

INTERPROFESSIONAL COLLABORATION

CNA POSITION

The Canadian Nurses Association (CNA) believes that interprofessional collaborative models for health service delivery are critical for improving access to client-centred health care in Canada. The responsiveness of the health system can be strengthened through effective collaboration among health professionals, regulators, educators and professional associations.¹

CNA believes that following the principles below will facilitate collaboration among professions and professionals.

- *Client-centred care* — Interprofessional client-centred care requires collaboration among clients,² nurses³ and other health professionals who work together at the individual, organizational and health-care system levels.⁴ Health professionals work together to optimize the health and wellness of clients and involve the client in decision-making.⁵ Clients are actively engaged in the prevention, promotion and management of their health.⁶
- *Evidence-informed decision-making for quality care* — Evidence-informed decision-making through the use of best practice guidelines, protocols and resources will support interprofessional collaboration. Health professionals work together to identify and assess research evidence as a basis for identifying treatment and management of health problems. Health outcomes are continuously evaluated to track the effectiveness and appropriateness of services.⁷
- *Access* — Teams of health-care professionals working in collaboration will ensure that patients can access the most appropriate health-care provider at the right time and in the right place. Supporting continuity of care and continuity of care provider is crucial to ensuring high-quality, client-centered interprofessional collaborative care.⁸
- *Epidemiology* — Using assessments of the demographics and health status of clients will ensure the relevance of health services, including the identification of appropriate health professions. Trends in the health of the population are tracked to assess the impact of the services offered.⁹

¹ (World Health Organization [WHO], 2010)

² “Clients” may be individuals, families, groups, communities or populations.

³ In this document, *nurse* refers to registered nurses, nurse practitioners, licensed practical nurses and registered psychiatric nurses.

⁴ (Canadian Nurses Association [CNA], 2007, 2008a, 2009b; Canadian Interprofessional Health Collaborative [CIHC], 2008)

⁵ (Enhancing Interdisciplinary Collaboration in Primary Health Care [EICP], 2005; Registered Nurses’ Association of Ontario [RNAO], 2010a, 2010b, 2011)

⁶ (EICP, 2005)

⁷ Ibid.

⁸ (RNAO, 2010a, 2010b)

⁹ (EICP, 2005)

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- *Social justice and equity* — The people of Canada are entitled to a health system that has the capacity to keep people well by linking interprofessional collaborative care to social justice, equity and determinants of health; supporting health promotion; and promoting community-based care as well as acute illness care.¹⁰
 - *Ethics* — Each profession brings its own set of competencies — the results of education, training and experience — to collaborative health services. Health-care professionals working in interprofessional collaborative teams learn from each other in ways that can enhance the effectiveness of their collaborative efforts.¹¹

Nurses collaborate with other health professionals to develop a moral community¹² and to maximize health benefits to clients, recognizing and respecting the knowledge, skills and perspectives of all.¹³ Shared decision-making, creativity and innovation allow health-care professionals to learn from each other and enhance the effectiveness of their collaborative efforts.

- *Communication* — Active listening and effective communication skills facilitate both information sharing and decision-making.¹⁴

To support and sustain interprofessional collaboration, CNA believes that the following structural elements¹⁵ must also be present:

- planning, recruitment, workplace and interprofessional education to support human resources;
- long-term funding allocations that support the necessary infrastructure and information technology requirements of interprofessional collaboration;
- liability insurance framework for interprofessional teams that includes liability insurance for health-care professionals that is independent of the employer's liability insurance;
- regulatory framework that enables all regulated health professionals to use their knowledge, skills and experience to practice to their full scope and recognizes the decision-making processes and roles within interprofessional collaboration;
- standards that guarantee both interoperability and access by appropriate professionals to electronic health records;
- governance and management structures that promote systems that foster interprofessional collaboration and strengthen a not-for-profit, publicly funded health-care system; and
- planning and evaluation frameworks and assessment tools to measure the performance of interprofessional collaborative practices that are supported by ongoing research and surveillance.

¹⁰ (CNA, 2009a, 2009b)

¹¹ (CNA, 2010b)

¹² (CNA, 2008b)

¹³ (CNA, 2010a)

¹⁴ (EICP, 2005)

¹⁵ Ibid.



BACKGROUND

The World Health Organization defines *collaborative practice* in health-care as occurring “when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings,” and *interprofessional education* as occurring “when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.”¹⁶

Evidence demonstrates that interprofessional collaborative patient-centred practice can positively impact current health issues such as: wait times, healthy workplaces, health human resource planning, patient safety, rural and remote accessibility, primary health care, chronic disease management and population health and wellness.¹⁷ Collaborative approaches can be successful in improving patient flow through the health-care system with good results for the patient, the care providers and the system itself.

As a partner in the Enhancing Interdisciplinary Collaboration project, CNA contributed to the development of *The Principles and Framework for Interdisciplinary Collaboration in Primary Health Care*,¹⁸ which describes the effectiveness of service integration to the health of Canadians:

“The range and complexity of factors that influence health and well-being, as well as disease and illness, require health professionals from diverse health professions to work together in a comprehensive manner. For example, individuals need health information, diagnosis of health problems, support for behavioural change, immunization, screening for disease prevention and monitoring of management plans for chronic health problems. Working together, the combined knowledge and skills of health professionals become a powerful mechanism to enhance the health of the population served.

“Working together can take various forms. At the simplest level, health professionals consult their... clients and, when appropriate, each other about the services needed by their...clients. In more complex situations, health-care professionals work more closely, identifying (together with their...clients) what services are needed, who will provide them and what adjustments need to be made to the health management plan. The number and type of service health professionals depend on the nature of the health issue and the availability of resources. This is a dynamic process that responds to changing needs.”¹⁹

*Approved by the CNA Board of Directors
November 2011*

¹⁶ (WHO, 2010, p. 13)

¹⁷ (EICP, 2005)

¹⁸ Ibid.

¹⁹ Ibid, pp. 2-3.



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Also see:

CNA position statement:

Determinants of Health (2009)

Evidence-informed Decision-making and Nursing Practice (2010)

Replaces:

Interprofessional Collaboration (November 2005)

PS-117

