Enhancing the circle of care: Strategies to engage WCPR members

Lana Park, Social Worker

Community Support Program

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Person and Family-Centred Care: Enhancing the Circle of Care

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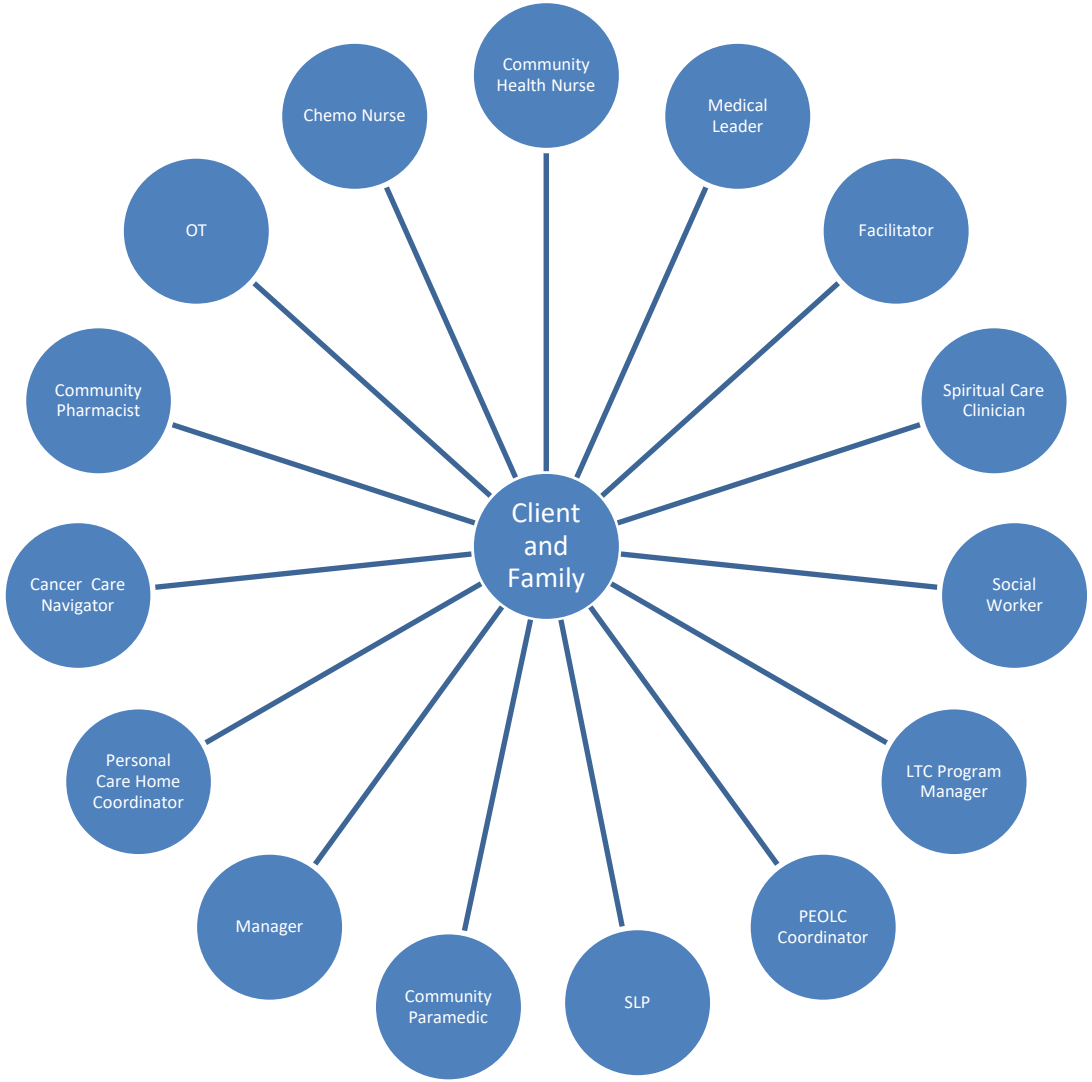
Aims and Objectives

Enhance the quality of care of clients and families facing life-limiting illness through improved communication and collaboration across the sectors of care

- Establish a weekly WCPR in the Clarenville area
- Interdisciplinary representation from acute care, community care, primary care and long term care/personal care homes
- Identification of medical leader to participate in the round and provide additional palliative care training if needed.
- Build local capacity for palliative care and facilitate a relationship with specialist palliative care to provide guidance and support for complex cases

Person and Family-Centred Care: Enhancing the Circle of Care



Understanding the circle of care

CIRCLE OF CARE	Information Security & Privacy ISP-015

Circle of Care is a concept intended to facilitate an exchange of appropriate information among health care personnel and students involved in providing or assisting in professional care and support to a patient, resident or client. As per section 24 of PHIA, the circle of care includes the persons participating in and activities related to the provision of health care to the individual who is the subject of the personal health information and includes necessarily incidental activities such as laboratory work and professional consultation.

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Engaging WCPR membership – identifying potential barriers

- Anticipated that recruitment of a medical leader would be a challenge
- Anticipated frontline staff would see the value in WCPR and would be interested in participating
- Questioned if management would see the value in WCPR and would support staff attendance

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Recruitment of a medical leader

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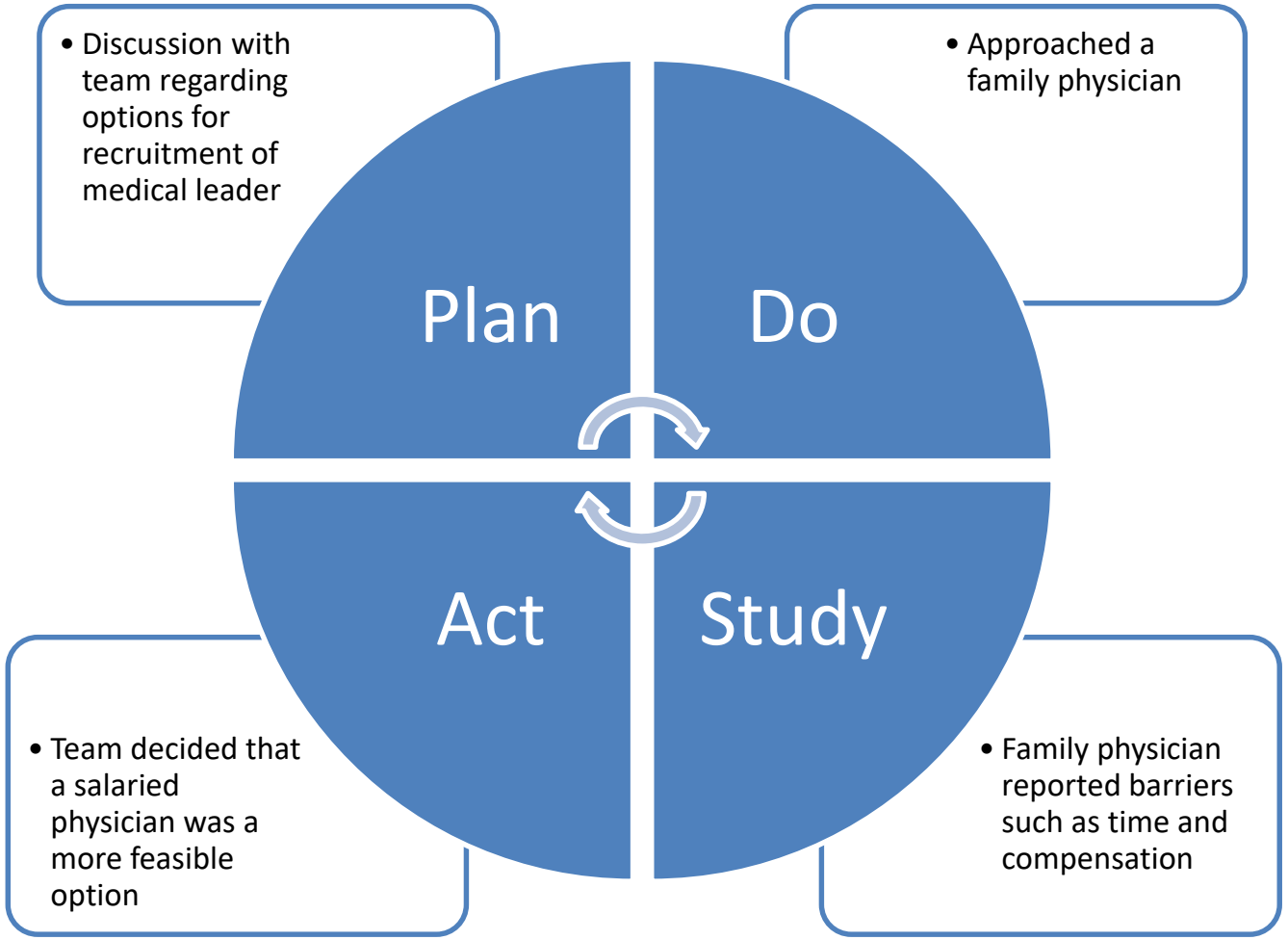

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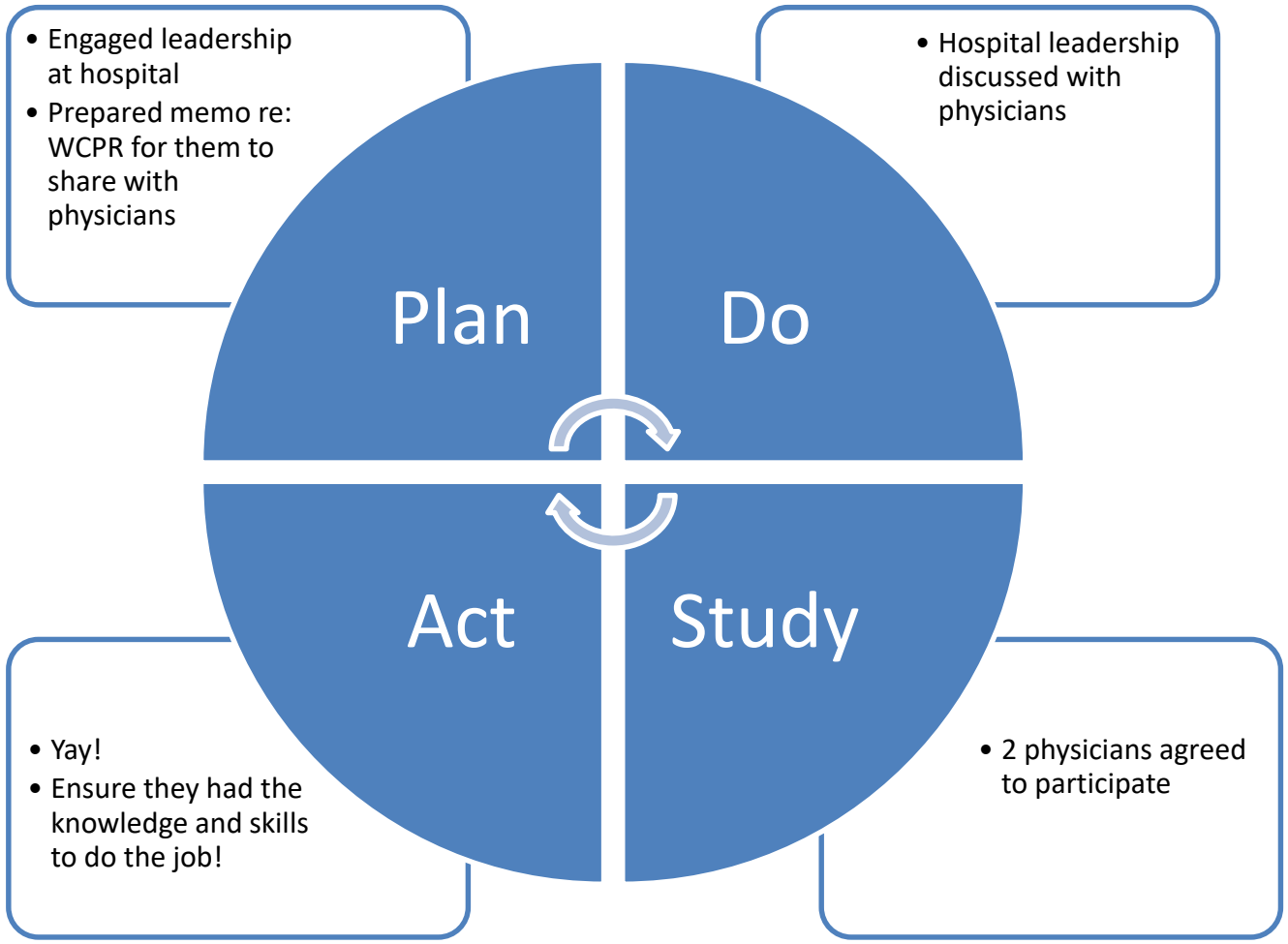

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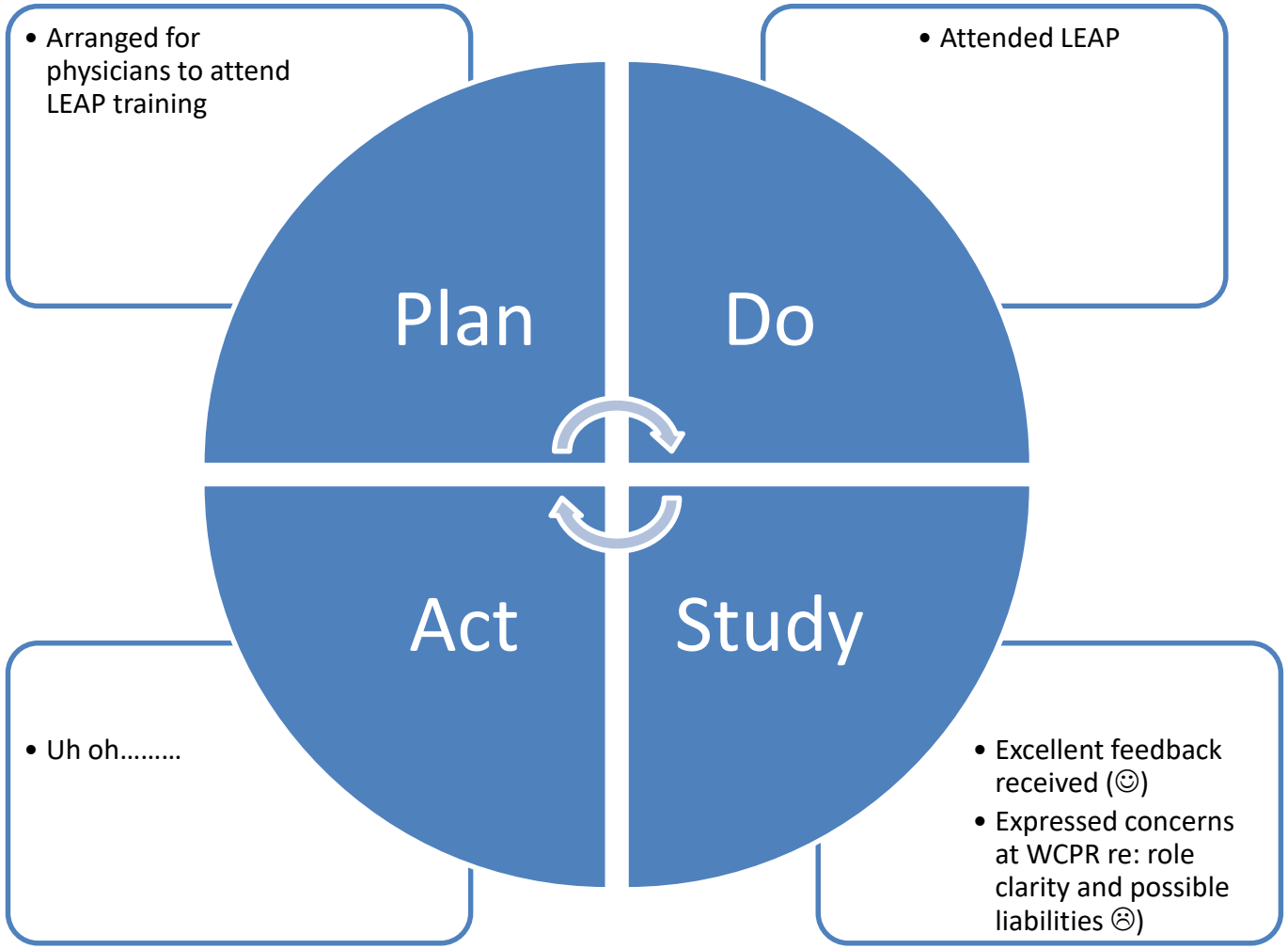

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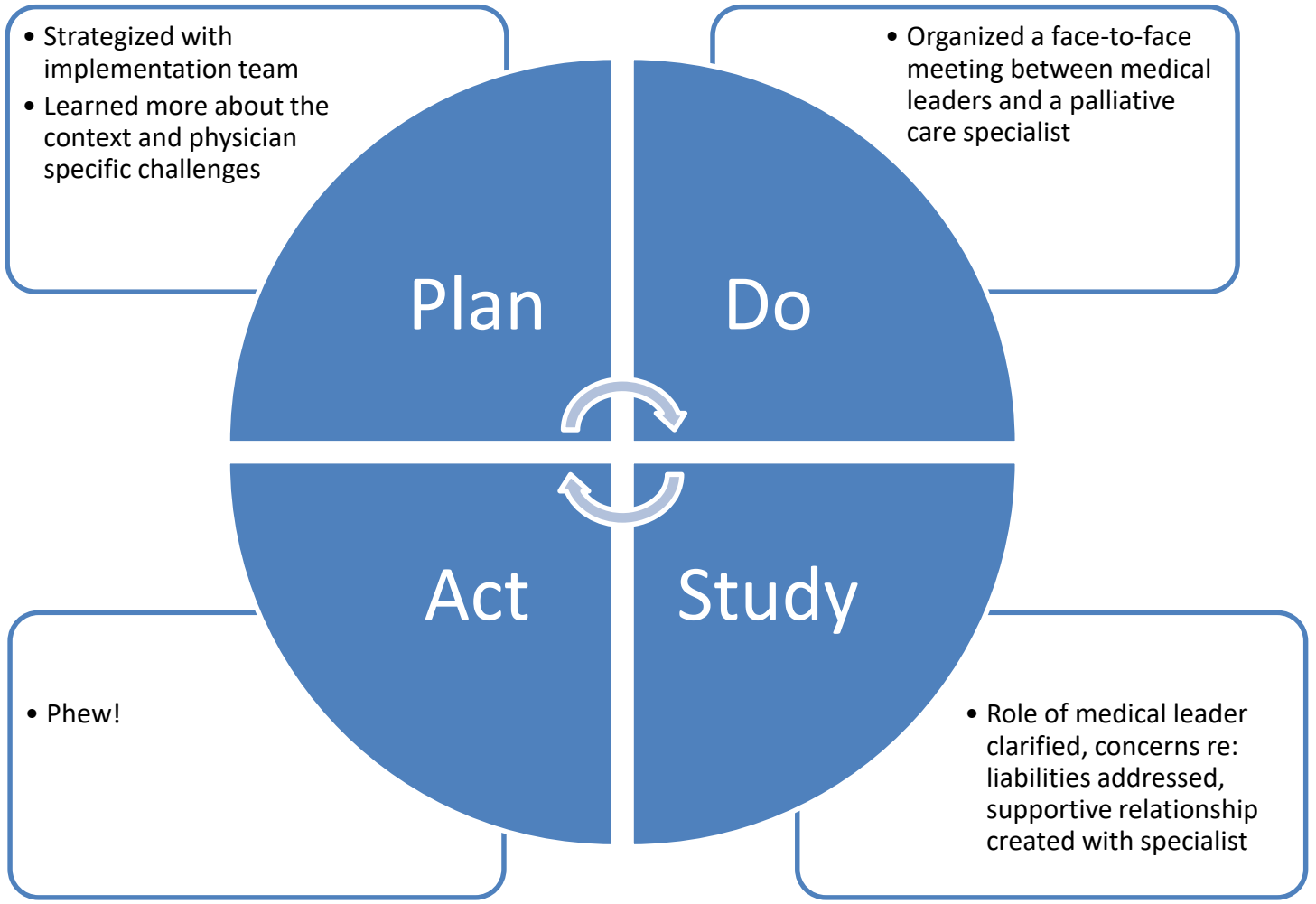

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Recruitment of LTC representation

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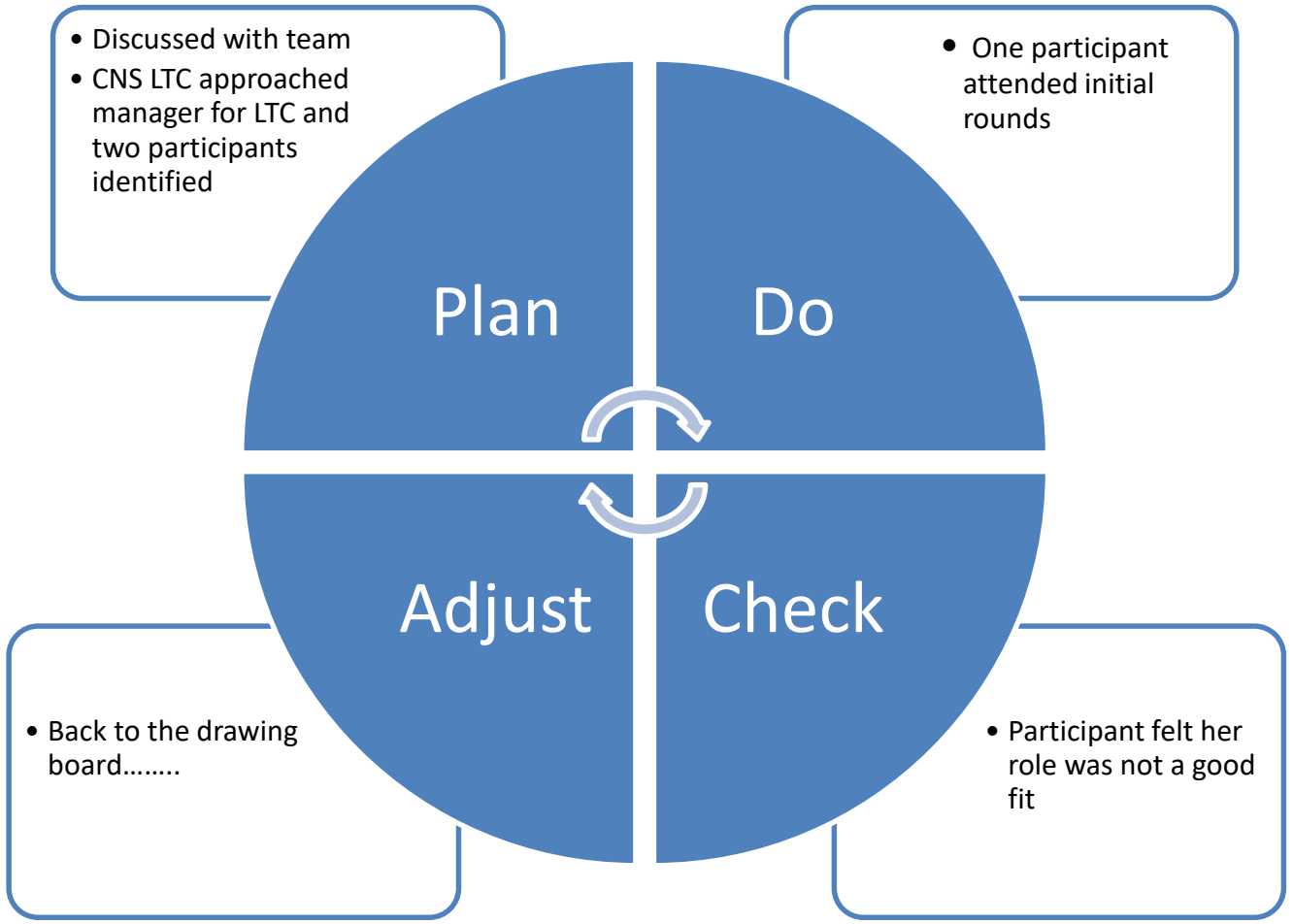

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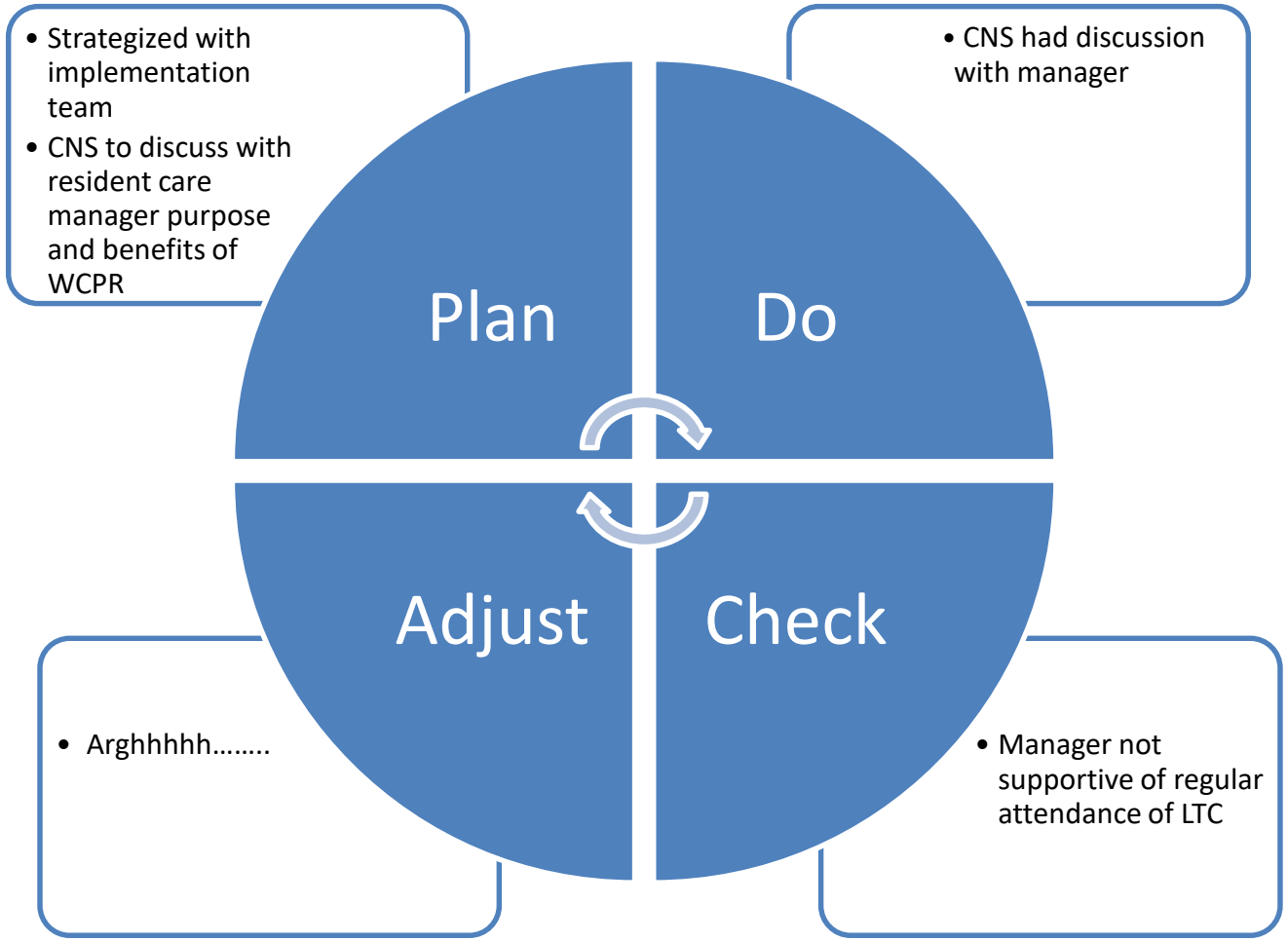

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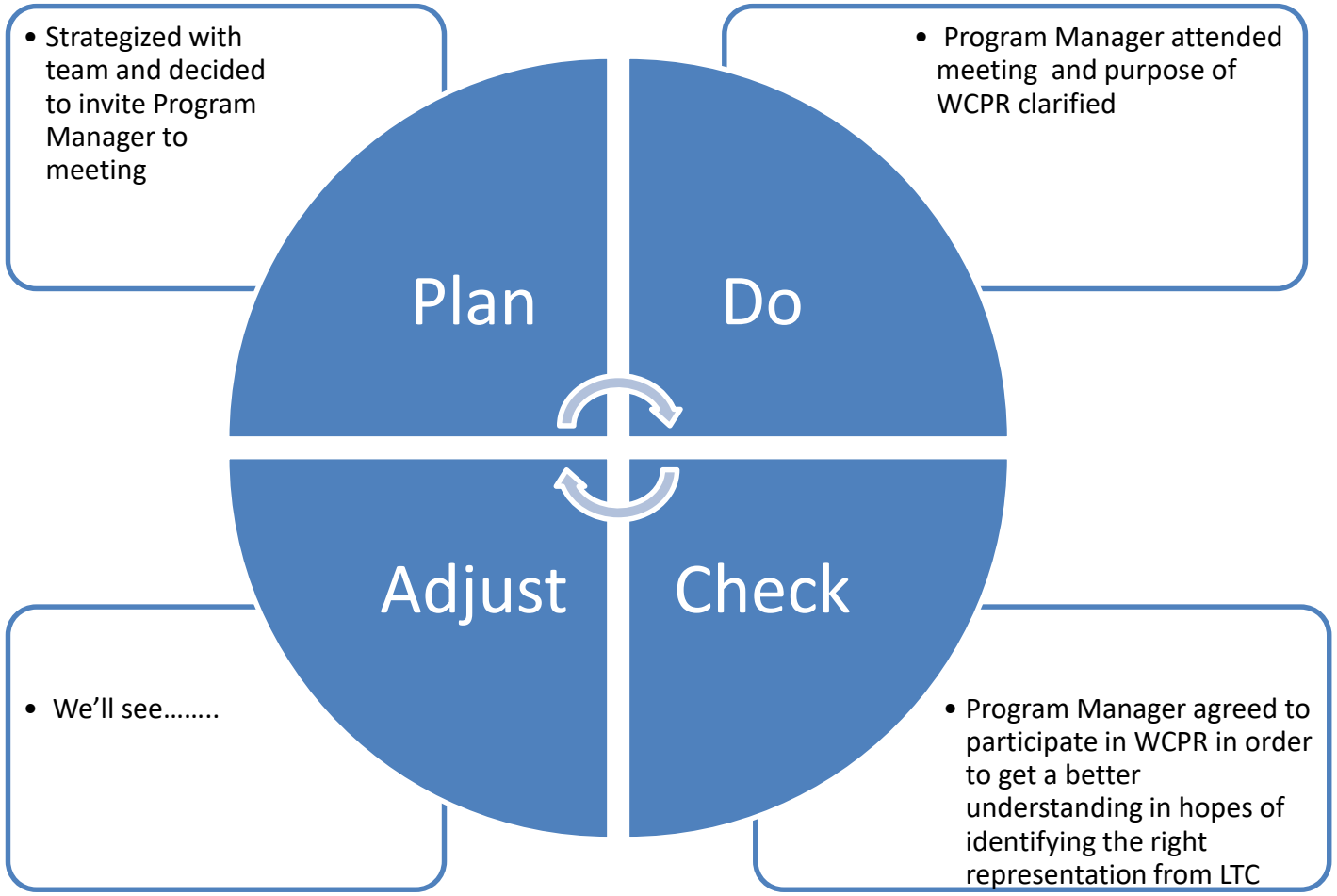

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Reflection – Why were the experiences so different?

Medical leader	LTC
Understood the barriers and designed strategies appropriately (i.e. Compensation, Time, Skills and knowledge, Beliefs about capabilities, Beliefs about Consequences)	Didn't have a good understanding of the potential barriers
Good understanding of value of WCPR through early and effective communication with leadership at the acute care facility and manager attendance at LEAP	Poor understanding of the value of WCPR; didn't engage the right senior leadership early in the process; managers did not attend LEAP
Created a safe and supportive environment	Perception of threat

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Communication strategies to enhance the circle of care: Lessons learned through rapid cycle testing

Effective	Not effective
• Face-to-face communication with small groups (huddles, virtual meetings) • Word of mouth and story telling • Experiential learning (letting people participate in WCPR) • Understanding the unique dynamics of the environment / community • Weekly implementation team meetings to brainstorm and problem solve	• Written communication used in isolation • A one-size fits all approach

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Next steps

- Ongoing review of membership
  - Do we have the right representation?
  - What are the barriers to consistent attendance?
- Did we achieve our goals of enhancing communication and collaboration
  - Survey drafted and plan to administer to team
- Ongoing support of medical leaders
- Ongoing testing to engage LTC
- WCPR guideline drafted and shared with senior leadership
  - use as a tool to support scale and spread