



Cultivating a Team-Based Approach to Wellness

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Part I Learning Objectives

- ✓ Identify the value of team-based approaches to care
- ✓ Summarize evidence to support team-based care
- ✓ Define the competencies and enablers that support team-based collaborative care
- ✓ Think about your current practice in relation to team-based care models



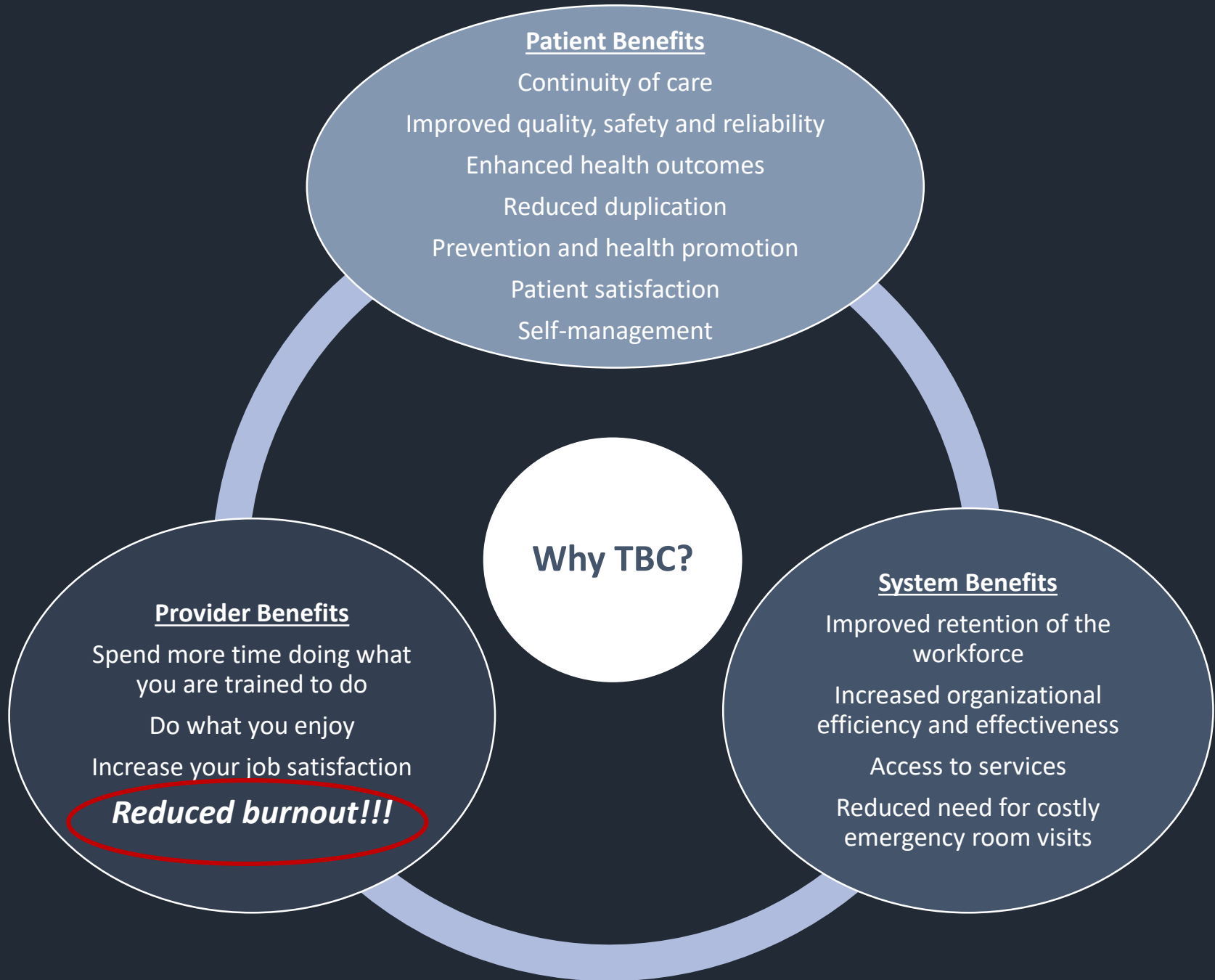
FROM CONVEYOR BELT CARE

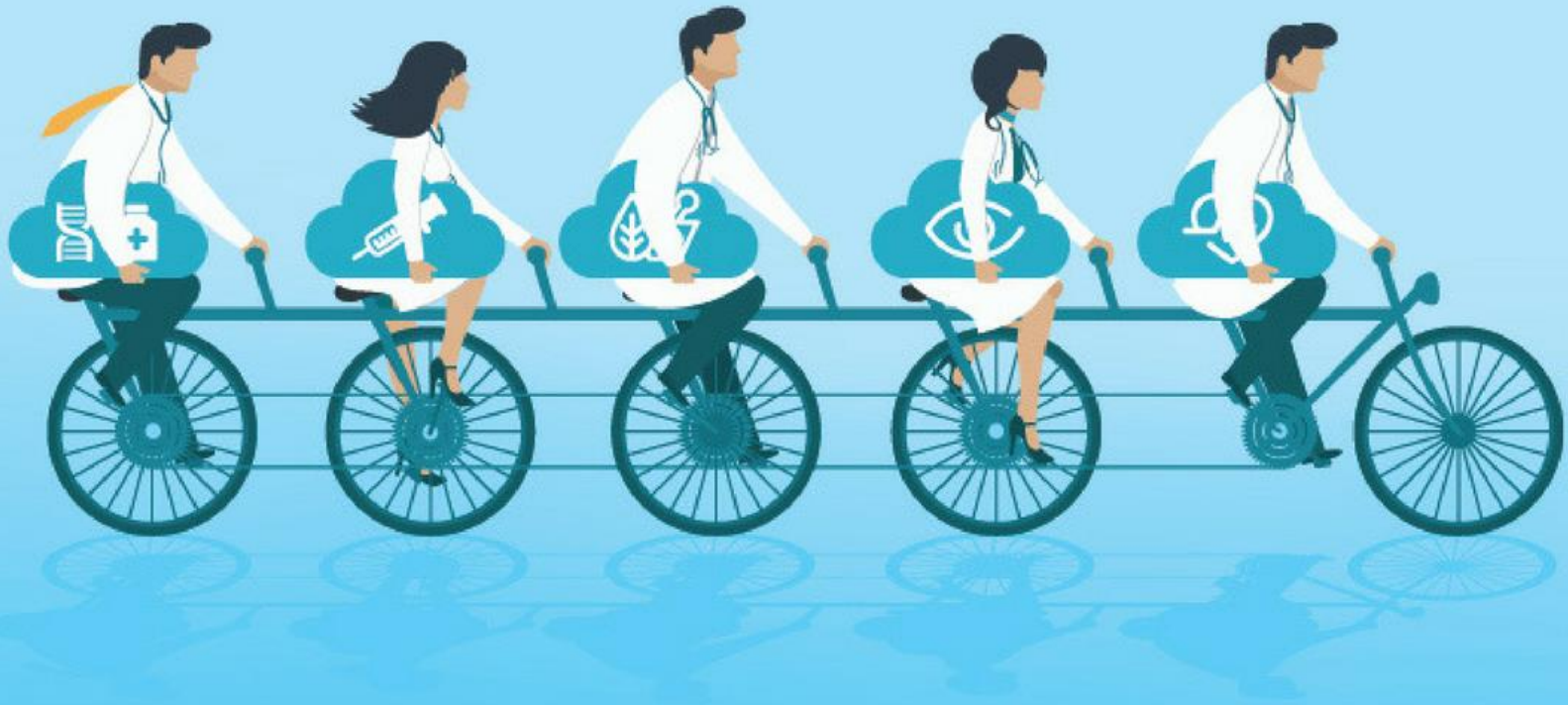


TO TEAM BASED CARE

WHY?







TBC = Reduced Burnout = Improved Wellness

Gittel, J. H., Godfrey, M., & Thistlethwaite, J. (2013). Interprofessional collaborative practice and relational coordination: improving healthcare through relationships.

Collaborative Practice

Team-Based Care

Patient Safety

Person-Centred
Care

Interprofessional
Collaboration

* *Online Poll*

What Team-Based Care means to you...



Team-Based Care

Team-based care is fundamentally a person-centred approach to care that promotes patient voice, safety, and acceptability in care delivery, thereby creating better experiences for individuals, their families and caregivers, and providers in the health system. Teams will meet the care needs of individuals (across the life course) and the community population by providing access to quality health care services at sustainable per capita costs.

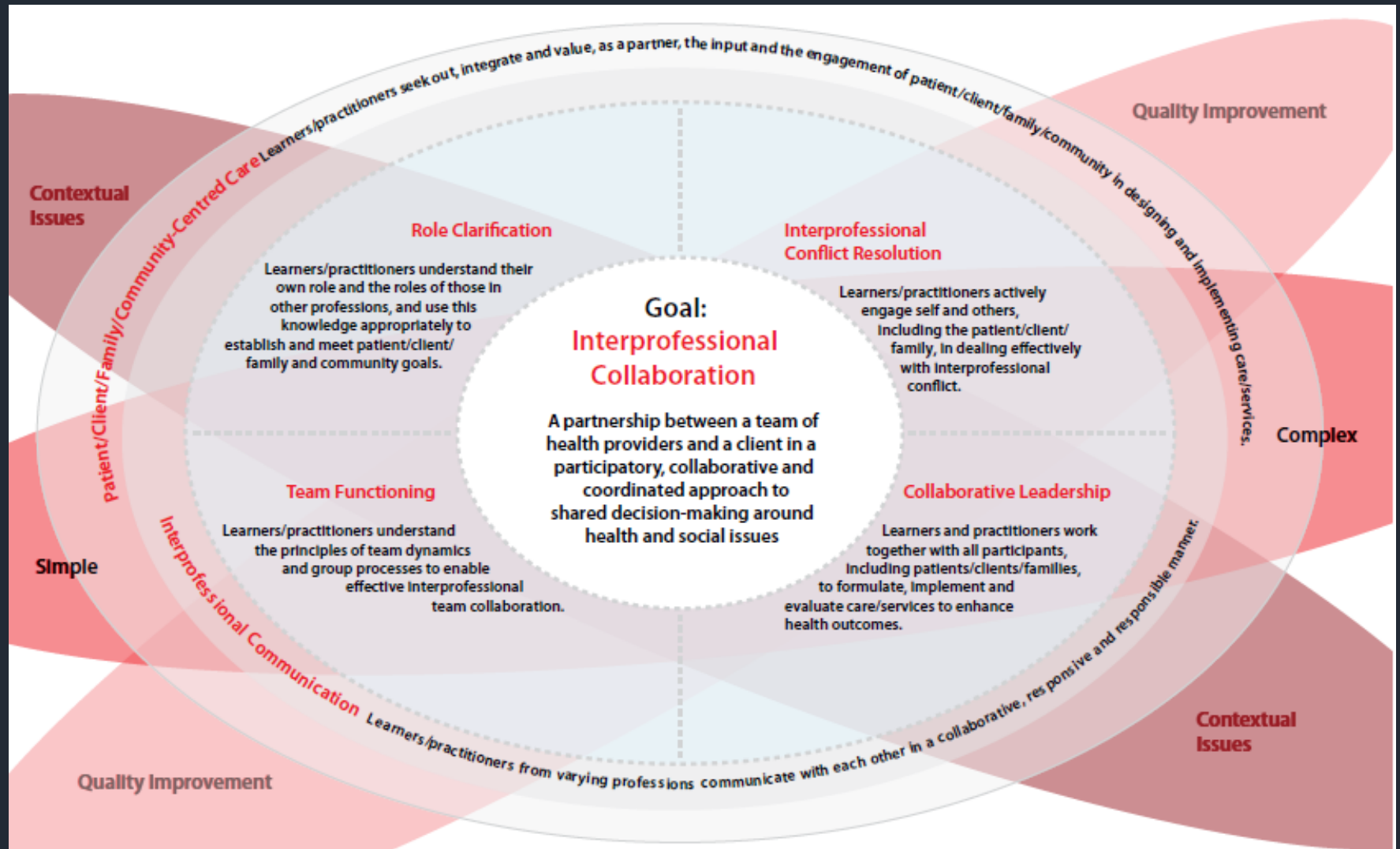
BC Ministry of Health, Integrated System of Care Policy Directives, September 2017.

Interdisciplinary Team

A group of health care providers who work together in a coordinated and integrated manner with patients and populations to achieve health care goals. Effective interdisciplinary teams display collective competency, shared leadership and active participation of each team member involved in patient care.

- **In-practice teams:** Providers and support staff work together within a cohesive family practice or health authority primary care clinic. Although team members will likely work in a single location, a provider might work virtually or be shared part-time with one other team.
- **Network teams:** Providers and support staff from various family practices, health authority delivered or contracted primary care services and community-based organizations working together as part of a broader community-based team. Team members likely work in different locations. Some providers likely travel to multiple locations in the network and/or work virtually.

Collaborative Competencies



Canadian Interprofessional Health Collaborative (2010). National Interprofessional Competency Framework.
https://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf.

Supports for Team-Based Care

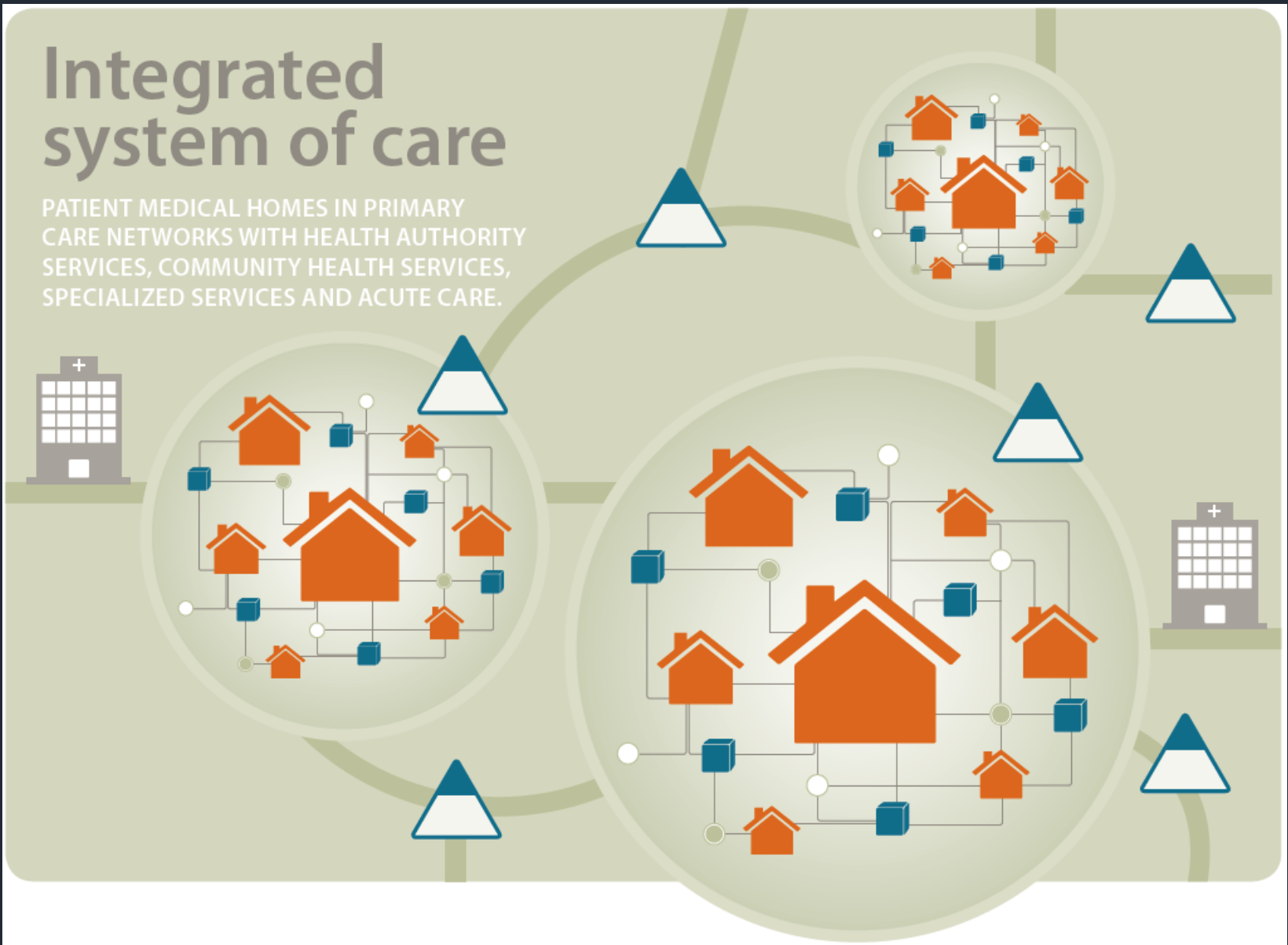


* Online Poll Results (Word Cloud)

Team-Based Care in BC

Integrated system of care

PATIENT MEDICAL HOMES IN PRIMARY CARE NETWORKS WITH HEALTH AUTHORITY SERVICES, COMMUNITY HEALTH SERVICES, SPECIALIZED SERVICES AND ACUTE CARE.



Patient Medical Home

A family practice or health authority primary care clinic which has a majority of the person-centred service attributes (commitment, contact, comprehensiveness, continuity, coordination) and relational attributes (team-based care and networks) of the BC PMH model.

BC Ministry of Health, Integrated System of Care Policy Directives, September 2017.

Primary Care Networks

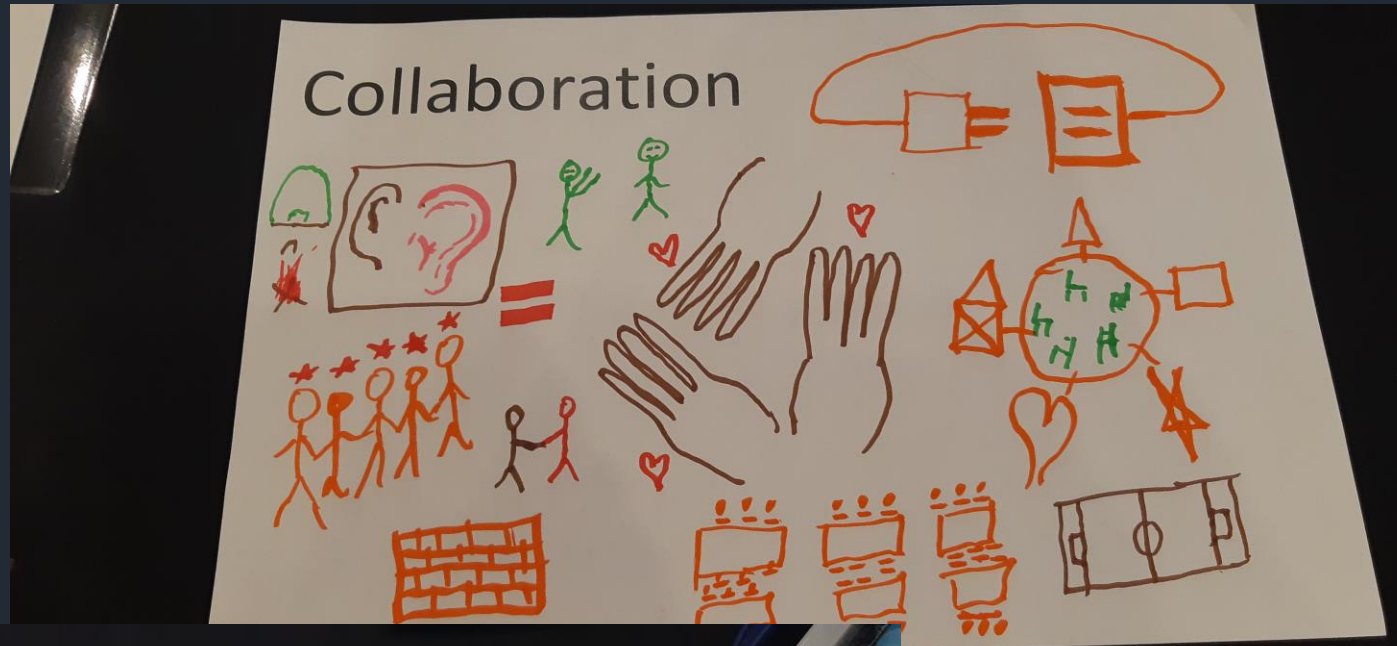
A unified system of primary care consisting of patient medical homes that are networked with each other and with primary care services delivered or contracted by health authorities and community-based social and other health service organizations. Within a PCN, patients, families and caregivers, are able to access comprehensive, person-centred, culturally safe, quality primary care. PCNs maintain strong linkages with specialized community services programs as well as the broader health system.



MOVING TO COLLABORATION: What's the difference between coordination, cooperation and collaboration?

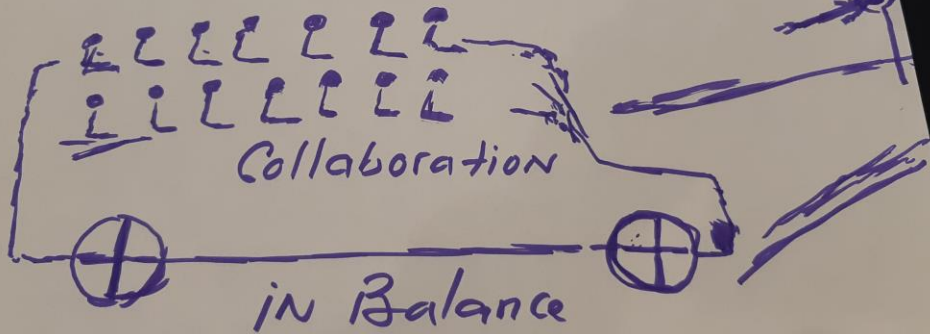



The Vision (Developed by participants)



Collaboration

One goal, One Vision





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