

Ask “WHY NOT?” Not “WHAT IF?”

According to the World Health Organization, collaborative practice occurs “when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers and communities to deliver the highest quality of care across settings” (WHO 2010: p. 7).

In 2012, the Canadian Foundation for Healthcare Improvement was commissioned to produce two documents for the Canadian Nurses Association: (1) a review of interprofessional models of care (CFHI 2012a); and (2) a synthesis of the evidence related to the effectiveness of interprofessional collaborative practice (IPCP) (CFHI 2012b). These papers highlight a variety of IPCP models while noting the significant value to be gained for clinicians, patients, and the healthcare system. Navigating to https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/what_if_interprofessional_care_norm_cfhi_e.pdf?la=en, one finds what seems a curious question in the face of the evidence: “WHAT IF Interprofessional Care was the Norm in Canada?” Instead, we should be asking why this is NOT the case across the country? Why are we still citing pilot studies and demonstration projects? No matter the political, policy, financial and professional barriers that continue to impede widespread adoption of IPCP, the benefits of these patient-centred, comprehensive, cost-effective approaches to healthcare in this country are irrefutable. Surprisingly, these papers and related discussions have been silent regarding one of the most enduring and successful programs in Canada, the New Brunswick Extra-Mural (“hospital without walls”) interprofessional model of care. For more than 30 years, this model has delivered home and community care throughout the province. While the program has facilitated early discharges from acute care, averted ER visits and hospital admissions, supported palliative care and likely saved the NB health ministry millions, the program is about to be turned over to Medavie, a private, not-for-profit corporation. In this issue, Bergeron (2017) and her interprofessional extra-mural team provide an illustration of the breadth and depth of the services that are provided in the home, in this case the care of an individual with amyotrophic lateral sclerosis. I submit that a cost analysis of the care for this single case versus someone with the same illness cared for in hospital would likely be very compelling. We need to do better – rather than shifting this model to a private provider and increasing the separation of care sectors, we should be using this gem to exemplify best practice in the delivery of home and community-based IPCP! Only time will tell if the privatization of these services will result in quality care that is more comprehensive, integrated, and cost effective.

In this issue, Orchard and colleagues (2017a) proffer their views on the nurse leader's role in the enactment of IPCP and the merits of IPCP for patient-centred care (Orchard et al. 2017b). They “advocate for changing the meaning of nursing leadership in practice, and creating a shift from task orientation of nurses’ care to one that is individualized and comprehensive” (Orchard, 2017a: p. 14). They suggest that the adoption of private sector models of efficiency are denying nurses the capacity to wholly unleash the potential of their knowledge and skills. To this end, the authors advocate for nurse leaders to be prepared with dual capacities for both managerial and nursing disciplinary leadership to advance the full scope of practice for nurses and other members of IPCP teams and ultimately achieve enhanced cost containment and greater quality of care outcomes. Furthermore, the achievement of interprofessional patient-centred collaborative practice, necessitates the inclusion of patients and their family members in their care (Orchard et al. 2017b). At this point in time, as many Canadian jurisdictions have committed to a “patients first,” integrated approach to care, nurse leaders have an incredible opportunity to advance nursing practice, IPCP and true patient-centred care. *Carpe Diem!*

Jeffs and colleagues (2017) describe the process and outcomes of an interprofessional practice symposium designed to increase interprofessional, cross-sectoral team members’ awareness and capacity to deliver quality collaborative care transitions. More specifically, they examined the impact of the symposium on knowledge, attitudes, and practice changes related to care transitions and IPCP. Their evaluation results suggest there is merit in the provision of not only interprofessional, but inter-organizational learning sessions.

Similarly, Booth (2017) describes an interdisciplinary planning session designed to generate deeper insights into the use of social media for the delivery of public health preventative services. The session focused on identifying facilitators and barriers and research needed to justify the adoption and use of social media in Ontario public health practice. Participants included representatives from different post-secondary institutions and faculties, government, and a majority of the public health units in the province of Ontario. The outcomes of this meeting further underscores the value of engaging multiple perspectives in the planning and delivery of health services. Collectively they identified the importance of leadership buy-in and the need for appropriate resource allocation, policy, governance and performance measurement and evaluation in the use of social media.

In follow-up to the special focus issue on Advanced Practice Nursing in Canada published in September 2016 (<http://www.longwoods.com/publications/nursing-leadership/24885>), Kaasalainen (2017) offers her reflections on how Advanced

Practice Nurses (APNs) have influenced the nursing profession and healthcare in Canada. Echoing the views of Orchard et al. (2017a, 2017b), she identifies the need to optimize the scope of practice of nurses to create more efficiency in the healthcare system but also suggests a need to better define all nursing roles to the benefit of the profession. Notwithstanding the focus of this issue on interprofessional practice, she adds that we need to also be clear about how APNs can work collaboratively with other types of nurses to advance the nursing profession.

To all of our contributors and readers on the challenges raised in this issue, I say: ask yourselves “why not?” rather than “what if?” Let’s get on with it!

I am thrilled to also share a recent interview with my good friend and colleague, Michael Villeneuve who recently assumed the role of Chief Executive Officer for the Canadian Nurses Association. Mike brings many years of experience as a clinician, nurse manager and educator, as well as his leadership on behalf of Canadian nursing at the Office of Nursing Policy, Health Canada and the Canadian Nurses Association. Personally, I consider the Canadian nursing community to be very fortunate to have his capable stewardship during these challenging times, not to mention his unparalleled expertise in the realm of health policy which I believe will serve nurses and Canadians well during his tenure.

Finally, I would like to take this opportunity to extend my appreciation to Dr. Gail Tomblin Murphy, who has served as a member of the editorial team for more than three years. From those of us at Longwoods, many thanks for your contributions to the *Canadian Journal of Nursing Leadership* and a heartfelt congratulations on your new appointment as Director of the School of Nursing at Dalhousie University. At the same time, we would like to welcome Dr. Barbara Mildon to the editorial team as she assumes the role of Editor for Policy and Innovation. Dr. Mildon is currently the Vice-President, Professional Practice, Human Resources and Research, and Chief Nursing Executive at Ontario Shores Centre for Mental Health Sciences in Ontario. Her experience spans the domains of clinical care, clinical education research, regulation and administration and she has held progressive clinical practice and management positions in Ontario and British Columbia. Welcome to the team, Barb!

Lynn M. Nagle, RN, PhD, FAAN
Assistant Professor
Lawrence S. Bloomberg Faculty of Nursing
University of Toronto
Toronto, ON

References

- Bergeron, C.J., G. Barton, W. Gamache-Holmes, M.E. Barry, B. Butler, L. Dunnett et al. 2017. "Driving it Home: Leading with an Interprofessional Collaborative Team Approach in Home Care." *Canadian Journal of Nursing Leadership* 30(2): 57–63. doi:10.12927/cjnl.2017.25255.
- Booth, R., J. McMurray, S. Regan, A. Kothari, L. Donelle, S. McBride et al. 2017. "Social Media Technology and Public Health in Ontario, Canada: Findings from a Planning Meeting Exploring Current Practices and Future Research Directions." *Canadian Journal of Nursing Leadership* 30(2): 71–83. doi:10.12927/cjnl.2017.25253.
- Canadian Foundation for Healthcare Improvement (CFHI). 2012a. *Interprofessional Collaborative Teams*. Retrieved September 7, 2017. <<http://www.cfhi-fcass.ca/SearchResultsNews/12-06-27/048fc7ed-abd5-4704-8345-075327b16ccc.aspx>>.
- Canadian Foundation for Healthcare Improvement (CFHI). 2012b. *Evidence Synthesis for the Effectiveness of Interprofessional Teams in Primary Care*. Retrieved September 7, 2017. <https://www.cna-aaic.ca/~media/cna/files/en/synthesisisinterprofteams_jacobson-en-web.pdf>.
- Kaasalainen, S. 2017. "How has Advanced Practice Nursing Influenced the Nursing Profession in Canada?" *Canadian Journal of Nursing Leadership* 30(2): 64–70. doi:10.12927/cjnl.2017.25254.
- Jeffs, L., M. Saragosa, M. Zahradnik, M. Maione, A. Hindle, C. Santiago et al. 2017. "Collaborative Care Transitions Symposium: Insights from Participants." *Canadian Journal of Nursing Leadership* 30(2): 39–56. doi:10.12927/cjnl.2017.25256.
- Orchard, C.A., O. Sonibare, A. Morse, J. Collins and A. Al-Hamad. 2017a. "Collaborative Leadership, Part 1: The Nurse Leader's Role within Interprofessional Teams." *Canadian Journal of Nursing Leadership* 30(2): 14–25. doi:10.12927/cjnl.2017.25258.
- Orchard, C.A., O. Sonibare, A. Morse, J. Collins and A. Al-Hamad. 2017b. "Collaborative Leadership, Part 2: The Role of the Nurse Leader in Interprofessional Team-Based Practice – Shifting from Task- to Collaborative Patient-/Family-Focused Care." *Canadian Journal of Nursing Leadership* 30(2): 26–38. doi:10.12927/cjnl.2017.25257.
- World Health Organization (WHO). 2010. *Framework for Action on Interprofessional Education and Collaborative Practice*. Retrieved September 7, 2017. <http://www.who.int/hrh/nursing_midwifery/en/>.