



Partnering for Success The Marathon Story

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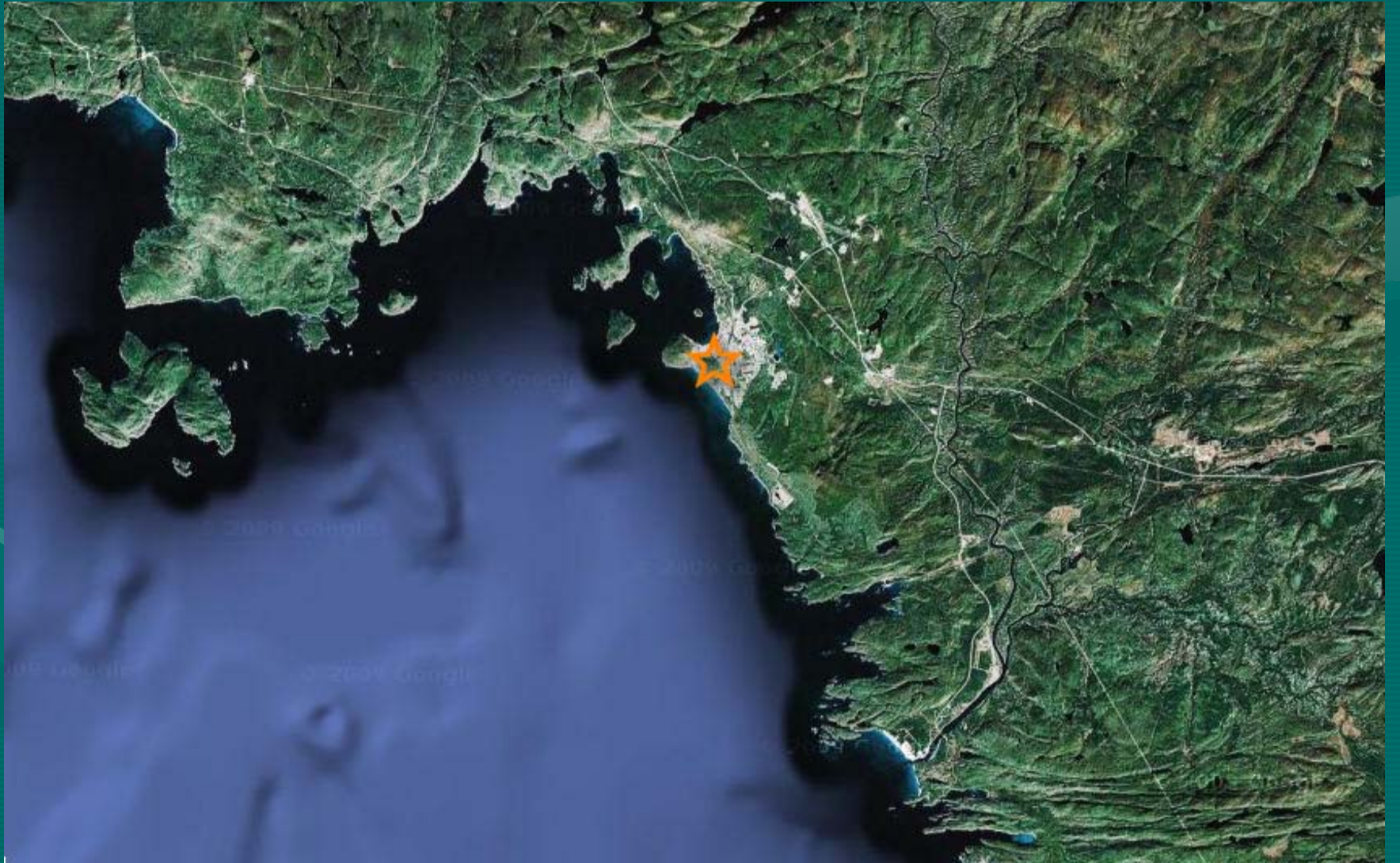
Marathon FHT

An overview

- Where is Marathon and who are we anyway?
- What do we mean by collaboration?
- What are the components of successful physician collaboration?
- What about interprofessional collaboration?
- Do we have examples of impact on patient care delivery?
- Where to from here?

Where is Marathon?







Our story in brief

1985-1996 85 physicians rotated through Marathon

1996 – 6 physicians joined one on site full time physician and created Marathon Family Practice

- restarted obstetrics
- started satellite chemotherapy program
- rewrote/updated hundreds of hospital policies
- moved the hospital from unaccredited to accredited within a few years

Our story cont'd

- Began precepting for NOMP and other schools for UG and PG learners
- Supported full renovation of hospital facility
- One of the first places to host an OTN (then North Network) site at our hospital
 - Quickly were one of the most significant users of that system – second to Sunnybrook

Our story cont'd

2005 – First Wave FHT

2007 – moved to newly renovated clinic with support of community and industry

2007-8 – Quality in Family Practice initiative and subsequently QiiP

2008-9 – started hospital cataract surgery and colonoscopy program

2009 – OCFP rural family practice of the year

2010 – NOSM rural “preceptor” of the year

2010 – PA pilot program participation

Throughout the 14 years only one three month period below complement...

Stronger Together

Collaboration in Health Human
Resources



Not an end in itself...

Health human resources only matters

... to DELIVER PATIENT CARE at an individual and population level...

...the right provider offering the right service at the right time in the right place...

What is Collaboration?

Collaboration is a process where two or more people or organizations work together in an intersection of common goals that is creative in nature by sharing knowledge, learning and building consensus.

Physicians as collaborators

- **CanMEDS Collaborator Role**

- **Definition:**

As Collaborators, physicians effectively work within a healthcare team to achieve optimal patient care.

Collaboration

Requires knowledge, a skill set and an attitude

- KNOWLEDGE
Roles of other healthcare professionals
- SKILLS -
communication
reflection
conflict resolution
- ATTITUDES -
mutual respect
open to trust
willing to work together toward a common goal

Collaboration

What I have learned:

- One needs to be able to work collaboratively and supportively **WITHIN** an organization before one can meaningfully collaborate outside the organization.

Keys to our successful collaboration from my perspective

1. Consensus decision making model
2. Willingness to build resilience within the group
3. Focus on serving the needs of the population within our skill and resource limitations
4. Articulated Mission and Vision which is shared
5. Frequent meetings with good communication
(including minutes, task lists, decision lists and check-ins)
6. Individual integrity in the process
7. “ride the wave”

Building resiliency in medical groups

Building resiliency requires **TIME** and
POSITIVE ENERGY

Creative energy amongst people who
have some time allows unique
partnerships to be explored and
projects to develop.

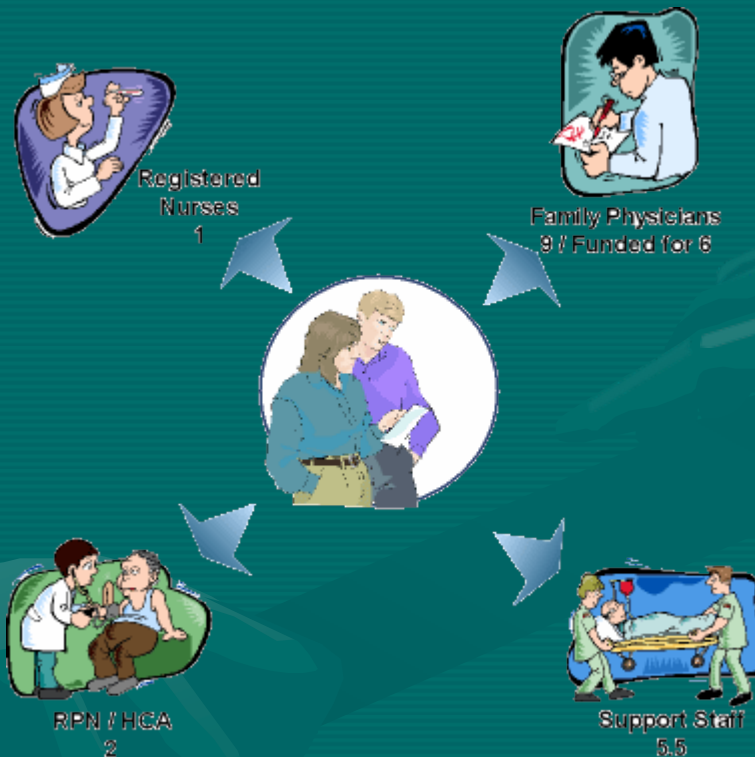
Marathon FHT

Interprofessional partnerships within the FHT

Physicians who are rested and with creative energy and time can build interprofessional relationships and teams – teach, mentor, support, and learn

Interprofessional partnerships support the physician to do the work that only he/she can do and have the “right provider giving the right service at the right time...”

Marathon Family Practice

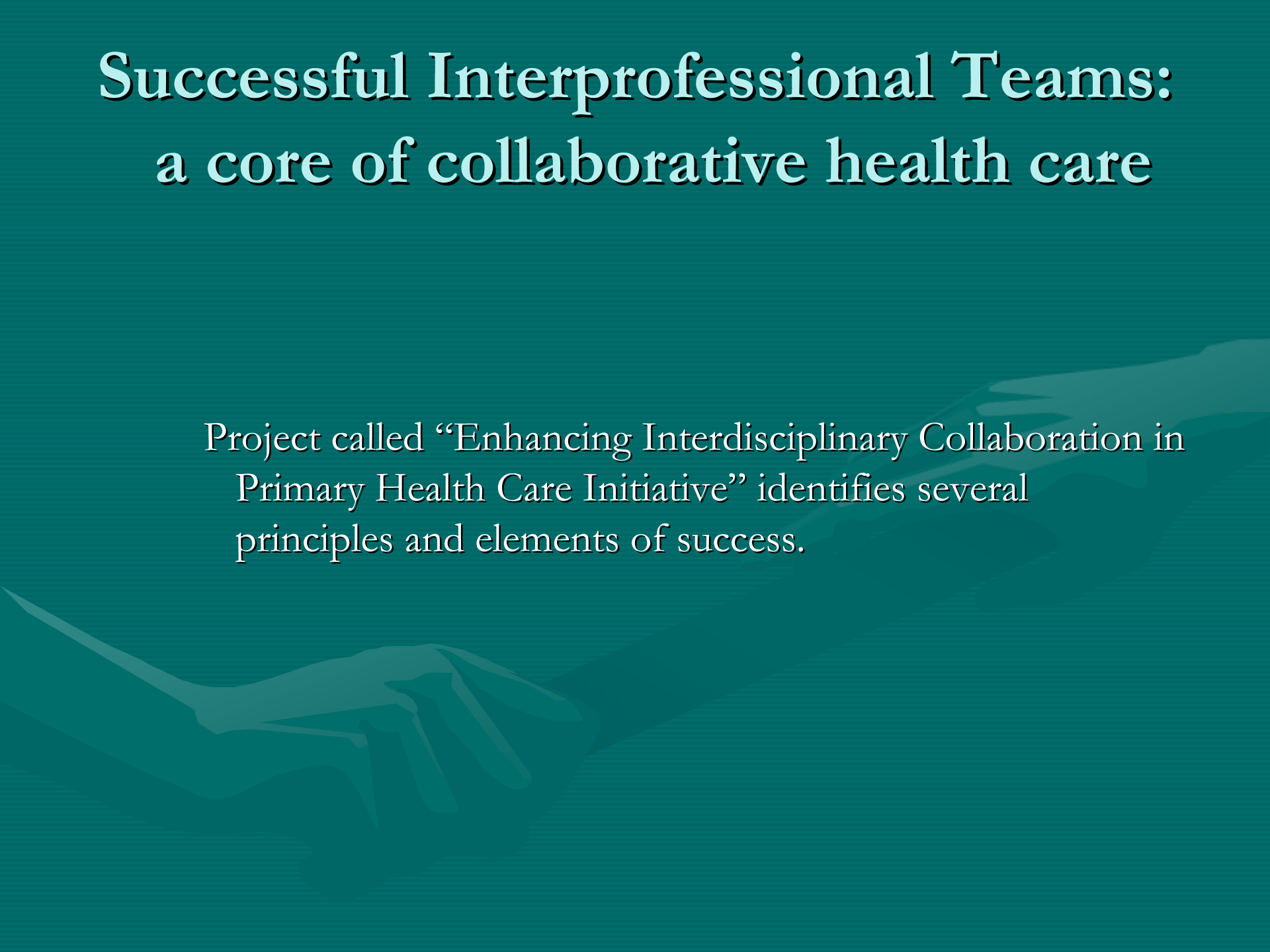


Marathon Family Health Team



Successful Interprofessional Teams: a core of collaborative health care

Project called “Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative” identifies several principles and elements of success.



Interdisciplinary care Principles

- Patient / client engagement – optimize the way that patients see the organization serving them.
- At MFHT:
 - Articles in paper
 - Satisfaction surveys
 - Geriatric needs survey
 - Reproductive health program

Same approach at hospital – identified obstetrics, chemotherapy and colonoscopy as opportunities to provide care and have celebrated those with community

Interdisciplinary care principles cont'd

- Population health approach – identify needs across the continuum of care
- In Marathon
 - Health promotion/prevention....FOBT
 - Treatment and referral....asthma care planning
 - Support and palliation...diabetes care, COPD program, palliative care

Key to success: using the identified goals of others where they work for one's own community.

Ie. Identifying colonoscopy as goal service when gov't and CCO identified FOBT and wait times, we identified needs of seniors in our community

Interdisciplinary care principles cont'd

Best possible care and service – aspire to deliver the best care and services possible. Use the results of research as basis for making decisions about treatment and management.

In our instance at MFHT – research on best practice in smoking cessation, hypertension management, INR monitoring and asthma care all led to development of programs

Interdisciplinary care principles cont'd

Access – good interdisciplinary care focusses on the “right services, provided at the right time in the right place and by the right health professional”.

In our setting:

RN's do well woman visits (right person)

clinic RPN's do dressing changes (right place and time)

OTN suite in clinic (right person and place)

Interdisciplinary care principles cont'd

- Build trust and respect
- Have effective communication
- In our setting:
Form follows function: renovation of new clinic brought nurses and physicians closer together “geographically”

meetings for sharing of new programs and information

- Meetings have formal process with minutes and task lists
- Interdisciplinary committee structure

Partnerships can move outside of the core team when we have time and energy

Partnerships in Marathon:

Partnering with First Nations

High School program

“First wave” FHT

QIFP project

QiiP project

PA program pilot funding

Hospital based collaboration for colonoscopies, MORE OB, etc.

Partnership with Hospital

Time and energy...

Have enough staff to do the work in a way which allows creative energy to flow, meaningful relationships to grow, and effective communication to happen.

Same principles apply to interprofessional hospital based team

Interprofessional principles revisited:

Engage individual patients

Take a population based approach to prioritizing services

Identify Best practices for health related problems and implement them

- good medical directives

- good pre-printed order sets

Ensure timely and appropriate access

Build trust and respect among providers

Communicate effectively

Partnership with hospital

At our hospital with our 7 physician providers and a small “generalist” nursing staff:

Providing: ER and acute inpatient services, chemotherapy, obstetrics, chronic care, palliative care, nursing education, visiting surgeons for cataract and colonoscopy programs

All this takes time to build and to maintain, and requires the trust and support and energy of many.

Other keys to success in building partnerships

RIDE THE WAVE!!



Riding the wave

Examples of partnering with external agencies in
timely way...



Collaborating with QiiP

- **THE CHALLENGE:** Physicians in rural, remote FHT with weekly hospital on call coverage and primary care practice move to open access
- **THE HOW:** (engage patients, prioritize services, identify best practices, build trust and communicate...)
- Before full launch
 - Pilot phase (May – June, 2009)
 - Discussed plan with all physicians
 - Attained physician buy-in and scheduling flexibility
 - Created tactical scheduling management team
- After full launch (July, 2009)
 - Active hourly management of schedule

After the experiment... **BETTER QUALITY ACCESS**

- **Time to third next available appointment (TNA)**
 - **Before:** ~ 26 days
 - **After:** 1 day

- **Physician continuity**
 - **Before:** < 67%
 - **After:** ~ 80%

Colonoscopy program

Evidence of need for program (engaged patients, population health approach)

Too many people not doing FOBT or colonoscopy because site of test (scope) is too far away

Program requirements (what are the requirements of best practice):

- nursing staff, anaesthetist staff, endoscopists, enhanced sterilization equipment,
- space
- training
- equipment – the scopes

Implementation

Careful development of referral / consultation/ scope plan (*ensure timely and appropriate access*)

Build trust and respect and communicate effectively:
built collaborative relationships amongst surgeons!

Approach to funding agencies – Cancer Care Ontario
(wait times reduction and enhanced numbers)

- TBRHSC Foundation
- local mines

Result?

- Higher than provincial average FOBT uptake (currently at 70% uptake)
- Very high follow through on FOBT positive result
- Decreased need for travel grant funding

Less tangible:

- nursing satisfaction with enhanced role/opportunity
- collaborative surgeon relationships
- economic benefit to the community (less out-shopping)

Partnerships outside

- Because we have been resilient and have had some time and energy to give to the “bigger system” we can support other groups to do what they need to do
 - Feedback to pilots and programs
 - Support to FHT groups regarding the work/planning that they need to do
 - Delivery of NOSM curriculum
 - Work with local industry – H1N1, mock codes
 - High school



HHR success

Job satisfaction – work is meaningful
- relationships are meaningful

Career satisfaction – working to full scope of
practice

- participant in the wider system using skills and
knowledge to build for all

Success?

- Measurements of success?
 - Success doesn't mean that nothing changes...
 - Success doesn't mean growth...

Success?

Effective delivery of meaningful health care to the people that we serve.... and ideally it is the right service by the right provider at the right time in the right place....

...through partnership and collaboration and innovation where necessary...

Thank you

From Marathon Family Health Team....

