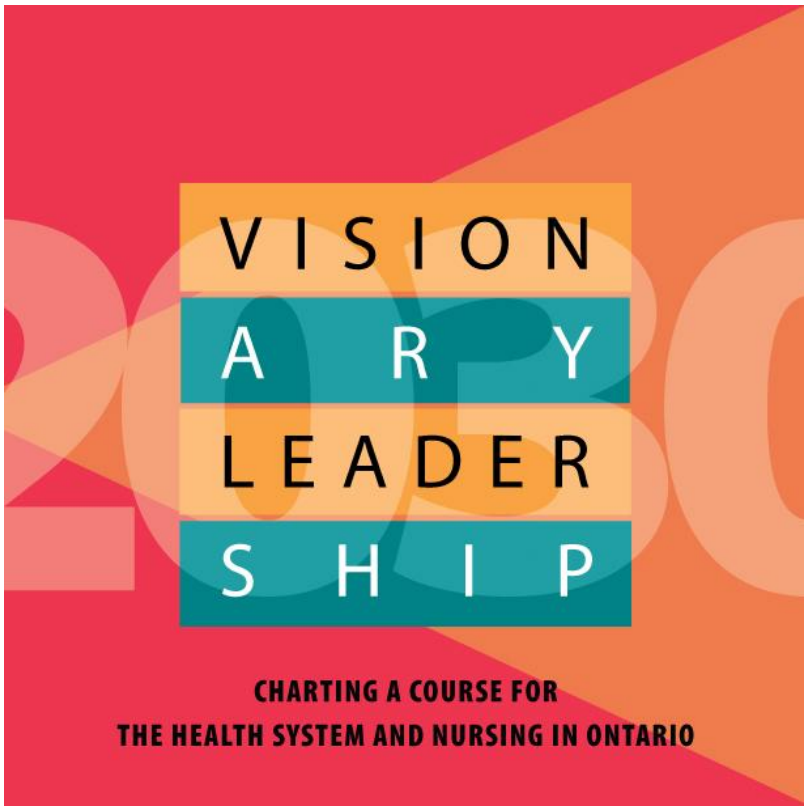
RNAO
Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

Speaking out for nursing. Speaking out for health.



Providing Person-Centred Interprofessional Care

RNAO Vision backgrounder

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Providing Person-Centred, Interprofessional Care

The complexity of the health-care system and the escalation of incidents of chronic disease, and other complicated health conditions require person-centred health care to be provided by a team of diverse professionals who deliver the right care within the appropriate setting across the continuum of care. Interprofessional care, acknowledging the client as a full member of the team, is the delivery model of choice, with increased utilization of nursing resources within the full scope of their role[1]. Interprofessional care has been defined by the Council of the Federation as "the provision of comprehensive health services to clients by multiple health caregivers who work collaboratively to deliver quality care within and across settings"[2]. Recipients of health-care services, and their families, want a health-care system where they are the centre of service delivery that operates across professional and organizational boundaries, resulting in timely, seamless care[3].

Interprofessional team care is particularly relevant to the practice of registered nurses, as nurse-led initiatives have been shown to result in improved clinical outcomes as well as better access to health-care services[4 5]. Registered nurses are critical team members who hold great communication expertise and demonstrate effective knowledge exchange with patients and other team members[6]. Furthermore, nurses working as members of interprofessional teams are able to take on proactive leadership roles with responsibility for case management and care coordination, in collaboration with clients[7 8]. Nurses support person-centred service delivery through their commitment to the core processes of person- centred care: identifying concerns and needs, supporting collaborative decision-making, providing care and service, and evaluating outcomes[9 10]

The combined knowledge and expertise of a team of health-care providers are optimal for providing comprehensive, person-centred care, to patients with complex needs in today's health-care environment, characterized by vast amounts of research evidence and ongoing knowledge development. Evidence demonstrates that interprofessional collaborative person-centred practice can positively impact current health system issues such as: provision of evidence-based practice, reducing wait times, creating healthy workplaces, health human resource planning, patient safety, rural and remote accessibility, primary health care, chronic disease management and population health and wellness.[11]

The Registered Nurses' Association of Ontario (RNAO) supports and recognizes high functioning, person-centred, interprofessional health-care teams as foundational to health system transformation and has supported and advanced the integration of interprofessional person-centred health-care through a variety of initiatives. One such initiative is the development of the best practice guideline, Developing and Sustaining Interprofessional Health Care: *Optimizing patient, organizational and system outcomes*, which provides evidence-based approaches to successfully achieving this model of care delivery. The guideline[12] presents a conceptual model which reinforces that exemplary interprofessional care is achieved when there is synergy among health-care teams who demonstrate expertise in the six key domains of:

1. *Care expertise:* the degree of care expertise needed is dictated by the complexity of the client's needs and determined by a collaborative interprofessional assessment.
2. *Shared power:* the willingness to share through democratic practices, where all team members including the client feel engaged, empowered, respected and validated.
3. *Collaborative leadership:* reflects shared accountability and responsibility, addresses power and hierarchy; leadership roles may change depending on the skill set require.
4. *Optimizing profession/role/scope:* all interprofessional team members work to their full scope.
5. *Shared decision-making:* each member should recognize and respect each others' knowledge and expertise, regardless of occupation and/or position.
6. *Effective group functioning:* interprofessional team members work collaboratively to formulate, implement, assess and evaluate care

At the organizational level, interprofessional models improve the coordination and delivery of service, in particular the management of chronic diseases. This includes the use of person-centred approaches to fully engage clients and their families in goal setting, health education, life style change and self-management strategies, facilitated by nurses along with other members of the interprofessional team[13] [14].

Interprofessional models of care result in improved patient and provider outcomes by facilitating shared knowledge and responsibilities among team members, fostering point of care leadership.[15] This shared approach and collaboration result in improved continuity of care and care giver for the recipients of care[16].

A major benefit of interprofessional person-centred care for the system, organizations, providers, and clients is the effective and efficient use of professional resources. This results in improved access to safe, comprehensive, evidence-based care, leading to better health outcomes[17].

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