

From Silos to Collaboration

Resolution # 1

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WHEREAS Hospitals with scarce resources are working in silos duplicating their clinical support tools such as Standards of Care, Policies, all of which require revision every two years, as well the clinical tools for each area of expertise such as ICU, Emergency, Medicine etc. together with complimentary Educational Learning Packages and competency measurement tools etc.;

THEREFORE IT BE RESOLVED that RNAO request the Ministry of Health to ask the Hospitals and other sectors (Home health-care and Public Health, etc. to follow) be encouraged through various incentives to share their tools as they are developed and have them hosted on the RNAO's central database, that can be risk-adjusted and benchmarked for performance management and evaluation using centralized provincial funding to create a portal, i.e. a toolkit to allow all organizations to use tools as they become available.

Background

Hospitals are working with scarce resources, yet working in silos, each duplicating their required decision support tools such as Standards of Care, Policies, all of which require revision every two years, as well the clinical tools for each area of expertise such as ICU, Emergency, Medicine etc. together with complimentary Educational Learning Packages and competency measurement tools etc. The reasons for this lack of infrastructure are varied. For example the hope of seeking propriety rights, being in direct competition, no incentive to share, to no available organized sharing system. There is no interoperability and no incentive to change practice, thus processes and incentive remain broken and this can be ill afforded¹
³.

Hospitals and other sectors (Home health-care and Public Health etc. to follow) need incentives to share their tools as they are developed and have them hosted on a central database² that can be risk-adjusted and benchmarked for performance management and evaluation. Centralized provincial funding would be used to create a portal, i.e. a toolkit repository in order to allow all organizations to use tools as they become available. Sharing tools also encourages the refinement of tools by various organizations through research or quality improvement initiatives. This results in highly effective and relevant tools for nurses to use across the care continuum. This initiative could result in significant sector-specific and system-level savings, as resources currently used to develop duplicate tools in isolation are then shared with others, resulting in a similar or improved effect.

This initiative would be a natural progression in line with RNAO's development of best practice guidelines, in that these decision support tools will assist nurses at all levels (front line, educators, CNS / NPs and administrators) to incorporate best practices into daily decision-making. This initiative may align with or be supported by RNAO's "Nursing order sets" and RNAO's NQuIRE database, which aims to integrate nursing best practices with nursing documentation in the Electronic Health Records. We are in dire need of this paradigm shift.

References

- 1 Newhouse, R., Spring, B. (2010) Interdisciplinary Evidence-based practice: Moving from Silos to Synergy. *Nurs Outlook*. 2010 ; 58(6): 309–317. doi:10.1016/j.outlook.2010.09.001.
- 2 Raths, D. (2010) Shifting Away from Silos. *Healthcare Informatics*; Jan 2010; 27, 1; ProQuest Nursing & Allied Health Source pg. 32
- 3 Shirley, M. (2006) On entrepreneurship: silos to collaboration. *Clinical Nurse Specialist* Sept-Oct 20 (5) 229-232.