



**Inter-professional Collaboration:  
A Model for Strengthening Community  
Capacity**

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# Participants in this presentation will learn how:

- Collaboration between primary care and public health sectors was enhanced
- Public health practitioners not in infection control or disease prevention roles learned about occupational risks and prevention of disease transmission



# Participants will learn how: (cont'd)

- Physicians and their office staff were supported in implementing the recommendations of:
  - *Infection Control in Physicians Offices*, 2004
  - *Preventing Febrile Respiratory Illnesses, Protecting Patients and Staff*, August 2006

# Participants will learn how (cont'd):

- Public Health Nurses (PHNs) were prepared for roles in Assessment Centres
- PHNs developed capacity to mentor other PHNs assigned to assessment centres



# The Context

- Shortage of family physicians
- High proportion of elderly
- Recent development of Family Health Teams

# The Context (cont'd)...

- Public Health responsible for Assessment Centres for Pandemic Influenza
- No provision for medical and diagnostic services in Assessment Centre Plan
- Perception MDs would not be available
- Evidence infection control guidelines not always implemented
- Local success with in-office education sessions for primary care practitioners



# Goals

- Increase emergency-preparedness capacity of health care providers
- Improve compliance with best practices for infection control in primary care settings
- Reduce transmission of respiratory infections for health care providers and their patients

# Objectives

- To increase collaboration between primary care and public health
- To identify and use primary health care providers to mentor Public Health Nurses
- To educate public health practitioners in infection control



# Objectives (cont'd)...

- To assess status of, and identify strengths and barriers to, implementation of evidence-based infection control practices in primary care settings
- To support physicians and their office staff in implementing CPSO guidelines
- To identify 'Lessons Learned' as a basis for replicating this project

# Collaboration Between Primary Care and Public Health

- Physician Lead of Primary Health Care Services of Peterborough identified as project champion
- Proposal presented to Board of Primary Health Care Services of Peterborough
- Inter-professional Advisory Team developed



# Collaboration (cont'd)

- Knowledge transfer between primary care and public health
- Partnership with Trent/Fleming School of Nursing and Peterborough Regional Health Centre, Emergency Department

# Knowledge and Skill Development

- Educational sessions and workshops on mentoring for mentors and mentees
  - Videoconference on preceptorship for PHNs
  - Educational session for PHNs and Managers
  - Workshop with MDs/PHNs



# Knowledge and Skill Development (cont'd)

- Workshop on Physical Assessment and Triage, by Nurse Educator, PRHC Emerg
  - PHNs and RNs
    - Pre- and post-test results showed average 20% increase in scores

# Knowledge and Skill Development

(cont'd)

- Coordination of primary care/public health mentorship experiences
- Mentoring logbooks completed and retained by PHNs
- Evaluations of mentorship indicated new graduates benefited the most
- Opportunities to convey important info to and from primary care providers



# Educating Public Health Practitioners in Infection Control

- Infection control workshops and resource kits developed
- 37 nurses participated in an interactive ½ day workshop
  - test scores increased by an average of 20%
  - participants rated workshops as ‘Helpful’ or ‘Very Helpful’ on satisfaction surveys

# Assessing Status of Infection Control Practices in Primary Care Settings

- Audit tool developed – MASKS<sup>1</sup>
  - M = Masks
  - A = Alcohol hand wash
  - S = Signage
  - K = “Kleening”
  - S = Seating

<sup>1</sup>Dr. Hogg MD Promoting Best Practices for Control of Respiratory Infections *Canadian Family Practice* 2006: Masks, Alcohol hand sanitizer, Signage, “Kleening, Seating.



# Assessing Status of Infection Control Practices

- Pre-audits, presentations of best practices, and post-audits conducted in family health team settings
  - 75% of eligible physicians participated
  - overall increase in compliance with all components of the audit tool
  - greatest increase: designating separate seating for patients with coughs

# Supporting Primary Care Practitioners To Implement Guidelines

- Developed infection control toolkit for physicians
- In-office presentations for physicians and staff
  - Attendance: 158 staff participated
  - Satisfaction survey: all participants found information and toolkit 'Helpful'



# Findings of Pre- and Post-Audits (N = 62) of Infection Control Practices in Primary Care Offices

Preventive Practice	Before	After	%
1. Signage	44	61	+ 28% Change
2. Masks available	32	62	+ 48% e
3. Hand sanitizer - reception	48	62	+ 23%
4. Know re 'cough seating'	10	61	+ 84%
5. Cleaning/disinfection	28	62	+ 55%
6. Hand sanitizer- exam room	49	62	+ 21%
7. Total alcohol dispensers	182	259	+ 27%

Reference:

William Hogg MD, FCFP, *Promoting best practices for control of respiratory infections: Collaboration between primary care and public health services*, Canadian Family Physician. 2006; 52: pp. 1110-1111.

# Supporting Primary Care Practitioners To Implement Guidelines (cont'd) ...

- Problem-solved barriers to implementation of infection control practices
  - Post-presentation audits showed positive change



# Problems Identified By Infection Control Audits

- Lack of designated area for coughing patients
- Lack of signage
- Limited access to hand sanitizers
- Shared waiting rooms
- Limited space
- Limited education materials
- Skepticism

## Solutions Identified ...

- Toolkit with: educational materials, signage, masks, hand sanitizer, tissues, sani-wipes
- Consultation on ways to separate coughing patients from non-coughing



# Ongoing Challenges

- Refusal of some physicians to participate
- Lack of space for designated cough area
- Failure to complete hand hygiene appropriately

# Lessons Learned

- It worked!
- “Money talks ... nobody walks”
- Feedback from participants in mentorship component positive
- Participants supported ongoing collaboration



# Lessons Learned (cont'd)

- Issues for further collaboration identified
- Physicians willing to be more involved in emergency response
- Methodology for audits revised to address practices not in initial tool

## Lessons Learned (cont'd)

- Continuing education related to infection control practices, physical assessment and triage is essential
- On-site interventions important method for increasing compliance
- Mentoring with primary care practitioners increased PHN's confidence in physical assessment and triage skills



## Lessons Learned (cont'd) ...

- Physicians and their staff appreciated information and tools not only to protect the health of patients but also the health of primary care providers in the workplace
- Project increased communication and collaboration between public health and primary care practitioners e.g. cessation counselling intervention

## Lessons Learned (cont'd) ...

- It is difficult to recruit mentors
- Time is a major barrier when working with primary care providers
- Communication with primary care providers is an ongoing challenge



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# References

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- Infection Control in the Physician's Office*, The College of Physician's and Surgeons of Ontario, 2004.
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# Thank you

- Contact Information

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