

# Narrative Report

ORGANIZATION:	South East Community Health Centers (fund holder Kingston CHC)	
CONTACT PERSON:	Marsha Stephen	PHONE NUMBER: (613) 922-8672

## Target Audience

*What audience did your project target (Physicians, Pharmacists etc.)? What delivery model were you working in (i.e. fee for service, CHC, FHT mixed etc?)*

**The project targeted Primary Health Care practitioners ( full interdisciplinary team) in a Community Health Centre model**

## Commonalities

*Each of the three funded projects had some activities in common. Please comment on the work your organization did in each of the three common areas.*

## Relationship Building

**Each Centre recruited/ identified a health promotion champion to lead the education and change process within an interdisciplinary team model. Although each site adopted a different approach there were some consistent messages and initiatives including :**

- **Development of a generic education toolkit for practitioners**
- **Pre & post surveys for clients & health care providers to measure change in awareness, knowledge and/or behaviour**
- **Creation of common templates to track clinical indicators in the electronic health record**

**A key focus of the project was to improve risk assessment, increase knowledge of health promotion resources in the community and increase provider referrals to those resources. As each site was working with existing teams, relationships were well developed. The focus of intervention was directed to education and managing the change process to support adoption and sustainability of practice changes.**

## Community Resource List

**In addition to a generic toolkit that included educational resources , each site developed a list of local health promotion resources to support increased awareness of and referral to these resources.**

**The post survey of providers indicated a 69.8 % increase in awareness of community resources and a 64.3% increase in referrals to CHC programs or community resources.**

## Motivational Interviewing

**Over 90 primary health care providers participated in motivational interviewing training. The feedback indicated support for the concepts but most practitioners felt they would not have time to utilize the techniques within the context of current appointment times. Based on this response further research into motivational interviewing training options was undertaken It was agreed to provide additional training based on a “ 3 Minute Empowerment “ model to facilitate integration of the concepts into existing appointment constructs . Training is to be delivered across all sites by June 30, 2010.**

## **Risk Assessment Tool**

Each site adopted the Coronary Disease Risk Assessment Tool. Two sites focused on the identification and management of hypertension. Flow sheets and care pathways were developed based on the Canadian Hypertensive Education Program.

Templates within the EHR were modified to create a standardized data entry protocols - facilitating training of providers and the capacity to extract data related to the screening and risk identification. There was evidence of improvements in screening practices and data quality over the course of the project. Appendix 1 - Clinical Indicators

## **Main Successes**

*What were some of your greatest successes or outcomes that resulted from this project?*

There were a number of significant achievements including:

- Agreement on usage of a common risk assessment tool for stroke
- Provider survey results indicated change in awareness of community resources for health promotion and an increase in referral practices
- Client survey results indicate evidence of increased knowledge and behaviour change
- Motivational interviewing training provider to over 90 primary health care practitioners
- Development of a client education tool kit
- Integration of early identification, self management and life style counseling into practice
- Nurses were empowered to work to a fuller scope of practice focusing on health promotion
- New insights on tailoring programs when working with at risk cultural groups

## **Main Challenges**

*Inevitably, not everything works out the way you want. What were some things that were disappointing? Challenges may include organizational and programming aspects of your local project.*

While there were clearly benefits to working collaboratively across sites, this also created challenges as each CHC juggles many projects with competing demands.

Challenges included:

- Initial organization of the project was slow as sites determined their approach, recruited the health promotion champion and initiated the program.
- Direct involvement of the primary care providers happened at different stages depending on the approaches / roll out process at each site
- Evaluation protocols and tools were not developed at the start of the project so were applied unevenly across the sites.

## **Lessons Learned**

*Experience breeds insight. Please share your insights and advice so that we can accelerate the learning curve about how best to offer similar programs in the future.*

**Learnings from the project are detailed in the evaluation report ( Appendix 2) .  
Significant process learnings include:**

- **Value of regional collaboration and learning from each other's experience**
- **Importance of engaging the team in planning and delivery of a new project/practice to create sustainability**
- **Importance of sensitivity to cultural differences and adapting programs in respond to those differences**
- **Benefits of professionals working to their full scope of practice related to health promotion**