Advancing Collaborative Practices through Interdisciplinary Learning:
Student Quality and Safety Program

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Presentation Objectives

Describe a process to

- Enhance inter-professional collaboration among health professions students through quality improvement (QI) projects.

- Identify factors that support nursing students’ participation on interdisciplinary teams, and obstacles that limit participation.
Introduction

• The complexity of healthcare requires nurses to possess skills to assess and improve quality.

• Inter-professional collaboration is critical for quality outcomes and evidence-based practice.

• Patient-centered care and demands for transparent outcomes require QI skills.
• Institute of Medicine reports are advancing collaboration in the USA:

   *Health Professions Education: A Bridge to Quality* (2003) calls for changes in health professionals’ education.

   *Quality through Collaboration* (2005) links best outcomes with inter-professional practices.

• Accreditation standards for interprofessional teamwork.
Quality and Safety Education for Nurses (QSEN)

Drawing on IOM reports, 6 quality and safety competencies for nursing were defined:

- Quality Improvement (QI)
- Safety
- Informatics
- Patient-centered Care
- Teamwork and Collaboration
- Evidence-based Practice (EBP)
Project Aims

- Foster interprofessional teamwork and collaborative partnerships.

  Learning about teams by working on teams

- Develop QI skills using actual clinical issues and hands-on learning.

  Practicing skills for clinical practice

- Improve healthcare quality, patient and clinicians satisfactions.
What is *Quality Improvement*?

Systematic actions to maintain what is good about the existing health care system while focusing on the areas that need improvement.

PDSA = Plan – Do – Study – Act
Overview of Curricula

- **Setting:** Acute care hospital, where students from different schools come for clinical training.

- **Learners:** Medical, nursing, pharmacy, and physician assistant students.

- **Course:** Over 4-months, 3 classes (6hrs) with
  - Didactics
    - Self-study online modules
    - Simulated QI problems
    - Team-based, out-of-class assignments

- Team QI projects addressed real hospital QI issues but using simulated data.
Fishbone - Problem

People
- Nurse did not collect accurate medication list
- Pharmacists not involved in med rec
  - No policy
  - Physician's limited time
- No standard discharge policy
  - Not previously involved

Place
- Pt. unaware of med
- Very busy, lots of pts, little time
- Hospital size
- Hectic Environment
- Interruptions

Processes
- No pharmacist involvement
- Final Med check done by nursing
- Pharmacy not involved
- Epic med check format - easy to carry meds forward

Policies
- No pharmacist involvement
- Not well explained, physical/mental state; too many

Why are patients discharged with incorrect medication lists?
## PDSA – Plan

<table>
<thead>
<tr>
<th>List Tasks needed for small test of change</th>
<th>Who</th>
<th>When</th>
<th>Needs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Session pertaining to new policies</td>
<td>Someone from Quality Assurance</td>
<td>Before start of policies</td>
<td>Meeting</td>
</tr>
<tr>
<td>Pharmacy consult before discharge (Monday-Friday) – including pharmacist doctor communication</td>
<td>Pharmacist and physician</td>
<td>As close to discharge as possible</td>
<td>Teamwork between pharmacist and physician, education</td>
</tr>
<tr>
<td>No vague medication instructions, i.e. “as directed”</td>
<td>Physician/pharmacist/nurse</td>
<td>Always</td>
<td>Education</td>
</tr>
<tr>
<td>Epic Documentation of pharmacist review – and communication confirmation with physician</td>
<td>Pharmacist</td>
<td>Before Discharge</td>
<td>Education, Epic Smartsset</td>
</tr>
<tr>
<td>Explanation and Inclusion of Medication Worksheet at discharge</td>
<td>Nurse</td>
<td>At discharge</td>
<td>Worksheet, education and evaluation</td>
</tr>
<tr>
<td>Patient Satisfaction Survey</td>
<td>Patient</td>
<td>Before Discharge</td>
<td>Survey</td>
</tr>
<tr>
<td>Provider Satisfaction Survey</td>
<td>Providers</td>
<td>Midway through Program</td>
<td>Survey</td>
</tr>
</tbody>
</table>

Geisinger Quality Institute
PDSA

- Study (What do the measures show)

- Increase pharmacy involvement in med reconciliation and patient discharge
- Patient understanding of medications increased – based off pt evaluation
- Increased patient-pharmacist communication - per epic smartset
- Less errors were made when pharmacists directly involved in patient care and rounds – as apposed to reviewing meds on an unknown pt
Mentored QI Projects (Voluntary)

- Unit-based clinical problems
- Students mentored by clinicians

Team 1 - Improving Patient Hand-offs in the Cardiac Catheterization Lab

Team 2 - Preoperative Patient Education and Satisfaction in the Outpatient Surgical Setting

Team 3 - Medication Override Review using an Inter-professional Education Approach
Evaluation of Learning

- Increased QI knowledge ➔ Pre- and post-tests
- Attitudes ➔ Assessed via discussion
- Increased skills ➔ Reflected in QI Projects
- Students valued interprofessional discussions
Lessons Learned: Student Comments about Teamwork

“Interdisciplinary team work is necessary to gain different perspectives and learn from others.”

“Everyone has different ideas and points of view. These ideas can all be taken into consideration to provide a more comprehensive and complete project.”
Lessons Learned:
Implications for Hospital Faculty & Clinicians

- Health System Hospital vs. Academic Medical Center
- Scheduling issues - Medical and Nursing Students
- Enthusiasm of staff to serve clinical mentors
- Silos -- across Health System’s Departments, Clinical units, Administrators
Lessons Learned:
Implications for Nursing Programs & Faculty

- Rigidity of Nursing Program and Curricula
- Specialized Nursing Courses
- Sacred Cows

“We will take the risk on patient care issues vs. taking a risk in changing nursing curriculum.”
Conclusions

The *Future of Nursing* report (IOM, 2010) highlights 2 key messages:

- Nurses should practice to the **full extent** of their education and training.
- Nurses should be **full partners**, with physicians and other health professionals, in **redesigning health care** for quality and safety.
Questions ?
Thank you

Enjoy Australia & STTI International Research Congress Brisbane 2012
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