objective 6: Partnerships <ol style="list-style-type: none"> As time ran out on Thursday, it was decided to wrap the discussion of partnerships into the Mainstream discussion that occurred on Friday the 4th. 	
Close	

Friday, September 4

Present: John Gilbert (*Chair*), Andrea Burton, Louise Nasmith, Rita Karakas, Frederick Montpetit, Lindsay Burke, Hassan Soubhi, Ellen Bull, Jacque Lemaire, Ivy Oandasan, Valerie Banfield, Esther Suter, Carole Orchard, Ruby Grymonpre

Regrets: Bill Lahey

Topic and Decisions	Action and Timeframe
<p>1.0 Introduction</p> <ul style="list-style-type: none"> Review agenda Recap yesterday's discussion 	<p>Continue discussions with the Mainstream group to add detail to the suggested work topics. These discussions will be</p>

Topic and Decisions	Action and <i>Timeframe</i>
<p>2.0 Mainstream</p> <ul style="list-style-type: none"> a. PowerPoint created by Andrea and Ellen. Mainstream has three core areas that focusing on Practice, the North, the Colleges and Unregulated Health Workers. b. The major intent of Mainstream it to bridge the gap between education and practice with the major emphasis being on practice. c. The WHO definition is used to ensure that the word “professional” is understood in the broadest sense. d. 14 topic areas were suggested initially by the Mainstream group. e. The Mainstream group is comprised of highly educated, health care professionals who firmly believe that practicing interprofessionally is key to better patient care. f. Key themes, included: tools, networking, funding, barriers to CP, Teams. Next steps: Mainstream Group to flesh out the details of these topics. <p>Mainstream will drive this initiative in consultation with the SC. Critical take away message: the Mainstream group represent our customers who have told CIHC (in the focus group report and in the meetings that have occurred) that the organization as a whole is not meeting their needs.</p> <ul style="list-style-type: none"> g. General support for Mainstream was expressed and discussion about kinds of support from the SC. h. Decisions were made on several tangible items that could be done to support Mainstream. <ul style="list-style-type: none"> 1. Template for the Library so that information about various programs can be added to the Library- a key tool in supporting Mainstream. 2. Options menu of various tools that might be of help to the group. 	<p>led by Ellen, Valerie and Andrea.</p> <p>it is Mainstream is the key thread that will run through all CIHC activities. The work of each committee is excellent and will of course stand, but new structures will focus on supporting Mainstream.</p> <p>Creation of a Library template for Mainstream folks, tools options menu by Mainstream leads, but consultation with the Mainstream group needs to occur first!</p> <p>Engage and participate! Join Facebook and become a fan of CIHC. Follow CIHC on twitter and participate in the blog! If you can't do this, find someone who can. Links and instructions will be sent by the Secretariat.</p> <p>Secretariat will draft a calendar of blog postings/commenting so CIHC can remind people to participate as the blog is developed.</p> <p>Development of 18 month work plans for our working groups. Due early October.</p>
<p>3.0 Social Media</p> <ul style="list-style-type: none"> a. Social media is an import tool for CIHC to develop in order to broaden its 	<p>Secretariat to do a burn-rate analysis due early October.</p>

Topic and Decisions	Action and <i>Timeframe</i>	
<p>“virtual “ base. Mechanisms that will help CIHC broaden its reach and one of the ways to support Mainstream.</p> <ul style="list-style-type: none"> b. The key to making these forms of media work is PARTICIPATION! c. AIHC has created a blog and is looking at CIHC’s. A huge kudos to Andrea for making CIHC’s blog look so fantastically professional! 		
<p>4.0 Health Canada</p> <ul style="list-style-type: none"> a. At the time of the meeting Jacquie noted that our proposal was in the the Minister’s office and would be prioritized (CIHC has since learned that the CA has been signed). b. Jacquie noted that it is ok to consider the CIHC proposal dynamic. The end game may be the same, but if the methodology for reaching goals has shifted, it’s ok to note that (good information for CIHC to keep in mind). c. Jacquie noted that key for an organization like CIHC is not only moving the organization along but affecting real system change. d. What resonates with Health Canada is the changes CIHC has made. e. Education and practice are linked. Jacquie works on CIHC’s behalf to educate up the line on this. f. The process of bringing education and practice together is the necessary in order to build the evidence base for IPC. g. Knowledge transfer is focused on the unconverted. h. Broadening IPC around work life quality is an example of a project that is-receiving funding. 		
<p>5.0 NaHSSA update</p> <ul style="list-style-type: none"> a. Lindsay provided updates from their mid-year meeting. Please refer to the attached power point. b. Challenges for NaHSSA include funding and the dispersion of Chapters. Finding it difficult to collect information from chapters. c. NaHSSA has the same issues CIHC does in that it’s very hard to 		

Topic and Decisions	Action and <i>Timeframe</i>	
<p>be the hub. Very interesting project they are scoping out in order to create a map of chapters (to help facilitate linkages).</p> <p>d. Ideas for funding sources outlined by Rita.</p> <p>e. NaHSSA is moving ahead in spite of many difficulties and is doing an excellent job.</p>		
<p>6.0 Contribution Agreement: next fiscal onwards</p> <p>a. Review of the budget on pp. 24 of the Health Canada proposal (attached again for reference).</p> <p>b. CIHC has limited funding over the next 18 months and will need to spend wisely. Identified priorities for funds are</p> <ol style="list-style-type: none"> 1. Library 2. Support of Mainstream, which includes the social media, the website and group members. 3. Secretariat support. 4. Goal: reduce the number of activities and efforts. 5. Committees as they exist will disband but it is hoped to morph members activities into Mainstream theme groups. 6. Secretariat will perform a burn-rate analysis to determine funding flow over the next 18 months allowing CIHC to plan accordingly. 7. Key to remember is that CIHC needs to work towards making broad changes to the entire system. Internal changes are important but our focus needs to be on broader changes. 8. Due to time constraints the discussion on “Beyond the Contribution Agreement” was tabled. 		
<p>Meeting Close 4:00 p.m</p>		



Canadian Interprofessional Health Collaborative
Consortium pancanadien pour l'interprofessionnalisme en santé

*Attachments:

- Travel Claim form (updated May 2009) – *please submit original receipts with this form to Juliet Ho by mail within 30 days of travel*
- *Proposed committee organizational structure as presented by Grace Mickelson*
- *Lindsay Burke, NaHSSA update PowerPoint.*