



# A Broad Perspective: Highlighting the Strengths of Interprofessional Practice and the Role of Nursing

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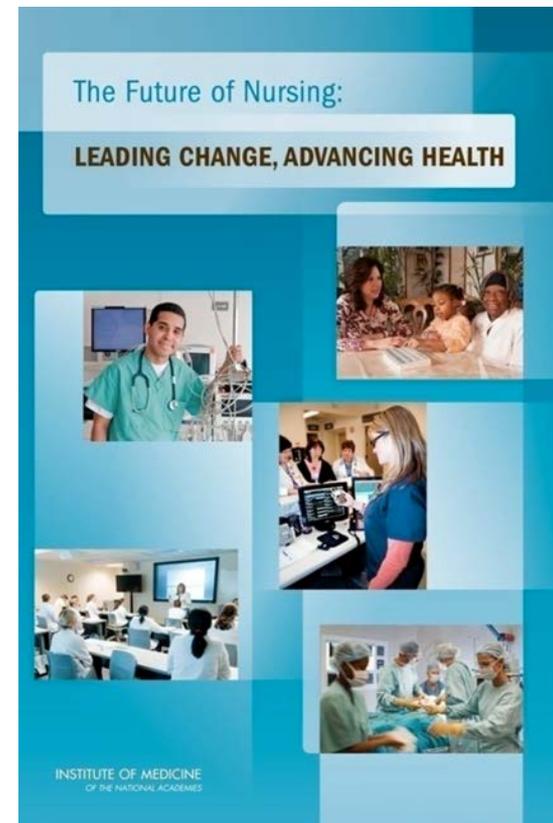
November 5, 2014, NACNEP Meeting



Robert Wood Johnson Foundation

# IOM Report on the Future of Nursing

As the **delivery of care becomes more complex** across a wide range of settings, and the **need to coordinate care** among multiple providers becomes ever more important, **developing well-functioning teams** becomes a **crucial objective** throughout the health care system





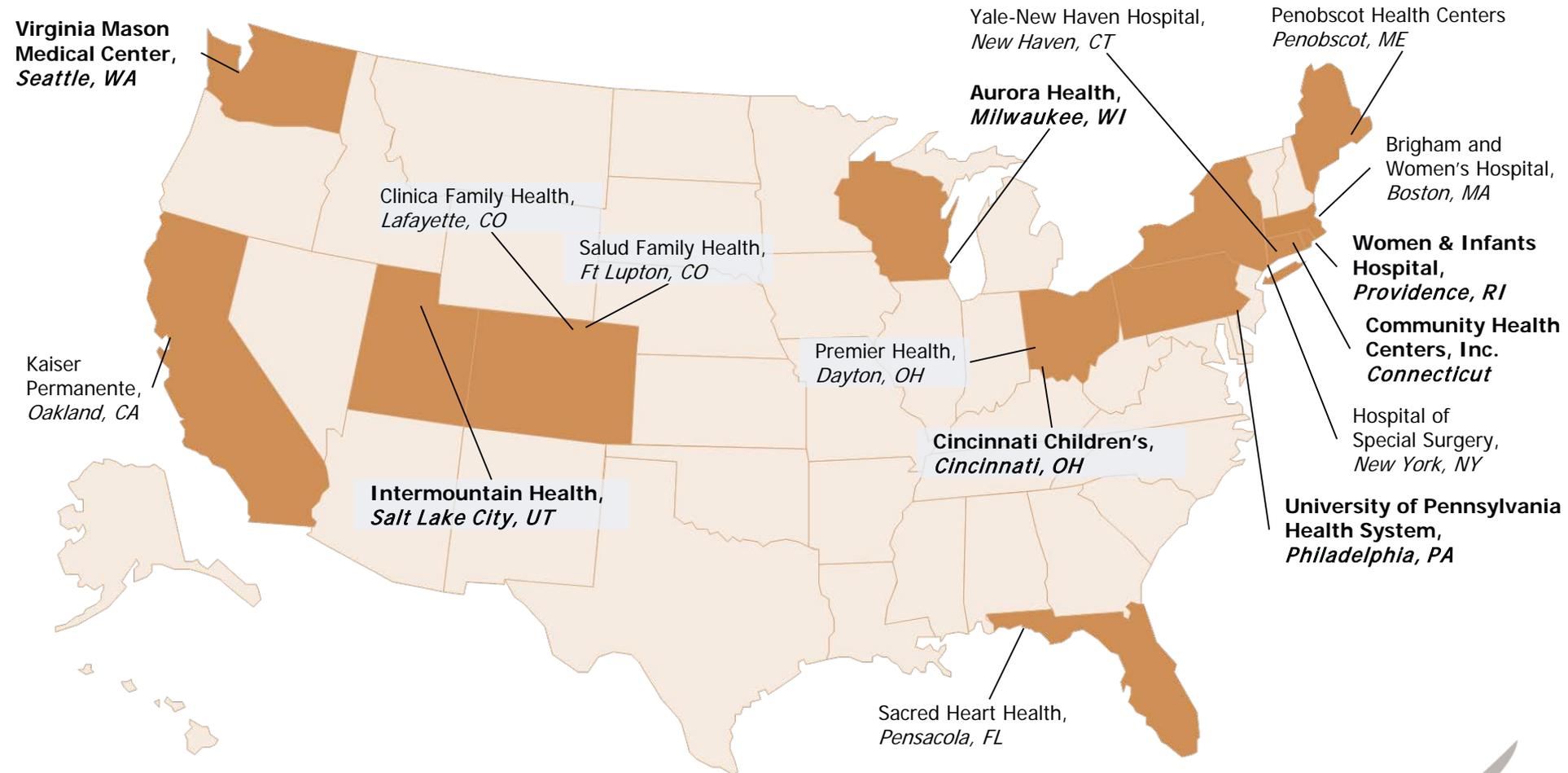
# RWJF Efforts: Promote Promising Practices

**Studying factors that facilitate and challenge IPC in health care settings.**

- **Goal:** Develop practices that health organizations can use to catalyze collaboration efforts.
- White paper forthcoming.



# Participating Organizations



# Methodology

**Interviewed leaders of 16 health care delivery organizations about their approach to interprofessional collaboration (IPC).**

**Selected 7 diverse organizations in terms of geography, type, academics, experience with IPC.**

**Conducted site visits to gather in-depth experience on what collaboration looks like and what is needed to support it.**

- Aurora Health—Milwaukee, WI
- Cincinnati Children's—Cincinnati, OH
- Community Health Centers, Inc.—Middletown, CT
- Intermountain Health—Salt Lake City, Utah
- University of Pennsylvania Health System—Philadelphia, PA
- Virginia Mason Medical Center—Seattle, WA
- Women and Infants Hospital—Providence, RI





# Promising Practices

- 1. Establish Strategic Alignment**
- 2. Demonstrate Leadership Commitment**
- 3. Create a Level Playing Field**
- 4. Promote Effective Communication**
- 5. Use Organizational Structure**
- 6. Prepare People to Work Together**



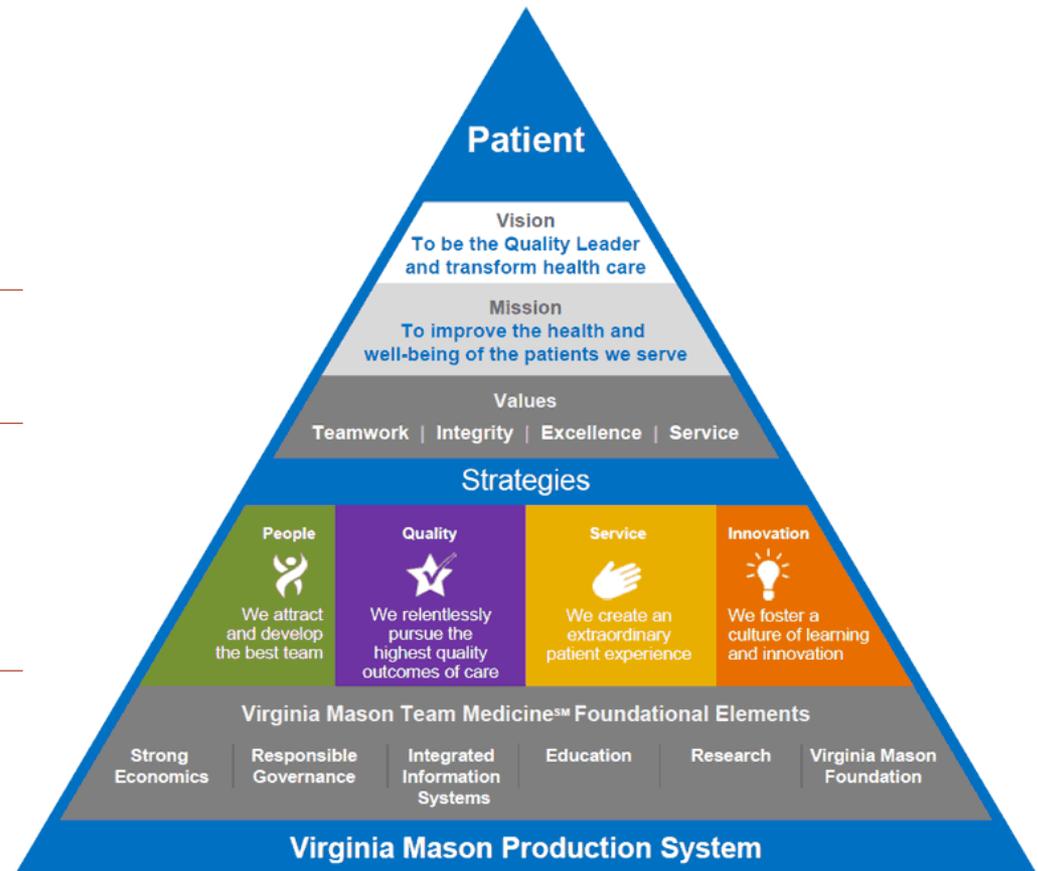
# 1) Establish Strategic Alignment

There is power in making a visible strategic commitment to putting **patients and families first**.

Patient-centeredness **serves as an equalizer** across the team.

Most powerful when **alignment** starts at the Board level and reaches through to the front line of care.

Helps people to “**connect the dots**” between their role, patient care, and the mission of the organization.



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# How?

1. Put patients first by asking:
  - ▶ “What’s best for the patient?”
2. Partner with the Board to create a shared understanding of IPC’s value.
3. Embed goals into the strategic plan and tie them to performance incentives.
4. Invite multiple disciplines to equally contribute to goal setting, with an emphasis on what they need to do to advance the goals.
5. Use stories and narrative to help people connect the dots between organizational priorities and patient impact.
6. Use the term *Interprofessional Collaboration* to name the work so that people know what it is and can model it.



## 2. Demonstrate Leadership Commitment

**Role model collaboration** at the top of the organization.

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Foster **trust** and a culture of **mutual respect**.

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**Provide resources to the development of interprofessional teams**, including time, support, attention, and recognition.

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Frequently **CMO/CNO pairs**, but often includes other members of senior leadership.

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Enables people to **see IPC in action**.



The CMO/CNO Alliance meets at UPHS



# How?

**Every site echoed the shared message that collaboration starts at the top. Senior leaders have to believe in it, model it, and live it.**

- **Create visible partnerships at the leadership level:**
  - CMO/CNE at a minimum
  - Interprofessional meetings of clinical and operational leadership
- **Partners should meet regularly to discuss and debate issues in private, but speak with a shared and equal voice in public.**
  - It helps to have offices close by if possible.
- **Demonstrate a commitment to collaborative partnerships through recruiting and onboarding processes.**
- **Compacts can effectively articulate clear expectations and accountabilities between and among providers and administrators.**
- **Identify champions from respective disciplines to model collaboration throughout the organization.**



# 3. Create a “Level Playing Field”

Look **beyond silos** and history of professional training and identity.

Help each team member feel like they can make a **meaningful contribution** to the work and speak up at all times.

Engage in **quality improvement, safety, and process improvement** projects.

Team members learn **new language, skills, and expertise** together.

Understand the **role, value, and contribution** of each team member.



Aurora West Allis Memorial Hospital 3<sup>rd</sup> Floor Clinical Improvement Team (CIT) Project Board





# How?

## **Creating a level playing field reduces the challenges of the traditional hierarchy represented in the care team.**

- Ensure that each team member understands both their own role AND the role of everyone else on the team.
- Role model speaking up with respect. Create a climate of psychological safety, which enables team members to speak up.
- Train different disciplines together to promote interpersonal connections that are important to teaming, and an opportunity to experience peer learning.
- Get to know people as people to develop rapport and the ability to call people by their first name (e.g., consider badges without degrees).
- Teach and empower parents/care givers from day one at the bedside. Encourage them to be part of the team.



## 4. Promote Effective Communication

Each **profession brings its own language** and way of communicating.

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Leaders should both role model and enable team members with **shared language and tools**.

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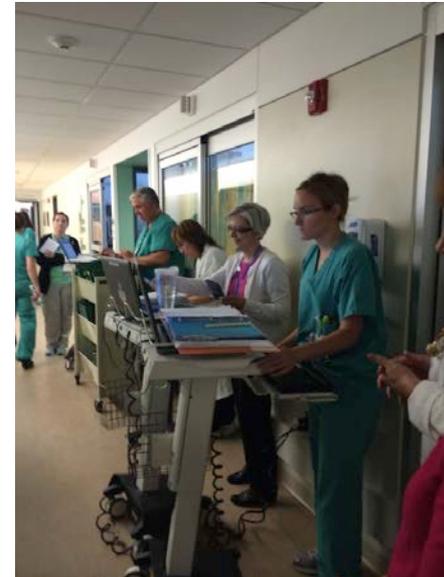
**Overcome the barriers** associated with different communication expectations that impede collaboration.

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Creates an opportunity for each team member to **demonstrate his or her value to the team**.



A social worker and assistant nurse manager check in at Virginia Mason



Interdisciplinary rounds at Women and Infants Hospital





# How?

## Communication must be structured and expected.

- **Interdisciplinary rounds** hold the potential to both hear from and integrate the perspectives of all team members.
- Scripts, round sheets, and the location of rounds can support a team's ability to be successful.
- **SBAR** (Situation, Background, Assessment, Recommendation) was reported over and over as an effective way to structure information sharing across disciplines.
- Facilitators can play a significant role in promoting communication by **eliciting information from team members** and helping to integrate that information.
- Promote honesty and the ability to give and accept feedback (e.g., group therapy component for an intact team)
- Enable different disciplines to have access to all notes in the medical record.



# 5. Use Organizational Structure

**Necessary, but not sufficient,**  
in creating an IPC culture.

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From front line teams to  
purposefully designed  
leadership structures.

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Creates an opportunity for  
**shared leadership and  
decision-making** among  
physicians and nurses.

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Numerous types of **practices  
and structures** in place to  
support IPC.



Work in a clinical pod at  
Community Health Center in  
Middletown



A team from the RN/PC model at  
Aurora West Allis Memorial  
Hospital





# How?

**We assumed organizational structure would play a major role in IPC.** We learned it is necessary but not sufficient. Organizational structures can be supported by physical structures and key skills to promote collaboration.

## Structures

- Dyad and Triad partnerships that span clinical and administrative functions create shared goals and action, while also demonstrating the commitment to IPC.
- Pods were used in different ways to enable different providers space to huddle, overhear each other, and generally interact in the service of patients.

## Skills

- Influence and persuasion
- How to run a meeting
- How to get work done through others
- Role modeling



## Role modeling

# 6. Prepare People to Work Together

IPC must be learned.

Overcome barriers created by education and training paradigms across professions.

Come together in the **service of integrating care** for patients.

Promote interprofessional collaboration **early and often**.

Establish behaviors and promote strong relationships early so they can be **strengthened over time**.



Simulation Lab at Cincinnati Children's



Simulation Lab at W&I





# Role modeling

## How?

**IPC is more than a philosophy—it's about getting work done through teams.**

- **Focus on the patient**—shift from “my patient” to “our patient.”
- Focus on a shared task that needs to be solved. We heard story after story of how a **shared task could bring teams together** .
- **Simulation** is a powerful way to teach, experience, and reflect on interdisciplinary practice.
- **Team Training for safety and quality interventions** was used in several sites to great benefit. The literature suggests that this should be one of a complement of interventions.
- **Daily operations meetings** that bring together all of the relevant clinical and administrative players were effective in real time problem-solving and promoting trust among team members.





# How might IPC make a difference?

**Those interviewed for this project say they believe this work:**

- Improves patient satisfaction and outcomes
- Improves provider satisfaction
- Creates a safer environment
- Enhances quality of care
- Creates alignment to help get things done faster





# IPC and Patient Outcomes

## 2010 WHO Report Showed IPC can improve:

- access to and coordination of health-services
- appropriate use of specialist clinical resources
- health outcomes for people with chronic diseases
- patient care and safety

## Can decrease:

- total patient complications
- length of hospital stay
- tension and conflict among caregivers
- staff turnover
- hospital admissions
- clinical error rates



# Recommendations for Congress

## **Congress should:**

1. Commission a national review of care delivery models to determine the impact of IPC practice to inform the workforce and training needs that derive from them.
2. Fund research in IPC practice, including how teams are educated and trained, to inform workforce planning.
3. Fund the National Center for Interprofessional Practice and Education, a public-private partnership, charged as an unbiased, neutral convener to conduct the research.



# IPC in Action: UPenn Health System



Regina Cunningham, CNO



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