Building High Performing Interprofessional Collaborative Practice Teams for Enhancing Population Health and Care Transitions

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Disclosure

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Objectives

1. Discuss characteristics of high performing teams.

2. Discuss performance measurement approaches used to deploy targeted strategies for building high performing teams in an interprofessional collaborative practice model.
High Performing IPCP Teams

- Our IPCP Model
- IPCP Definition and Core Competencies
- Evolution of Team
- Challenges to Team Building
- Performance Measurement, Strategies, Outcomes
The HRTSA Clinic
(Heart Failure Transitional Care Services for Adults)

- Provides nurse-led, team-based care to uninsured patients with heart failure who are discharged from UAB Hospital with no source for ongoing care
- HRTSA Clinic is the 2nd nurse-led clinic at UAB, which uses and IPCP model; currently in 4th year of operation and 1st year of sustainable funding post grant funded period
- HRTSA Clinic now operates full-time in expanded space, 2nd floor of Russell Ambulatory Center at the UABH campus
- Is part of an Academic-Practice Partnership of the UAB School of Nursing and UAB Hospital
- Integrates professionals from 7 disciplines plus students from those disciplines
Interventions:
Bundled Approach

- Guideline driven heart failure patient care bundle
- Transitional care coordination bundle
- Patient activation bundle

Outcomes:
From Triple to Quadruple Aim
IPCP Definition

• “Multiple health workers from different professional backgrounds working together with patients, families, and communities to deliver the highest quality of care” (World Health Organization, 2010, p. 13)

• Our model of IPCP incorporates IPE= two or more professions learning with, from, and about each other
“When I see a patient alone, I am an N of 1. When I send patients to the HF Clinic, I am an N of many and patients benefit far more than with an N of 1.”
IPCP Core Competencies

**Competency 1:** Values/Ethics for Interprofessional Practice

**Competency 2:** Roles/Responsibilities

**Competency 3:** Interprofessional Communication

**Competency 4:** Teams and Teamwork

(IPEC, 2011; IPEC, 2016)
Evolution of Team Dynamics
Adapted from Seminal Work of Tuckman (1965)

**Honeymooning**
Pre-team formation, optimism/pessimism

**Forming**
Team acquaints and establishes ground rules. Formalities are preserved and members are treated as strangers.

**Storming**
Members start to communicate their feelings but still view themselves as individuals rather than part of the team. They resist control by group leaders and show hostility.

**Norming**
People feel part of the team and realize that they can achieve work if they accept other viewpoints.

**Performing**
The team works in an open and trusting atmosphere where flexibility is the key and hierarchy is of little importance.

**Adjourning**
The team conducts an assessment of the year and implements a plan for transitioning roles and recognizing members' contributions.

**Mourning & Transforming**
Phase of team work ends and new evolution begins including new members.
Characteristics of High Performing IPCP Teams

Members:

• Demonstrate effective leadership with deference to expertise
• Are interdependent, work collaboratively, genuinely care about and trust each other
• Find solutions to problems using appropriate tactics and open communication
• Have shared mental models and establish unique group
• Achieve effective and satisfying results
Challenges to Team Building in IPCP Model

- Hiring the right people for IPCP matters
- Moving from the forming to performing stages of team development does not happen overnight; investing in building your teams pays off
- IPCP with high performing teams is not easy; if it were, everybody would be doing it
- Performance measurement helps to identify targeted strategies needed to build high performing teams that achieve desirable outcomes
Performance Measurement:
Collaborative Practice Assessment Tool (CPAT)

• CPAT is valid and reliable instrument
• Measures 8 dimensions using 7-point Likert scale
  (Strongly Disagree=1 to Strongly Agree=7)
  • Mission, meaningful purpose, goals
  • General relationships
  • Team leadership
  • General role responsibilities, autonomy
  • Communication and information exchange
  • Community linkages and coordination of care
  • Decision-making and conflict management
  • Patient involvement
Collaborative Practice Assessment Tool -- Communication and Information Exchange

* Scale of 1 to 7 - Higher scores indicate higher alignment with IPCP.

I trust the accuracy of information reported among team members.

Our team has developed effective communication strategies to share patient treatment goals and outcomes of care.

Our team meetings provide an open, comfortable, safe place to discuss concerns.

Patients' concerns are addressed effectively through regular team meetings and discussion.

Relevant information relating to changes in patient status or care plan is reported to the appropriate team member in a timely manner.

The patient health record is used effectively by all team members as a communication tool.

New Team

---|---|---|---|---|---|---
6.8 | 6.3 | 6.8 | 5.7 | 5.6 | 6.0 | 4.0
6.3 | 6.0 | 6.4 | 5.3 | 5.2 | 5.7 | 3.2
5.5 | 6.0 | 5.4 | 4.8 | 5.4 | 4.0 | 2.6
5.3 | 4.7 | 5.4 | 5.5 | 5.0 | 5.8 | 4.4
5.5 | 6.3 | 6.6 | 5.5 | 5.4 | 5.7 | 4.4
6.3 | 6.3 | 6.6 | 5.5 | 5.6 | 5.0 | 4.0
Roles and Responsibilities

Emotional Intelligence

DISC Assessment

Outside Facilitator

Roles and Responsibilities
Collaborative Practice Assessment Tool -- Patient Involvement

* Scale of 1 to 7 - Higher scores indicate higher alignment with IPCP.

- Information relevant to health care planning is shared with the patient.
  - 2015 Baseline: 6.5
  - 2015 July: 6.7
  - 2015 October: 6.8
  - 2016 July: 6.8
  - 2017 January: 6.0
  - 2017 July: 6.0
  - 2018 January: 5.4

- Team members encourage patients to be active participants in care decisions.
  - 2015 Baseline: 5.8
  - 2015 July: 6.7
  - 2015 October: 6.8
  - 2016 July: 6.5
  - 2017 January: 6.0
  - 2017 July: 5.7
  - 2018 January: 5.8

- Team members meet face-to-face with patients cared for by the team.
  - 2015 Baseline: 6.3
  - 2015 July: 6.7
  - 2015 October: 6.8
  - 2016 July: 6.7
  - 2017 January: 6.2
  - 2017 July: 6.0
  - 2018 January: 6.2

- The patient is considered a member of their health care team.
  - 2015 Baseline: 6.5
  - 2015 July: 6.7
  - 2015 October: 7.0
  - 2016 July: 7.0
  - 2017 January: 6.2
  - 2017 July: 5.8
  - 2018 January: 5.6

- The patient’s family and supports are included in care planning, at the patient’s request.
  - 2015 Baseline: 6.3
  - 2015 July: 6.7
  - 2015 October: 6.8
  - 2016 July: 6.7
  - 2017 January: 6.0
  - 2017 July: 6.2
  - 2018 January: 5.2
Strategies for Building High Performance Teams

• Daily huddles and debriefs, monthly team meetings, quarterly retreats
• Just-in time intervention group meetings including role playing and conflict resolution
• Individual counseling with referral to resources
• Multiple team training sessions:
  • IPEC competencies
  • Team STEPPS, CUS, SBAR technique for communication
  • Rapid cycle quality improvement
  • Leadership Development (Signature Strengths, Emotional Intelligence, Crucial Conversations, DISC Assessment)
Conclusion

• The IPCP model reflects positive team performance outcomes related to professional collaboration and teamwork

• High performing teams working collaboratively can favorably impact Quadruple Aim outcomes

• Understanding nuances of team formation and developmental stages is crucial for better performance measurement and deployment of targeted team building strategies
Questions

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References


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