
Family Health Teams

Advancing Primary Health Care

Guide to Collaborative Team Practice

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Table of Contents

3	Purpose
3	What is Collaborative Health Care?
4	Who is part of the Family Health Team?
4	What kinds of Collaborative Programs can a Family Health Team provide?
5	How does Collaboration Occur in a Family Health Team?
6	Characteristics of Well-Functioning Teams
8	How does a Clinical Team Develop?
9	Tips for Team Building
9	How do you Maintain a Well-Functioning Team?
10	What Barriers Prevent Effective Team Functioning?
10	What are the Signs that a Team is not Working Well?
11	Where to Get More Information
12	Team Performance Checklist

Purpose

This guide is one in a series of guides developed to provide information and assistance to Family Health Team (FHT) proponents. This is an information guide that is meant to provide some assistance to new interdisciplinary teams. It provides tips and advice that are characteristic of well-functioning teams.

Each Team will develop at its own pace and have its own way of operating and organizational culture. You should take from this guide what is useful to your team and what works in your situation.

This guide should be seen as a companion to the Guide on Interdisciplinary Roles and Responsibilities which sets out scopes of practice in Ontario for each regulated health professional.

For more information on Family Health Teams in general refer to:
http://www.health.gov.on.ca/transformation/fht/fht_mn.html

What is Collaborative Health Care?

“Collaborative health care” refers to initiatives or activities that aim to strengthen links between different providers working together in a partnership that is characterized by:

- common goals,
- a recognition of and respect for respective strengths and differences,
- equitable and effective decision-making,
- a focus on the patient, and
- clear and regular communication.

This enables “the separate and shared knowledge of the different providers to synergistically enhance the care provided to each patient and to improve access to a comprehensive range of high-quality and effective health care services”. The objective is to provide the right care by the right provider at the right time in the right place, with the overall goal of improving outcomes for the patient.

The Framework Agreement with the Ontario Medical Association provides the following definition of a collaborative relationship:

“A collaborative relationship entails a physician and a RN(EC) using complementary skills to work together to provide care to patients based on mutual trust and respect and an understanding of each others skills and knowledge. This involves a mutually agreed upon division of roles and responsibilities which may vary according to the nature of the practice personalities and skill sets of the individuals. The relationship must be beneficial to the physician, the RN(EC) and the patient.”

Why is Collaborative Care Important?

Different providers working in Family Health Teams will have a wide range of skills, knowledge, expertise and experience. Collaborative care recognizes that no single provider or discipline is able to meet all the health care needs of an individual. With the opportunity to develop increasingly complex programs within Family Health Teams, the skills of providers from different disciplines need to be harnessed and integrated into well-functioning teams.

Well-functioning interdisciplinary teams are integral to effective collaboration. Building such a team takes time, as team members with different backgrounds and perspectives combine their skills, knowledge and abilities to achieve common goals. Achieving this can improve the quality of care, increase the range of services offered and lead to comprehensive care across the life span.

Who is Part of the Family Health Team?

There are a number of different professional groups who may be working in Family Health Teams, and participating in collaborative projects. These can include:

- family physicians
- nurse practitioners/registered nurses/registered practical nurses
- mental health counselors/psychologists/psychiatrists
- dietitians
- pharmacists
- chiropractors
- rehabilitation workers (occupational therapy and physiotherapy)
- chiropodists
- other medical specialists
- peer support workers
- care navigators
- health educators/health promoters
- diabetes educators
- social workers
- representatives of community agencies

When recruiting staff to work in new programs in Family Health Teams there may be overlap between the skill sets that different disciplines/providers bring. Think in terms of the competencies required for a role, and who can best offer these, rather than just tying the role to a specific discipline.

The OMA Framework Agreement provides the following description of the role of the family physician. *“The relationship between a patient and his/her family physician has been a historic foundation in the delivery of primary care and continues to be pivotal in today’s collaborative network of care providers. Every person in the province should have the opportunity to enter into a relationship with a family physician who commits to the ongoing provision of primary care to that person. Rostering reinforces the mutual commitment inherent in this relationship.”*

Patients and family members

In addition to providers, consider potential roles for patients and family members in projects and teams. Patients can also provide important input into the development and evaluation of programs in Family Health Teams, and bring a different perspective to the implementation of a program, as well as taking on new roles such as peer support. These contacts will also inform and sensitize providers as to the needs of patients and their families and the roles they can play.

What kinds of Collaborative Programs can a Family Health Team Provide?

There are many collaborative programs that could be organized and delivered by a Family Health Team. These include:

- Primary reproductive care (e.g., pre-natal, obstetric, post-natal and in-hospital newborn care)
- Primary mental health care
- Primary palliative care
- In-home/residential facility support
- Service co-ordination/care navigation
- Patient education and prevention

- Pre-natal, obstetric, post-natal and in-hospital newborn care
- Chronic disease management programs – diabetes, cardiovascular disease, obesity, arthritis, asthma, depression
- Health promotion and disease prevention
- Maternal/child health
- Occupational health
- Care of the frail elderly
- Addiction treatment
- Rehabilitation services
- Parenting

These programs can include other local health care providers such as Public Health Units, hospitals, community care access centres, and community mental health programs.

How does Collaboration Occur in a Family Health Team?

Collaboration usually occurs through the day-to-day contacts between providers from different disciplines working in the Family Health Team and through well-functioning clinical teams.

Day-to-Day Contacts – the Basis of Collaboration

Successful collaboration is built upon personal relationships. These will develop over time as clinicians from different backgrounds get to know each other, become familiar with each others roles and expertise and share the care of patients of the Family Health Team. An integral building block of these collaborative partnerships in a Family Health Team is the opportunity for clinicians to meet to discuss cases, issues or community resources. In many situations the contacts will be informal with staff stopping each other to discuss cases or issues. These are usually brief and may take place during the clinical day, although in some instances it will be more convenient for these to occur at the beginning or end of the clinical day, or during lunchtimes. Staff can discuss when the most convenient times are likely to be and whether/how they wish to be interrupted in the middle of a visit with another patient.

In larger Family Health Teams or in Teams where interdisciplinary providers may be working in a separate location from the primary care providers, this may not happen unless planned in advance.

Clinical Teams – the Structures that Support Collaboration

A key to successful collaborative arrangements is the development of well-functioning teams. A commonly accepted definition of a team is “a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they are mutually accountable” (*Katzenbach and Smith 1993*).

Well-functioning health care teams are based upon the assumption that no single provider is able to meet all of the health care needs of any single individual over time, that different disciplines bring different skills and experiences that can enrich the care an individual receives, and that the patient can also be an integral member of the health care team.

Characteristics of Well-Functioning Teams

A well-functioning team has the following characteristics:

- Clear goals and a shared sense of purpose and commitment to achieving them
- Clearly understood roles and responsibilities
- Clear and regular communication
- Mutual trust, respect, understanding and support
- Recognition and appreciation of contributions of all team members
- Effective leadership
- Mechanisms and strategies for team tasks
- Appropriate organizational structures, including regular meetings

A. Clear Goals and Purpose

The goals of the Family Health Team and its component programs need to be clear and understood by all involved. The team needs to focus on meeting the needs of the population(s) being served (patient-centred) rather than on issues related to individual team members. One approach is for the team to try and answer the following five questions:

1. Where do we want to be?
2. How will we know when we get there?
3. Where are we now?
4. How are we going to get there?
5. What will change in your environment in the future?

B. Clear Roles and Responsibilities

Roles and responsibilities of all team members need to be clear, explicit and understood by all other team members. It is particularly important that potential areas of overlap related to shared competencies or scope of practice in the roles of different team members be identified and decisions made as to who will be doing what. These decisions need to be reviewed periodically to make sure they are working and the division of tasks is still appropriate.

Team members need to know to whom they are accountable and for what, and their competencies need to be appropriate for the tasks assigned or taken on. There needs to be flexibility in role allocation and the opportunity to negotiate roles, as different team members may be able to take on similar tasks based on similar competencies and scope of practice.

C. Clear and Regular Communication

Communication takes place at two levels within a team. The first is through formal communication at meetings, formal announcements or publications that inform team members about what is taking place or of new developments. When such formal communication occurs, team leadership needs to be clear as to whether this communication is to make a decision as a team, for consultation purposes, or to explain a decision that has already been made. It is important that this communication is two-way, with all team members having the opportunity to ask questions or contribute to the decision-making when appropriate.

The second level is the informal communication that takes place between team members on a day-to-day basis. Team members need to be willing and able to listen to each other, express their ideas, and respond to what they hear. This is easier if team members feel comfortable sharing information with fellow team members and in addressing issues as they arise, in a style that is clear and direct.

D. Mutual Trust, Respect, Understanding and Support

In well-functioning teams, members have a sense of common purpose and of trust in each other. There is an understanding of and respect for each other's professional and personal strengths and limitations, valuing of diversity and confidence in each other's ability to achieve the team's goals.

E. Recognition and Appreciation of Contributions of All Team Members

Effective teams share the same understanding of group/team norms and the team attempts to be inclusive, with all team members being involved in activities and decisions being made. This can be supported by ongoing training and skill development of team members, to enable them to expand the contributions they can make.

F. Effective Leadership

Effective leaders have personal credibility, and communicate regularly and clearly with team members. They are able to involve all team members, and encourage them to develop their skills and potential. They are able to help the team manage change and to lead a review of goals and objectives as necessary. They ensure team members are accountable and complete assigned tasks. In more mature teams leadership can be shared, with different team members being able (and allowed) to take on responsibility for specific tasks, according to the skills and competencies they possess and the demands of the task.

G. Mechanisms and Strategies for Team Tasks

Teams need to have explicit processes and procedures for issues that will face the Family Health Team such as solving problems as they arise, managing and resolving conflict, evaluating the performance of individuals and the team, reviewing Family Health Team program goals and planning.

H. Appropriate Organizational Structures Including Meetings

Team Meetings

Many Family Health Teams will include a large number of staff, some only on a part-time basis and some working in different locations. It can be helpful to think of a Family Health Team as containing a number of different potential teams, especially in larger Family Health Teams or those with multiple locations. These "teams" could include:

- All Family Health Team staff
- One or more physicians and the nurse(s)/nurse specialist(s) working with them, to provide "core care"
- All staff involved in delivering a specific service or program on a regular basis (i.e., the mental health team or the maternal child health team)
- All staff involved in delivering a specific service or program on a regular basis, plus other staff from within the Family Health Team or from an external agency such as a CCAC or community agency who may be involved more peripherally or infrequently

Individuals involved with a specific program (the team) should meet regularly. Attendance may depend on the nature of the service and the purpose of the meeting. These meetings can be clinical (to review cases), educational (presentations or problem-based learning), administrative (looking at how the initiative or the team is functioning and whether it is meeting its goals) and planning/evaluating (expanding the project or adding new components).

While it may be relatively easy for team members to meet in smaller projects, it can present logistic challenges in a larger Family Health Team, or when the participants are not located in the same setting. Meetings need to be kept to a minimum and run efficiently, usually at lunchtimes or before or after clinical hours. There may also be some team members who need to be at every meeting, but others who may only need to attend periodically.

Educational Events

Periodically, Family Health Teams need to organize educational meetings. The frequency will depend on the needs of each Family Health Team. Depending on the topic, it is often productive for staff from different disciplines to attend these meetings together, and to use them as a chance to learn about each others roles. Ideally these meetings should be case-based, with opportunities to look at case management issues from a variety of perspectives.

How does a Clinical Team Develop?

Every group or team will go through a number of stages as members get to know each other and learn about their respective skills and potential contributions, build a sense of trust and common purpose, establish effective roles and working relationships and gradually take increasing responsibility for decisions and activities.

The tasks can be subdivided into those related to roles and working relationships and those related to the team becoming more autonomous.

Roles and Working Relationships

In the earliest stages members of a forming team may be unsure as to their roles, the purpose of the team and how they will work together. The team needs to learn about each other, their roles and the contributions they can make and develop a sense of common purpose, with individual contributions increasingly being channelled towards common goals. The team will also develop norms for social and professional behaviours and a common sense of values that will shape their activities. As the team resolves these issues, it becomes a more effective working unit and team members become more comfortable with their working relationships and their relationships with the team as a whole. Increasingly they share a common purpose and pride in their collective accomplishments and develop a feeling of loyalty to their colleagues and the Family Health Team.

It is difficult for any team to maintain this sense of effectiveness and togetherness indefinitely. Attention needs to be paid to maintaining this level of performance and to adjusting to challenges the team may face such as the departure of key members, changes in goals, the addition of new members, emerging interpersonal or inter-professional conflicts, or other changes in the external environment

Becoming More Autonomous

As a team matures and working relationships strengthen, the team is able to take on greater collective responsibility for decision-making, implementation and self-regulation. In the early stages, individuals will be more dependent on identified leaders, most tasks will be delegated and members may be competing to outperform each other or to gain attention from leaders or supervisors. As the team progresses members become less competitive and better able to work collaboratively and take on greater responsibility for making and implementing decisions. Leadership and administrative responsibilities are increasingly shared and all team members will take responsibility for ensuring the team is meeting its goals or functioning effectively.

Tips for Team Building

A team's functioning can be improved if attention is paid to the following key principles as it is developing:

- Ensure all new team members are well-oriented to the practice(s) in which they are working, the Family Health Team and, if necessary, how primary care functions. Orientation of new team members should include opportunities to meet on a one-to-one basis with all team members, an explanation of team/project goals and vision, group norms and expectations of the individual, the provision of key documents and an explanation of contextual factors that might influence a team's performance.
- Recruit staff who – in addition to their discipline specific skills – appear to be comfortable and effective when working collaboratively or in teams. Qualities to look for when considering a potential addition to the Family Health Team could include:
 - The ability to look at all the areas that might affect an individual's health, including biological, psychological and social factors.
 - Knowledge of the roles, skills, priorities, values and cultures of different clinicians providing care in the primary health care setting
 - Knowledge of the demands and expectations of primary care, how primary care functions and its role in the overall health system
 - Respectfulness
 - Flexibility
 - Sensitivity to cultural and other individual differences
 - Good communication skills
 - Sensitivity to challenges faced by individuals with chronic illnesses
- Clarify role descriptions, especially where there seems to be a potential for overlap between different providers with respect to competencies and scope of practice. This needs to be clarified before starting a new project or when integrating a new staff member, but also needs to be reviewed regularly as projects advance, to make sure everyone is happy with their role and feel they are being used optimally.
- Ensure team members meet together regularly, with a clear agenda for the meetings.
- Make sure each team member has a chance to raise issues or concerns either directly with the Family Health Team leadership/administration or, if appropriate, at a team meeting.
- Ensure all team members are involved from the outset in planning for activities in which they will be involved.
- Provide opportunities for team members to get to know each other to find out what contributions team members can make, and to determine their various needs.
- Ensure there is a shared vision. If there are disagreements, identify and resolve these early on. Ideally all team members will be involved in its development.
- Opportunities for team members to get together socially, when the focus is not on work-related tasks but on building or enjoying relationships between team members.
- Acknowledge collectively the contributions and accomplishments of all team members.
- Consider a regular (brief) newsletter for all Family Health Team staff, keeping them informed as to what is going on.
- Identify and address potential conflicts between staff members as early as possible. These may reflect inter-personal difficulties but are more likely to arise from misunderstandings about roles or scope of practice.

How do you Maintain a Well-Functioning Team?

However well a team is functioning, this can be difficult to maintain as new environmental challenges arise, central staff members leave, new staff arrives, projects expand or unresolved issues begin to affect staff morale. To maintain the highest level of performance and inter-professional collaboration Family Health Teams may need to ensure:

- The maintenance of a shared focus
- Regular re-appraisal of Family Health Team/project goals

- Regular ongoing communication
- The resolution of difficulties or conflicts as they arrive
- Regular meetings where all feel involved
- Recognition of the contributions of all team members
- A recognition of the impact of the arrival and departure of team members
- Appropriate orientation of new team members`
- Opportunities for team members to meet for a social event

What Barriers Prevent Effective Team Functioning?

Barriers to Interdisciplinary Team Development usually reflect the absence of factors that contribute to well-functioning teams. Such barriers can include:

- Ineffective leadership
- Lack of clarity or disagreement about program goals or priorities
- Poor or inconsistent communication
- Inter-professional differences or different agendas
- Interpersonal conflicts
- Competing organizational priorities
- Different conceptual approaches
- A fear of change
- A reluctance to accept new team members
- A failure to work towards agreed upon goals or targets

What are the Signs that a Team is not Working Well?

There are many warning signs that a team may not be working well. Such signs need to be identified and addressed as soon as they arise. Warning signs include:

- Members do not have a clear purpose, goals or expectations
- The team is not able to make decisions
- Arguments occur at team meetings, and are not resolved
- Team performance drops off for no obvious reasons – targets are not being met or waiting time for programs increases
- Team members stop showing up for meetings
- Leadership is reluctant to allow others to take leadership on projects on behalf of the team
- Team members are more reluctant to support/assist each other
- Increasing dissatisfaction with decisions made by leaders or administrators
- The development of small groups with their own agendas that begin to function autonomously within the Family Health Team
- Team members are unclear about their roles or role boundaries

Where to Get More Information

All potential Family Health Teams will be assigned a ministry FHT coordinator. This ministry contact person will be your guide to assist you to work through the details and options of establishing a FHT.

If you have not yet been assigned a coordinator, please contact the ministry at:

E-mail: FHTinquiry@moh.gov.on.ca
Address: Primary Health Care Team
Ministry of Health and Long-Term Care
1075 Bay Street, 9th Floor
Toronto, ON M5S 2B1
Telephone: 416-212-6155
Toll Free Phone: 1-866-766-0266

For more information on Family Health Teams in general, please refer to the Family Health Team Fact Sheets or the Ministry of Health and Long-Term Care website at: http://www.health.gov.on.ca/transformation/fht/fht_mn.html

Team Performance Checklist

The following is a checklist of factors a Family Health Team can use to assess its team performance

Goals

- There is an agreed upon vision of where the Family Health Team wishes to be
- The goals are clear, specific, measurable, and written
- The goals support the strategic direction/vision of the Family Health Team
- Work assignments are clear, with time frames for their completion
- There is an evaluation process for follow-up, to ensure goals are being met
- Accomplishments and achievements are celebrated

Roles

- The roles of all Family Health Team members are clear
- Job descriptions exist for all staff
- There is a process for identifying/clarifying role overlap

Communication

- Staff are polite, courteous, and friendly to each other
- Communication is effective during stressful situations
- Issues are confronted and problems resolved as they arise
- Meetings remain task focused
- There is an environment of openness and trust
- Leaders/administrators are available and willing to listen
- Confidentiality is respected
- There is a Family Health Team newsletter/website or email for all staff

Processes for team tasks

- There is an effective decision-making method
- There is an effective conflict-resolution mechanism in place
- There is an orientation procedure (and packages) for new staff
- There are recruitment criteria when hiring new staff
- Performance evaluation is provided regularly
- Training and skill enhancement is readily available
- There are mechanisms for continuing improvement of programs
- The effectiveness of programs/activities is reviewed regularly
- There is a long-term strategic planning process in place

Working Together

- Personal and professional differences amongst team members are valued
- Staff demonstrate sensitivity to each other's feelings, problems, and needs
- Staff have the necessary skills to function effectively
- New staff are welcomed to the Family Health Team
- Team members have a sense of mutual trust and willingness to share
- The contributions of all staff members are acknowledged
- There are opportunities for staff to meet socially as a Family Health Team

Leadership

- The leader(s) roles are understood by all staff
- The leader(s) are visible and available
- Responsibilities of leadership
- The leader(s) communicate regularly and clearly
- The leader(s) are committed to high quality, patient-centred care
- The participation of all team members is encouraged
- The leader(s) invites feedback on his or her performance
- The leader(s) provides specific feedback on team members work

Organizational Structures/Meetings

- Meetings have a clear agenda which is completed during the meeting
- Meetings start and finish on time
- All staff attend meetings on a regular basis and have an opportunity to participate in the discussion
- Decisions made are documented
- Educational events/meetings occur

