

"The Role of an Interprofessional, Cross-Sectoral Planning and Priorities Committee in the Successful Function and Evolution of an FHT"

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Context

Two-site academic FHT, affiliated with McMaster Department of Family Medicine
McMaster Family Practice and Stonechurch Family Health Centre combined have over 30,000 registered patients, 35 Allied Health Professionals, 36 Physicians and 80 on-site Residents
Full and part-time learners include undergrad students from all clinical disciplines.

P&P Terms of Reference

The allocation of resources (financial and human)
Outcome measurement of clinical activities and programs
An evaluative component embedded to inform programming choices
The definition of funding criteria for programs within the FHT and the subsequent monitoring of the progress of these programs
A committee represented with balance and diversity

Typical Agenda Items

Family Health Team staff unit updates within each clinic
Annual and quarterly reporting information
Pitching new programs
Planning regarding quality metrics, workflow, sharing best practice
Informing quality program and cross site planning
Policies and Precedents – How do we work together?

User Experience

What Makes the P&P Committee an Effective Resource within our FHT?
Opportunity to provide input for programming from an interdisciplinary model
Builds a relationship between the two sites and across disciplines, allowing all to understand the strengths and challenges of each group
Helps FHT members remain mindful of need for evaluation and quality improvement

Governance Challenges

Richness of expertise, passion, and commitment
Keen interest in trying new things, creating new programs
How do we make decisions about resource allocations without squelching innovation and imposing centralized planning?
Cultural commitment to collegiality and transparency gets more challenging the larger we get
People resent being "left out" or having key decisions made without their input
An engaged staff doesn't operate in a vacuum – they have a sense of "fit" within broader goals and realities
The more staff understand the larger contexts of constraints and opportunities at the organizational level, the greater our capacity to respond to day-to-day challenges
Part of the committee's role needs to be staff development

Membership

FHT Co-Leads
Unit Directors and Managers from each site
Delegates from 3 different staff groupings, using a formula based on numbers of staff per "clump". (i.e., NP's = biggest clump – 2 delegates)
Balanced by site
Interested folks voted on by the members of their clump
Stressed that all P&P members are stewards of the FHT – they are not there to represent their discipline
Strong research presence – resource in program logic planning a key member of the committee

Creating a New Program

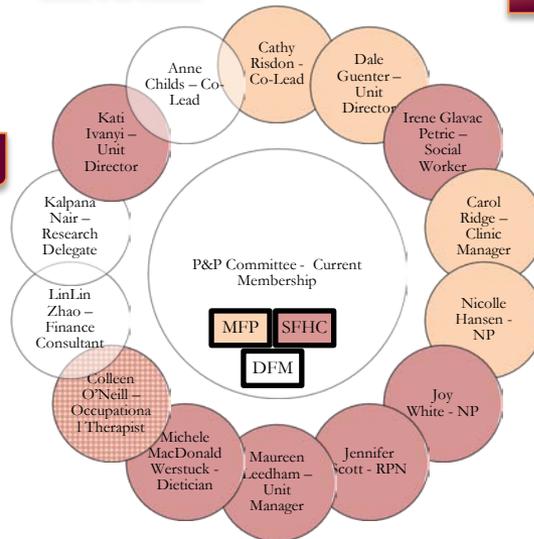
In the past, many creative and committed people started programs or groups without reference to both sites or a broader FHT framework of priorities
Our P&P is now a place to "pitch" something new – with a process in place to assure needs assessment and quality indicators identified before something new is tried
Huge area of staff development for all
Research support is encouraged for all people starting new programs

After One Year

I love the opportunity to focus on various programs and the chance to reflect on work being done and to discuss with others regarding future directions, such as consideration of outcomes and evaluation needed. These discussions have resulted in many FHT coming to the committee meetings which allows them to be involved in the processes and to engage directly with the committee. Nothing is imposed, but offered for consideration.
Having a chance to connect with the DFM executive committee, makes our vision, directions and considerations more relevant.
When we are making suggestions to FHT regarding evaluation of programs, do we need to be listing supports available to them so evaluation, etc. can occur?

Decision to Launch

"Priorities and Planning Committee"
(Pre 2011-Mandate) The McMaster FHT Operations Committee will ensure that the programs and services provided within the FHT meet the standards and policies of McMaster University and Hamilton Health Sciences as well as ensuring compliance with the FHT agreement with the Ministry of Health and Long term Care. Identified 'disconnect' between policy decisions and front line work (2011)- Allied health team saw benefit if FHT operations committee had a good understanding of what is going on at the units. Positive integration of both units and allied health professionals along with a deeper understanding of committee work & commitments



Questions for a New Program Pitch

What is the program/proposed program? (Asks for the overall purpose of the program)
What goals of the McMaster FHT will this program address?
What evidence is available to support this innovation/program?
Does it improve quality of care/health outcomes?
What work will have to stop in order to implement this program (i.e. staff reallocation)?
Are there financial resources required (rooms, staff, etc.)?
What community resources are already available to avoid duplication?
Task allocation: patient contact, advertising, workshop material, etc. - Who is responsible?
How will you measure success in this program (e.g. SMART test)?

What did we learn?

Committee size matters
'Pitching' ideas takes practice
Developing trust takes time and is worth the wait
Honesty and integrity supports open dialogue
Data is powerful
We need to report what we do - research
Early morning meetings work (with breakfast!)
FHT updates require 'snap shot' views
We have so much more to learn and do

