Title:
Implementation of an Interprofessional Collaboration Model in an Ambulatory Setting

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Session Title:
Rising Stars of Research and Scholarship Invited Student Posters

Keywords:
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References:


Abstract Summary:

Collaborative practice is necessary for the changing environment of healthcare, yet it is not widely implemented. An ambulatory setting was selected for implementation of an interprofessional collaboration model. Collaborative practice breeds shared decision making, which increases the engagement of care team members, and improves patient outcomes.

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>Design and facilitate collaborative team functioning and overcome impediments to interprofessional collaborative practice.</td>
<td>A methodology describing the processes used to implement an IPC model will be discussed.</td>
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<td>Evaluate the educational and clinical outcomes associated with an interprofessionally educated team - specifically CPAT, CG-CAHPS, and PROMIS-10 survey results.</td>
<td>Results from all 3 surveys will be reviewed to visualize clinical and/or statistical significance of the findings.</td>
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Abstract Text:

Introduction: As early as 1978, the World Health Organization (WHO) acknowledged interprofessional collaboration was essential to ensure the success of primary health care. In their report entitled Framework for Action on Interprofessional Education and Collaborative Practice, WHO and its partners recognized interprofessional collaboration in education and practice as a creative strategy to change the global health workforce crisis (WHO, 2010).

Purpose: The purpose of this project is to provide interprofessional training to Community Health Network employees to enhance their ability to work effectively in interprofessional teams, and strengthen their capabilities to apply process improvement methods in their work to improve processes of care, and ultimately patient care outcomes.

Method: A core team (primary care and pediatric physicians, a nurse practitioner, registered nurses, medical assistants, a social worker, pharmacist, front office personnel, and administrative leaders at a primary care physician office comprising of approximately 40 clinicians) was identified to receive training on Relationally Coordinated Care and Lean Six Sigma process improvement. Over the following 30 months, projects to improve processes of care were introduced to the team including: access to care, front office workflow, role clarification, standardized care protocols, Care Connect optimization, and 5S supply organization. Additionally, white, yellow, green, and black belt training was provided to enhance the contextual capabilities of the workforce to support improvements not only related to the ambulatory projects, but to support process improvement in the workforce in general. The work, funded in part by the Health Resources and Services Administration (HRSA) seeks to learn whether care is improved when provided by teams trained in interprofessional collaboration.

Findings: Early results demonstrate that employee engagement improved over 24 months, Collaborative Practice Assessment Tool (CPAT) survey results demonstrated evidence of improvement or sustainment, and efficiencies were gained from workflow improvements. Data is being evaluated currently to identify trends in patient perception (via the CG-CAHPS survey), quality of life (PROMIS-10 survey), and ED utilization.
Implications/Conclusion: Collaborative practice is necessary for the changing environment of healthcare, yet it is not widely implemented. The challenge remains that while this is needed in practice, it has not been a part of curriculums in nursing, medicine, pharmacy, therapy, or dietary sciences until recently. Collaborative practice breeds shared decision making, which increases the engagement of care team members, and improves patient outcomes.