EDUCATOR GUIDE

Implementing Interprofessional Care Processes at Acute Care Sites

Using the learning package.
Workplace learning.
Collaborative practice.

INTERPROFESSIONAL
CARE PROCESSES

Contents

Introduction

Background

Evidence is growing that collaborative practice positively affects staff recruitment and retention and contributes to improved patient outcomes. Interprofessional (IP) care processes allow providers from across disciplines to work together to deliver patient care.

The materials in this package were developed as the result of a health services research project co-led by researchers at the University of Alberta and Alberta Health Services. Known as the *Better Teams, Better Care: Enhancing Interprofessional Care Processes Through Experiential Learning*, or *Interprofessional Care Processes* for short, this project examined the potential for using experiential education approaches to facilitate and support the implementation of two specific interprofessional care processes, Bedside Shift Report and Rapid Rounds, in acute care settings.

This project was unique in focusing on interactive, site-based experiential education to support the implementation of increased collaborative practice in acute care sites. This project also drew on change management principles to embed the learning materials within a broader goal of supporting practice change.

Overview of the learning materials package

The learning materials package has been organized to assist you and your team to acquire the knowledge and skills needed to implement or enhance interprofessional care processes. It is comprised of self-study and facilitated group learning.

This educator guide supports site educators and learning facilitators to implement the interprofessional care processes. The first section of this guide provides important background information to support collaborative practice (workplace learning and interprofessional competencies), and details about the structure and core components of the learning materials package. Subsequent sections provide guidance on how to deliver the modules, learning objectives for each, and materials to support successful facilitation.

This learning materials package can be used as a standalone educational package. For those who are interested in supporting the implementation of interprofessional care processes with a broader change management approach, this document also includes information on how the educational materials link with Blueprint for Success, a change management framework pilot tested as part of the research project. A description of this framework is provided along with information on how the learning materials fit within this approach.

How to use this learning package

Structure of the learning program

This learning program uses a blended approach with a combination self-study and group learning activities. Designed in modular format, it is intended to facilitate workplace learning by recognizing the challenges of providing education to all staff at acute care sites, and using learning resources that can be customized to different site needs and resources.

Self-study modules

The first three modules introduce the core concepts of collaborative practice and the care processes. While these concepts will already be familiar to some individuals, these modules may serve as a timely review, and will give all participants a common base to start from before proceeding to the experiential learning modules. The modules are online can be viewed by individuals or small groups. Print-friendly handouts are included in the modules.

Module 1: The What, Why, and How of Collaborative Practice includes a rationale for collaborative practice, learning outcomes for the education program, and the evidence and best practice related to collaborative practice. This is an important forerunner to the remaining modules.

Module 2: The What, Why, and How of Rapid Rounds describes the characteristics of interprofessional Rapid Rounds as envisioned by Alberta Health Services, evidence of the efficacy of interprofessional Rapid Rounds, and best practices for implementation. Suggestions for team planning for Rapid Rounds are also included.

Module 3: The What, Why, and How of Bedside Shift Report and Patient Bedside Whiteboards describes how these Bedside Shift Reports differ from current practice in most units, evidence for enhancing the Bedside Shift Report, the use of Patient Bedside Whiteboards as a communication vehicle, and best practices for implementation of both Bedside Shift Reports and Patient Bedside Whiteboards.

Facilitated group learning

Once participants have completed the self-study content, they proceed to the experiential learning component. There are two interactive learning modules that require planning and facilitation, intended for groups as small as three or as large as 20. These modules contain both a PowerPoint file and a User Guide for educators.

Module 4: Stocking your Collaborative Practice Tool Kit focuses on developing individual skills for collaborative practice. It includes tools to assist staff to be clear, quick, and effective; advocate with clarity; and move towards consensus. Participants learn the tools and practice using them.

Module 5: Refining Your Collaborative Practice Skills emphasizes team skills. It includes evidence-based tools for constructing feedback and debriefing a team activity or process. This module contains role playing activities, providing an opportunity for authentic practice of the care processes in an authentic environment where all the tools can be used to demonstrate competence in collaborative, patient-centred practice.

Simulation activities

Module 6: Interprofessional Care Processes Simulations contains information on how to run simulation activities (or "sims") related to Rapid Rounds and Bedside Shift Report. Each sim consists of a pre-brief to set the scene, the simulation activity itself, and a debrief. All of the preparation details (e.g. standardized patient script, props, room set up, etc.) are included. It is advised that if you have access to simulation expertise (e.g. e-SIM at Alberta Health Services), to work with the simulation educators to run the simulation. If you do not have access to simulation expertise, the information provided will help you get started.

Blueprint for Success: Linking learning with change management

While the education package can be delivered as a standalone process, a broader change management process can also support it. As the Blueprint for Success model demonstrates, jumping right into the educational program ("Build Team Readiness" in the diagram below) doesn't work. First you must engage your site leadership and establish an interprofessional team to champion the change and help with the transition.

Each work site should invite some staff members to sit on an interprofessional (IP) steering committee. These committee members will help develop an implementation plan, help implement the change in the work unit, and give advice to the facilitators and leadership as needed.

Once this is in place, you begin the education program. The self-study modules (Modules 1, 2, and 3) provide information about the new care processes and need to be completed, either individually or in group settings, before the Go Live date.

The facilitated group learning sessions (Modules 4 and 5) are about building skills, and the simulation activity (Module 6) is intended to bring all the new knowledge and skills together in a simulated environment. Typically, Modules 4-6 would be completed prior to the Go Live date, but in some units it may work better to complete them shortly after going live. Facilitators and leadership should determine what works best at their sites. See Appendix A: Education and Implementation Roadmap for an overview of the key activities at each stage of change.

In the model shown below, four stages of change provide opportunities for different types of engagement.

Blueprint for Success change management model:

Stages of change	Educational material to support this stage
1. Engage site leadership	Self-study module for site leadership: • Module 1: The What, Why, and How of Collaborative Practice
2. Engage IP team	Self-study modules for site leadership and the IP Team: • Module 2: The What, Why, and How of Rapid Rounds • Module 3: The What, Why, and How of Bedside Shift Report and Patient Bedside Whiteboards
3. Build readiness	Self-study modules for all staff: • Module 1: The What, Why, and How of Collaborative Practice • Module 2: The What, Why, and How of Rapid Rounds • Module 3: The What, Why, and How of Bedside Shift Report and Patient Bedside Whiteboards Poster: • Collaborative Practice Tools that Save Time and Improve Care
4. Go live	n/a
5. Reflect, improve, and sustain	Facilitated group learning: • Module 4: Stocking Your Collaborative Practice Tool Kit • Module 5: Refining Your Collaborative Practice Skills Simulation activities: • Module 6: Interprofessional Care Processes Simulations

Workplace learning

Learning in the workplace is unique in that learning occurs in the context in which it is to be applied. In this education program we have been guided by research about learning and teaching in the workplace. To assist you in your role as educator, we have identified effective practices for workplace learning and incorporated learning approaches to help you and your team be successful. Here are some key findings from research that we have applied in this learning package.

Evidence-based approach to successful workplace learning

1. Engage learners in processing information

Research shows that most of the learning occurs when learners receive content information and have the opportunity to study it, reorganize it, discuss it with someone else, or otherwise process the information. Ensuring that learners have time and opportunity to process information is vital to successful workplace learning.

In this learning program: In the self-directed learning modules, learners are asked to reflect on their practice, the content of the learning module, and its implications. Self-directed learning modules give learners the choice of when and where to learn and how much time to spend on different content areas. Learners who might struggle with the content, or who learn best by talking with others, can work through the modules in small groups.

2. Engage with others and reflect on experience

Learning is both an individual endeavor and a social one. We learn by actively participating with others in the learning experience, and by giving and receiving feedback. Learners who reflect on experience and dialogue with trusted peers or respected supervisors can become more self-directed over time. By creating an environment where every learner engages in practice improvement, we shift the onus of responsibility to the learners and away from managers. Learners support each other and hold each other accountable.

In this learning program: In the facilitated group learning, participants work together to learn new skills, including tools for giving feedback. They also engage with the material by trying out new skills and debriefing the experience with others.

3. Provide continuous feedback

Learners need feedback to improve. Feedback is most effective when it occurs in a safe, non-judgmental environment, comes from a credible source, focuses on the task requirements (not the person receiving the feedback), and is followed by support for improvement. Without feedback, learners are unlikely to continue to gain competence. Using the tools for feedback is an essential step toward creating a trusting environment in which feedback is welcome.

In this learning program: In the group-based learning modules, learners are given opportunities to practice using specific communication tools, debrief with a colleague, give feedback to others, and to integrate their knowledge and skills in a simulated learning environment.

4. Engage learners in the planning and implementation of learning

When education is seen as something delivered from the top, it fails to engage learners, and is associated with burn out, compliance issues, and workplace stress. When learners have opportunities for meaningful engagement in the planning and implementation of educational processes, and for self-directed learning, they feel respected. By engaging learners we can create a climate of mutual trust and respect in the workplace, and increase the effectiveness of the education program.

In this learning program: Actively engaging an advisory group in the planning and implementation of the learning program is encouraged. The advisory group is charged with the responsibility of advocating for practice change, participating in the education program, engaging in dialogue about the education, and supporting learners through the awkward and uncertain stages of change.

5. Use participatory and experiential approaches to learning

A participatory and experiential approach to learning helps in the development of new workplace skills. Learners who can easily integrate new knowledge and skills are better able to think through workplace problems and offer potential solutions.

Sustainability of new practices requires that learners and teams assess their own performance and create plans for improvement.

In this learning program: Simulations, role play activities, and the use of standardized patients and case study scenarios are included in the education program to provide learners with practice integrating knowledge of the cornerstones of the care processes and applying the communication skills. Debriefing the activities enables learners to identify challenges and opportunities within their work environment, and to become more self-reliant.

Collaborative practice

Evolution of collaborative practice

One could argue that health care providers have worked together for decades, or even centuries. What is different now? While it is true that health care providers have worked together in caring for patients, health care is much more complex than it used to be even ten years ago. We have many more types of health care providers with substantially overlapping scope of practice and skills that all can do similar jobs; services are provided in a range of setting across a continuum of care, with patients moving quickly between settings; and patients' conditions are much more complex, with many patients suffering from multiple chronic conditions. This requires a much more detailed orchestration of a patient's care to ensure that there is continuity in care and no gaps exist.

There is evidence that lack of communication and collaboration between health providers leads to duplication and inefficiencies in service delivery and can seriously harm patients (Baker, Norton, Flintoft et al. 2004; Kohn, Corrigan, & Donald 2000). To solve these issues, we need to change how health services are delivered and how providers interact with each other. There are numerous studies that found that collaboration results in positive patient outcomes such as reduced mortality, pain, post-operative complications, improved quality of life, more rapid attainment of functional ability, and higher levels of returning home instead of entering long-term care. But collaboration also has positive effects for the health care providers. Studies showed that staff members are happier with their work environment due to appropriate workloads, better team participation, and more equitable access to development opportunities.

There are a number of noteworthy studies that focused on collaboration in health care, primarily on characteristics of effective teams and successful structures and processes for collaboration (e.g. Barrett, Curran, Glynn, & Godwin 2007; Craven & Bland 2006; Martin-Miesner & Valaitis 2009; Oandasan, Baker, Barker et al. 2006; Social Care Institute for Excellence 2007). The evidence clearly highlights the complexity of teams and the challenges around implementation of collaborative practice models. It further points to the need for staff to learn collaborative practice competencies – just like clinical skills, collaboration has to be learned and practiced regularly for people to become proficient.

In summary:

Why: The need to think differently about how we work together has arisen from concerns related to:

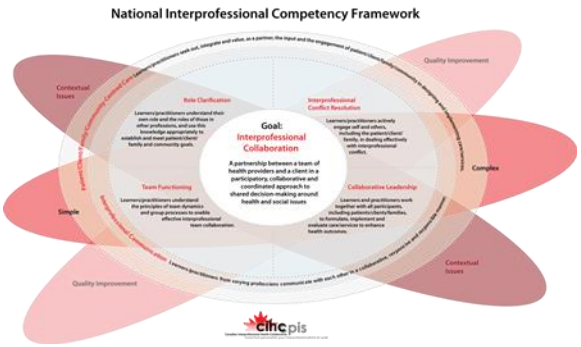
- Patient Safety
- Patient Satisfaction
- Job Satisfaction

Who: Government and regulatory bodies have responded to these concerns and have set the expectations for health care providers from across disciplines to collaborate when caring for patients. Furthermore, they expect health care providers to acquire collaborative practice competencies.

What and How: Health care organizations are implementing new models of care that support better collaboration and communication amongst health care providers. They also invest in staff education to help them learn the knowledge and skills to become good collaborators.

Interprofessional competencies

The learning materials in the package incorporate and build on work on interprofessional competencies as defined by the Canadian Interprofessional Health Collaborative (CIHC) in support of collaborative patient-centred care. Though relatively new, the competencies are well researched, clearly defined, and readily observable in the daily practice of professionals engaged in care. Alberta Health Services, Alberta Health, and many educational institutions in Alberta and across Canada have endorsed the interprofessional competencies. CIHC organizes the competencies under the following six broad domains.



http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

1. Role clarification

Learners and practitioners understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and achieve patient, client, family, and community goals.

In this learning program: Role clarification is important to ensure clinicians understand who is responsible for what care, and when, after Rapid Rounds.

2. Patient / client / family / community-centred care

Learners and practitioners seek out, integrate, and value, as a partner, the input and the engagement of the patient, client, family, and/or community in designing and implementing care and other services.

In this learning program: The patient and family members are active participants in Bedside Shift Report by first consenting to participate in the report, and then by advocating for their own comfort and understanding of the care plan. Practitioners are responsible to make sure the patient and family members are aware of their role and able to participate and ask questions if they wish.

3. Team functioning

Learners and practitioners understand the principles of teamwork dynamics and team processes to support effective interprofessional collaboration.

In this learning program: Understanding that teamwork is a process, not something that happens by chance, means practitioners can use tools and skills to improve team functioning.

4. Collaborative leadership

Learners and practitioners understand and can apply leadership principles that support a collaborative practice model.

In this learning program: All team members have a role to play in providing leadership and effective decision making. While one team member takes the lead role in Rapid Rounds, all team members contribute to developing and carrying out the plan of care.

5. Interprofessional communication

Learners and practitioners from different professions communicate with each other in a collaborative, responsive, and responsible manner.

In this learning program: The successful implementation of IP Rapid Rounds and Bedside Shift Report requires strong interprofessional communication skills among all team members. Using clear, jargon-free language with clinicians, patients, and family members ensures that everyone has a common and accurate understanding of the care plan. Specific communication tools, such as SBAR and I-PASS the Baton, support clinicians with their IP communication.

6. IP conflict resolution

Learners and practitioners actively engage self and others, including the client, patient, and family, in positively and constructively addressing disagreements as they arise.

In this learning program: Tools described in Module 4, such as CUS, DESC, the Two-Challenge Rule, WAIT, and Seek to Understand, provide frameworks for communicating concerns and reducing team conflict.

This learning program supports the development of interprofessional competencies through a number of practice tools. The materials in this learning package focus on two specific interprofessional care processes, Bedside Shift Report and Rapid Rounds, but the educational approach employed could easily be expanded to address other care processes.

Interprofessional care processes

One of the most critical success factors for transitioning to the collaborative practice model of care is the successful implementation of common processes, tools, and approaches that are evidence-based and that help staff to collaborate for seamless patient care.

Here are some of the tools and processes Alberta Health Services has identified as supporting collaboration:

- **Name-Occupation-Duty (NOD)**
  NOD is a procedure to enhance consistent, patient-centred communication by all health care providers when they encounter a patient and family by introducing themselves with their name, occupation, and duty. The purpose is to decrease anxiety and enhance patients' understanding of their care,

care provider, and experience.

- ## Patient and Family Orientation

  As the patients' first point of contact on the Unit, an effective patient orientation is critical to establish two-way communication, outline routines, and clarify expectations for patients, families, and providers. An effective orientation provides a strong foundation on which to start the integrated care planning process.

- ## Bedside Shift Report

  Bedside Shift Report moves the traditional nursing shift report to the patient's bedside. It promotes patient-centered care by involving patients and families in the shift report process. It also engages patients, families, and nurses in change-of-shift communication, thereby providing an opportunity to improve patient safety and increase involvement in communicating their goals of care and care planning.

- ## Patient Bedside Whiteboards

  Whiteboards are a communication tool used for two-way communication between patients and families and their care team. The whiteboards provide an opportunity for sharing information, capturing patient and family questions, and communicating activities related to the plan of care for that day.

- ## Comfort Rounds

  A key principle of the collaborative practice model is to provide elder friendly care. One of the most effective tools for establishing an elder friendly environment is the establishment of Intentional or Comfort Rounding to assess a patient's pain, toilet needs, access to personal items, and safety. A comfort round is a scheduled and purposeful activity with the intent of improving safety and quality of patient care.

- ## Assignment of Care Process (includes Care Hub Team Huddles)

  The purpose of a comprehensive assignment of care process is to facilitate the right care at the right time by the most appropriate provider and enable and support all care providers to function at their highest scope of practice for a greater percentage of time.

- ## Interprofessional Rapid Rounds

  Daily Rapid Rounds offer an opportunity for providers to share critical patient information and collaboratively solve problems and plan or modify treatment.

- ## Interprofessional Assessment and Care Planning

  Interprofessional assessment ensures the seamless assessment and management of patient care as a team rather than through individual provider referrals or physician orders.

These tools and processes will be introduced on all acute care units over the coming months and years; this project provides experiential learning to specifically support the interprofessional Rapid Rounds and the Bedside Shift Reports and use of Patient Bedside Whiteboards.

Resources

To learn about practical tools, see the following online repository of collaborative tools.

> University of Alberta: Virtual Interprofessional Educator Resource (VIPER)
> http://www.hserc.ualberta.ca/TeachingandLearning/VIPER.aspx

To learn about interprofessional competencies, the following frameworks provide a starting place in defining what collaborative practice looks like.

> Canadian Interprofessional Health Collaborative (CIHC) National Competency Framework (2010) http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210r.pdf

> University of Alberta IP Learning Pathway Competency Framework (2010)
> http://www.hserc.ualberta.ca/en/TeachingandLearning/VIPER/EducatorResources/~/media/hserc/Documents/VIPER/Competency_Framework.pdf

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Appendix A: Education and Implementation Roadmap

Stages of Change	Leadership Engagement	IP Team* Engagement	Planning	Pre-Implementation Readiness	Go Live	Evaluate, Improve, and Sustain
Rationale	Site leadership understands and owns the need for implementation.	The IP Team understands the implementation and informs the approach to, and planning for, delivery of the educational content.	Implementation will impact existing processes, so a plan is needed to define pre-implementation activities, including self-study content delivery.	Pre-implementation work and self-study education is tracked to predict 'Go Live' readiness.	Selecting a Go Live date supports a clear transition to the new process and the removal of the former processes.	Informal and formal opportunities for the IP Team to debrief create a framework for ongoing ownership and sustainability
Key Activities	A facilitator convenes a meeting with site leadership and educators, and process knowledge experts to study the content.	The IP Team reviews the implementation plan and self-study content, and leads a planning session that identifies work that needs to be completed prior to implementation.	A facilitator translates the planning session with the IP Team into an actionable work plan for carrying out the education and pre-implementation activities. The work plan includes a communication plan. An educator validates and tentatively schedules the interactive sessions for after the Go Live date.	The relevant staff members complete the self-study content either independently or in group settings (e.g. staff meetings, huddles). A facilitator tracks the progress of education and pre-implementation activities according to the work plan.	A facilitator is on site daily for a defined period to debrief with staff, track any issues, capture decisions, and communicate decisions to staff. An educator notes any issues experienced on the unit and uses them to inform the facilitated education sessions to come.	A facilitator tracks any issues and uses them to inform the facilitated education sessions to come. The educator and facilitator deliver the facilitated education sessions. The facilitator transfers responsibility to the IP Team for ongoing improvement and sustainability.
Education Materials	Self-study: Module 1: The What, Why, and How of Collaborative Practice	Self-study: Module 2: The What, Why, and How of Rapid Rounds Module 3: The What, Why, and How of Bedside Shift Report and Patient Bedside Whiteboards		Self-study: Module 1: The What, Why, and How of Collaborative Practice Module 2: The What, Why, and How of Rapid Rounds Module 3: The What, Why, and How of Bedside Shift Report and Patient Bedside Whiteboards Poster: Collaborative Practice Tools that Save Time and Improve Care		Facilitated group learning: Module 4: Stocking Your Collaborative Practice Tool Kit Module 5: Refining Your Collaborative Practice Skills Simulation activities: Module 6: Interprofessional Care Processes Simulations
Facilitator Materials	Meeting agenda, project overview, IP Team Terms of Reference, work plan template	IP Team terms of reference, project overview (1 page), current state assessment template, dependency analysis discussion questions, education planning discussion questions	Pre-implementation work plan template, education self-study tracking template	Redesigned process maps, sample communication tools (e.g. newsletter, posters)	Issues log template, decision summary template	Issues logs for IP Team to review, action-oriented work plans

*The Interprofessional (IP) Team may also be referred to as an Advisory Group or Steering Committee.

Acknowledgements

These materials were produced for *Better Teams, Better Care: Enhancing Interprofessional Care Processes through Experiential Learning (Interprofessional Care Processes Project)*. This project is a joint initiative of Alberta Health Services and the University of Alberta, in partnership with Covenant Health, and funded by Alberta Health through the Health Workforce Action Plan (HWAP).

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Thank you to all the people and organizations named above and the many others who supported and encouraged this project in countless ways.

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These materials were published on June 1, 2015.

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