

Sabbatical Journey of Discovery: Quality Systems, Interprofessional Education and Innovation

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This is the last in a series of reports to share key learnings from my 2005 sabbatical, when I took a three-month journey through Scandinavia, Western Europe, Ireland and the United Kingdom to observe innovation in nursing services delivery. This report will focus on quality systems, interprofessional education and innovation. Many of the countries I visited were doing creative work in advancing innovation through interdisciplinary quality initiatives and interprofessional education.

Quality Systems

I was inspired to see an organizational structure focused on quality in a large multi-site teaching hospital in Belgium. A care program structure was implemented incorporating clinical directorates. Each clinical directorate was required to identify its key patient populations and develop clinical pathways for all of them. The quality reporting structure emanated

from each patient population/clinical pathway comprising each clinical directorate within each program area. Extensive research has been done to advance clinical pathways in Belgium. A chain model, which is a linear stepwise model, has been developed for predictable patient trajectories. A hub model for more complex patients is led by one team member who provides coordination of care for the patient and the patient's family within an interdisciplinary team. The care coordinator is typically a nurse, who involves other team members as needed. A web model has been developed for the most complex patients with whom total interdisciplinary team consultation is required regularly to manage the complexity, severity and acuity of the patient's condition.

Longitudinal research has been carried out over many years on nursing minimum data sets. Results clearly demonstrate that nursing explains 80% of a patient's stay in hospital. Nursing

researchers in Belgium have done a great deal to advance the professionalism of nursing and to identify the ways in which the environment influences nursing practice. Their research shows that a strong leadership infrastructure, including a nurse executive, directors of nursing, nurse managers and clinical leadership roles such as education and advanced practice nursing, is key to supporting the professionalism of nurses within their communities of practice.

Interprofessional Education

Interprofessional education approaches are in place in many countries. In Denmark, health sciences faculties teach students together at early and middle components of their programs from shared curricula and use shared clinical placements for the health disciplines. In Ireland, interdisciplinary quality education, based on action learning, has been developed: interdisciplinary teams are taught quality skills and address quality issues together in their practice environment. In England, an interdisciplinary preoperative assessment program has been put in place, in which health professionals can learn in-depth assessment skills to review patients preoperatively. This approach has also been utilized in emergency departments in Scotland, where nurses and physiotherapists with in-depth assessment skills independently staff Minor Injuries Clinics, which serve the less complex emergency patients. Physiotherapy triage is used as well to decant musculoskeletal patients from preoperative wait lists in favour of

conservative physiotherapy treatment or physiotherapy that prepares patients for surgery. Interprofessional education and interdisciplinary care delivery and quality processes are alive and well in these countries. Their successes inspire us to action as we move in this direction in Canada.

Innovation

The reason for my sabbatical was to learn about how innovation is promoted and achieved, and to see new ways in which nursing and health services are delivered. It was a great pleasure to visit the Qulturum Centre for Innovation in Sweden. Qulturum provides a beautiful physical location with expert staff to support interdisciplinary teams who are interested in exploring a new idea, implementing and evaluating it. The Qulturum team members have skills in facilitating interdisciplinary or interprofessional teams to identify an idea or issue they are interested in examining, reviewing the best available evidence, developing an approach to analysis of the idea or issue, creating or redesigning a process for implementation and evaluating the process. The Qulturum Centre is funded by the county council and is located on the campus of a teaching hospital. It is available to all citizens in the county. Organizations from health-care, education, private industry and municipalities use the Centre to explore and advance innovation.

I have learned that innovation requires an environment that encourages new ideas. An individual who has a new idea needs to know where

to take it. A location or person must be identified to receive it. Finally, a supportive response to the idea is required within an environment that encourages risk taking. Enabling people to explore their ideas can take many forms. For example, at University Health Network, where I am working as the Vice President, Professional Affairs and Chief Nurse Executive, I have put in place an Idea Factory on our nursing intranet. Nurses often send me their ideas; I respond directly to them and link them with the necessary supports in the organization to design a trial or pilot the idea.

As we move into the evolving regional or local health integration network environments across Canada, the health professions are called upon to think differently about how we do our work and to come forward with new ideas that will help us build integrated networks of care that are characterized by patient-partnered processes and design. Never before have we seen such demand for innovation within this highly charged knowledge and information environment. Nurses and other

health professionals have all the ingenuity they need to address these issues.

I hope that the learnings from my sabbatical have tickled your thinking and perhaps suggested ways in which you might try some new practices that others have piloted, or create some brand new ideas that can be tested to produce innovation in our system. Thank you for joining me on this wonderful journey!

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Connie Benn, RAI Coordinator (sitting), Michelle Beaudry, Wendy Trotter, Judy Frey-Signoretti

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