Evaluation of Interprofessional Patient-Centred Collaborative Practice Behaviour and Perceptions Following an Intensive Continuing Education Development Initiative in Arthritis Care

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• Our study participants

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ACPAC System Level Evaluation

Background: The ACPAC ERP

ACPAC program trained extended role practitioners (ERPs) have been prepared to work in the two identified streams for models of arthritis care: ongoing management and triage.

Distribution of ACPAC Trained Extended Role Practitioners in Ontario: A Provincial and National Perspective (n=37)

ACPAC System Level Evaluation

ACPAC Program Support Network

Premise: The ACPAC ERP is expected to and anticipates working in the context of Interprofessional Patient-centred Collaborative (IPC) Care.

ACPAC System Level Evaluation

Purpose

What? The practice behaviour and perceptions amongst ACPAC ERPs and relevant members of their teams.

When? At one year and beyond completion of ACPAC program training.

Why? To determine the extent to which this new human health resource in arthritis care is perceived to function in the context of IPC practice.
The desired outcome of the study was to better inform the tactics required for improved implementation of this role and provide a certain state of the union in this area for:

Select Components of Bier and Colleagues (2005) Evaluative Framework Used in this Study

- Level 1: Behaviour and Modifications of Attitudes and Perceptions
  - Transfer of interprofessional knowledge and skills to administration and professional practice
  - Improvement or administration in healthcare system
  - Impact and change in healthcare organization or healthcare system

- Level 2: Readiness for Change in Organizational Practice
  - Impact and change in healthcare organization or healthcare system

- Level 3: Benefit to Patient or Client
  - Improvements in healthcare or well-being of patients or clients

Results: Qualitative

Behaviour and Modification of Attitudes and Perceptions:
Transfer of interprofessional learning to practice settings and changed professional practice

Stakeholder Perspective

- 1. ERP role seen as highly effective in expediting and appropriate care provider
  - Effective triaging and appropriate care provider
  - Enhanced patient safety

Benefits to Patient or Client:
Improvements in health or well-being of patients or clients

- ACPAC Perspective
  - Enhanced patient safety
  - More appropriate and comprehensive care

Methods

Data Collection:
Mixed Method Approach

1. Qualitative Approach
Focus Groups (n=12): ACPAC program graduates (26 participants)
1:1 Interviews (n=18): clinical team members and administrators (stakeholders)

These were digitally audio-recorded and transcribed.

Data Analysis:
Transcripts were coded for anticipated and emergent themes (method of constant comparison, searches for disconfirming evidence)

11/7/2011
Methods
2. Quantitative Approach

Data Collection
Cross sectional.
ACPAC program ERPs (n=30) were asked to complete the Interprofessional Practice survey instrument using Survey Monkey© applied across one fiscal quarter.

Results: Quantitative

- Most were working in an extended practice role:
  - n=25 of 29 respondents (86%)
- Of those working in an extended practice role
  - n=24 (96%) responded to IPC survey
- Most working on interprofessional team
  - Team size: mean 9 (range 2 – 25)
  - Greater than 40% of teams included another ACPAC-trained therapist, RN, rheumatologist, administrative support
  - 20-30% included: social worker, PT, orthopaedic surgeon, pharmacist, OT

Evaluation of IPC Practice Behaviour and Perceptions in ACPAC ERPs

Stages of readiness for IPC (4-levels)

- Pre-contemplation (never thought about it) 25%
  - I don’t know if my health care team will ever be able to provide an IPC practice model.
  - My health care team is not prepared to consider learning how to provide an IPC practice model.
- Contemplation (thinking about it)
  - My health care team has been thinking of how we could provide an IPC practice model in the future.
  - It is time for my health care team to start thinking of how we are going to provide an IPC practice model.
- Prepared for action (making plans) 75%
  - My health care team is in touch with an interprofessional educator and actively making plans to provide an IPC practice model.
- Action (doing it)
  - My health care team is providing an IPC model of care

Bruyère Clinical Team Self-Assessment on Interprofessional Practice

- Subjective evaluation - Part 1 (items 1 to 23)
  - Evaluates a clinical team’s perception of key team characteristics known to enable interprofessional care
  - 23 items, scale 1 (agree very little) to 5 (agree strongly)
  - Scoring:
    - Overall mean
    - Mean by 4 sections (Collaboration and Cohesion, Decision-Making and Leadership, Communication and Conflict Resolution, Accountability)
- Objective evaluation: Part 2 (items 24 to 32)
  - Evaluates the level of actual team practices associated with IPC
  - 9 items, response option: yes/no
  - Scoring:
    - Sum of “Yes” responses (total 9 possible “yes” answers);
    - Higher scores indicate that greater levels of IPC practices are in place

Bruyère Clinical Team Self-Assessment on Interprofessional Practice: Subjective

<table>
<thead>
<tr>
<th>Section/Category</th>
<th>Mean Score</th>
</tr>
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<tbody>
<tr>
<td>Collaboration &amp; Cohesion</td>
<td>3.66</td>
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<tr>
<td>Decision-Making &amp; Leadership</td>
<td>3.71</td>
</tr>
<tr>
<td>Communication &amp; Conflict Resolution</td>
<td>3.92</td>
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<tr>
<td>Accountability</td>
<td>3.92</td>
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</table>

<table>
<thead>
<tr>
<th>Overall Score</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACPAC (n=24)</td>
<td>3.66</td>
</tr>
</tbody>
</table>

(Patrick 2010)
Evaluation of IPC Practice Behaviour and Perceptions in ACPAC ERPs

Bruyère Clinical Team Self-Assessment on Interprofessional Practice: Objective

Mean score, scale 0 to 9 (higher level of actual team practices associated with IPC)

ACPAC (n=24)

Evaluation of IPC Practice Behaviour and Perceptions in ACPAC ERPs

Bruyère Team Self Assessment on Interprofessional Practice: Objective evaluation of team practices associated with IPC: Objective by item

n=24

ACPAC System Level Evaluation

Conclusion

- ACPAC ERPs are effective participants of, and contributors to IPC care at select sites.
- Their presence appears to both promote organizational change and impart general benefit to the collaborative care of patients with arthritis.
- ACPAC ERPs are working on teams that are at varying stages of readiness for IPC practice.
- ACPAC ERPs appear to understand what is needed for IPC while fewer actual IPC team practices are in place.

Questions?

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