

CONFERENCE ABSTRACT

Development of an Interprofessional Practice and Education evaluation approach: Towards integrated family centred care

2nd Asia Pacific Conference on Integrated Care, Melbourne, 11-13 November 2019

Hannah Johnson, Kristine Kelly, Claire Costello, Tania Hobson, Dana Newcomb

Children's Health Queensland Hospital and Health Service, South Brisbane, QLD, Australia

Introduction: Healthcare teams are responding to complex challenges to deliver quality, safe and cost-effective healthcare by transforming traditional approaches to healthcare delivery to incorporate Interprofessional practice (IPP), underpinned by Inter-professional education (IPE). To fully realise the benefits and efficiencies IPP and IPE can affect, it is imperative that healthcare services develop an organisation-wide understanding of principles of IPE and IPP. Children's Health Queensland Hospital and Health Services (CHQHHS) has developed an organisation-wide IPE/IPP strategy including an evaluation framework to ensure internal consistency in longitudinal evaluation. Further, IPE and IPP are core to the CHQHHS's Integrated Care Strategy (2018-2022).

Short description: A working group of interprofessional champions from CHQHHS was convened in 2018. An international partnership was formalised with the Centre for Interprofessional Education, University of Toronto and University of Queensland to support implementation, evaluation and research. The IP Working Group developed an evaluation framework cross-referenced to organisational learning effectiveness as described by Kirkpatrick-Phillips. Collaboration with an established Integrated Care Advisory Group fostered the development of an organisational-wide Integrated Care Survey (ICS), designed to capture a baseline measurement of the awareness, behaviour and knowledge of integrated care within the organisation, with targeted questions about IPP and IPE allowing for an integrated approach to measuring the organisation's current state with a consistent message and goal. Consultation with CHQ staff and international partners was conducted, and a pilot of the ICS was undertaken with a sample population of workforce to refine its effectiveness. An ICS communication plan optimised workforce engagement and survey completion rates.

Aim: To establish a consistent approach to evaluation of an IPE/IPP strategy and to monitor organisational understanding of IPP/IPE by sampling the workforce of CHQHHS longitudinally.

Targeted population and stakeholders: All staff were invited to participate in the inaugural ICS.

Timeline: The ICS was available to all staff for two months (February – April 2019). Analysis of the findings completed by mid-2019.

Highlights: Collaboration between champions across disciplines, projects and programs of work who did not traditionally work together to streamline and deliver messages on IPP/IPE and the overarching goals of the organisation's journey towards integrated family centred care.

Sustainability: Collaboration and internal capacity building of interprofessional champions means that messages can be shared broadly, via a distributed leadership model, maximising reach and influence.

Transferability: The findings of the evaluation to date can be utilised and implemented across different departments, based on individualised needs.

Conclusions: 257 respondents voluntarily completed the ICS. The major finding of how the organisation understands IPE/IPP demonstrates targeted messaging and capacity building planning around the definition of IPP including the patient and family as key members of the care team.

Discussions: Findings from the evaluation framework and awareness survey will inform future planning for targeted IPE/IPP activity within existing and emerging workforce. Ongoing evaluation of IPE/IPP activities across horizons of implementation will be measured according to the evaluation framework.

Lessons learned: Time investment is necessary for long-term organisational change.