

Interprofessional Health Team Management

PAHO/WHO Conference

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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



Learning Continuum

(Formal and Informal)

Foundational
Education

Graduate
Education

Continuing
Professional
Development

Interprofessional Education

Enabling or Interfering
Factors

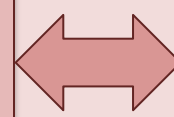
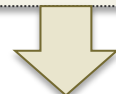
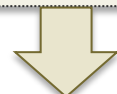
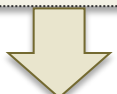
Professional culture
Institutional culture
Workforce policy
Financing policy

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

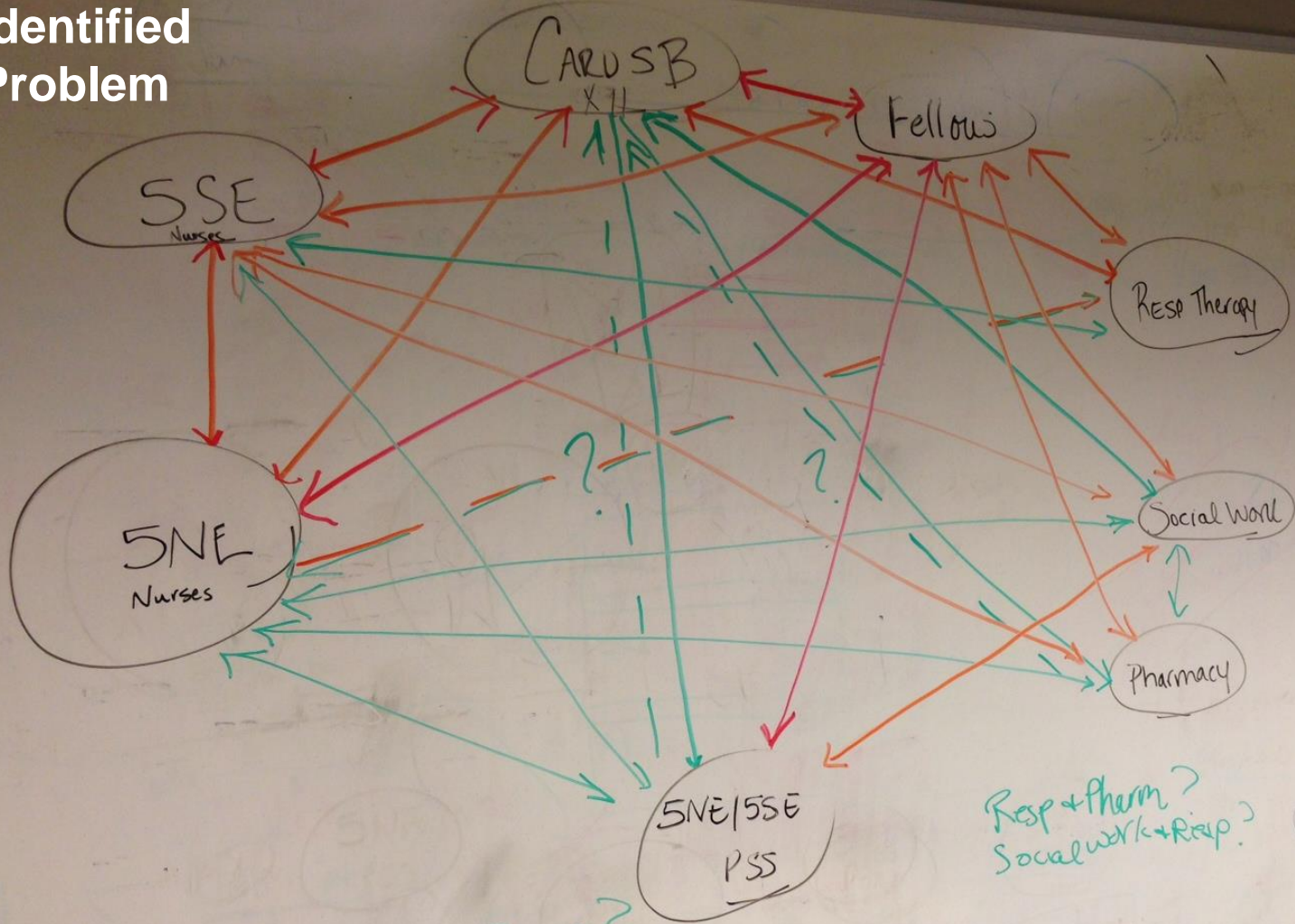


Utilize Change Theory – Kotter's revised 8 steps

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



PSS + Resp?
Pharmacy + resp?

Resp + Pharm?
Social work + Resp?

Handwritten notes and scribbles on the right side of the whiteboard, including a small diagram with arrows and the text "CARUSB XII".

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)

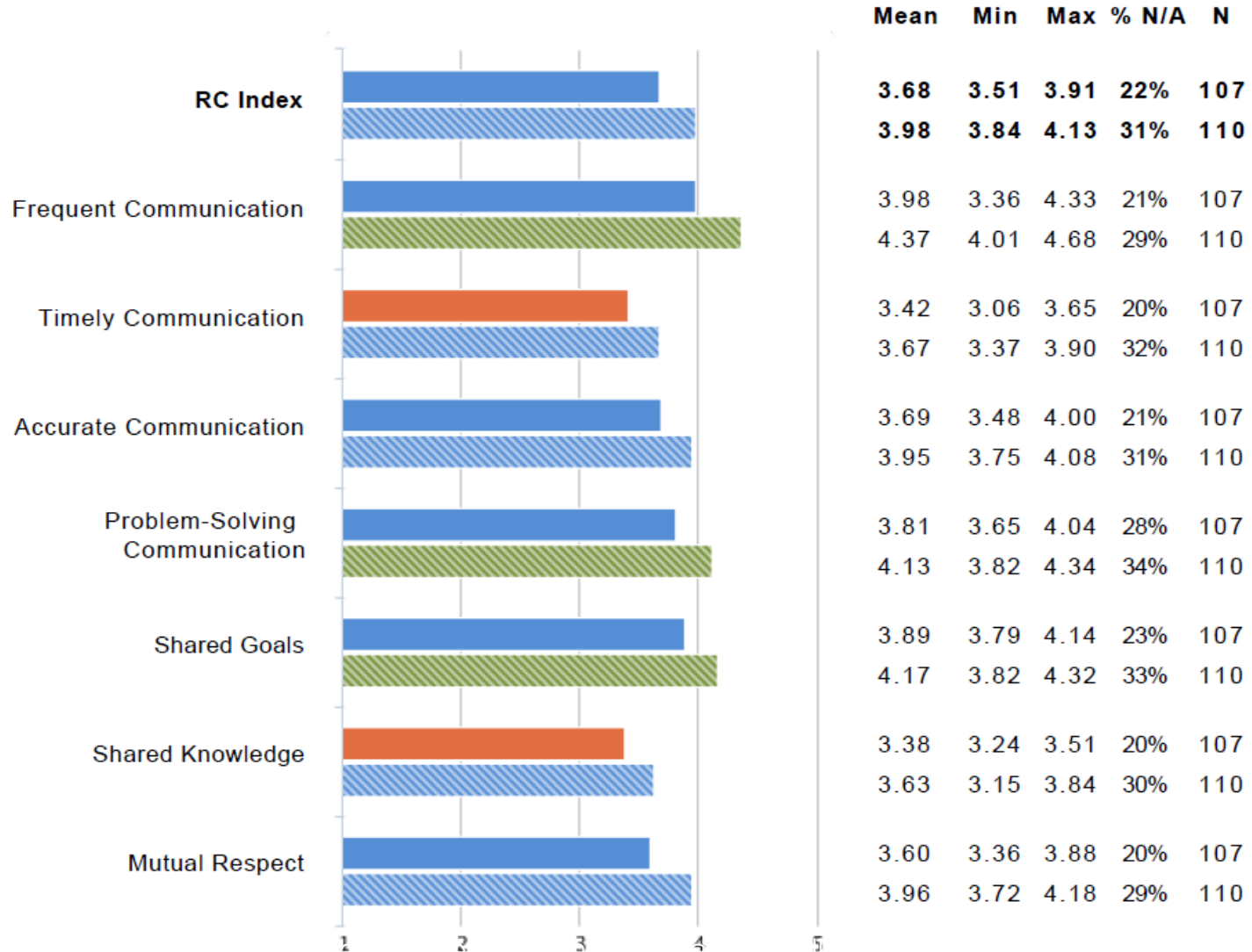
Dialogue agreements

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



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 my 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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- This information or content & conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government

Questions?