

---

# Interprofessional Protocol Development for A Network of FHTs

A Project of the Academic Family Health Team Forum

---

*AFHTO Conference - October 2012*

*Jess Rogers, BA, MSc(c)  
Director, Special Projects, Centre for Effective Practice*

*David M. Kaplan, MD, MSc, CCFP  
Primary Care Physician LHIN Lead, Central LHIN  
Department of Family & Community Medicine  
North York General Hospital, University of Toronto*

# Today's Objectives

---

- 1. Share information on maximizing effectiveness of health professional teams at primary care level**
- 2. Explain journey from endorsed clinical practice guidelines to implementation of team-based care protocols**
- 3. Offer thoughts about future implementation of team-based care approaches – challenges and ample opportunities!**

# Academic Family Health Team Forum

---

*“A robust network demonstrating leadership in education and research, patient care, and policy development.”*

Forum Goals include:

- \* Strengthen academic foundation for educating future practitioners
- \* Advancing new knowledge in the practice and education of primary care
- \* Improve patient care by increasing focus on health promotion, disease prevention, chronic disease management, team-based approaches and collaboration/coordination with community partners

# Academic Family Health Team Forum

---

- \* Collaboration of 14 primary care practices – all of which have a range of health professionals
- \* 11 urban practices
- \* 2 rural/small community practices
- \* 1 suburban practice
- \* Broad representation of practice context – from downtown Toronto 600 bed homeless shelter to three aligned practice sites in smaller communities in south central Ontario

# Project Overview

---

- \* Project funded by Ontario Ministry of Health and Long Term Care, as part of 'Enhancing Quality Management in Primary Care' initiatives under Interprofessional Care and Education Fund (ICEF)
- \* multi year project (2 funding cycles)

# Project Deliverables

---

- \* Develop and provide interprofessional practice protocols, tools, information to support teams in delivery of optimal patient care in 6 targeted care areas
  - \* Diabetes and Complex Diabetes
  - \* Depression
  - \* 18 Month Well Baby Visit
  - \* Obesity in Children
  - \* End of Life Care
  
- \* Support FHT's in implementing the protocols

# Opportunity!

---

## **QUALITY IMPROVEMENT & PRACTICE EFFICIENCY**

- \* Development and application of evidence based protocols and tools for primary care team practice

## **CAPACITY BUILDING**

- \* Establishment of process for further team-based best practice protocol development
- \* Evaluation of collaborative, cross organizational, interprofessional protocol development and implementation process – barriers and enablers identified

## **KNOWLEDGE TRANSFER**

- \* Dissemination of modules among participating organizations and beyond
- \* Contribution to Quality Improvement and Innovation Partnership

# How did we get there?

---

- ✓ amenable to a team approach
- ✓ benefit from improved access to evidence
- ✓ Improve provider job satisfaction
- ✓ able to be resolved locally i.e. within the practice environment
- ✓ enhance health care delivery in Ontario
- ✓ Leverage other initiatives, policy directions
- ✓ Be achievable
- ✓ Be evaluable

 Well Baby/18-Month Visit

 Childhood Obesity

 Diabetes

 Complex Diabetes Patient

 Mental Health/Depression

 End of Life/Advance Care Planning



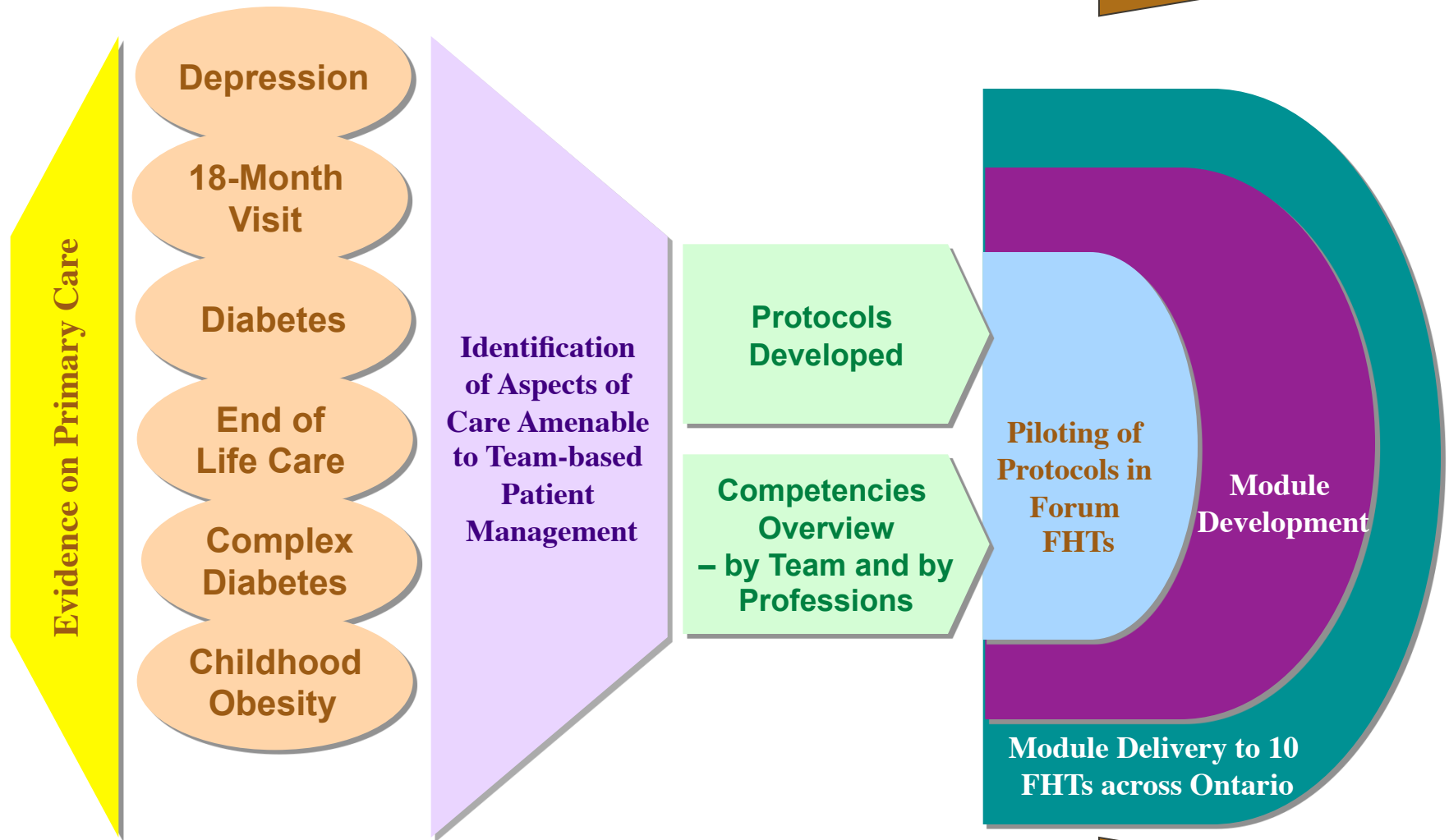
MONTY PYTHON'S

And Now For Something  
COMPLETELY DIFFERENT



# Development and Execution Process

Qualitative and Quantitative Evaluation



Interprofessional Clinical Program Development Task Groups

# Task Groups

---



***Diabetes Tool Kit Implementation Task Group***

# Process

## TOPIC AREA

### Interprofessional Clinical Program Development Task Groups



**Academic FHT University of Toronto  
Planning Forum  
14 Family Health Teams**

Centre for  
Effective Practice

Guidelines  
Advisory  
Committee

Li Ka Shing  
Institute

ICES

Ontario College  
of Family  
Physicians

11  
9

# 1. Developing the Protocols

---

Task Groups looked at:

- \* Clinical Evidence
  - \* Searched, appraised cpg's
  - \* Presented high quality cpg evidence
  - \* Clinically
    - \* Increased complexity because interprofessional
    - \* Helped get agreement between professions
    - \* 1<sup>st</sup> major step to get buy-in from the group
    - \* Provided platform to discuss specific goals
- \* Implementation Evidence
- \* Existing Clinical Tools



# Results

---

- \* Interprofessional Protocols (Binders) that include:
  - \* Evidence Base
    - \* Guideline Recommendations
    - \* Related Evidence Based Tools
  - \* Care Pathway
  - \* Role Matrix
  - \* Additional Tools to facilitate collaboration and decision making



[HOME](#) > [PROJECTS](#) > [Interprofessional Program Development](#)

## PROJECTS

[Academic Detailing](#)

[Benign Uterine Conditions](#)

[CAN-ADAPTT](#)

[Clinical Practice Guidelines Institute](#)

[Cancer Screening](#)

[Chronic Pain and EMR Modification](#)

[Diabetes Tool Update](#)

[HELPinKIDS: Managing Immunization Pain](#)

[IMPACT: Complex Care of the Elderly](#)

[Influenza Immunization Toolkit](#)

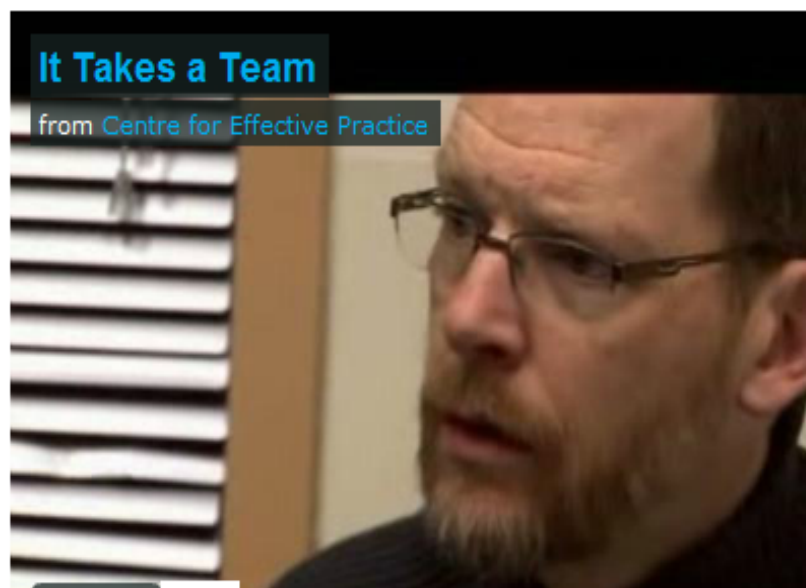
[INSPIRE: Scope of Practice in Longterm Care](#)

[Interprofessional Program Development](#)

[Childhood Obesity](#)

## Interprofessional Program Development for a Network of Family Health Teams

Development of protocols and educational modules to support teams in the delivery of optimal patient care in targeted clinical spheres.



PROJECTS

- Academic Detailing
- Benign Uterine Conditions
- CAN-ADAPTT
- Clinical Practice Guidelines Institute
- Cancer Screening
- Chronic Pain and EMR Modification
- Diabetes Tool Update
- HELPinKIDS: Managing Immunization Pain
- IMPACT: Complex Care of the Elderly
- Influenza Immunization Toolkit
- INSPIRE: Scope of Practice in Longterm Care
- Interprofessional Program Development
  - Childhood Obesity**
  - Complex Diabetes Patient
  - Diabetes
  - End of Life/Advance Care
  - Mental

## Childhood Obesity Module

The following is the Table of Contents of an educational module designed to help teams integrate Interprofessional Practice Protocols.

PDFs are available for a selection of materials included within this module. In some cases, links to an external website hosting the document or other resource are provided.

**Contact us** if you and your team are interested in receiving the protocol (binder format, for a fee) or the educational session (in-service, tailored to your needs).



### 1 Introduction/Project Overview

### 2 Evidence

a. [GAC Summary Guideline – Obesity in Children \(Ref 234\)](#)

b. Role of the Health Care Team in the Evaluation and Management of Obesity

Dent R, Vallis M, Hramiak I, Francis JA. Role of the health care team in the evaluation and management of obesity. Canadian Medical Association Journal 2007;176(8):Online50-53. [Online](#)

### 3 Best Practices/Literature

a. Prevention of Pediatric Overweight and Obesity

American Academy of Pediatrics, Committee on Nutrition. Policy Statement: Prevention of Pediatric Overweight and Obesity. Pediatrics 2003;112(2):424-30. [Online](#)

b. Healthy Active Living for Children and Youth

Canadian Paediatric Society. Healthy active living for children and youth. Paediatrics & Child Health 2002;7(5):339-45. [Online](#)

c. Impact of Media Use on Children and Youth

Canadian Paediatric Society. Impact of media use on children and youth. Paediatrics & Child Health 2003;8(5):301-6. [Online](#)



## 2. Implement the Protocols in FHT's

---

- \* Protocols were pilot tested among member FHT's in the Forum
- \* Additional funding was received to offer:
  - \* 3 hr - full day facilitated workshops of the team
  - \* Present the evidence, the components of the protocol, engage the team in identifying their priority areas for implementation, provide a plan forward to implement the change in the practice
  - \* 10 additional FHT's were engaged (majority chose Diabetes as their topic area of interest)

- \* “It really was the first opportunity that we had all been in the same room at the same time without such a tight agenda around other things...could talk about the need for communication and their visions...”**

- \* “...we had been struggling...we really needed to do more case management and care coordination of the complex diabetes clients...it [workshop] created the space and the energy to be able to come to that decision and actually start to move forward and implement something.”
- \* “There were a lot of great tools and the fact that it’s already in use and evidence-based best practice really helps us in developing our program”

---

# Let's Look At An Example!

---

# 18 Month Well Baby Visit

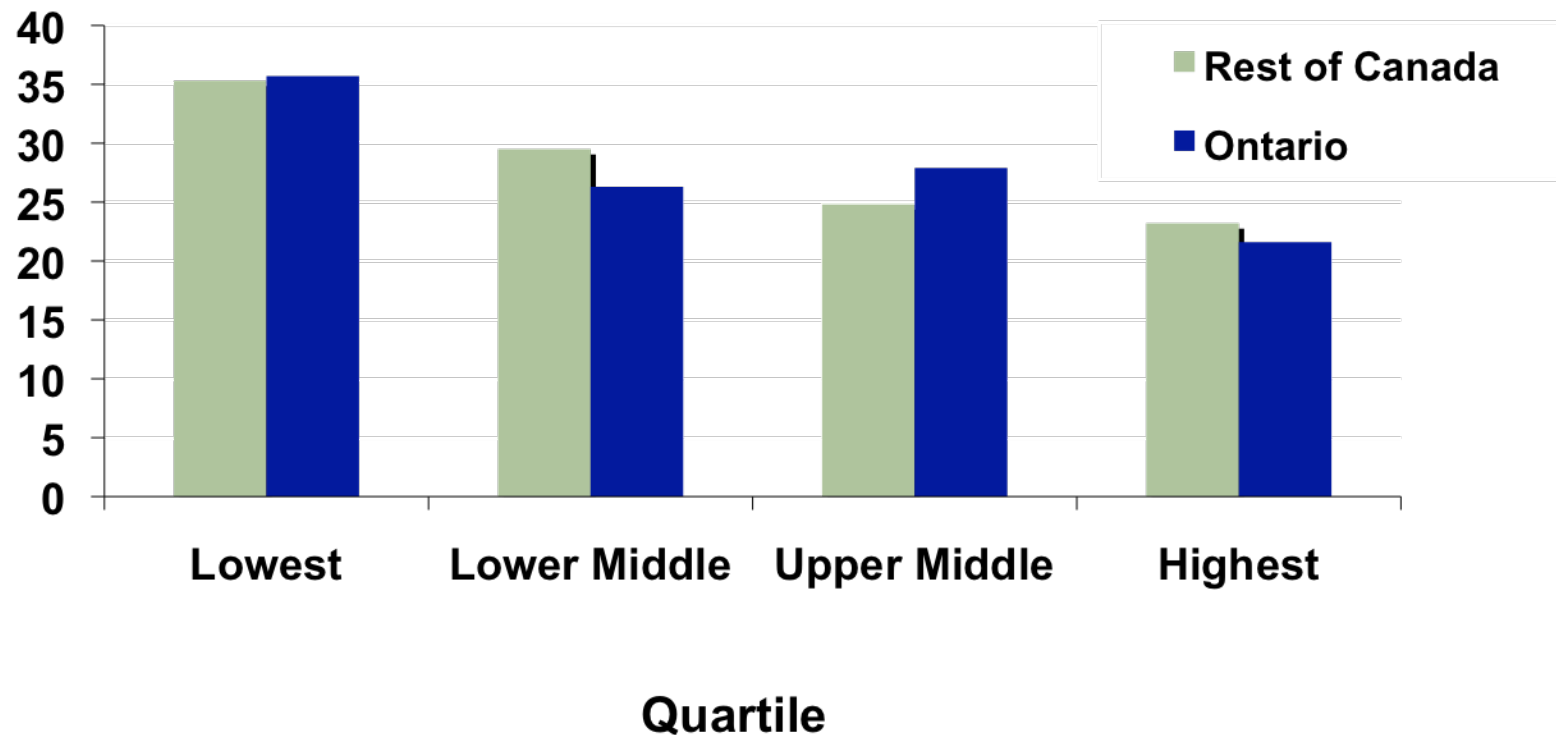
---

- \* Goals and Timelines
  - \* Implementation of an enhanced 18 month well baby visit
    - \* Initial pilot aims to provide training to team members, adapt tools for local use and identify appropriate process and roles within the team for carrying out the 18 month visit
    - \* Build the capacity within the FHT to measure and evaluate progress (team roles, efficiencies) and links to clinical outcomes (ie. Quality of care/improvement) and to use of community resources.
- \* Pilot: February 2008 – April 2008

# “Why Invest in Kids?”

## ONTARIO CHILDREN

**The Prevalence of Children with Difficulties  
by Family Income**



# “Why Invest in Kids?”

---

## Good Support Systems Make a Difference

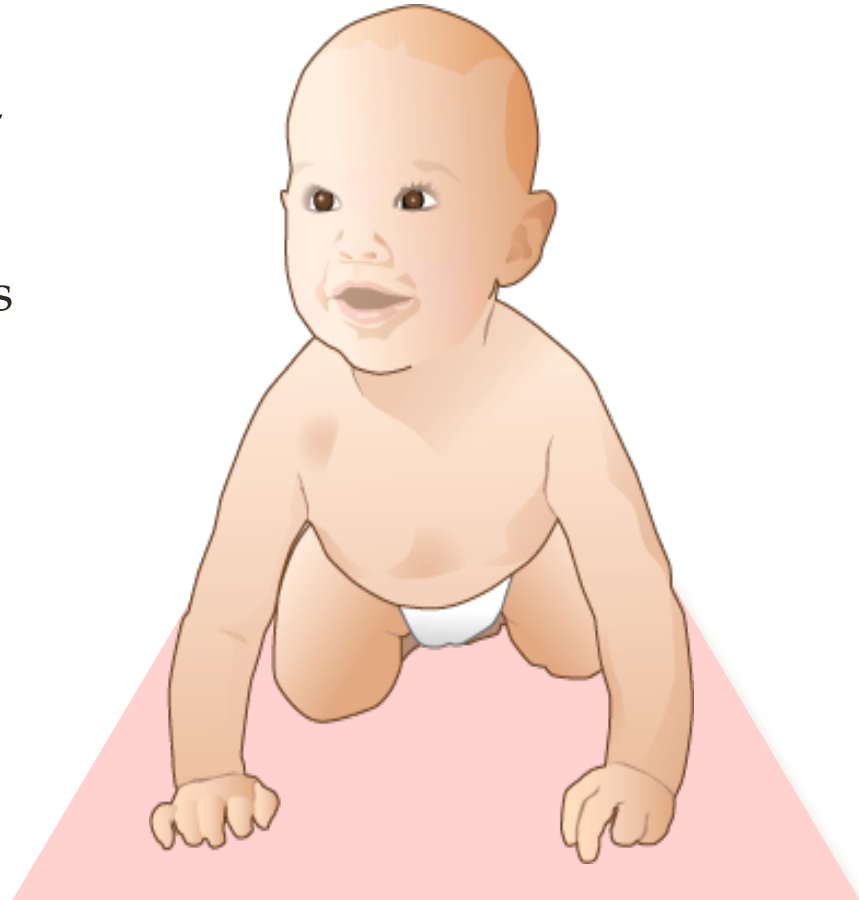
- \* Early intervention in the presence of developmental risks or delays can improve the outcome for a child and family
- \* The communities where all children are doing better are not necessarily more affluent, more educated, urban or rural



# Why is 18 Months Pivotal?

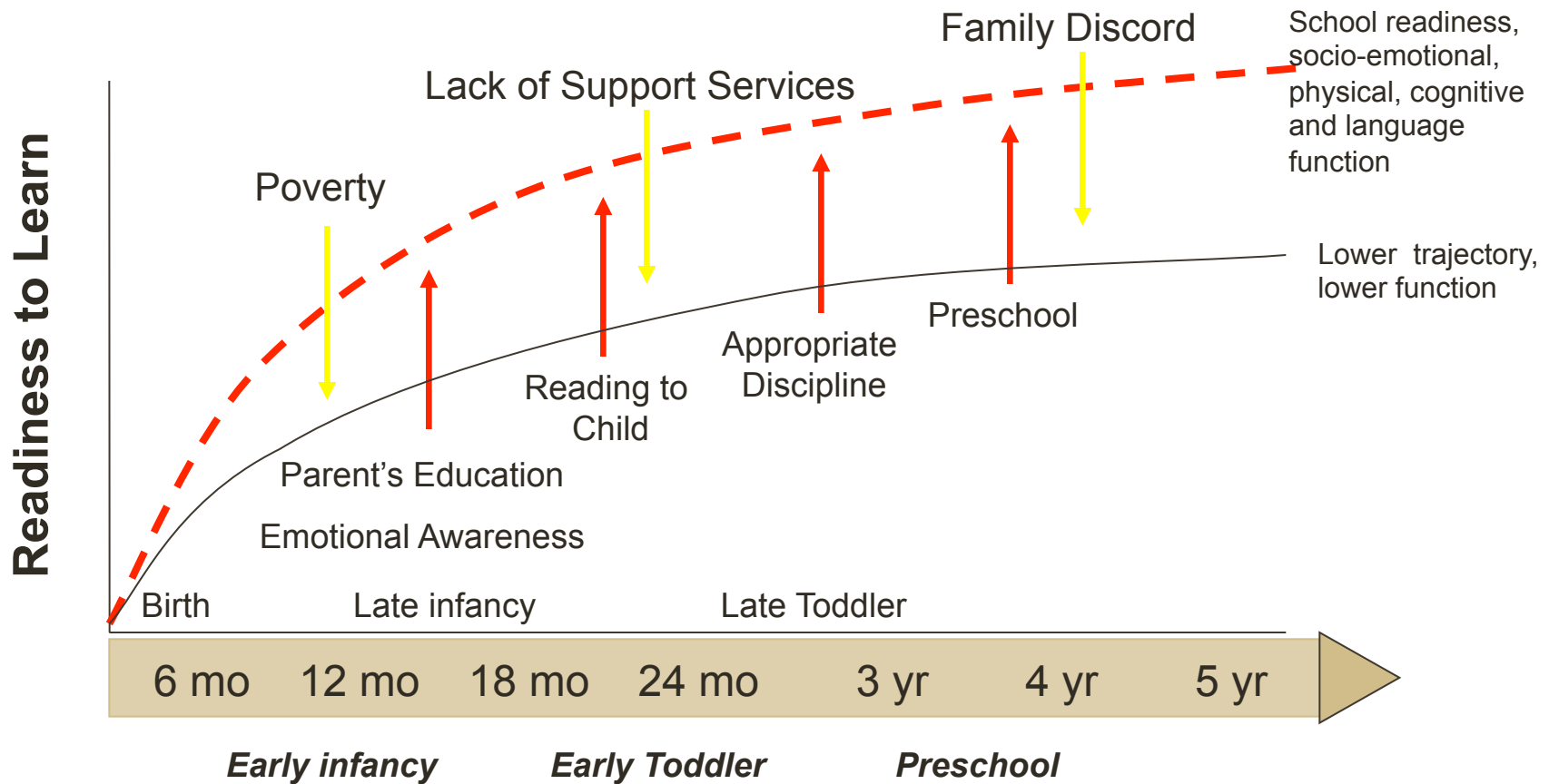
---

- \* Developmental Issues
  - \* Speech and Language - Literacy
- \* Parenting/Behaviour Issues
- \* Family/Social Issues
- \* Last scheduled immunization until age 5





# Strategies to Improve Healthy Development and School Readiness Trajectories



Adapted from Halton N, McLearn K. Families with children under 3. What we know and implications for Results and Policy. In Halton, McLearn and Shuster eds. Child Rearing in America. Challenges Facing Parents and Young Children. New York. Cambridge University Press 2002



# 18 Month WBV- Change in Primary Care Role

---

- \* More proactive approach to intervention
  - \* Instead of “let’s wait and see”
- \* Increased awareness of risks and delays
- \* Increased use of community resources



COMPONENTS OF WELL BABY/18-MONTH VISIT – Health Professionals & Tasks



Health Professionals	15 Month Visit	Growth Monitoring	Dental Exam	Parental Concerns	Nutrition	Education and Advice	Development	Physical Examination	Problems and Plans (referrals)	Immunization	Follow-up Monitoring	Missed Developmental Screen		
Physicians, Residents														
Nurse Practitioners														
Nurses														
Health Promoters														
Patient Educ Specialists														
Medical Assistant or Receptionist														
Social Workers														
Pharmacists														
Registered Dietitians														
Speech Pathologists														
PTs														
Community Specialists														

Health professional trainees may perform the same role as the fully qualified colleague, as delegated and under appropriate supervision.



# 18 Month WBV - Evidence

---

- \* Ontario College of Family Physicians Clinical Report on the Enhanced 18 Month facilitated by Guidelines Advisory Committee
  - \* Example Recommendations:
    - \* Refer children at risk of, or showing signs of, behavioural problems to parent education programs, which have been shown to improve parenting skills and child outcomes. Level of evidence: Level I
    - \* Be aware that high quality childcare is associated with improved paediatric outcomes in all children.
      - \* Level of evidence: Level I (for children in low-income and disadvantaged families)
      - \* Level of evidence: Level II (for general population)
- \* Rourke Baby Record

# 18 Month WBV – Components of the Pilot

---

1. Engagement of team members
2. Development of a local implementation plan
3. Education/Training of team members on **Rourke Baby Record** and **Nipissing Developmental Screen**
4. Integration of tools into EMR's (or updates)
5. Defining and building capacity for evaluation measures
6. Adapting the **algorithm** and **resource sheets** for the team needs
7. Defining Team Roles
8. Addressing local barriers (culture, resources etc.)

4

= Tools used in pilot



# 18 Month Well Baby Visit – TOOL #1: NIPISSING

Filling in the questionnaire,  
the parent:

- \* Has time to reflect about the child
- \* Is made aware of different aspects of development
- \* May be prepared to discuss concerns with the physician or nurse

**Nipissing District**  
**Developmental Screen™**

Child's Name: Susan

Birth Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_


Nipissing, Nipissing District Developmental Screen, and NDDS are trademarks of NDDS IP Holdings, used under license. All rights reserved.

**The Nipissing District Developmental Screen™ is a checklist designed to help monitor your child's development.**

✓ Yes    ✓ No

**By *Eighteen Months* of age, does your child...**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Identify pictures in a book (e.g. "Show me the baby")?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Use familiar gestures (e.g. waving, pushing away)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Follow directions when given without gestures (e.g. "Throw me the ball", "Bring me your shoes")?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Use common expressions (e.g. "all gone" or "oh-oh")?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Point to at least three different body parts when asked (e.g. "Where is your nose")?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Say five or more words? (Words do not have to be clear.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Hold a cup to drink?*
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Pick up and eat finger food?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Help with dressing by putting out arms and legs?*
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Crawl or walk up stairs/steps?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Walk alone?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Squat to pick up a toy without falling?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Push and pull toys or other objects while walking? (Picture A)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Stack three or more blocks?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Show affection towards people, pets or toys?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Point to show you something?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Look at you when you are talking or playing together?




A

\* Item may not be common to all cultures

18 MONTHS

Always talk to your health care or child care professional if you have any questions about your child's development or well being. See reverse side for instructions, limitation of liability, and product license.



Health Connection  
1-800-361-5653

## 18 Month Well Baby Visit – TOOL #2: Rourke

### ENHANCED 18 MONTH SECTION ON DEVELOPMENT

<b>DATE OF VISIT</b>	18 months		
<b>GROWTH*</b>	<i>Height</i>	<i>Weight</i>	<i>Head circ.</i>
<b>PARENTAL CONCERNS</b>			
<b>NUTRITION*</b>	<input type="radio"/> Breastfeeding* <input type="radio"/> Homogenized milk <input type="radio"/> No bottles		
<b>EDUCATION AND ADVICE</b>	<input type="radio"/> Car seat (child)* <input type="radio"/> Bath safety* <input type="radio"/> Choking prevention* <input type="radio"/> Parent/child interaction <input type="radio"/> Discipline/Limit setting** <input type="radio"/> Parental fatigue/stress/depression** <input type="radio"/> High-risk children** <input type="radio"/> Socializing/peer play opportunities <input type="radio"/> Dental Care/Dentist* <input type="radio"/> Toilet learning**		
<b>DEVELOPMENT**</b> <i>(Inquiry and observation of milestones)</i> <i>Tasks are set after the time of normal milestone acquisition.</i> <b>Absence of any item suggests the need for further assessment of development.</b> NB-Correct for age if < 36 weeks gestation <input checked="" type="checkbox"/> if attained <input type="checkbox"/> if not attained	<input type="radio"/> Social/Emotional <input type="radio"/> Child's behaviour is usually manageable <input type="radio"/> Usually easy to soothe <input type="radio"/> Comes for comfort when distressed <input type="radio"/> Communicative Skills <input type="radio"/> Points to 3 different body parts <input type="radio"/> Tries to get your attention to see something of interest <input type="radio"/> Pretend play with toys and figures (e.g. feeds stuffed animal) <input type="radio"/> Turns when name is called <input type="radio"/> Imitates speech sounds regularly <input type="radio"/> Produces 3 consonants, e.g. P M B W H N <b>Motor Skills</b> <input type="radio"/> Walks backward 2 steps without support <input type="radio"/> Feeds self with spoon with little spilling <b>Adaptive Skills</b> <input type="radio"/> Removes hat/socks without help <input type="radio"/> No parent concerns		
<b>PHYSICAL EXAMINATION</b>	<input type="radio"/> Eyes (red reflex)* <input type="radio"/> Corneal light reflex/Cover-uncover test and inquiry* <input type="radio"/> Hearing inquiry <input type="radio"/> Tonsil size/Teeth*		
<b>PROBLEMS AND PLANS</b>			
<b>IMMUNIZATION</b>	Record on Guide V: Immunization Record		

\* Behaviour and Family Issues

\* Social/Emotional – if the answers to these questions are “no”, or “uncertain”, there may be a problem within the child or in the parent-child relationship

**NDDS 3, 4, 5, 6**

# Integrating the Tools Into EMR

---

## CHALLENGES

- \* Obtaining appropriate licensing
- \* Negotiating with EMR provider
- \* Determining how the team enters in data and extracts it

## ENABLERS

- \* Consistent record keeping/charting
- \* Ability to program follow up and track team members role in provision of care



Development 18m

Narrative View Templ

Development: Inquiry and Observation of Milestones

Note: The Absence of any item is considered a HIGH-RISK MARKER and suggests the need for further assessment of development.

Social/Emotional: Inquiry and observation

Child's behaviour is usually manageable\*

Usually easy to soothe

Comes for comfort when distressed

Communication Skills: Consider cultural/language differences

Points to 3 different body parts

Tries to get your attention to see something

Pretent play with toys and figures

Turns when name is called

Imitates speech sounds regularly

Produces 3 consonants e.g. PMBWHN

Motor Skills: Consider cultural differences in parenting

Walks backwards 2 steps without support

Feeds self with spoon with little spilling

Adaptive Skills: Anticipatory Guidance discussion re: Developmental Skills (i.e. time to learn)

Apply Save Cancel

Edit Clinical Notes

Nipissing District Developmental Screen 18m

Nipissing District Developmental Screen - 18 month Narrative View Templ

By 18 Months, does the child . . .

- 1. Identify pictures in a book (Show me the baby)?
- 2. Use familiar gestures (waving or pushing away)?
- 3. Follow Directions when given without gestures?
- 4. Use common expressions ('all gone', 'oh-oh')?
- 5. Point to at least 3 body parts when asked?
- 6. Say 5 or more words?
- 7. Hold a cup to drink? \*
- 8. Pick up and eat finger food?
- 9. Help with dressing by putting out arms/legs? \*
- 10. Crawl or walk up stairs/steps?
- 11. Walks alone?
- 12. Squat to pick up toy without falling?
- 13. Push and pull toys/objects while walking?
- 14. Stack three or more blocks?
- 15. Show affection toward people, pets or toys?

Apply Save Cancel



No Active... →

**Immunizations**

Date	Vaccine	Drug	Dosage
Apr 28, 2008	MMR	PRIORIX	0.5 mls
Apr 28, 2008	DaPTP, Hib	PENTACEL	0.5 mls
Jan 11, 2008	Varicella	VARIVAX III	0.5 mls
Jan 11, 2008	Pneumococcal - Valent	PREVNAR	0.5 mls
Oct 9, 2007	MENINGOCOCCAL	MENJUGATE	0.5 mls
Oct 9, 2007	MMR		0.5 mls
Apr 11, 2007	DaPTP, Hib	PENTACEL	0.5 mls
Apr 11, 2007	Pneumococcal - Valent		0.5 mls
Feb 8, 2007	DaPTP, Hib	PENTACEL	0.5 mls
Feb 8, 2007	Pneumococcal - Valent	PREVNAR	0.5 mls
Dec 7, 2006	DaPTP, Hib		0.5 ccs
Dec 7, 2006	Pneumococcal - Valent		0.5 ccs

**Vital Signs**

**Parental Concerns 18m**

**Parental Concerns**

no concerns voiced  
NDDS Reviewed; no areas flagged

**Infant Nutrition 18m**

**Nutrition** Homo 3.25% Milk;

**Development 18m**

**Development: Inquiry and Observation of Milestones**

Note: The Absence of any item is considered a HIGH-RISK MARKER and suggests the need for further assessment of development.

**Social/Emotional:** Inquiry and observation

**Child's behaviour is usually manageable\*** Attained

**Usually easy to soothe** Attained

**Comes for comfort when distressed** Attained

**Communication Skills:** Consider cultural/language differences

**Points to 3 different body parts** Attained

**Tries to get your attention to see something** Attained

**Pretent play with toys and figures** Attained

**Turns when name is called** Attained

**Imitates speech sounds regularly** Attained

**Produces 3 consonants e.g. PMBWHN** Attained

**Motor Skills:** Consider cultural differences in parenting

**Walks backwards 2 steps without support** Attained

**Feeds self with spoon with little spilling** Attained

**Adaptive Skills:** Acticipatory Guidance discussion re: Developmental Skills (i.e. time to learn)

**Removes hat/socks without help** Attained

**Parental Concerns** No

**Developmental Concerns** none

**Nursing vitals**

**Vital Signs**

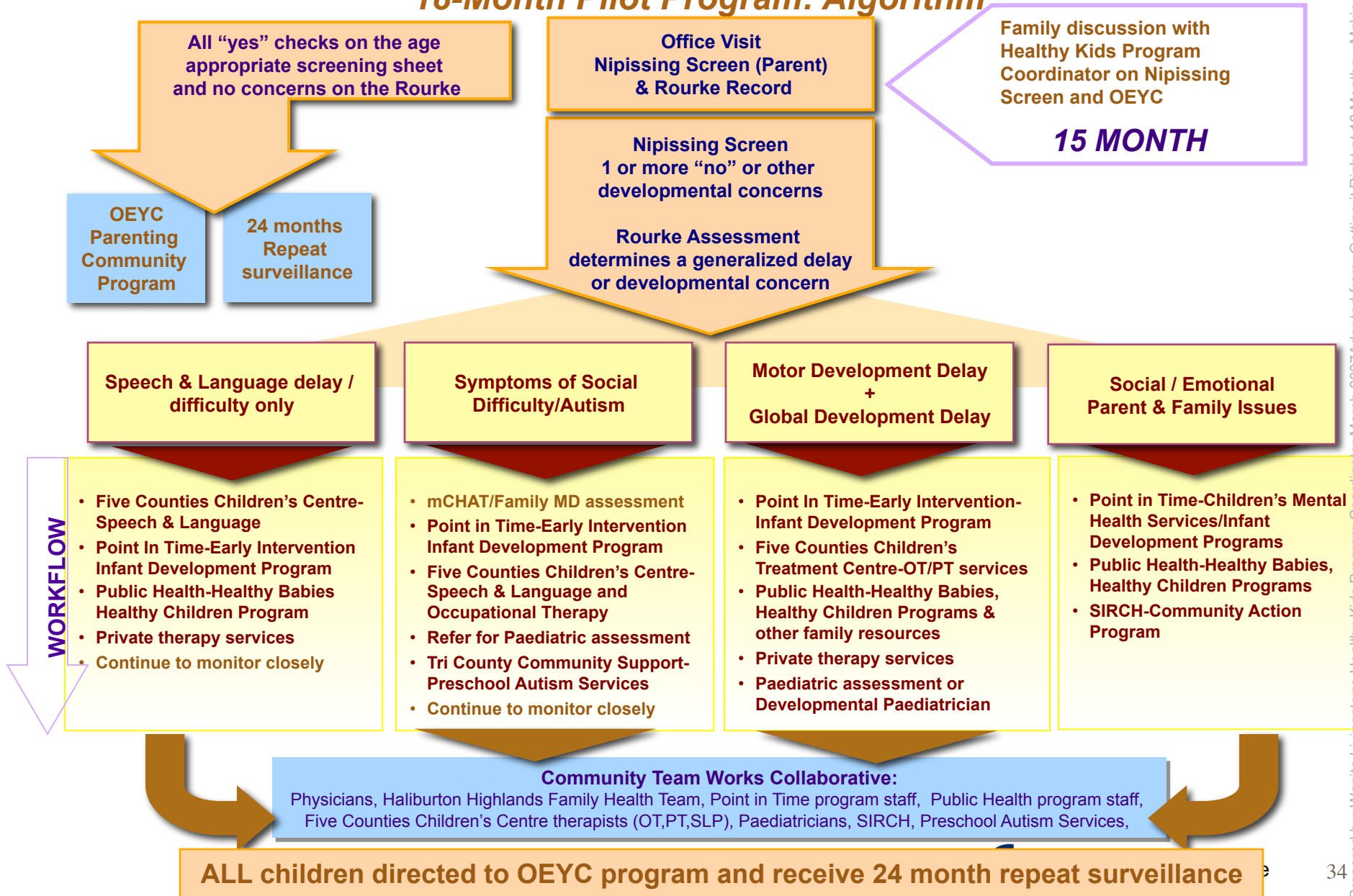
[graph sheet](#) **Height:** 82 CM (32.28 IN) percentile: 61%

[graph sheet](#) **Head Circum:** 46 CM percentile:

# 18 Month Well Baby Visit – TOOL # 3: Algorithm or Work Flow

## Haliburton Highlands Family Health Team

### 18-Month Pilot Program: Algorithm



# 18 Month Well Baby Visit – TOOL #4a: Resource Sheet

**Haliburton Highlands Family Health Team**  
*Early Childhood & Parenting Resources*

<i>Prenatal/Postpartum Attachment</i>	<i>Literacy</i>	<i>Parenting/ Behaviour</i>	<i>Early Child Development Recreation/Play Group</i>	<i>Nutrition</i>	<i>Safety Mental Health Social Supports</i>
---------------------------------------	-----------------	-----------------------------	--	------------------	---

## Well Baby Visit

**Ontario Early Years Centre Haliburton**  
**(705) 457 – 2989**  
[www.ontarioearlyyears.ca](http://www.ontarioearlyyears.ca)

*Generalized Delay and/or Developmental Concern*

<p><b>Fine and Gross Motor Visual and Auditory Attention and Memory Self-Help Skills</b></p> <p>Five Counties Children’s Centre 1-888-779-9916 (705) 457-9191</p> <p>Point in Time (705) 457-5345</p> <p>HKPR Public Health (705) 457-1391</p>	<p><b>Hearing</b></p> <p><b>FHT – Healthy Kids Program Coordinator (705) 286 – 2500</b></p> <p>Five Counties Children’s Centre 1-888-779-9916 (705) 457-9191</p>	<p><b>Dental</b></p> <p>Dentist</p>	<p><b>Vision</b></p> <p>Tri-regional Blind Low Vision Program 1-888-703-5437 (2)</p> <p>CNIB 1 800 563 0887 (705)745-6918</p>	<p><b>Nutrition</b></p> <p>HKPR Public Health (705) 457-1391</p> <p>Haliburton Highlands FHT (705) 286-2500</p>	<p><b>Preschool Speech and Language</b></p> <p>Five Counties Children’s Centre 1-888-779-9916 (705) 457-9191</p>	<p><b>Parenting</b></p> <p>Ontario Early Years Centres Parenting Programs (705) 457-2989</p> <p>HKPR Public Health (705) 457-1391</p> <p>Point In Time (705) 457-5345</p>	<p><b>Social, Emotional Behavioural</b></p> <p>Point in Time (705) 457-5345</p> <p>Central East Autism Service 1-888-454-6275</p> <p>Tri County Community Support Services 1-888-616-3456</p>
--	--	-------------------------------------	---	---	--	---	---

# 18 Month Well Baby Visit – TOOL #4b: Resource Sheet

## Maternal / New Born Priority Working Group:

### Public and Private Resources for 0-5 Years of Age in Toronto and York Region

#### GENERAL

*All Children and Families should be directed to an Ontario Early Years Centre*

**Ontario Early Years Centres** – early learning and literacy programs, education for parents and caregivers around child development, programs on pregnancy and parenting, outreach activities.

**Information Line 1-866-821-7770** for the nearest location [www.gov.on.ca/children/oeyc/en/index.html](http://www.gov.on.ca/children/oeyc/en/index.html)

**Telehealth – 1-866-797-0000**

#### AUDIOLOGY

**Beyond Words** – Hearing tests for infants in York Region  
(905) 773-7282 [www.beyond-words.org](http://www.beyond-words.org)

**Hospital for Sick Children** – [Audiology Clinic](#)  
(416) 813-6770

**Kids Line in York Region – 1-888-703-5437**

**Markham Stouffville Hospital** – [Tri-Regional Infant Hearing Program](#) delivers a group of programs which provide services to children from birth to kindergarten with a focus on prevention, early identification and treatment. (905) 762-1282 ext. 2810 or the Kids Line in York Region 1-888-703-5437

**Mt. Sinai Hospital** – [Ontario Infant Hearing Program](#)  
(416) 596-4200

**Ontario Association of Speech Language Pathologist and Audiologist** – Private Practice Reference Line  
1-877-740-6009 [www.osla.on.ca](http://www.osla.on.ca)

**Toronto Preschool Speech and Language Services** – Hearing tests for infants (416) 338-8255 [www.tpsls.on.ca](http://www.tpsls.on.ca)

#### NUTRITION

**North York Family Health Team** – Registered Dietitians  
(416) 494-3003

**Dietitians of Canada** – Public and Private Registered Dietitians listed at [www.dietitians.ca](http://www.dietitians.ca)

**Toronto Public Health** – (416) 416-338-7600  
[www.toronto.ca/health/index.htm](http://www.toronto.ca/health/index.htm)

**York Region Public Health for Toddlers** – Mary Turfryer, Public Health Nutritionist 1-800-735-6625 ext. 4338

#### BREAST FEEDING SUPPORT

**La Leche League Canada** – Breast Feeding Referral Service  
1-800-665-4324 [www.lllc.ca](http://www.lllc.ca)

**Dr. Jack Newman** – (416) 498-0012

**Toronto Public Health** – (416) 338-7600

#### OCCUPATIONAL THERAPY & PHYSIOTHERAPY

**North York General Hospital** – The Child Development Team  
(416) 756-6642

**Easter Seals** – For children with amputations  
(416) 421-8377 [www.easterseals.org](http://www.easterseals.org)

**Hospital for Sick Children** – Rehabilitation Services

#### OPHTHALMOLOGY

**Hospital for Sick Children** – Ophthalmology Clinic  
(416) 813-6838

**Markham Stouffville Hospital, Tri-Regional Blind – Low Vision Early Intervention Program** delivers a group of programs





# 18 Month WBV- Key Learning from the Pilots

---

- \* Local adaptability of tools is essential to increase buy in and to reflect or address the local barriers to adoption and implementation
- \* Identifying and establishing a process with resources outside the team practice is important to ensure appropriate work flow, referrals and appropriate relationships with community partners
- \* Addressing knowledge gaps within the team and between professions ensures continuity of care and clear communication among team members (ie. scope of practice)
- \* Engagement with the community resources, patients and families was a success factor and remains a key goal for long term impact on the system and health of the population.

# The 'So What' From Our Work to Date....

---

- \* Team-based care involves a culture shift away from the expectations of physicians doing it all for their patients to a model wherein there are shared accountabilities for the patients
- \* Sorting out how roles can be complementary, versus health professionals competing for patients or working in their own silos
- \* Team-based care requires practices to spend time and resources to create strong teams – just like in the corporate sector, team work has to be nurtured

# The 'So What' From Our Work to Date....

---

- \* Important to have physician champions for collaborative care within practices
- \* Importance of team self awareness – useful to do team functioning
- \* Effective communication among team members is a key success factor
- \* Commitment by the members of the practice to continuous learning is an enabler to collaborative care
- \* We are making collaborative care work in our groups and every interprofessional protocol that is implemented enables the next one – as a 'team work' culture gets enhanced





# Critical Success Factors

---

- \* Leader(s) and MD Champion(s) of the implementation of Interprofessional Protocols within the FHT/CHC.
- \* Physician commitment to the implementation of interprofessional practice protocols.
- \* Sufficient human resource capacity to implement the Protocols.



# Other Important Considerations

---

- \* A team purpose for the implementation of the Protocols and the goal(s) to be achieved.
- \* The FHT/CHC team has developed to the stage of being a “well-functioning team” with a good level of trust.
- \* The reason(s) for implementing the Protocols and the team’s goal(s) are understood by all members of the FHT/CHC.

# Other Important Considerations

---

- \* The FHT's commitment to enhancing practice through maximizing the roles of professionals in the provision of interprofessional care.
- \* The energy and excitement within the FHT for implementing Protocols.



# Project Early Wins

---

- \* Improved team delivery models via role clarification, care pathways, and tools
- \* Change management approach grounded in evidence around optimal clinical care
- \* Process and outcomes evaluation indicators and methodologies to help monitor impact of team protocols on patients and providers
- \* Interprofessionally developed and tested strategies that can be applied in a variety of practice settings, and generalized across multiple clinical areas

# THANK YOU

---

Protocols available at: [www.effectivepractice.org](http://www.effectivepractice.org)

Click on Projects -> Click on Interprofessional Protocols

Jess Rogers  
Centre for Effective Practice  
[jess.rogers@effectivepractice.org](mailto:jess.rogers@effectivepractice.org)

Dr. David Kaplan  
Primary Care Physician LHIN Lead, Central LHIN  
[david@davidkaplanmd.com](mailto:david@davidkaplanmd.com)