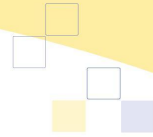


MCP²

Multidisciplinary
Collaborative Primary
Maternity Care Project

Projet de soins
primaires obstétricaux
concertés



The Multidisciplinary Collaborative

Primary Maternity Care Model

Module 2

Getting Started

Final Version - May 2006

Getting Started

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The analysis and conclusions presented in this report do not necessarily reflect the views of the members of the MCP² or their partner associations. Funding for the research was provided by Health Canada as part of the Primary Health Care Transition Fund. The views expressed herein do not necessarily represent the official policies of Health Canada.

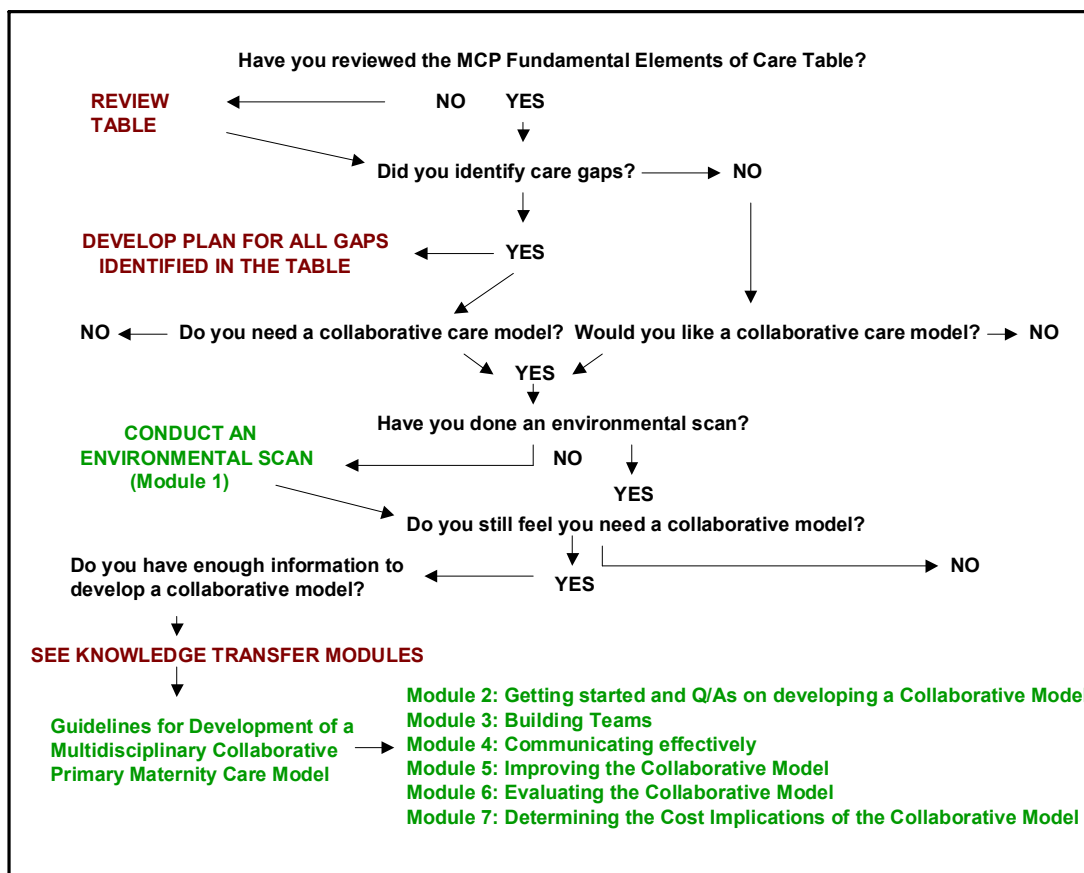
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Getting Started

Introduction

This module is one of seven modules developed to support the implementation of a MCPMC model. The modules are inter-related. They are designed to guide decision-makers through a generic process of development, activities, reflection and ongoing improvement.

The logic behind this and the other modules (shown in the diagram below) is that key stakeholders such as the professionals in the model and government decision-makers have a consistent frame of reference for the model's implementation in the respective communities.



Because each community has its own unique context in which to develop and implement the collaborative model, the intent of these decision-support modules is not to prescribe processes and structures but rather to provide information that will assist and guide new model development that best reflects, and responds to, the respective community contexts.

The development and implementation of a MCPMC model requires a number of different but inter-related activities. Besides from conducting an environmental scan at the beginning of the developmental process (Module 1) there are a number of other decisions where support tools can be of use.

This '*Getting Started*' module identifies the foundational elements of a collaborative model. The module is designed to create an awareness of these elements and to provide support for the model developers to address these points.

Also provided at the end of the module is a series of Questions and Answers that have been developed by the MCP² National Committee and Project staff. It is hoped that these can provide further insights into some of the issues and how to address them as your model evolves.

Mission, Vision, Values

There is no one agreed definition of “*mission, vision, and values*”. The truth is, it doesn’t matter. What is more important is that the developers of the MCPMC model in a community have discussed, debated, and decided on the answers to **four critically important questions**:

- Why will we exist (our purpose or niche)?
- Where are we going (our picture of our *preferred* future)?
- What do we believe in (our principles or values)?

These questions define the culture being developed to support the change. The 4th question helps to ensure all parties are “on the same page” and moving in the same direction:

- Can we give a unified answer to these questions and does everyone on our team passionately own what we've developed?

The following definitions may assist in this process:

Mission Statement: A simple, short statement that clearly communicates the **purpose** of the organization to its stakeholders. This statement underlines the reason for being.

Vision Statement: A statement on the ‘*picture of the future*’ – what the organization would like to be.

The easiest and most practical way of simply delineating between a mission and vision is to describe the mission as the journey and the vision as the destination.

Values: Values are commonly shared beliefs that define

- Who we are and what we stand for,
- How we will behave, and
- What is most important to us?

Values are non-negotiable and constant. Like a compass they point the way – much like the *guiding* principles stated in the *Guidelines for Model Development* document [posted on www.mcp.ca] that point to a higher good.

Activating the Vision

As a new model of care, once you have determined your mission, vision, and values, it's necessary to *activate the vision* by defining the goals and the objectives for achieving the vision.

Goals: Goals are statements of general direction or intent. Goals describe conditions that will exist on a continuing basis when the organization has fulfilled its mission. They are broad, timeless, and unconcerned with particular achievement within a specific time period. **GOALS ARE ASPIRATIONS.**

Objectives: Objectives are specific statements that describe results to be achieved, when and by whom, in order for a goal to be accomplished. Objectives are quantifiable and/or observable achievements that can be measured. Objectives should be clearly differentiated from the activities or strategies employed to attain them. **OBJECTIVES ARE EXPECTATIONS.**

Effective Performance Management, Sheila J. Costello, 1994

The objectives of the South Community Birth Program in Vancouver are: to be a model of exemplary interdisciplinary primary maternity care: to honor the healthy, natural process of birth: to provide a safe, positive birth experience and improve the health outcomes of women and their families: to work in partnership with women to assume an active role in their primary care.

Developing a MCPMC model requires considerable time and energy, and a commitment of all team members. It's important to recognize that *change* is typically non-linear. It involves dips, stalls, and time delays before surging forward.

A motivated and creative team of people can lead the model development through to its successful implementation (See Module 3 on Building Teams). Typically this team is made of up **early adopters**. Leaders must champion the change through their words, their actions, and their resources (i.e., time, money, etc.). A committed team requires the right combination of political,

technical, and people-management expertise to initiate and drive the change. From an individual perspective, effective change leadership requires a high degree of personal alignment with the values and goals of the change effort, as well as the skills and energy to make the project happen. Effective teams work well together when group behaviours and norms are defined and adhered to. Communication is central to any successful team (See also Module 4 on Communicating effectively).

Identifying the Need for Change

A need for change is determined after a problem-solving process has occurred (i.e., the environmental scan). For example, the need for changes to the provision of primary maternity care is recognized in a community as well as the compelling reasons to address this need.

There are a number of elements that need to be considered when deciding *if* there is a compelling reason for change. These include providing answers to the following questions:

- What are the main issues you are hearing from women?
- What are the main issues you hearing from your staff and colleagues (i.e., the people who work with your processes)?
- Do your own existing internal reports and/or reviews suggest particular areas that present a need for change and/or opportunities for improvement?
- Can some processes be undertaken in less time, therefore increasing the efficiency of providing primary maternity care?
- Is there, or will there be, wide acceptance of the changes being introduced?
- Is there a compelling need for this change?

For example, in women in the communities that established the multidisciplinary collaborative primary maternity care programs in Puvirnituq, Inukjuak and Salluit in northern Quebec were instrumental in bringing birth back to their villages and are full participants in the program.

Note that we have provided check boxes here. We do this so that you can work through the module, and other modules, in a systematic way. If you have addressed a specific question simply place a checkmark in the box provided or some other notation that will highlight the extent of your response to the question posed. At the end of each module we organize all the questions in the order in which they appear through the module.

Has your team already done the following?

- Defined the vision, mission, and values of the team?
- Identified change leaders?
- Identified the need for change through a well executed environmental scan?

Once these fundamental areas have been addressed, your team is ready to initiate the change.

Future Focus, Present Action

To effectively implement a new MCPMC model there should be a strong implementation plan to close the gap between the “*as is*” state and the “*to-be*” state. You need to be able to translate the vision for change into achievable goals with clear and measurable outcomes.

Your planning needs to encompass not only operational issues, but also the softer “human” side of change, which includes such things as new skills and training, and getting the buy-in of employees and other professional colleagues during and after the transition to the model.

There are many factors to consider when developing a MCPMC model. These can be **organizational**, for example, remuneration, on-call processes etc., or **clinical**, for example, management of second stage, gestational diabetes screening etc. Your implementation plan for the model needs to address many different organizational *and* clinical guidelines pertinent to your model.¹

¹ It is not the intent to provide or recommend specific *clinical guidelines* in this module. This is beyond the scope and purpose of this Module and indeed the MCP² initiative.

Developing Guidelines and Protocols for the Team

For planning purposes, a **guideline** is a “rule of thumb” to guide you in setting standards or determining a course of action. A **protocol** is a systematic approach for a course of action or specific activity. These terms are sometimes used interchangeably, which is fine as long as members of the team are consistent with how the terms are used.

It's important that team members use the same processes for various activities to ensure consistency. The model planning process will likely uncover the need to develop guidelines and protocols to enhance the effectiveness of the collaborative team. A suggested process to follow is outlined below:

11 Steps of Guideline Development

1. Develop the Guideline development team
2. Establish common areas and differences – come to common ground
3. Set an overall time frame for establishing the set of chosen guidelines
4. Involve all team members
5. Develop a workbook that can be completed by the team members over time. Use the workbook to record team discussions on development of the protocols, the specific decisions taken, and actionable items for the respective team members.
6. Define “rules of play” which includes ‘flexibility’ when unique situations arise
7. Determine “*what you have*” vs. “*what you need*”
8. Assign specific individuals to take the lead in looking closely at the guidelines which are to be developed (e.g., based on reviewing of research evidence, conducting scans of other organization’s approaches, or possibly facilitating a new process for a unique guideline within your own organization)
9. Report back and prioritize areas to address
10. Create and implement guidelines/protocols – this must include communicating with and engaging the team and other relevant professionals and organizations involved with providing primary maternity care in your area
11. Modify as required through a continuous improvement process.

A template for the workbook (Step 5) is provided in the Appendix.

Tip!

Appoint a facilitator to guide the group through the process to develop guidelines.

IMPORTANT POINTS TO CONSIDER

Keep the following points in mind as you develop your guidelines and protocols for the collaborative team.

- ☞ Use a systematic approach to protocol development and use
- ☞ Use Research Evidence as much as possible
- ☞ Where possible, use or adapt existing guidelines and the experience of others.
- ☞ A mentoring approach can be very useful – this would involve linking up with other key individuals across the country that have had experience in developing and working in multidisciplinary collaborative primary maternity care environments.

Questions to Consider as you develop Guidelines

- Areas to consider:** What is it that is in need of a Guideline?
- What:** What would the Guideline do?
- Why:** Why do you need the Guideline?
- When:** When do you need it?
- Who:** Who will take the lead in developing the Guideline?
- How:** How will the Guideline be developed?

Tip! Some guidelines will be more important to have in place than others. While it may be tempting to develop many simultaneously, the nature of the day-to-day work environment is such that choosing too many at once will only create challenges for completing the high quality meaningful guidelines that will have the support of the whole team.

Tip! A useful starting point is to systematically work through the model's 22 core components (as described in the MCP² 'Guidelines for Model Development' document). Under each component team members can identify specific guidelines they would like to develop.

Examples of Guidelines areas

We contacted other organizations that have successfully implemented collaborative maternity care models. They said they have developed guidelines in the following areas:

Philosophy: common vision

Human Resource Planning:

- Composition of team
- Roles, responsibilities and scopes of practice (to avoid 'turf wars')
- Retention and recruitment
- Job descriptions
- Scheduling, including on-call

Memorandums of Understanding

Administrative: payroll and billing, secretarial support, janitorial support, laundry, clinical and administrative supplies, petty cash, etc.

Remuneration: alternative funding, salary, fee for service, clinic base funding

Education

Quality Assurance: e.g., Rounds

Communication:

- Internal and with team
- Meetings amongst other professionals/organizations
- Education campaigns for stakeholders including patients

Comprehensive easy-to-use access call system 24/7

Decision making processes

Conflict resolution strategies

Plans are in the process of being developed to establish guidelines, including clinical protocols, in the following areas:

- Capacity: maintain critical mass of births – recruitment of patients
- Pre-conception counseling
- Transfer of care
- Augmentation of labour
- Operative deliveries
- Gestational Diabetes Screening
- Management of Second Stage
- Curriculum for Centering Pregnancy
- Discharge Protocols
- Pregnancy Induced Hypertension
- Mitral Valve Prolapse, 2 vessel cords
- Use of misoprostol for missed abortions

Making Adjustments to the MCPMC Model

As the model evolves over time there may be a desire or requirement for the collaborative team to 'change' in a variety of different ways. For example, this may include expanding the location or area in which the model provides care, taking on new team members and increasing the size, becoming a new entity, or working within a new organizational structure. Such larger scale changes require a systematic approach to maximize the effectiveness of the team in managing and directing the change.

There a need for a process that guides the team on whatever changes occur. What follows are eight steps for making adjustments to the MCPMC model

Eight Steps for Making Adjustments to the MCPMC Model

1. Describe the proposed change
2. Identify Strategic Issues and the Drivers for Change
3. Specify the Expected Results/Desired Outcomes
4. Identify how will the change be achieved
5. Specify what the financial implications will be
6. Identify the factors that must be in place before the change occurs (i.e., the dependencies)
7. Identify all potential issues and challenges that maybe faced
8. The engagement and communication plan should outline who will be requiring information, what their specific needs are and who on the team will handle that task. It's important to also identify information needs of the team.

These key tasks can be undertaken through a workbook format. An example template is provided in the Appendix – Tool B

Summary

The purpose of this module has been to provide a foundation for getting started, and for systematically working through changes that will improve the work and care environment. There is no overt prescription for insisting on certain approaches being followed. Rather, it is hoped that your collaborative model can use and adapt the processes outlined here to address your own specific needs in your specific context.

Perhaps one of the most important points is the recognition that working on guidelines and other change initiatives requires time, commitment and cooperation from all team members to fully reap the benefits. Ultimately, the success of your MCPMC model will be a function of the willingness of everyone to share in its growth and development to further improve the work environment and the provision of primary maternity care.

Tool B: Implementation Planning Booklet

| Implementation Plan | |
|---------------------|-----------------|
| Model | Version Number: |
| Change Lead: | |
| Status: Draft | Version Date: |

Implementation planning focuses on establishing the tasks and actions to be accomplished over set timeframes and establishing the roles, responsibilities, and resources to accomplish the tasks.

1. Background

1a) General Description of Proposed Change

Describe the change

1b) Strategic Issues and Drivers for Change

Why is the change needed?

Drivers for Change

-
-
-
-
-

1c) Expected Results/Desired Outcomes

How will you know when you “get there” – what will be different?

| <i>Expected Results/Desired Outcomes from the change</i> |
|--|
| • |
| • |
| • |
| • |
| • |
| • |

2. Tasks and Actions

How will the change be achieved?

| <i>Strategy</i> | <i>Activities to achieve the strategy</i> | <i>Timelines</i> | <i>Assigned To:</i> |
|-----------------|---|------------------|---------------------|
| • | • | • | • |
| • | • | • | • |
| • | • | • | • |
| • | • | • | • |
| • | • | • | • |
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| • | • | • | • |
| • | • | • | • |
| • | • | • | • |
| • | • | • | • |

3. Impacts and Dependencies

3a) Financial Implications:

Are there costs associated with the change? **Yes** **No**

| Details | Fiscal year 06/07 | Fiscal year 07/08 | Fiscal year 08/09 |
|----------------|--------------------------|--------------------------|--------------------------|
| Salary | | | |
| Capital | | | |
| Total | | | |
| Other | | | |

3b) Dependencies: *This change cannot proceed without the following:*

| | |
|---|--|
| Significant change in government funding | |
| Significant change in relationship with other stakeholders | |
| Legal and/or policy changes | |
| Prior approvals | |
| Others? | |

4. Implementation Issues /Challenges

Proceeding with this change will require a change in, and/or create challenges with:

| | |
|---------------------------|----------|
| Mission or mandate | Specify: |
| Structure | |
| Business processes | |
| Staff skills | |
| Culture | |
| Technology | |
| Other | |

Summary of Checklist Questions

Mission, Vision, Values

- Why will we exist (our purpose or niche)?
- Where are we going (our picture of our *preferred* future)?
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- Can we give a unified answer to these questions and does everyone on our team passionately own what we've developed?

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