INTERPROFESSIONAL COLLABORATION: A LEADERSHIP IMPERATIVE

Susan Thurman, DNP, RN
# Faculty Disclosure

<table>
<thead>
<tr>
<th>Faculty Name:</th>
<th>Susan Thurman, DNP, RN</th>
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<tbody>
<tr>
<td>Conflicts of Interest:</td>
<td>None</td>
</tr>
<tr>
<td>Employer:</td>
<td>WellStar Health System</td>
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<tr>
<td>Sponsorship/Commercial Support:</td>
<td>None</td>
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Goals and Objectives

• Session Goal:
  • Discuss the impact of interprofessional collaboration on value-based care

• Session Objectives:
  • Describe key historical events that affect quality and patient centered care
  • Discuss Affordable Care Act and Value Based Care
  • Explain Interprofessional Rounds
  • Review the role of leadership in change management
Transparency

- Patient safety and Quality are in question
  - Highlighted by Institute of Medicine Landmark Reports To Err Is Human
- Preventable Errors in health care
  - 100,000 deaths per year
  - $17 billion to $29 billion per year in hospitals nationwide
  - Mistrust of healthcare system

(HOW SAFE IS YOUR HOSPITAL?)

(IOM, 1999; IOM, 2001)
Call to Action

• Crossing the Quality Chasm
  • Total redesign of Health Care system
  • Need for leadership to facilitate change
  • Six aims for improvement
    • Safe
    • Timely
    • Effective
    • Efficient
    • Equitable
    • Patient Centered

(IOM, 1999; IOM, 2001)
Triple Aim

• Better care for individuals
• Better health for populations
• Reducing per-capita costs

(IHI, 2010)
Affordable Care Act: 2010

- Value Based Purchasing
- Pay for Performance
- Readmission Reduction Program

- Insurance Standards
- Require all Americans to obtain health coverage

- Better Individual health
- Better population health

Improve Quality

Increase Access

Decrease Cost

(Kaiser Family Foundation, 2015)
Value Based Purchasing

- Patient Experience: 25%
- Process of Care: 25%
- Outcomes: 40%
- Efficiency: 10%

(CMS, 2014)
Value Based Care

• New Paradigm
• Moving away from Fee for Service
  • Higher volumes = more money
• Moving To Value
  • Quality care = more money

(CMS, 2014)
Interprofessional Collaboration

- Key Driver in Value Based Care
  - Interprofessional Collaboration
    - Key to improving quality (IOM, 2001)
    - Significant driver to improving quality (TJC, 2014)
    - Vital to improving patient satisfaction (Press Ganey, 2014)
    - Fundamental in improving quality and health (WHO, 2008)
    - Healthy Work Environments Standards focus on true collaboration (AACN, 2008)
Review of Literature

• Studies done on Rounds at Bedside
  • Medical units; Critical care
  • Cardiac units; Pediatric units

• Measure patient satisfaction and communication
  • Improves communication between caregivers (Rosen et al., 2009; Maxson et al., 2012)
  • Improves communication between health care providers and patients (Maxson et al., 2012; Jacobowski, Mulder, & Ely, 2010)
  • Increases patient satisfaction (Reinbeck & Fitzsimons 2013; Radtke, 2013; Rosen et al., 2009)
Review of Literature

• Literature supports Interprofessional Rounds improvement of quality
  • Decrease Length of Stay
  • Decreases Hospital Acquired Infections
  • Decreases Falls
  • Decreases Readmissions
  • Increases Patient and Family Satisfaction

(Zwarenstein, Goldman, & Reeves, 2009)
Unit Project

• Implement interprofessional rounds at the bedside
• Evaluate the effect on HCAHPS data
  • Nurse Communication
  • Doctor Communication
  • Discharge Data
Interprofessional Rounds

• Implement Interprofessional Rounds at the Bedside
• Monday through Friday at 11am
• Rounding team: physician, nursing, pharmacist, care coordination, clinical nurse leader
• Involvement of patient and family
• Time keeper
Standard Positions

Patient is Center

HOB

Charge RN

CNL

Pharmacist

NP

Physician

Primary RN

Manager

Care Coordinator

CLICK TO ADD TITLE
## Process Results

- **53 Rounding Sessions observed**
- **12-9-2014 to 3-9-2015**

<table>
<thead>
<tr>
<th>Length of time to round</th>
<th>Time spent per patient</th>
<th>Rounding team present</th>
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<tr>
<td>Goal: 30 mins (51/53) 96% of time</td>
<td>Between 2 – 8 mins per patient (n=311)</td>
<td>Goal: 100% team present (37/53) 69% of the time</td>
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<td>Average time per patient 3.94 mins</td>
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Outcome Results

- Nurse communication increased from 69.4% in January to 86.6% in March
  - Nurses treat with courtesy/respect
  - Nurses listen carefully to you
  - Nurses explain in way you understand

(Press Ganey, 2014)
Outcome Results

- Physician communication increased from 77.3% in January to 85.0% in March
  - Doctors treat with courtesy/respect
  - Doctors listen carefully to you
  - Doctors explain in way you understand

(Press Ganey, 2014)
Outcome Results

• Discharge information increased from 77.9% in January to 88.3% in March
  • Staff talk about help when you left
  • Information was given regarding symptoms or problems to look for

(Press Ganey, 2014)
Organizational Change

• Health care is in a state of dramatic change (Porter-O’Grady & Malloch, 2015)
  • Rapid changes in advancement of medical science and technology
  • Growing complexity of health care
  • The public’s health care needs have changed (IOM, 2001)
• Changes are not easy to implement and sustain
  • 70% of change fails in organizations (Kotter, 1995)
  • 62% of change in health care fails (Ponti, 2011)
Leadership

• Strong leaders are crucial in providing safe, timely, effective, efficient, and patient centered care (IOM, 2001)

• Leaders should
  • Empower the team at the point of care to create better processes and outcomes (Porter-O’Grady & Malloch, 2015)
  • Create a culture of teamwork and innovation (Porter-O’Grady & Malloch, 2015)
  • Motivate team members (Porter-O’Grady & Malloch, 2015)
  • Create a sense of urgency (Kotter, 1995)
Future Opportunities

- Fully implement Population Health across settings
- Focused communication with all transitions
- Nurse’s practicing at the fullest extent of their education
- Nurse’s involvement in policy
- More resources for indigent population

(IOM, 1999; IOM, 2001; IOM, 2010)
Conclusion

• Clear evidence supports the need for improvements (IOM, 1999; IOM, 2001)
  • Quality and safe patient care top priority in health care organizations (IOM, 2001)
  • Practice changes and process improvement are beneficial in improving quality (TJC, 2014)
• Interprofessional collaboration and communication is key to improving patient outcomes (IOM, 2001; TJC, 2014, Radtke, 2013)
References


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