Interprofessional Education: A Pathway for Patient Safety
We Owe it to our Patients

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Disclosure – Valentina Brashers/John Owen

Dr. Brashers and Dr. Owen have no personal or professional financial relationship or interest with any proprietary entity producing healthcare goods/or services.
Even back then:

According to the Joint Commission, *communication failure was the cause of over 70 percent of the errors* or sentinel events reported to them in the 10 years between 1995 and 2005.

**Safety is STILL the driving issue**

What is at stake if we do not learn to work together in effective teams?

- Poor Patient Outcomes
- Errors
  - Diagnostic
  - Treatment
  - Prevention
  - Communication
- Costs
- Attrition
Objectives of this Presentation

• **Review the effectiveness** of interprofessional education for collaborative care in improving healthcare quality and safety

• **Describe the components of effective teamwork** to promote patient safety and quality improvement.

• Summarize the **key strategies** and tools that can be used to promote interprofessional education and collaborative care

• Describe what the **UVA Train the Trainer Faculty Development Program** is doing to prepare clinicians and faculty to engage in effective interprofessional education and team-based care
Do interprofessional practice and education improve the quality of care and patient safety?
<table>
<thead>
<tr>
<th>Organizational benefits</th>
<th>Team benefits</th>
<th>Patient benefits</th>
<th>Benefits to team members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced hospitalization time and costs</td>
<td>Improved coordination of care</td>
<td>Enhanced satisfaction with care</td>
<td>Enhanced job satisfaction</td>
</tr>
<tr>
<td>Reduced unanticipated admissions</td>
<td>Efficient use of health-care services</td>
<td>Acceptance of treatment</td>
<td>Greater role clarity</td>
</tr>
<tr>
<td>Better accessibility for patients</td>
<td>Enhanced communication and professional diversity</td>
<td>Improved health outcomes and quality of care</td>
<td>Enhanced well-being</td>
</tr>
</tbody>
</table>
The evidence is overwhelming that interprofessional team-based practice:

• Improves patient outcomes
  – reduces length of stay
  – decreases medication errors
  – improves specific care outcomes
  – improves patient satisfaction

• Improves provider outcomes
  – Improves nurse satisfaction/retention
  – Improves physician satisfaction

• Decreases healthcare costs
IOM Report: Measuring the Impact of Interprofessional Education (IPE) on Collaborative Practice and Patient Outcomes

April 22, 2015


(IOM Review authored by Brashers, Phillips, Malpass, & Owen and published in an appendix to this report)
Summary of Results:

- Error rates declined, error reporting increased
- Positive impact on practice processes including use of checklists, OR briefings, and adherence to guidelines
- Patient care quality outcomes such as HgbA1C, cholesterol, BP, and mobility improved
- Strongest data was from OR teams
  - Practice efficiencies and cost savings
  - Improved post-op outcomes
  - Improved morbidity and mortality
We are at our best when things are at their worst

The Ebola team at Hopkins
What is an effective interprofessional team in “everyday” practice?
Really?
Key team characteristics

• Shared goals
• Patient centered
• Defined membership
• Leadership by the member who is best suited for the chosen project
• Authority for taking action to achieve goals
• Shared responsibility for achieving goals
• Accountability to the larger organization

Mosser and Begun, 2014
Examples of collaboration in “everyday” practice

- Morning “huddles”
- Safety rounds/meetings
- Daily goals worksheets
- Interprofessional patient rounds (bedside or conference room)
- Shared care plans
- Shared discharge instructions
- Structured family meetings
- Communication tools (e.g. Situation-Background-Assessment-Recommendation [SBAR])
What are some of the barriers to effective interprofessional teams?

1. Different definitions of teamwork
2. Different perceptions of teamwork
3. Different priorities and communication styles
4. Teamwork vs Group Work
5. Team leadership based upon artificial hierarchies rather than expertise needed for effective teamwork
1. MDs often define teamwork as:

- Working well with other physicians
- Listening to others before making a his/her own decision
- Telling everyone how best to support the MD in achieving his/her goals
1. Nurses and other team members often define teamwork as:

- Being treated respectfully
- Being listened to before a decision is made
- Being given more autonomy
- Being the patient advocate when others make poor decisions
2. Perceptions of teamwork can differ significantly.

I am able to contribute to the patients’ daily plans of care.

<table>
<thead>
<tr>
<th>Physicians</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>Always</td>
</tr>
<tr>
<td>Sometimes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Rarely</td>
<td>Rarely</td>
</tr>
<tr>
<td>Never</td>
<td>Never</td>
</tr>
</tbody>
</table>

N=41

N=40
3. Different priorities and communication styles

- Vital signs?
- Passing gas?
- Wound drainage?

Mr. Smith has seemed anxious lately, his heart rate has gone up, but that could be because he is worried. His son was in last night and they do not get along well. Anyway, Mr. Smith wants to know when he will be going home so that he can take care of his aging mother...

She must not KNOW what is really important about Mr. Smith

He must not CARE what is really important about Mr. Smith
## 4. Groups vs Teams

<table>
<thead>
<tr>
<th>Work Groups</th>
<th>Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual accountability</td>
<td>Individual and mutual accountability</td>
</tr>
<tr>
<td>Come together to share information and perspectives</td>
<td>Frequently come together for discussion, decision making, problem solving, and planning.</td>
</tr>
<tr>
<td>Focus on individual goals</td>
<td>Focus on team goals</td>
</tr>
<tr>
<td>Produce individual work products</td>
<td>Produce collective work products</td>
</tr>
<tr>
<td>Define individual roles, responsibilities, and tasks</td>
<td>Define individual roles, responsibilities, and tasks to help team do its work; often share and rotate them</td>
</tr>
<tr>
<td>Concern with one's own outcome and challenges</td>
<td>Concern with outcomes of everyone and challenges the team faces</td>
</tr>
<tr>
<td>Purpose, goals, approach to work shaped by manager</td>
<td>Purpose, goals, approach to work shaped by team leader with team members</td>
</tr>
</tbody>
</table>

http://www.slideshare.net/misomess/team-building-workshop-by-concepts-consulting-llc
5. Team Leadership

- Team leadership is the “dynamic process of social problem solving involving information search and structuring, information use in problem solving, managing personnel resources and managing material resources”. (Weaver et al)

It’s COMPLICATED!
5. Team Leadership

“I’ve gone from King of the Jungle to team leader.”
How do we create effective teams that can improve quality and safety?
The Path to Improved Health Outcomes Through IPE and IPP

Collaboration is not just about being nicer to one another...

• You might believe you are a good collaborator, but the evidence suggests that we all have a lot to learn (and teach our students).

• Collaboration is not just about attitudes, it requires knowledge and skills that may differ in a variety of practice settings.

• The rapid pace of healthcare change means we all must learn together.
We need to LEARN specific skills

IPE

- Better Attitudes
- More Knowledge
- Improved Skills
- New Behaviors
- Systems Change

IPP

- Decreased Length of Stay
- Fewer Errors
- Decreased Mortality
- Decreased Morbidity
- Increased Efficiency
- Decreased Costs
- Increased Satisfaction
Transforming Patient Care: Aligning Interprofessional Education with Clinical Practice Redesign

Proceedings of a conference chaired by Malcolm Cox, MD and Mary Naylor, PhD, RN, FAAN

January 2013 | Atlanta, Georgia

Partnering with Patients, Families, and Communities to Link Interprofessional Practice and Education

Proceedings of a conference chaired by Terry Fulmer, PhD, RN, FAAN and Martha (Meg) Gaines, JD, LLM

April 2014 | Arlington, Virginia
How can we operationalize interprofessional education and team-based care?
Educational Reform
Learning
Patient
Caring
Practice Redesign

HEALTHCARE SYSTEM

POINT OF CARE

INSTITUTION

Structure
Financing

IOM 2015
“If you feel comfortable that probably means you are doing it wrong.”

Robert Hanig, Innovation Associates
Taskwork for Teamwork

• Identify a high-priority problem

• Bring the team together and present the data

• Develop a shared set of measurable desired outcomes for improved quality and safety

• Integrate team training
Choose a high-priority safety or quality challenge

• Unexpected mortality
• CLABSI
• CAUTI
• Falls
• Early sepsis recognition
• Errors/error reporting
• Early readmissions
• Waste of time, inventory, motion
• Patient satisfaction
Bring the team together:

Combine Right & Left Brain Approaches

- Tell People Compelling Stories
- Give People Thoughtful Analyses

- Influence Feelings
- Influence Thinking

Change Behavior

Develop a set of specific measurable desired outcomes

• Practice Processes
  – Safety (patients and providers)
  – Efficiency (throughput)
  – Costs

• Patient Outcomes
  – Quality indicators
  – Errors and events
  – LOS/Readmission
  – Pt satisfaction
Team training is a key component for success

Provide key members with training in team-building, team dynamics, team leadership, and team-based PSQI project development and assessment.

Consider a trained teamwork facilitator who can bring teamwork skills to team meetings and to project development.
Enabling or Interfering Factors

Foundational Education
Graduate Education
Continuing Professional Development

Interprofessional Education

Professional culture
Institutional culture
Workforce policy
Financing policy

Learning Continuum (Formal and Informal)

Learning Outcomes
- Reaction
- Attitudes/perceptions
- Knowledge/skills
- Collaborative behavior
- Performance in practice

Health and System Outcomes
- Individual health
- Population/public health
- Organizational change
- System efficiencies
- Cost effectiveness

IOM 2015
Key components of team training

• Focused on clinical priorities
• Well defined measurable training outcomes goals
• Based on adult learning

• Integrated hands on or simulation training
• Real-time PSQI project development
• Implemented and reinforced in practice
• T3 FDP is a formal national faculty/clinician development curriculum at three dedicated sites, UVA, U. Washington, and U. Missouri.

• The vision of this program is to expand the capacity of health professions faculty and clinicians to improve the quality and safety of healthcare delivery, better align health professions education with the nature of interprofessional practice, and engage patients, families and communities in co-producing care through enhanced interprofessional education and collaborative practice.
Focuses on building interprofessional team training skills and enhancing team dynamics toward effective collaborative practice, improving quality and safety, and leading organizational change

- Expert instruction and mentorship
- Brief theory bursts
- Experiential learning
- Reflection
- Real time project development
Theory Bursts

Interactive Simulation Training

Reflection and Active Learning

Facilitated Project Development
2015 Exemplar Projects

- Interprofessional education for team-based bedside rounding
- Team-based delivery of care in community-based asthma clinics
- Team collaboration and communication for COPD rehabilitation
- Enhanced delivery of palliative care for severe heart failure patients
- Improved teamwork for UVA BeSafe projects
T3 FDP will be offered again
April 13-16, 2016

Go to
http://ipe.virginia.edu/April2016IPEFacultyDevelopment/default.aspx
to find out more about the April 16, 2016 program
Registration is open
Questions???
Suggested Readings

• Mosser and Begun (2014) Understanding Teamwork in Health Care

• IOM(2013) Interprofessional Education for Collaboration: Learning How to Improve Health from Interprofessional Models Across the Continuum of Education to Practice: Workshop Summary
  http://www.nap.edu/catalog/13486/interprofessional-education-for-collaboration-learning-how-to-improve-health-from

• IPEC: Core Competencies for Interprofessional Collaborative Practice

  http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(10)61854-5.pdf


• Institute of Medicine Report: Measuring the Impact of Interprofessional Education (IPE) on Collaborative Practice and Patient Outcomes; April 22, 2015