

## Creating Healthy Work Environments 2019

### Unit-Based Interprofessional Collaborative Practice Councils: Who Dat?

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A Midwestern Regional Magnet® hospital noted undesirable trends in the National Database for Nursing Quality Indicators (NDNQI) Registered Nurse Satisfaction Survey, as it related to Nurse-physician relationships. Informal surveys were conducted among key stakeholders and yielded stories of situations that produced themes of disrespectful interactions, miscommunication, delays in making evidence-based change, and challenges in sustaining change. After a review of the existing scientific evidence and ongoing dialogue with key stakeholders, an organizational approach began to emerge that would align members of the interprofessional care team vs. the historical approach of decision-making in isolation.

The purpose of the work was to engage the interprofessional team in a collaborative forum and inspire a shared vision around enhancing outcomes and relationships; form and pilot the implementation of unit-based interprofessional collaborative practice councils for the most relevant acute care units.

A Donabedian approach was utilized to design the pilot for the intensive care unit, which also took into consideration additional existing structures within the organization (e.g. Baldrige Criteria, organizational values, AACN Healthy Work Environment, Iowa model for evidence-based practice, etc.) to force collaboration, as past performance had indicated that collaboration does not seem to occur by chance. Members of the interprofessional team included: hospitalist providers, pharmacists, dietitians, respiratory therapists, clinical nurses, unit management, clinical nurse specialists, education coordinators, cardiologists, clericals, social workers, and ad hoc guests. Team members were invited to assist in the design of the pilot and identify key priorities to address first. Meeting effectiveness became a foundational element to keep the pilot moving forward (Lencioni, 2002). A multitude of formal metrics and informal impressions were tracked to measure effectiveness.

Improvements have been realized in collaboration as defined by NDNQI nurse-physician relationships. A multitude of clinical and professional outcomes are being optimized (e.g. mobility, nurse autonomy, sepsis-related mortality, pediatric emergencies). Informal impressions have a more positive connotation and lines of communication have been established through formalized structures.

The pilot has since been extended to the mother baby unit and the medical unit, and evaluation is ongoing.

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#### **Title:**

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#### **Keywords:**

Best-practices, Collaboration and Interprofessional

#### **References:**

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### **Abstract Summary:**

A culture of sustaining best practices can be realized by conducting routine, unit-based collaborative council meetings alongside supporting structures. These interprofessional forums concentrate primarily on making change through process improvement, optimizing quality/safety outcomes, and building relationships. Collaboration is something to be celebrated, who dat?!

### **Content Outline:**

1. Introduction
  1. Structure, processes, and outcome driven approaches enhance collaboration
  2. Collaboration and relationship building is less likely to occur by chance
2. Body
  1. Main Point #1 Structural strategies and the impact on sustaining best practices
    1. Supporting point #1 Organization's adoption of the Baldrige performance excellence framework (Approach, Deployment, Learning, Integration)
      1. a) Process Improvement Model
      2. b) Optimizing quality/safety outcomes
    2. Supporting point #2 Magnet ® Designated
      1. a) Iowa Model for Evidence-based Practice
      2. b) Professional Governance Structures in Nursing
  2. Main Point #2 Compelling Collaboration and Building Relationships
    1. Supporting point #1 Values-driven culture and Healthy Work Environment
      1. a) Meeting effectiveness
      2. b) Teamwork bolstered through accomplishing action items and evaluating impact of interventions
      3. c) Mutual-respect and reduced power gradients
3. Conclusion
  1. The multitude of improved quality/safety outcomes achieved over time support an association with structural strategies and the impact they have on sustaining best practices
  2. Interprofessional collaboration has been enhanced by implementing unit-based collaborative council meetings

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**Professional Experience:** The author is a Master's prepared CNS has been a critical care CNS for 11 out of a total of 19 years in nursing. With fiscal challenges and competing demands the evolving healthcare landscape must be navigated with thoughtful precision; non-value added aspects must be avoided in order to produce optimal outcomes. The CNS-led integration of evidence into bedside practice, and position as clinical expert, consultant, researcher, mentor, and leader assists to provide the structure and processes necessary to yield optimal outcomes.

**Author Summary:** Brandee is the clinical nurse specialist for the critical care areas at Hendricks Regional Health, Danville, Indiana. With 19 years of critical care nursing experience, Brandee focuses on integrating evidence into bedside practice, advancing the profession of nursing, and optimizing organizational outcomes.

Second Secondary Presenting Author  
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**Professional Experience:** I have worked collaboratively with interprofessionals for over 18 years' as a member of the healthcare team. During the past seven years, I've worked as a clinical educator and educational coordinator. These roles have offered me the opportunity to not only be a part of interprofessional forums but to create and lead these forums. My passion for quality patient care can be appreciated from the innovative strategies I use to build relationships, advocate for valuable and effective education, and my consistent collaboration with peers to achieve the best outcomes for our patients and associates. I am currently the educational representative on five unit practice councils within our organization.

**Author Summary:** Michele Young is the education coordinator for the critical care areas of Hendricks Regional Health. She has over 18 years' experience in nursing with the last seven years focusing on passionate, innovative, and valuable educational modalities.