Interprofessional Health Human Resources Initiative: Collaboration for Patient-Centred Care

Expert Stakeholders Group Meeting

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Introduction

The purpose of the Interprofessional Health Human Resources Initiative (IHHRI) is to enhance interprofessional practice in health through collaboration among key stakeholders such as health professionals, policy makers, regulators, educators, insurers and unions. The focus is on policy and system changes that will improve patient-centred care.

This expert stakeholders meeting was an initial step in this process. Meeting objectives were to:

1. Explore and understand the current situation in interprofessional practice in Canada and internationally through (a) a review of reports on related initiatives to date, (b) a survey of key influencers and stakeholders, and (c) expert panel presentations;
2. Discuss possible strategic change projects to pilot the meeting conclusions in relation to barriers, enablers and strategies; and
3. Explore the feasibility of developing a practical tool to support interprofessional practice at a systems/policy level.

Overall feedback on the workshop indicated that these objectives were achieved. Participants rated the workshop 4.1 out of 5.0 on a scale where a rating of 1 was unsuccessful and 5 was successful. Typical comments included: "great opportunity to share perspectives," "well-organized and facilitated," "uptake remains to be seen," "good mix of people," "let's stay connected," and "I learned a lot". Several suggestions were made to include individuals in future sessions who were not present at this workshop.

Opening Remarks

Wendy Hill, President of the Academy of Canadian Executive Nurses (ACEN) and Vice-President, Chief Operating Officer, Capital Health, Edmonton opened the meeting by welcoming participants to this session and emphasizing the inclusive approach taken through having representation from health professionals, policy makers, regulators, educators, researchers, insurers and unions at a common table. She reminded all present about the importance of taking a national strategic perspective when considering mechanisms to support interprofessional collaboration for improved patient-centred care.

Dr. Mary Ellen Jeans, workshop convenor and Secretary-General for ACEN, commented on the wide range of perspectives that are necessary to enable an integrated approach to interprofessional practice. She noted that the enthusiastic response (93%) to the pre-meeting web survey was indicative of the high level of interest and commitment of meeting participants. In closing, she encouraged participants to focus on practical solutions for long-term change at a systems/policy level, and the development of an instrument or tool to support interprofessional practice at this level.

Norms for Working Together

The following norms were presented as discussion and decision-making guidelines for participants:

1. Collaborate to reach agreement.
2. Be concrete and specific – don't overlook the obvious.
3. Think strategic: policies and systems.
4. Share the air time.
5. Explore perspectives.

Perspectives Panel: What Works and What Doesn't – Interprofessional Practice in Patient-Centred Care

Four perspectives were presented on the first evening: policy, medicine, physiotherapy, and regulatory.

Policy Perspective

Sandra MacDonald-Rencz, Executive Director, Office of Nursing Policy (ONP), Health Canada, outlined policy issues from a government perspective, describing the Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) initiative, one of three related projects in the Pan-Canadian Health Human Resource Strategy.

The IECPCP framework focuses on the interdependence of interprofessional education and collaborative practice by addressing complex factors at the macro, meso and micro levels in systems. It enables collaboration among educators, researchers, practitioners, institutional/organizational leaders, policy-makers, government and learners, and continually reminds all involved that patients and their well-being are at the core of why this initiative is in place.

Medical Perspective

Dr. Carol Herbert, Dean of Medicine, University of Western Ontario, discussed barriers and supports to interprofessional collaboration. She noted that change does happen, but that it takes time to do it well and that it is the responsibility of all involved to generate opportunities for change.

Dr. Herbert noted that although collaborative practice is often not rewarded financially, this is not an insurmountable barrier even though it tends to be used as an excuse for not proceeding. Other perceived barriers include competing demands on time, scarce numbers of health professionals, geographical limitations, space required to set up interprofessional clinics and lack of core skills. Opportunities exist with respect to the development of competency-based interprofessional education across all disciplines. While there is increased awareness and acceptance of collaborative practices in research, there is a need in medicine for strong leadership roles, the incorporation of interprofessional practice in strategic plans of organizations and a need to let go of "turf" issues.

> "We need champions at all levels to support the concept and to get the work done. Participants at this meeting can become champions by investing time and returning to their organizations to promote and support interprofessional practice."

Physiotherapy Perspective

Dr. Patty Solomon, Director, School of Physiotherapy, Faculty of Health Sciences, McMaster University, commented that although as a profession, physiotherapy is small in numbers, it is developing its scope of practice and is becoming autonomous. Teamwork is well organized around a specific clientele or service such as palliative care, stroke or chronic pain and there are program management models and a move to client-centred models of practice in rehabilitation. Rural practice initiatives and family-centred care environments such as centres for children with disabilities are well structured.

However, turf protection is a factor and can result in competition rather than collaboration. Other challenges include program management models and the time limitations in acute care settings where the need for efficiency is paramount and there is a lack of evidence for the increased effectiveness of interprofessional approaches. In the community, new models for primary care are being introduced and evaluated; current models are not necessarily interprofessional and therapists may be isolated. In addition, governance and architecture issues (e.g., different professions have different space and equipment requirements) also need to be addressed.

Regulatory Perspective

Anne Coghlan, Executive Director, College of Nurses of Ontario (CNO), opened her presentation by stating that the sole focus of professional self-regulation is the public interest. She noted that opportunities for collaboration exist in four core elements of professional self regulation:

i. Standards: There is increased recognition of the impact of practice expectations among health professionals as well as consultation, participation and collaboration in the development of common standards across and within professions.

ii. Entry to practice requirements: “Regulators 4 Access” was used as an example of collaboration in Ontario where regulators shared in the development of best practices to assess credentials and at the same time forged strategic alliances.

iii. Ongoing competence: There is a regulatory mandate to assure the public that mechanisms are in place to support ongoing competence of individual professionals as well as an opportunity for regulatory bodies to explore the development of common expectations for ongoing interprofessional practice.

iv. Enforcement of standards: Regulators are working together on changes to legislation that will enable regulatory bodies to share information, conduct collaborative investigations and participate in collaborative approaches to remediation. The challenge is to find a balance with respect to accountability in terms of individual professionals and the health care system.

Interprofessional Practice in Patient-Centred Care: What We Know

Dianne Parker-Taillon, author of both the pre-meeting literature review and the pre-meeting survey of participants, commented on similarities and differences between these two documents. Three key similarities included:

i. the passion expressed for interprofessional collaboration and the belief that it is the right thing to do at many levels

ii. funding as both a barrier and an enabler in education practice and health care organizations

iii. cultural differences as a barrier in both education and in practice.

Other similarities included the need to look at scopes of practice and involve regulators in change; concerns about liability and the importance of being proactive in this area; the need for leadership to provide momentum.

Overall, there were more similarities than differences between the two documents. However, one key difference was that the themes identified in the survey focused more on what needs to happen rather than whose problem it is or who needs to fix it. This may reflect the fact that the issue of interprofessional collaboration has been the focus of much study in the past couple of years and people are now ready to act. The results of the pre-meeting survey confirm this conclusion with 70% of respondents indicating that a strategy/action plan to move forward was a desired outcome of the meeting. In this respect, it is interesting to note that six themes were common across the barriers, enablers and strategies in the results of the survey. In other words, the enablers and strategies suggested addressed the perceived barriers.

Challenges and Enablers: 2006 – 2010

After exploring perspectives and reviewing background documents for the meeting, participants summarized key challenges and enablers with the potential to have the most significant impact on interprofessional collaboration for patient-centred care over the next five years.

Challenges

Participants identified education, communication,[1] current hierarchies and the will to move forward (beyond talk) through innovative and transformative change as the biggest challenges.

In plenary discussion, the following were also expressed as challenges requiring timely interventions:

- Canada Health Act: funding system
- Culture change to support and demonstrate the effectiveness of interprofessional collaboration
- Supportive infrastructures, e.g., systems, tools, resources, access
- A model to demonstrate to decision makers how interprofessional collaboration can be part of the solution to current health care issues
- Power struggles within and among professions, e.g., boundary issues
- Scope of Practice definitions and related issues, e.g., responsibility and accountability.

Enablers

Participants suggested the following policy and system enablers for interprofessional collaboration:

- A change in the culture of education programs and in clinical placement facilities so that there is recognition, understanding of and respect for and among health professionals
- A national communication plan
- Education and marketing to promote the philosophy of team care to the public in terms of access and outcomes, e.g., through messages such as “this will work better”
- Funding, especially remuneration that recognizes collaborative team contributions to quality of care
- High profile patient and provider testimonials for collaborative practice, including self-care models
- Research to address gaps in administrative structure, government, socialization in professions
- Strong and consistent leadership, particularly with respect to a new vision and an adjusted culture and champions identified to drive all levels and areas, e.g., education, practice, architecture
- System incentives (both monetary and non-monetary), e.g., National Health System (NHS) trust evidence regarding high retention, recruitment, morale.

Other enablers mentioned were:

- Alternate systems for funding and compensation to support best practice models
- Clear descriptions of patient population services needed
- Competency-based models to operationalize Interprofessional Practice (IPP), and research and evaluation to support models
- Flexibility in identifying population health needs
- Learning from other sectors about collaborative team development
- Legislation to support collaborative processes, e.g., scope of practice, liability, team-based insurance.

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[1] Please see the Health Canada website for terminology related to Interprofessional Collaboration for Patient Centred Health Care: http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/interprof/index_e.html).

Change Initiatives: 2006 – 2010

Based on background documents, presentations and discussions at this workshop and on individual experience and expertise, participants identified six change initiatives for the next five years:

a. Canadian Health Council for Interprofessional Collaboration (CHCIC)

b. C5 – Culture of Consensus and Collaboration in Chronic Care

c. Interprofessional Innovation in Hip and Knee Care

d. National Interprofessional Indicator Initiative (NIPII)

e Talk to Us – We're Listening: a public audit of collaborative practice

f. Transforming Culture for Collaborative Practice (TCCP)

a. Canadian Health Council for Interprofessional Collaboration[2]

> The challenge in this initiative is to develop a national integrated council for interprofessional collaboration supporting enhanced, patient-centred practice.

Potential benefits:

- An organizational umbrella for ongoing initiatives where there is: an inclusive approach involving researchers, consumers, regulators, educators; a strong base for advocacy in areas such as availability of team-based insurance and increasing collaborative practice across the system; an environment to break down silos and support a culture of collaborative, patient-centred care; a place where research priorities and indicators of best interprofessional practice related to patient-centred care can be developed, shared and promulgated through knowledge translation strategies
- For patients: a renewed emphasis on a patient-centred approach including a voice as partners in health care and improved patient care with respect to access, safety, quality, system sustainability
- Leadership development including identification and training of champions
- More efficient use of tax dollars by reducing duplication
- More job satisfaction for providers through strategies focused on recruitment and retention
- Standardization of interprofessional patient-centred practice.

Supports and enablers currently in place:

- National professional associations have committed to interprofessional collaboration
- Other models like this have been developed (e.g., logic model for the Canadian Interprofessional Health Collaborative) or are currently in place [e.g., Canadian Collaborative Mental Health Initiative (CCMHI), CHSRF teamwork Initiative, Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP)]
- Related projects are being funded in the provinces and territories and in other countries, e.g., in the United Kingdom and at the Bethesda Institute of Patient and Family Centre Care
- Support exists through the Health Council of Canada and various governments.

Additional resources required to support this initiative:

- Funding: seed funding from governments; project specific funding from various agencies; financial and ‘in kind’ contributions from regulatory bodies and professional associations; sponsorship strategy including graded levels for public and private contributions
- Governance: development of an innovative interprofessional model including charter, individual, team, group and organizational memberships across health care boundaries and inclusive of provinces, territories and national organizations as appropriate
- Human resources to provide operational support
- Membership contributions in return for privileges such as access to materials, tools, conferences, engagement in various processes
- Partnerships with all sectors including private corporations
- Physical space including architecture and equipment that models collaboration, e.g., adjustable beds for various types of treatment.

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[2] Alternative name: Canadian Council for Collaborative Health Care (or for Collaborative Patient-Centred Practice)

Practical tools for this initiative:

- A customized framework and toolkit for interprofessional collaboration based on work already done, e.g., EICP
- A survey to assess organizational readiness to join a council
- Funding from Health Canada to hold an initial think tank meeting
- Monitoring and evaluation tools: what has changed regarding approaches to regulation, practice, scope of practice, leadership, liability, system structures, number of teams?

Potential Partners	Contributions	Expectations
Governments	Financial support	Improved patient-centred care, better recruitment and retention of health professionals. Supportive policy development Positive public profile
Professional associations, e.g., educators, regulators, insurers, patient safety institute	Knowledge, experience, expertise, advocacy, lobbying, human resources, funding	Improved patient-centred practice, profile as partners, improved patient safety
Consumer groups	Time, energy, data about their experiences, Advocacy	Improved patient-centred practice, profile as partners, contribution to monitoring and evaluation
Private sector sponsors, e.g., pharmaceuticals, medical equipment suppliers	Financial support, marketing, advocacy	Profile
Health Council of Canada	Knowledge, experience, expertise, advocacy, communication, resources ‘in kind’ such as time and review of proposals	Improved patient-centred practices Profile Support for their strategic directions
Canadian Institute for Health Information (CIHI)	Expertise and information related to information gathering and processing, monitoring and evaluation	Use of data in reports

b. C-5 – Culture of Consensus and Collaboration in Chronic Care

The challenge in this initiative is to reach consensus with stakeholders on the development and implementation of an interprofessional patient-centred framework for chronic care management that reflects the needs of a defined population based on existing successful practice.

Potential benefits:

- A change in the culture of interprofessional education to support collaborative, patient-centred practice
- Greater focus on prevention and health promotion to patients and the general public
- Improved access to care, better patient outcomes and enhanced satisfaction among patients and providers
- Improved communication for patient safety
- Improved cost efficiency and effectiveness, e.g., more efficient utilization of health human resources
- Increased knowledge sharing among stakeholders
- New evidence-based opportunities for collaborative practice outcomes
- New research opportunities.

Supports and enablers currently in place:

- Accreditation
- Federal initiatives, e.g., aboriginal focus on Diabetes Management
- IT advancement e.g., technology, electronic record, telehealth
- Legislation e.g., nursing wound care management (scope of practice)
- Provincial/Territorial government initiatives and strategies
- Regionalization
- Supportive agencies and initiatives such as EICP, CCMHI, Multidisciplinary Collaborative Primary Maternity Care Project (MCP^2), Chronic Disease Prevention Alliance of Canada (CDPAC), Public Health Agency of Canada, CIHR, Primary Health Care Transition Fund (PHCTF).

Additional resources required to support this initiative:

- Adequate liability coverage
- Education for collaboration including resources to teach/support)
- Education for the public for best practices for their health care
- Financial remuneration for health professionals who are not funded by medicare
- Funding to facilitate transitions in different settings, e.g., hospital ↔ community
- New regulations for scope of practice to foster collaboration, e.g., legislation in British Columbia.

Practical tools for this initiative:

- Accreditation policies that include interprofessional client-centred practice.
- Benchmarks for best practice outcomes including morbidity statistics, reduction of hospitalization/emergency room, clinical
- Broad legislation to support expanded scope of practice/overlapping scopes
- Case management for system navigation or other resources to help patients to navigate and get proper care
- Communication and education strategies e.g., for patients (what services exist, who to contact, where to go) and among health practitioners (on roles, willingness, capacity to collaborate)
- Identification of providers and services required
- Interdisciplinary care plan templates
- Regional policies and procedures to support collaborative practice and mission, vision
- Sample organizational structures that support collaborative approaches
- System assessments and tools for identification of patient population needs.

Potential Partners	Contributions	Expectations
Patients/clients and the general public	Experience, advocacy, support for knowledge translation	Safe, accessible, high quality care
Health Professionals	Collaborative approach, expertise, experience, advocacy in their institutions and associations, support for knowledge translation	Acknowledgement of input and support Improved evidence for the benefits of patient-centred care
Legislators, educators, health managers, insurers, researchers, regulators, employers/unions, provincial associations, consumer groups, Public Health Agency of Canada (PHAC)	Content expertise, collaborative stance, advocacy for change, support for implementation and knowledge translation	Changes in systems to support interprofessional collaboration among various sectors. Consideration given to the determinants of health during implementation[3]

3 http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants/index.html#determinants

c. Interprofessional Innovation in Hip and Knee Care

The challenge in this initiative is to assess the interprofessional roles and collaboration required to optimize hip and knee care, to address orthopedic wait list targets and to evaluate quality of care using structure, process and outcome indicators. The overall goal is to learn how to deliver care differently in an orthopedic environment.

Potential benefits:

- Learning regarding how to deliver optimum interprofessional orthopedic care
- Learning regarding how to optimize the scope of practice of all team members in orthopedic care
- Opportunity for transfer of knowledge to other jurisdictions; linking Centres of Excellence approaches to other fields of practice with wait list and quality care challenges
- The organizations and Centres of Excellence involved would learn how to transfer learning to other environments.

Supports and enablers currently in place initiative:

- There is a high profile, public focus on this issue
- There is professional support for the approach
- Resources are being invested.

Additional resources required to support this initiative:

- Facilitation in support of change management is required to assist with administrative problem solving, e.g., job descriptions
- Legislation and regulatory changes may be required
- Researchers need to develop indicators and related data.

Practical tools for this initiative:

- A care map for orthopedics
- Indicators of quality interprofessional care in orthopedics: structure, process, outcome.

Potential Partners	Contributions	Expectations
Several provincial/territorial hospital partners, e.g., Sunnybrook and Women's Hospital in Toronto, Concordia	Settings; contributions such as time and commitment of health care professionals	Profile Improved practice New tools
Manufacturers of orthopedic devices	Research money	Profile, linkage with the initiative
Academic research partners such as the Canadian Institute for Health Research (CIHR)	Health research knowledge	Rigorous research standards, knowledge transfer across the country
Academic partners, e.g., universities and colleges	Translate learning into curriculum changes and reform	Profile, linkage with initiative, case studies for use in training

d. National Interprofessional Indicator Initiative (NIPII)

The challenge in this initiative is to develop indicators that are meaningful, measurable, quantifiable and comparable and can be used to inform decision makers. The goal is to embed these indicators of interprofessional collaborative practice in professional standards, education and accreditation guidelines.

Potential benefits:

- Capitalize on synergy developed as groups work together collaboratively
- Develop criteria to measure standards for accreditation, work performance, patient safety, continuing education
- Develop standards for interprofessional practice
- Embed interprofessional collaboration as expected practice
- Manage expectations and clarify outcomes for patients
- Enable planning and monitoring of change over time as well as naming adjustments required.

Supports and enablers currently in place:

- Expertise and experience: Organizations and initiatives like CIHI, Canadian College of Health Service Executives (CCHSE), EICP can help with how to improve patient-centred practice, how to develop national standards, how to do accreditation, case studies of interprofessional collaborative practice
- Primary care renewal is a current priority for governments and health care organizations; related projects can provide data to help develop indicators
- Research: CIHR and CHSRF could fund research using approved indicators to measure success.

Additional Resources required to support this initiative:

- Access to data from diverse settings
- Funding to bring the data together
- Infrastructure support such as a brain trust, project manager, capacity for integrating components, clarity re team membership.

Practical tool for this initiative:

- Indicators Tool specific to areas of care, i.e., to develop, measure and validate both process and value indicators
- Qualitative tools to assess interprofessional collaboration, cohesion and team functioning, e.g., Alberta Project.

Potential Partners	Contributions	Expectations
CIHI	Data expertise on information management	Use of data in CIHI reports Knowledge translation to support improved patient care and safety
Accreditation Agencies (institutional and academic)	Help to bring the interprofessional practice standards into their accreditation guidelines	Compliance with accreditation standards
Regulatory bodies and legislators	Ability to set policy at the national level	Compliance with regulations
Experts in organizational behavior	Standard measurement tools for team development and to assess team functioning	Authorship Report on effectiveness of instruments

e. Talk to Us – We're Listening: a public audit of collaborative practice

> The challenge in this initiative is to engage the media engine in developing a national annual published audit (report card) of collaborative practice and care outcomes that is driven by public input, is in the public domain and can serve as a controversy tool for generating and enabling change.

Potential benefits:

- A clear product: an arm's-length, non health-care, professional audit of collaboration
- Clear definitions of collaborative practice, patient satisfaction and care
- Consumers/patients gain a public voice
- Increased public awareness of collaborative care (knowledge transfer)
- Media involved make a profit
- Positive pressure (generated by controversy) on organizations, regulatory bodies, professional organizations to set up information systems and organizational structures that will promote and support decisions related to expectations of practice and knowledge transfer.

Supports and enablers currently in place:

- A model is in place, i.e., McLean's audit of universities
- Interprofessional collaboration is a high priority for Health Canada
- The approach supports current marketing principles, is consumer driven and feeds into our economic system
- The initiative is timely and opportune: institutions are being challenged to say why a private care model is not the best practice
- The Quality Health Council supports this approach
- This initiative has clear links to the patient safety agenda.

Additional resources required to support this initiative:

- A demonstration project is required to ensure that the survey is of interest, controversial and would generate a profit
- A request for a proposal (RFP) from organizations such as the Quality Health Council and Health Canada would initiate the audit.

Practical tools for this initiative:

- Contest through the media and a launch on results to the public
- Encounter surveys of patients (by patients and the media)
- "Test the waters" survey to determine interest
- Overall audit.

Potential Partners	Contributions	Expectations
Canada Quality Health Council	Custodian of the process; funding for RFP	Initiate the process and select the top bidder
Patient/consumer groups	Input for setting criteria; select participants, e.g., for focus groups	Participate in total process
Canadian Press	Media interest; award for coverage; bidders	Interest and engagement in initiative; reporting
Health Canada; ONP or Canadian Health Services Research Foundation (CHSRF)	Seed money to prepare and disseminate RFP	Champion for initiative and provide initial funding
Federal/provincial/territorial health ministers	Awareness of initiative	Support for intended outcomes

f. Transforming Culture for Collaborative Practice (TCCP)

The challenge in this initiative is to develop, pilot and evaluate a Canadian change management model to support the cultural shift required for successful implementation of sustainable, interprofessional collaborative practice.

Potential benefits:

- An effective, comprehensive and general approach to cultural change will enable collaborative patient-centered practice
- Concrete strategies to effect change will be identified with options for implementation that are responsive to unique needs and environments
- The model will be customized to respond to needs in the Canadian healthcare context
- Variables will be identified upon which successful cultural change depends.

Supports and enablers currently in place:

- A body of knowledge about change management exists which can launch the development of the transformation of culture for collaborative practice
- There are centres of excellence for collaborative practice which can help in developing and identifying factors that have facilitated change
- There are champions of collaborative practice among professional leaders and personnel as well as support among future and new practitioners
- There is already an infrastructure within the “safer healthcare now” campaign that we can adapt
- There is growing support at policy levels for collaboration, e.g., to increase efficiencies in the delivery of care, manage costs, decrease wait times.

Additional resources required to support this initiative:

- Address the cultural divide between generations of providers and among stakeholders, e.g., practitioners, healthcare leaders
- Don’t force change on settings that employ traditional models of practice. It is important to pilot a change model in a setting that is receptive to the cultural change, including the tools and technology necessary to support collaborative practice
- Strike a task force that is time-limited, small-in-number, practice-focused and comprised of students, new and established practitioners, healthcare leaders, consumers and expert consultants in change management.

Practical tools for this initiative:

- Cultural needs assessment tools
- Inventory of literature on change management, successful practice sites, tools and checklists that address barriers, assumptions and enablers
- List of founders and sponsors.

Potential Partners	Contributions	Expectations
Agencies, organizations, initiatives with experience in this area, e.g., The Change Foundation (ONP?), CHSRF, FERASI Centre on Nursing Administration, Association of Faculties of Medicine of Canada (AFMC), Health Action Lobby (HEAL), G4, G7, consumer groups/associations, Patient Safety Institute	Experience, expertise, advocacy, settings to test the model	Report on change management model, including evaluation of the initiative and recommendations for the future
Canadian Psychological Association section on Industrial Organizational Psychology	Content expertise Tools, practices and advice related to organization development, intersectoral and interprofessional collaboration	Acknowledgement of input and support
Collaborating Agency to support governance including a steering committee, partners group, working groups	Office space for a secretariat, administrative support for director, manager and daily work Project management through contracted consultant with expertise in change management Advocacy for change, support for implementation	Adequate resources to support the initiative to its conclusion and evaluation Commitment to implement project report, including measures to support system change Resources to support knowledge translation and systems change

Concluding Remarks

Dr. Mary Ellen Jeans closed the meeting by thanking everyone for their contributions to making the event a success. She encouraged participants to distribute the Briefing Note email that would be sent to them shortly, informing interested colleagues and those who funded their attendance at the meeting about the process and results. Participants were also asked to review and provide comments on the draft literature review that was circulated before the meeting. Dr. Jeans noted that she will be following up with Health Canada to pursue next steps in relation to the initiatives recommended in this report.

When asked who should be involved in next steps to support the change initiatives described in this report, participants responded that there is a need to have younger, new faces in the group such as students, both new and experienced health professionals, and people who know the vehicles that will make this initiative become a reality. Steps must be taken to ensure that this group of professionals is cohesive and collaborative. It was also suggested that those moving this initiative forward should think "outside the box and the sector" to ensure that people with the appropriate expertise are involved.

Dr. Mary Ellen Jeans thanked Health Canada for co-sponsoring this expert stakeholder workshop along with the Academy of Canadian Executive Nurses.

Appendix III: Acronyms and Workshop Glossary

Interprofessional Health Human Resources Initiative **Collaboration for Patient-Centred Health Care** Expert Stakeholders Group Meeting
Workshop Glossary

Collaboration: is a process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go beyond their own visions of what is possible. Collaboration involves joint problem solving and decision making among key stakeholders in a problem or issue.

Four features are critical to collaboration:

1. the stakeholders are interdependent
2. solutions emerge by dealing constructively with differences
3. decisions are jointly owned
4. stakeholders assume collective responsibility for the future direction of the domain.

In collaboration it is common to have:

- lack of clarity about who is a stakeholder
- disparity of power and/or resources among stakeholders
- complex problems that are not well defined
- scientific uncertainty
- differing perspectives that lead to adversarial relationships
- dissatisfaction with previous and existing approaches and processes.

Collaboration is a distinctly different process than coordination and cooperation.

Coordination	Cooperation	Collaboration
formalized, defined relationships among organizations	informal trade-offs and agreements established in the absence of formal rules	an emergent and evolving process of building substantive agreement

Both coordination (formalized process) and cooperation (informal process) often occur as part of a collaborative process. Once initiated, collaboration creates a temporary forum within which participants can seek consensus about a problem, invent mutually agreeable solutions and develop collective actions for implementation.

Barbara Gray. Collaborating: Finding Common Ground for Multiparty Problems. Jossey-Bass Publishers, London, 1989, 5. Adapted.

Community

A community is a specific group of people who:
- share a common culture, beliefs, values and norms
- exhibit some awareness of their identity (personal/social/professional) as a group
- may live in a defined geographical area
- share common needs and a commitment to meeting them
- are arranged in a social or professional structure according to relationships which the community has developed over a period of time. (*Adapted from the WHO definition)*

Consensus

Substantial agreement. The degree of consensus that has been achieved is measured by asking participants to express one of the following positions:
- **I agree** with the proposal
- **I can live with** the proposal
- **I disagree**, or **remain undecided**.

Silence is not interpreted as consent.

Key questions to determine consensus are:
- Can you live with this?
- Will you support this decision or action within this group?
- Will you support this decision or action outside of this group?

If unable to answer “yes” to these questions, a participant is asked,
- What has to change in order for you to support this decision or action?

Innovation

The action of innovating; the degree to which new approaches are used for solving problems, exploiting opportunities, exploring new types of important or potentially important issues. The act of introducing something for the first time or altering something established; a new practice or method.

Knowledge Translation (KT)

Within a complex system of interactions, knowledge translation (KT) is the process that transfers research results from knowledge producers to knowledge users for the benefit of Canadians. Moving beyond the traditional domain of academic publication, it comprises three interlinked components: knowledge exchange, synthesis, and ethically sound application. The goal of KT is to improve health processes, services, and products as well as the health-care system itself. It employs broad-based and often

interactive mechanisms of uptake, dissemination, and debate and entails a complex set of interactions among producers, users and contexts. (Canadian Institutes for Health Research)

Network

Individuals, groups and organizations working collaboratively in support of mutually agreed-upon goals, principles and benefits.

Partnership

For the purpose of this workshop, a partnership is a relationship involving two or more parties who have agreed to work collaboratively toward the goal of addressing an issue or a set of issues. A partnership requires the sharing of power, work, support, resources and information with others. A partnership accrues benefits to each partner while fostering an achievement of ends which are mutually acceptable. Three common types/levels of partnership are: principal, collaborating and consulting.

Stakeholders

Stakeholders are organizations or individuals who are affected by or have a strong interest in the success of an initiative, process or organization.

Acronyms

ACAHO	Association of Canadian Academic Healthcare Organizations
ACEN	Academy of Canadian Executive Nurses
AFMC	Association of Faculties of Medicine of Canada
CAOT	Canadian Association of Occupational Therapists
CASLPA	Canadian Association of Speech-Language Pathologists and Audiologists
CASN	Canadian Association of Schools of Nursing
CASW	Canadian Association of Social Workers
CCHSE	Canadian College of Health Service Executives
CCMHI	Canadian Collaborative Mental Health Initiative
CCPNR	Canadian Council for Practice Nurse Regulators
CDPAC	Chronic Disease Prevention Alliance of Canada
CFNU	Canadian Federation of Nurses Unions
CFPC	College of Family Physicians of Canada
CHA	Canadian Healthcare Association
CHCIC	Canadian Health Council for Interprofessional Collaboration
CHD	College of Health Disciplines
CHSRF	Canadian Health Services Research Foundation
CIHI	Canadian Institute for Health Information
CIHR	Canadian Institute for Health Research
CMPA	Canadian Medical Protective Association
CNA	Canadian Nurses Association
CNO	College of Nurses of Ontario
CNPS	Canadian Nurses Protective Society
CPA	Canadian Physiotherapy Association
CPA	Canadian Psychological Association
CPhA	Canadian Pharmacists Association
DC	Dietitians of Canada
EICP	Enhancing Interdisciplinary Collaboration in Primary Health Care
HC	Health Canada
HEAL	Health Action Lobby
HHR	Health Human Resources
IECPCP	Interprofessional Education for Collaborative Patient-Centred Practice
IHHRI	Interprofessional Health Human Resources Initiative
IPC	Interprofessional collaboration

IPE	Interprofessional education
IPP	Interprofessional practice
MCP^2	Multidisciplinary Collaborative Primary Maternity Care Project
NHS	National Health System
NIPII	National Interprofessional Indicator Initiative
ONP	Office of Nursing Policy
PHCTF	Primary Health Care Transition Fund
RFP	Request for Proposal
RPNC	Registered Psychiatric Nurses of Canada
SARS	Severe Acute Respiratory Syndrome
TCCP	Transforming Culture for Collaborative Practice

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