AN HQO INITIATIVE

Learning Community

Advancing Improvement in Primary Care in Ontario

TEAM BUILDING RESOURCE GUIDE FOR ONTARIO PRIMARY HEALTH CARE TEAMS

Introduction

Revised December 2012

Ontario

Health Quality Ontario

Acknowledgements

The Team Building Resource Guide for Ontario Primary Health Care Teams is a synthesis of materials garnered from a number of resources, noted in each module's references section. We would like to acknowledge the contribution of the individuals and organizations whose work provided the essential foundation for creating this resource. Their comprehensive experience and insights, along with the tools they have developed related to team development, were invaluable in the preparation of this document. Special appreciation is owed to Linda Jones for her work with Dr. Daniel Way and Dr. Nick Busing on the subjects of collaboration in primary care and supporting interdisciplinary practice, upon which several sections of this document are based.

In addition, we are grateful to the individuals who participated in both the focus group and online survey, and provided essential feedback in the development of this resource.

Members of Quality Improvement and Innovation Partnership (one of the five organizations that came together to form Health Quality Ontario) created the Team Development Working group, which was instrumental in reviewing the document and ensuring that a user-friendly and applied tool was available to teams.

Team Development Working Group Members

James Meuser - Chair
Jan Barnsley
Judith Belle Brown
Christine Chapman
Linda Jones
Lise Leahy
Michele Mach
Kavita Mehta
Ivy Oandasan
James Read
Cathy Risdon
Grant Russell
Lisa Russell
Kelly VanCamp
Cynthia Whitehead
Mary Woodman
Brenda Fraser

Compiled by:

Dr. Nick Kates, Professor and Acting Chair, Dept. Of Psychiatry and Behavioural Neurosciences, McMaster University; Senior Advisor, Health Quality Ontario; Quality Improvement Advisor, Hamilton Family Health Team

Research/Editorial Assistance by:

Tina MacLean, Spetha Inc.
Pierrette Price Arsenault, Health Quality Ontario

Edited and Revised - December 2010 by:

Enette Pauzé, Spetha Inc.

Revised - December 2012 by:

Elizabeth Jackson, Health Quality Ontario
Tracy Lee Health Quality Ontario
Mina Viscardi-Johnson, Health Quality Ontario

Additional recognition is due to the authors and organizations that developed the following documents:

- *Building Better Teams: A Toolkit for Strengthening Teamwork in Community Health Centres*, produced by the Association of Ontario Health Centres
- *Collaboration in Primary Care: A Professional Development Multi-Media Toolkit*, produced by the Office of Interprofessional Education at the University of Toronto
- *Strengthening Collaboration Through Interprofessional Education: A Resource for Collaborative Mental Health Care Educators*, produced by the Canadian Collaborative Mental Health Initiative
- *Collaborative Practice Learning Guide. Developed for Supporting Interdisciplinary Practice: the Family Physician/Nurse Practitioner Educational and Mentoring Program*. Ontario Ministry of Health Long-Term Care Primary Health Care Transition Fund

For additional information contact:

Health Quality Ontario
130 Bloor Street West, 10th Floor
Toronto, ON, M5S 1N5
Tel: 416 323-6868, ext. 281
Toll-free: 1 866 623-6868
Fax: 416 323-9261
www.HQOntario.ca
Email: learningcommunityinfo@hqontario.ca

Health Quality Ontario (HQO) is a partner and leader in transforming Ontario's health care system so that it can deliver a better experience of care and better outcomes for Ontarians and better value for money. HQO's legislated mandate under the *Excellent Care for All Act, 2010* is to evaluate the effectiveness of new health care technologies and services, report to the public on the quality of the health care system, support quality improvement activities and make evidence-based recommendations on health care funding. HQO is an arms-length agency of the Ontario government. Visit www.hqontario.ca for more information.

Individuals may download and photocopy these materials for their use provided that proper attribution is given to the appropriate source. The recommended citation of this resource guide is:

Health Quality Ontario (January 2008; revised December 2010; revised December 2012). Team Development Resource Guide for Ontario Primary Health Care Teams.

The opinions expressed in this publication are those of the authors and do not reflect the official views of the Ontario Ministry of Health and Long-Term Care.

Team Building in Ontario – Primary Health Care Teams

Developing well-functioning interdisciplinary teams is integral to enhancing patient care in primary health care (PHC).* Teams allow individuals from different disciplines and with different experiences and skills to provide complimentary services, work collaboratively to address problems faced by patients, and offer each other support and advice. This ensures that the experiences and viewpoints of the staff are reflected in both an organization and its programs.

This emphasis on a collaborative approach to providing comprehensive and coordinated health services is supported by government,[1,2,3] health professional associations, health delivery organizations, health professional organizations and health education organizations (including colleges, universities and those offering continuing education services).

Why Interprofessional Care?

All sectors of the health system share the vision of improved, patient-centred care, patient outcomes and access to health services by patients when and where they need it. Initiatives across Canada have contributed to the cultural shift in how health services are delivered – a trend that is evident worldwide.

For example, as part of its Health Human Resources Strategy, Health Canada invested $20 million over five years to support 20 Interprofessional Education for Collaborative Patient-Centered Practice (IECPCP) learning projects. IECPCP was identified both in the *2003 First Ministers' Accord on Health Care Renewal* and in the 2003 Federal Budget as a means to address current and emerging issues in health human resources. It is also regarded as a mechanism to ensure that health care practitioners have the knowledge, skills and attitudes to practice together in an effective, collaborative manner.

The goal of these initiatives has been to change the way health providers are educated in order to achieve system change and to ensure that health providers have the necessary knowledge and training to work effectively in interprofessional teams within the evolving health care system.

From a provincial perspective, Ontario has created a "Blueprint for Action" for Interprofessional Care.[4] This document was commissioned after an invitational summit in 2006 and produced by an Interprofessional Care Steering Committee. A comprehensive consultation approach resulted in recommendations in four key areas: building a foundation; sharing responsibility;

---

* "Primary health care (PHC) organization" refers to a group of providers, allied health professionals and other staff, etc. within a FHT, CHC, NPLC or other practice model with multiple providers. A number of teams may function within one organization. In the case of solo-provider practice models, "organization" may refer to an individual provider and staff.

[1] Kirby, M.J.L. (2002). The Health of Canadians – the Federal Role: Final Report on State of the Health Care System in Canada. The Standing Senate Committee on Social Affairs, Science and Technology. Available from: http://www.parl.gc.ca/37/2/parlbus/commbus/senate/com-e/soci-e/rep-e/repoct02vol6highlights-e.htm

[2] Romanow, R. (2002). Building on Values: The Future of Health Care in Canada. Final Report of the Commission of the Future of Health Care in Canada, November 2002. Available from: http://publications.gc.ca/collections/Collection/CP32-85-2002E.pdf

[3] Health Council of Canada (June 2007). Wading Through Wait Times: What do Meaningful Reductions and Guarantees Mean? An Update on Wait Times for Healthcare. Available from: http://www.healthcouncilcanada.ca/tree/2.05hcc_wait-times-update_200706_FINAL_ENGLISH.pdf

[4] Interprofessional Care Strategic Implementation Committee (May 2010). Implementing Interprofessional Care in Ontario: Final Report of the Interprofessional Care Strategic Implementation Committee. HealthForceOntario. p. 6-8. Available from: http://www.healthforceontario.ca/UserFiles/file/PolicymakersResearchers/ipc-final-report-may-2010-en.pdf

implementing systemic enablers; and leading sustainable cultural change. These recommendations provide guidance to government, educators, health care workers, organizational leaders, regulatory bodies and patients about how to transform services to an interprofessional care approach. The document represents the provincial strategy for addressing system-wide change in health service delivery.

What Are the Benefits of Interprofessional Care?

A team can be seen as "a collection of individuals who are interdependent in their tasks, who share responsibility for outcomes, who see themselves and who are seen by others as an intact social entity embedded in one or more larger social systems and who manage their relationships across organizational borders."[5]

Within the health care system, well-functioning teams can bring many benefits:

For patients:

- Improves care by increasing the coordination of services
- Integrates health care for a wide range of health needs
- Empowers patients as active partners in care
- Can be oriented to serving patients of diverse cultural backgrounds
- More efficient and effective use of time

For providers:

- Increases professional satisfaction because of clearer, more consistent goals of care
- Facilitates shift in emphasis from acute, episodic care to long-term preventive care and chronic illness management
- Enables the provider to learn new skills and approaches to care through the collaborative experience
- Provides an environment for innovation
- Allows providers to focus on individual areas of expertise, thereby increasing the effectiveness of care leading to better outcomes

For the health delivery system:

- Potential for more efficient delivery of care
- Maximizes resources and facilities
- Decreases burden on acute care facilities as a result of increased preventive and educational interventions and more effective management

Team building is neither a theoretical exercise nor an end in itself. A well-functioning team supports the delivery of more comprehensive and effective services. It is by working together to build new programs and address clinical challenges that a team matures and fulfils its potential for improving care. In order to implement programs and other activities for the populations they serve, teams need to attain a degree of cohesiveness.

Developing an interdisciplinary team is not always an easy task. Teams have a natural evolution, with specific tasks to be accomplished and challenges negotiated at each stage of

[5] Katzenbach, J., Smith, D. (2005). The Wisdom of Teams: Creating the High Performance Organization. p. 275.

their development. Team formation and team building are time-consuming and require staff members to free up time from other activities. The arrival or departure of key team members can change the balance or require the team to revisit some of its processes. A failure to recognize or attend to these changes can result in individuals becoming increasingly frustrated and less cooperative, or working in relative isolation without a common purpose or direction. It can also lead to dysfunctional teams that are unable to solve problems or deal with the challenges they face.

Types of Health Care Teams

There are four potential models of health care delivery, all of which demand different degrees of interprofessional collaboration and coordination.[6] These are:

1. **Independent health care management**: One provider works independently to address all of the patient's issues. The provider works autonomously with limited input from other professionals.

2. **Multidisciplinary care**: Different aspects of a patient's case (e.g., therapeutics, rehabilitation, education, social issues, substance abuse) are handled independently by the appropriate experts. Rather than receiving integrated care, the patient's problems are subdivided and treated in parallel, with each provider responsible only for his or her own area.

3. **Consultative model**: One provider retains central responsibility and maintains professional independence in patient care while consulting with other professionals as needed**.**

4. **Interprofessional (interdisciplinary) collaborative**: Providers from different professions cooperate by establishing a means of ongoing communication with each other and with the patient and family to create a management plan that integrates and addresses the various aspects of the patient's health care needs.

This guide focuses primarily on Interprofessional (interdisciplinary) Collaborative Teams.

Purpose of the Guide

This guide is designed to assist you and your team to better understand your processes and find ways to strengthen team-based care in your primary health care organization.

The guide is divided into ten, standalone modules. Each module contains background information and theory related to the topic (Part A). Some modules (i.e., 3, 4, 7, 10) also contain companion tools and resources to address the topic (Part B).

[6] Grant, R., Finoccio, K., and the California Primary Care Consortium on Interdisciplinary Collaboration (1995). Interdisciplinary Collaboration in Primary Care: A Model Curriculum and Resource Guide. San Francisco, CA Pew Health Professions Commission.

The modules are not sequential. Choose a module that addresses a specific challenge you have identified and use the tools that are most applicable to your current situation.

The introduction module contains background information about interdisciplinary teams, interprofessional care and types of teams. The introduction module also includes acknowledgements and references.

It is recommended that before beginning any of the suggested activities, both the facilitator or group leader and the participants take the time to review the whole module. This will help to ensure that the facilitator and all participants have the information necessary to fully engage in all discussions.

Each PHC organization should decide who will be responsible for overseeing team development and addressing problems that arise. This usually falls to the existing leadership or a newly-established quality improvement team/leadership team. From time to time you may also involve an external consultant to facilitate team building activities, although external facilitation is not required to use these modules.

Visit our website at http://www.hqontario.ca/quality-improvement/primary-care/tools-resources for the complete set of modules including:

- Introduction
- Module 1: What Is an Effective Team?
- Module 2: Building a Team
- Module 3: Clarifying Roles and Expectations
- Module 4: Making the Most of Meetings
- Module 5: Evaluating Team Performance
- Module 6: Understanding Change
- Module 7: Enhancing Collaboration
- Module 8: Improving Communication
- Module 9: Leadership and Decision-Making
- Module 10: Conflict Management

References

Grant, R., Finoccio, K., and the California Primary Care Consortium on Interdisciplinary Collaboration (1995). Interdisciplinary Collaboration in Primary Care: A Model Curriculum and Resource Guide. San Francisco, CA Pew Health Professions Commission.

Health Council of Canada (June 2007). Wading Through Wait Times: What do Meaningful Reductions and Guarantees Mean? An Update on Wait Times for Healthcare. Available from: http://www.healthcouncilcanada.ca/tree/2.05hcc_wait-times-update_200706_FINAL_ENGLISH.pdf

Interprofessional Care Strategic Implementation Committee (May 2010). Implementing Interprofessional Care in Ontario: Final Report of the Interprofessional Care Strategic Implementation Committee. HealthForceOntario. p. 6-8. Available from: http://www.healthforceontario.ca/UserFiles/file/PolicymakersResearchers/ipc-final-report-may-2010-en.pdf

Katzenbach, J., Smith, D. (2005). The Wisdom of Teams: Creating the High Performance Organization. p. 275.

Kirby, M.J.L. (2002). The Health of Canadians – the Federal Role: Final Report on State of the Health Care System in Canada. The Standing Senate Committee on Social Affairs, Science and Technology. Available from: http://www.parl.gc.ca/37/2/parlbus/commbus/senate/com-e/soci-e/rep-e/repoct02vol6highlights-e.htm

Romanow, R. (2002). Building on Values: The Future of Health Care in Canada. Final Report of the Commission of the Future of Health Care in Canada, November 2002. Available from: http://publications.gc.ca/collections/Collection/CP32-85-2002E.pdf