Interprofessional Collaborative Approaches to Reduce Risk, Decrease Financial Loss, and Improve Patient Care Outcomes in Acute Care and Skilled Nursing Facilities

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Background
The recent economic crisis has increased pressure on hospitals, subacute, and long-term care facilities to reduce operating expenditure such as labor, supply, capital, and litigation costs. Additionally, the shift from fee-for-service to outcome-based reimbursement models increases a facility’s expectation to perform in order to maintain revenue streams and continued operations. While hospital costs are increasing, the number of discharges and average length of stay are decreasing. These thinning operating margins leave little room for variance in care.

<table>
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<tr>
<th>Hospital Costs, Discharges and Stays 2003-2013 (All Hospitals considered in AHRQ’s Healthcare Cost and Utilization Project)</th>
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<tbody>
<tr>
<td>Avg. Hospital Cost per Stay (Inflation-Adjusted)</td>
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<td>$15,000</td>
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<td>$9,100</td>
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The Focus on Team
Current efforts to improve quality care while maintaining cost efficiencies have been taken on throughout the wide spectrum of care delivery: from administrative measures such as risk sharing partnerships between hospitals and third party payers, to process improvement strategies such as integrated electronic health record systems, to direct care approaches such as interprofessional team-based models. When teams perform risk reduction and quality improvement activities, by default, patient care improves and financial loss is mitigated.

Team-Based Problems
Common facility- and hospital-acquired conditions (HACs) are largely preventable if evidenced-based interventions are correctly implemented. However, studies on how nurses spend time indicate that interruptions or assignment overload often lead to medication or protocol error, and incomplete of preventative interventions. Research also shows collaborating professionals such as physicians, pharmacists, physical therapists, and nursing assistants experience similar situations. These deviations from the care plan can result in harm to the patient, which may lead to:
- Increased hospital stays
- Additional administrative and care services
- Loss of opportunity to fill beds with new patients
- Denial of reimbursement
- Increased hospital and professional liability insurance
- Litigation costs and judgments
- Damaged reputation
- Loss of patients to competition
- Staff discipline and dissatisfaction

Implementation of Evidenced-Based Interventions
According to the report “Evidenced-based Guidelines for Selected and Previously Considered Hospital-Acquired Conditions” (2013) funded by the CMS, reasonably preventable HACs relevant to medical-surgical and skilled nursing facilities include:
1. Air embolism
2. Blood incompatibilities
3. Stage III & IV pressure ulcers
4. Injuries from falls & trauma
5. DVT/PEs associated with total knee replacement or hip replacement
6. Manifestations of poor glycemic control
7. Catheter-associated UTIs
8. Vascular catheter-associated infections
9. Iatrogenic pneumothorax with venous catheterization

These unfavorable care outcomes may not stem from staff "not knowing what to do." Abundant research on HACs have resulted in proven evidence-based care strategies, and facilities have often integrated these interventions into policy, education, care and documentation requirements.

Overview of Project
This project will focus creating a care model based on workflow logistics, communication tactics, and customer service strategies at the unit level to help reduce risk and cost of care, and improve care performance and patient outcomes.

Interprofessional Collaborative Approaches are workflow approaches that:
- Address risk management needs and cost efficiency demands of healthcare facilities and liability insurers
- Improve patient outcomes and customer satisfaction
- Create logistic efficiencies
- Assign specific functionalities to reduce redundancy in care
- Reduce work stress
- Provide fodder for students, nurses and nurse managers when creating work assignments

Method
Via secondary analysis, the project identifies prevalent unintentional patient outcomes that affect facility/professional liability, can increase variant care costs, and negatively affect the patient experience. An examination of medical liability claims, current and emerging risk management reports, and evidenced-based care interventions are used to construct interprofessional workflow solutions that target these unintentional outcomes.

Intention
The project will design a care delivery model based on the evidence-based interventions and incorporate workflow logistics, communication tactics and customer service strategies. The project will also attempt to propose a plan to test the model. Testing the model would involve measuring risk-reduction, cost efficiencies and indicators of improved care; quantitative and qualitative measures may include number of HAC-specific tasks (e.g. repositioning to prevent pressure ulcers, catheter care to prevent UTIs) completed in a given time frame, number of HACs in a given time period with implementation of the model, patient satisfaction survey results during implementation of the model, staff feelings on the model, and more.

Initial Structure of Care Model
At this stage, the care delivery model is comprised of three fundamental concepts, with the first serving as a base workflow plan which will increase likelihood of implementation of the subsequent two concepts.
1. A nursing care logistical model called “Modified Functional Nursing with Optimal Utilization of Assistive and Collaborative Personnel” → Maximizing use of collaborative professional and nursing assistant interventions to increase performance of preventative interventions.
2. External Customer Service → Care and service approaches that meets the demands of patients and third party payers.
3. Internal Customer Service → Care and service approaches that meets the needs of collaborating staff to reduce stress, provide more time for direct patient care, lessen work-related feelings of frustration toward collaborating team members, and increase work satisfaction.

Findings and Conclusions
As part of a student nurse’s senior honors project, the project is in the model development stage as of September 1, 2014. Upon completion of the project, findings and conclusions will be presented at an honors colloquium in spring of 2015 and can be found in the Rhode Island College School of Nursing archives.