Interprofessional Health Team Management

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Objectives

Objective 1: Describe a strategic partnership between a School of Nursing and a health system to transform practice

Objective 2: Describe the positive and negative lessons learned from establishing interprofessional collaborative practice
Developing Interprofessional Collaborative Practice

• IPE in practice - Retrain health professionals
• Implementing strategies to increase teamwork and team communication in an accountable care organization
• Interprofessional health care team for patients with advanced heart failure
  – Cardiologists, nurse practitioners, nurses, pharmacists, social workers, medical assistants, patient care coordinators
Culture change

Team of Experts

Expert Team
Enabling or Interfering Factors

Professional culture
Institutional culture
Workforce policy
Financing policy

Learning Continuum (Formal and Informal)

Foundational Education
Graduate Education
Continuing Professional Development

Interprofessional Education

Learning Outcomes

Reaction
Attitudes/perceptions
Knowledge/skills
Collaborative behavior
Performance in practice

Health and System Outcomes

Individual health
Population/public health
Organizational change
System efficiencies
Cost effectiveness
Inpatient Change team

Utilize Change Theory – Kotter’s revised 8 steps
AHF Change Teams

• People representing each care team member that help to lead initiative (unit champions)
• Rationale for training (Intake)
• Charter – SMART Goals (what do they want to improve)
• Roles/responsibilities
• Professional Development & life-long learning
Identified Problem

Diagram showing connections between different professionals:
- SSE
- CARUS B
- Fellows
- Resp Therapy
- Social Work
- Pharmacy

Questions:
- PSS + Resp?
- Pharmacy + Resp?
Challenges – AHF Team

• Understanding roles/responsibilities
• Hierarchy
• Physician engagement
• Introducing changes to current work processes and teams
• RN knowing plan of care for each patient
Current Measures of AHF Teams

- Culture of Safety
- Satisfaction (patient, provider, and nurse)
- Core measures related to advanced heart disease (readmission, Beta Blockers, etc)
- TeamSTEPPs Team Perception Questionnaire (TPQ) measured by TeamCORE
- * Relational Coordination mapping/survey
- * Observing AHF teams

* Grant specific measures
Summary of Baseline (2015) RC Ties

Summary of Baseline Survey on Team Functioning

Biggest Opportunities for Training:

1. Timely Communication
2. Shared Knowledge
3. Mutual Respect
Examples of Training & Professional Development

• TeamSTEPPS masters training
• Structured interprofessional bedside rounding (SIBR) – practice using scripts
• Quarterly leadership workshops (Grant Team)
  – Relational Coordination
  – Leading Change
  – Using Liberating Structures
  – Conflict Resolution & Speaking Up
• Coaching Workshop from Dartmouth Institute
AHF Team-Performance Improvement

• Interprofessional rounding
• Briefs, huddles, debrief
• SBAR (situation, background, assessment, recommendation)
• Team agreements
• Improving workflow
• Increase patient engagement
• Individual coaching
TeamCORE Facilitator: Working on Team Agreements
Celebrity Interview of team that has successfully implemented interprofessional rounding at UWMC
TeamSTEPPS Skills Training with Cardiology Team
Liberating Structures Workshop: “What I need from you”...to communicate the patient’s plan of care. (yes, no, I’ll try)
Dialogue agreements

1. Suspend assumptions
2. Listen don’t re-load
3. Balance advocacy with inquiry
4. Attribute positive intent
5. Minimize interruptions
6. Strive to participate
RC Survey Results: Key Findings

1) Improvement in **all dimensions** of RC for **between workgroups**

### Between Workgroups

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Surveys & Observations: Key Findings

• Team Surveys:
  – Improvements in team communication & relationships indicated in both RC & TPQ surveys

• Rounds Observation:
  – RN’s present more often during rounds
  – More consistent start time since SIBR implementation
  – Individual rounds shorter (on-average) since SIBR implementation (one set of rounds vs. table then walking rounds)
  – Predominantly positive comments from patients, providers, RN’s

• Clear commitment to patient care

• Next steps:
  – Additional observations to facilitate within provider comparisons
  – Year 3 follow-up surveys in April/May 2017
Nurse Comments: What is Going Well

• The plan of care is more clear
• Less pages to the MD or APP to clarify
• Interdisciplinary respect is fantastic
• So much easier to get questions answered
• Patients seemed motivated by knowing the plan and barriers to discharge.
Influence the way you care for patients

- Helps me focus on assessments and data collection.
- I am a better nurse to my patients as I am up to date on the plan.
- I love rounds!!!
- It provides structure to my day.
- I enjoy being a part of the group and having greater insight into the plan and being able to support the team and patient.
- Helps me put together the whole picture of the patient earlier in the day.
- I am better able to educate my patients.
Needed Improvements

• **Consistency of process on the weekends.**
• **Ensuring orders are entered during rounds.**
• **More structure around roles. Some are better than others at introductions and ensuring the process is followed.**
Patient Feedback

• “Wish you would have done this process before transplant, we love it.”
• “Like being included.”
Outcomes

• Improved team functioning
• Improved satisfaction for nurses, providers, patients
• Improved workflow (efficiencies)
• Early discharges
• Shared mental model on plan of day
• Decreased pages
• RN with team >90% of time
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Questions?