

Maximizing Collaboration in an Interprofessional Outreach Team: Contributions of Implementation Science, Relational Coordination and Interprofessional Competencies

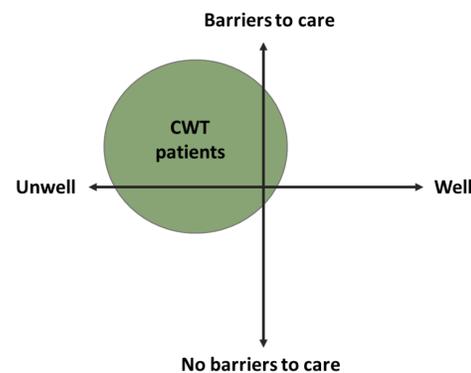
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Background

- KW4 (Kitchener-Waterloo-Wellesley-Wilmot-Woolwich) Health Links Community Ward (CWT) is an interprofessional team that coordinates and provides direct care in the home for medically complex patients, and individuals unable to access meaningful care - often due to inadequacies related to social determinants of health (SDHs) (Figure 1).
- CWT is a partnership between the WW LHIN and Centre for Family Medicine FHT and is composed of full-time care coordinators, an outreach worker and a team assistant; and part-time mobility specialist, nurse practitioners, occupational therapist, pharmacist, physician assistant and physician consultant.
- CWT works with health and community partners, patients and families to improve care and patient access to health and wellness resources.
- CWT recently developed conceptualizations of teamwork and collaboration to support their care and improve patient outcomes.
 - These conceptualizations were informed by Implementation Science, Interprofessional Health Care Competencies and ideas about Relational Coordination.

Figure 1: CWT patients are medically complex & face significant barriers



Methods & Results

- CWT is currently undergoing a quality improvement initiative to better understand its patient population and barriers to care (see Table 1 for description of a random sample of CWT patients).
- In addition, to better organize its relationships, CWT mapped its intra and inter professional collaborations by:
 - mapping its teamwork against the six interprofessional healthcare care competency domains in the *CIHC National Interprofessional Competency Framework* (2010), adapting it to depict not just how they work together, but *why* they work together (Figure 2); and
 - mapping its system stakeholders by function (Figure 3).

Figure 2: CWT's work mapped to CIHC (2010) Interprofessional competency domains

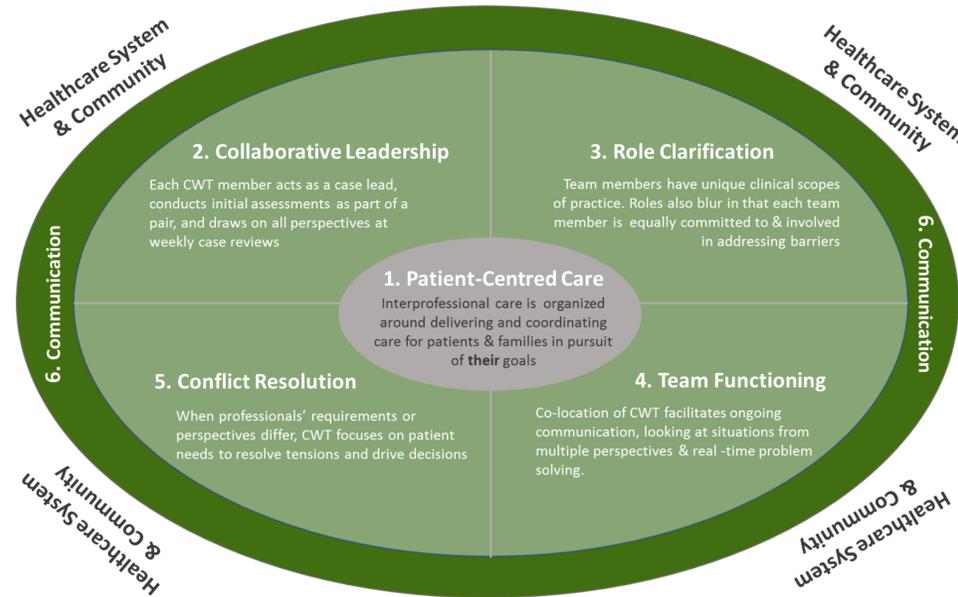
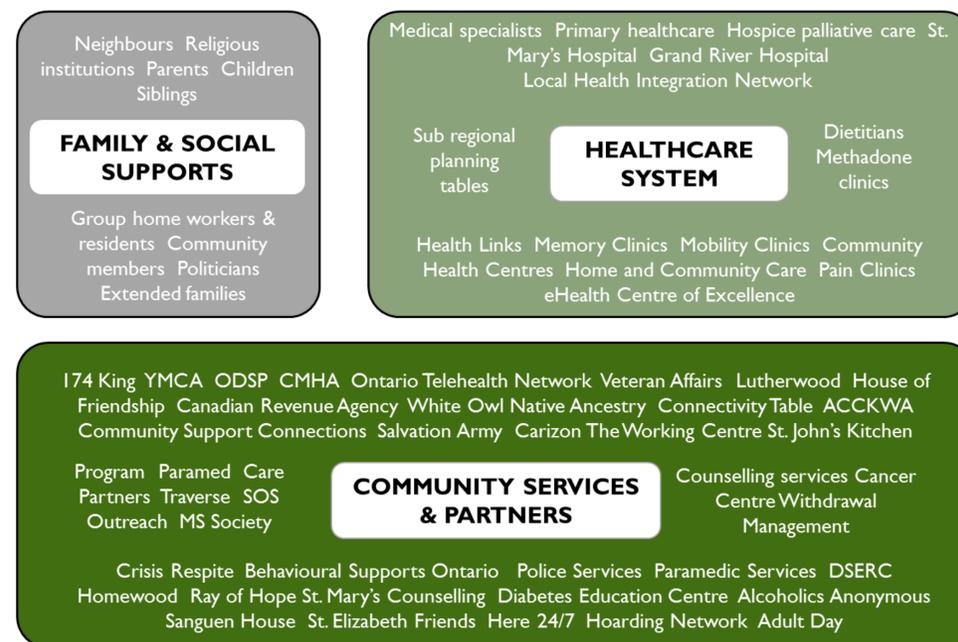


Figure 3: CWT and system partners



This project is supported by:



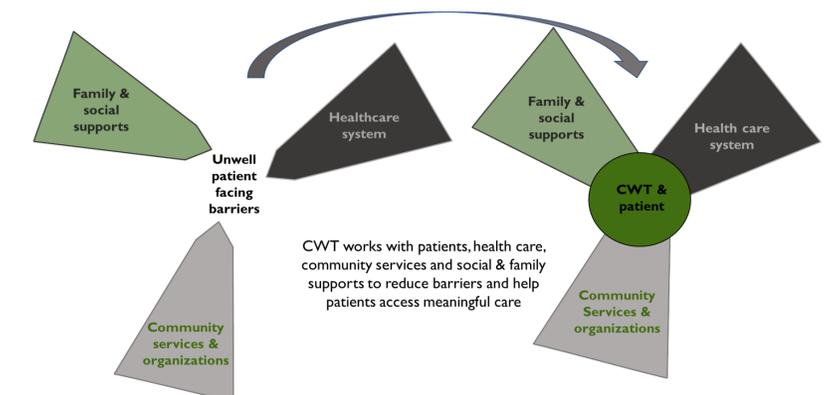
Table 1: Random sample of CWT patients (2014-2017)

CWT Patient sample (n=100)	Females/Males	Average age at referral (years) (Min-Max age)	Avg. # medical conditions at referral/assessment	Avg. # of barriers for patients with inadequate SDHs (n=82)	# of patients with identified mental health issues and/or addictions at referral/assessment
	57/43	61.6 (21-92)	5.3	2.3	61

Discussion

- Better conceptualizing the web of relationships that support CWT patients' care also serves as a gap analysis, enabling the team to better identify where its work intersects or even overlaps with other providers, and to identify gaps that can be shared at the sub-regional and LHIN levels.
 - For example, 61% of patients assessed in Table 1 have mental health or addictions issues and are carried by the team on average 482 days while they wait to access resources or programs through other providers.
- In addition, the team deals with emerging issues and issues that span health and social system resources (Figure 4), for example hoarding and its impact on medical care, and patients who are ineligible for MAID.

Figure 4: CWT's work spans multiple systems to support patients



Next Steps

- Future work for CWT will be to more systematically identify and communicate system-level gaps and barriers to patient care. Possible avenues include an emerging sub-regional planning group in KW4 and other sub-regional and LHIN-wide planning tables addressing issues such as:
- palliative care and homelessness,
 - mental health and addictions,
 - refugee health, and
 - Medical Assistance in Dying (MAID).