



Evaluating an IPCP Model Within a Community Hospital Using a Mixed Methods Approach: A Work in Progress

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Team Project Goals



- Assess IP stakeholders' beliefs regarding attitudes towards team concepts and communication patterns.
- Obtain qualitative and quantitative data to assess IP collaborative practice.
- Design and implement strategies/interventions to promote IP practice.
- Evaluate outcomes.
- Plan for sustainability.

Mixed Methods



- Qualitative:
 - Focus Groups N=19
 - IP Microsystem Team n=9
 - IM Residents n=10
 - Individual Interviews N=26
 - Pharmacists n=5, Nurses n=9,
 - Case Managers n=6, Physicians n=6
- Quantitative: Relational Coordination Scale (Gittell, 2010)

Phase I Qualitative



- Four themes emerged: *Disjointed Communication, Impact of Residency Presence, Desire for a Shared Mental Model, & Call for Mechanisms that Foster Interprofessional Collaboration.*

Disjointed Communication

“What disjoints health care is that documentation is so separated...where the doctors notes go...the nurses notes go ... case management.” (IM Resident)

Impact of Residency Presence

“Keeps you on your toes.” (RN) “Provides a new view.”(RN) “Prior to the residents we had a hospitalist assigned to the floor. You were really able to communicate. With the residents ...everyone is everywhere...more difficult.”

Desire for a Shared Mental Model

“You want everybody on the same page.” (CM)

“Have medical residents and new nurses come spend time in the pharmacy to actually see ... One team, one mission ... talk about your role.

(Pharmacist)

Call for Mechanisms that Foster Interprofessional Collaboration

“Structured rounds or some system.” (RN) “Having more formal rounds” (Pharmacist) “If set time where everybody is present things would be different ... teaching rounds.” (Physician)

RC Survey 2.0

Phase II



Relationships

Shared Goals

Is what you are trying to accomplish as an organization/department/unit/team clear, and does each workgroup share that same goal? Are individual professional goals aligned with team goals?

Shared Knowledge

Is each workgroup's contribution to the work process understood and appreciated? Is there a clear understanding of workgroups are interconnected?

Mutual Respect

Does each workgroups respect and value the contribution of the other workgroups to the work process?

Communication

Frequent Communication

How often does communication occur (e.g. Is it too much? Is it too little)?

Timely Communication

Is information and/or resources received on time and when needed?

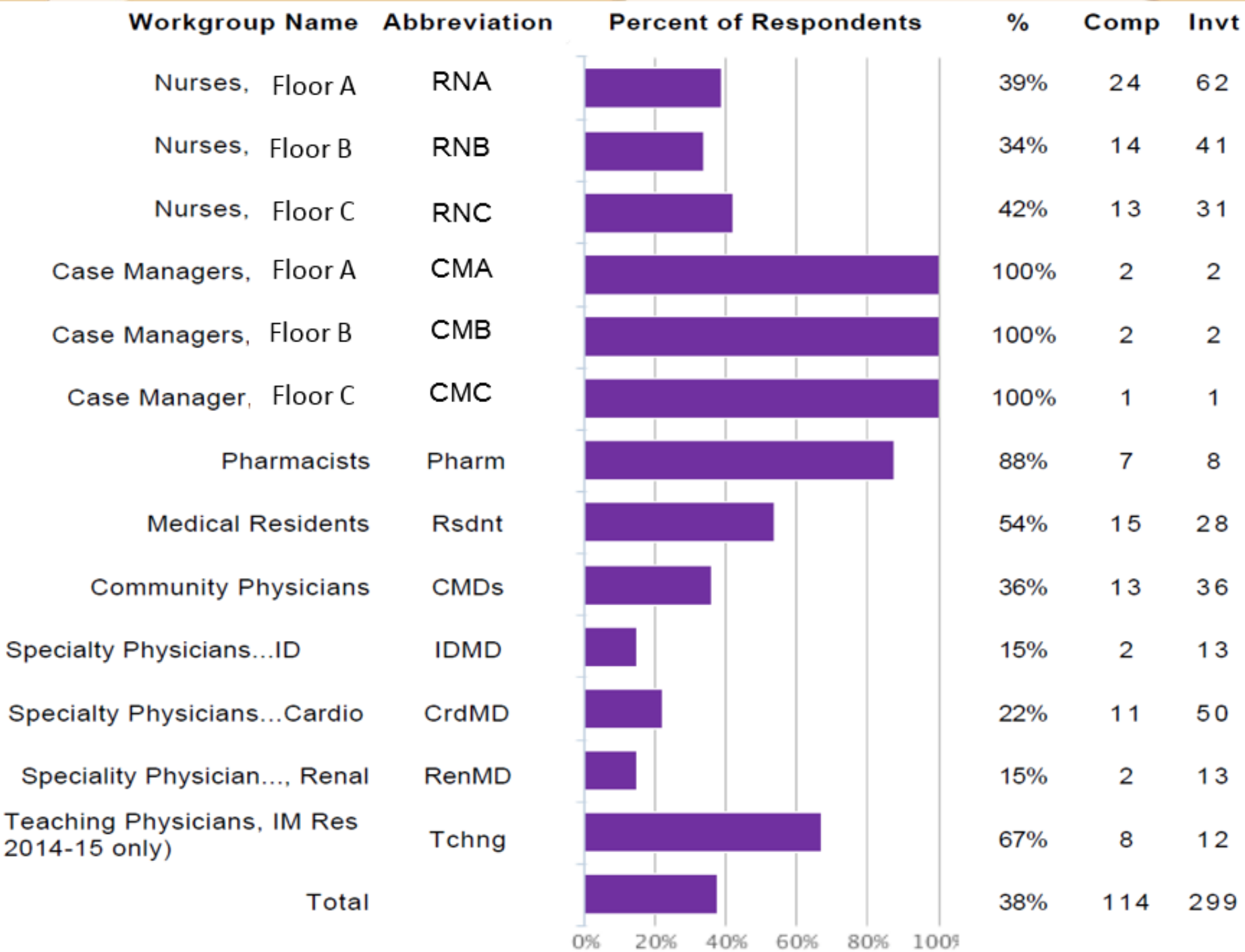
Accurate Communication

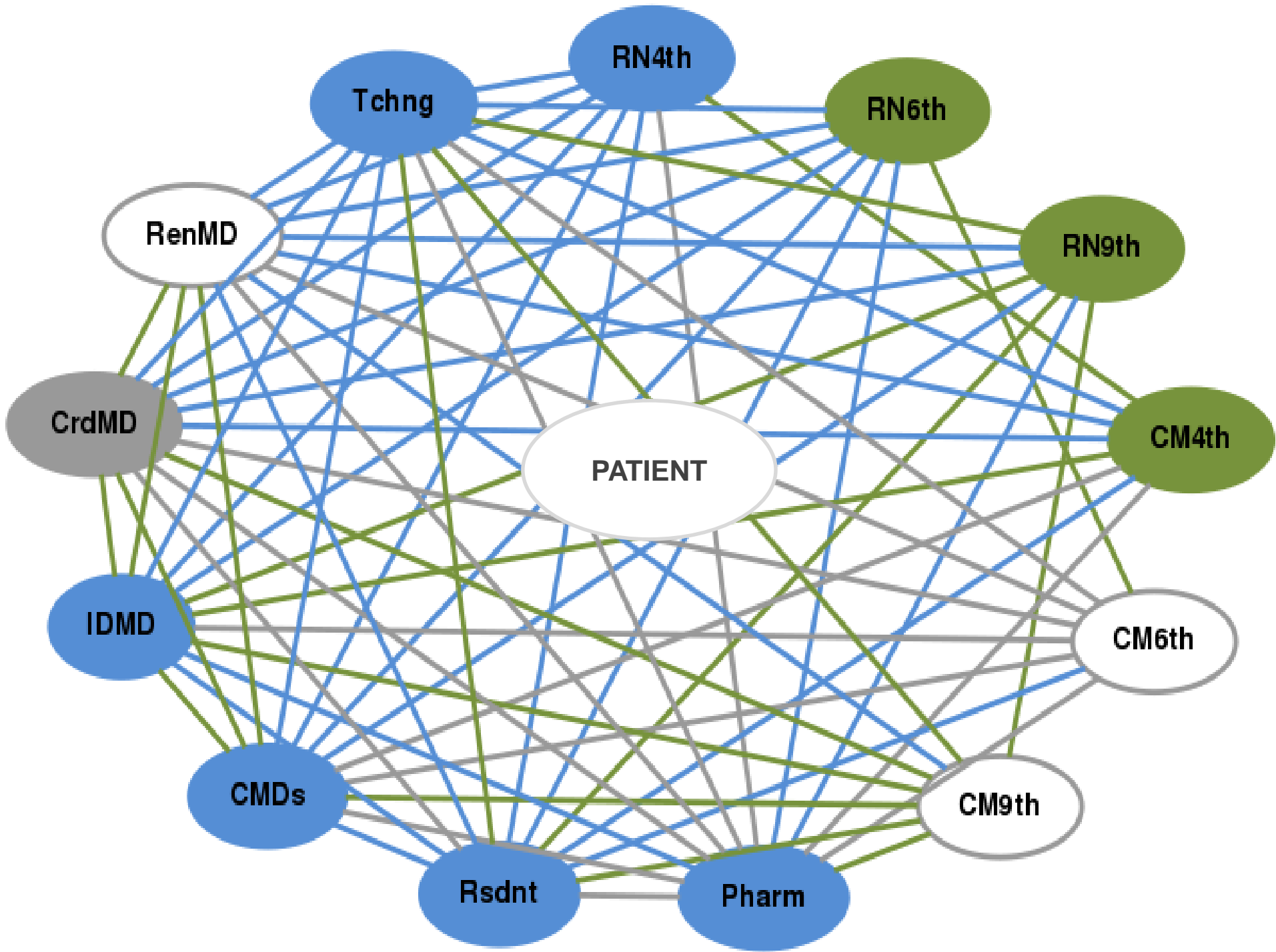
Is the information that is received correct?

Problem-Solving Communication

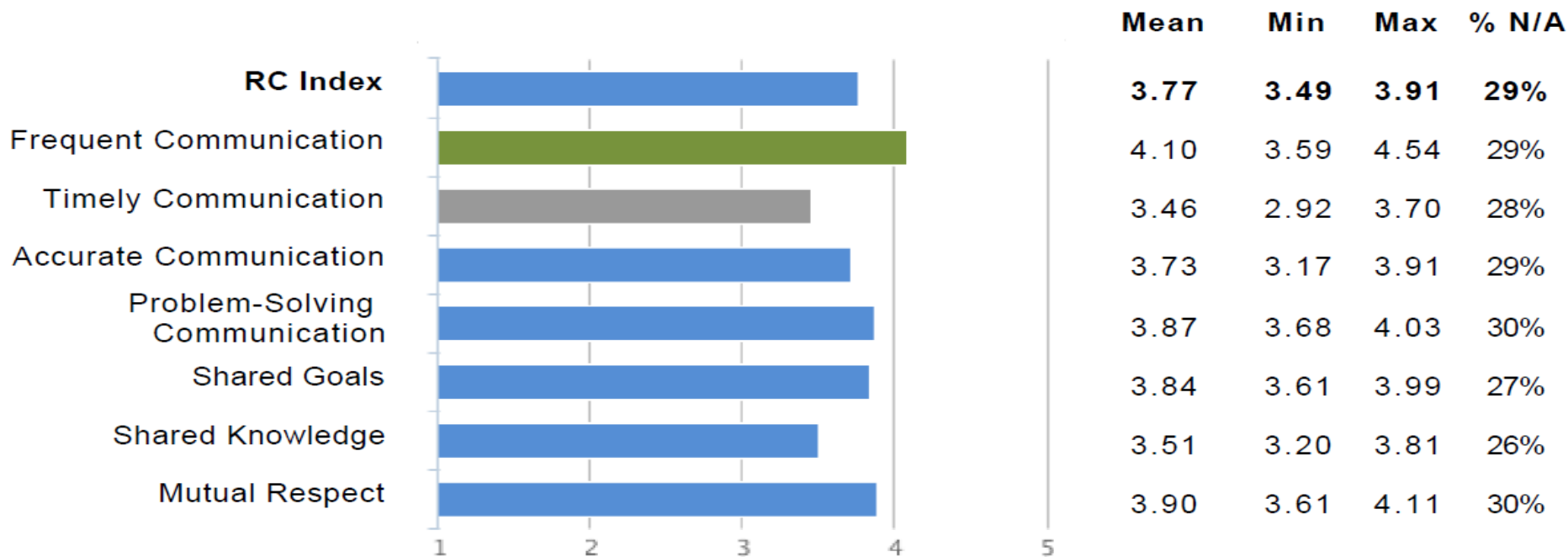
When a problem arises, is the focus on trying to solve the problem or on identifying who is to blame?

1. Frequent Communication	How frequently do people in each of these groups communicate with you about patient needs for discharge ?
2. Timely Communication	Do they communicate with you in a timely way about patient needs for discharge ?
3. Accurate Communication	Do they communicate with you accurately about patient needs for discharge ?
4. Problem-Solving Communication	When there is a problem with patient needs for discharge , do people in each of these groups blame others or work with you to solve the problem?
5. Shared Goals	Do people in each of these groups share your goals for patient needs for discharge ?
6. Shared Knowledge	Do people in each of these groups know about the work you do with patient needs for discharge ?
7. Mutual Respect	Do people in each of these groups respect the work you do with patient needs for discharge ?

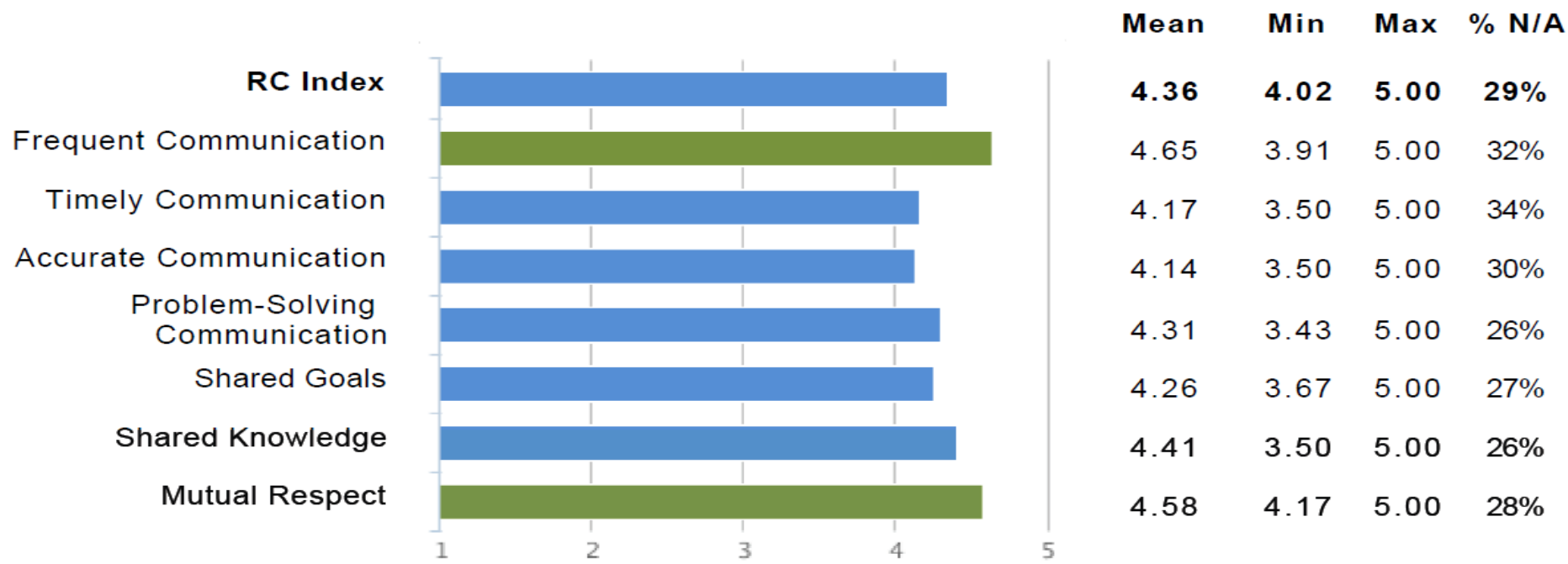




Between Workgroups



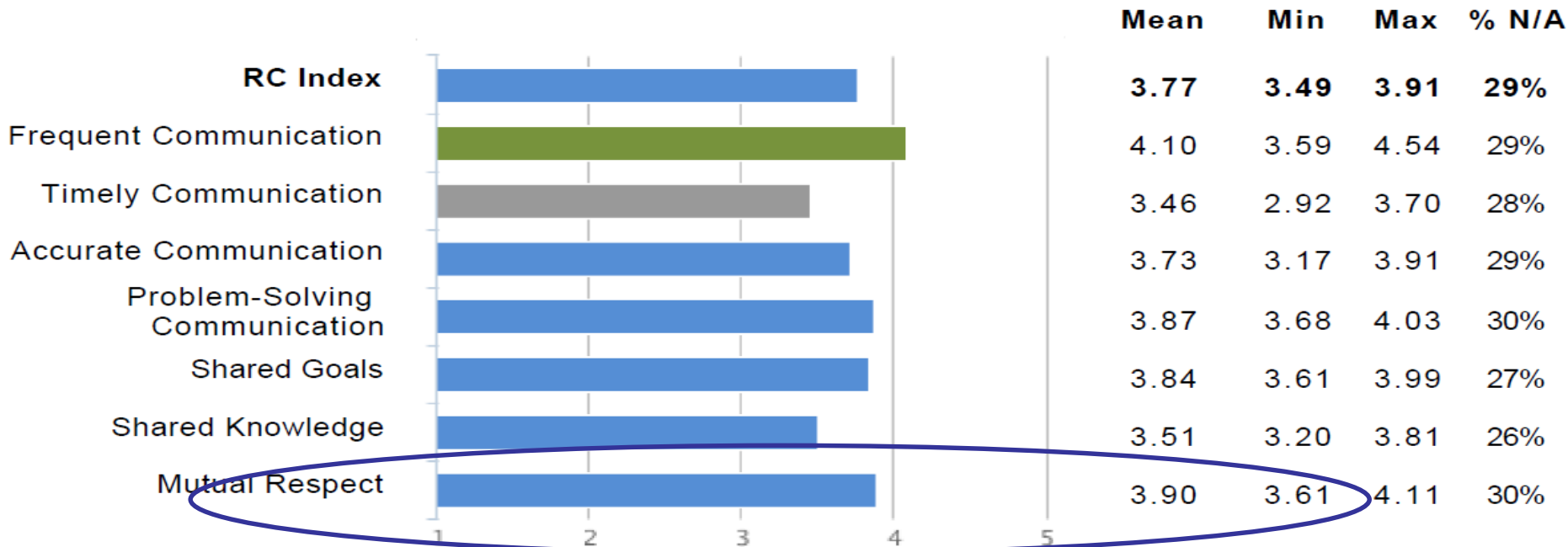
Within Workgroups



Mutual Respect is a strength that can be leveraged amongst the BRRH team as the work of improvement begins.



Between Workgroups

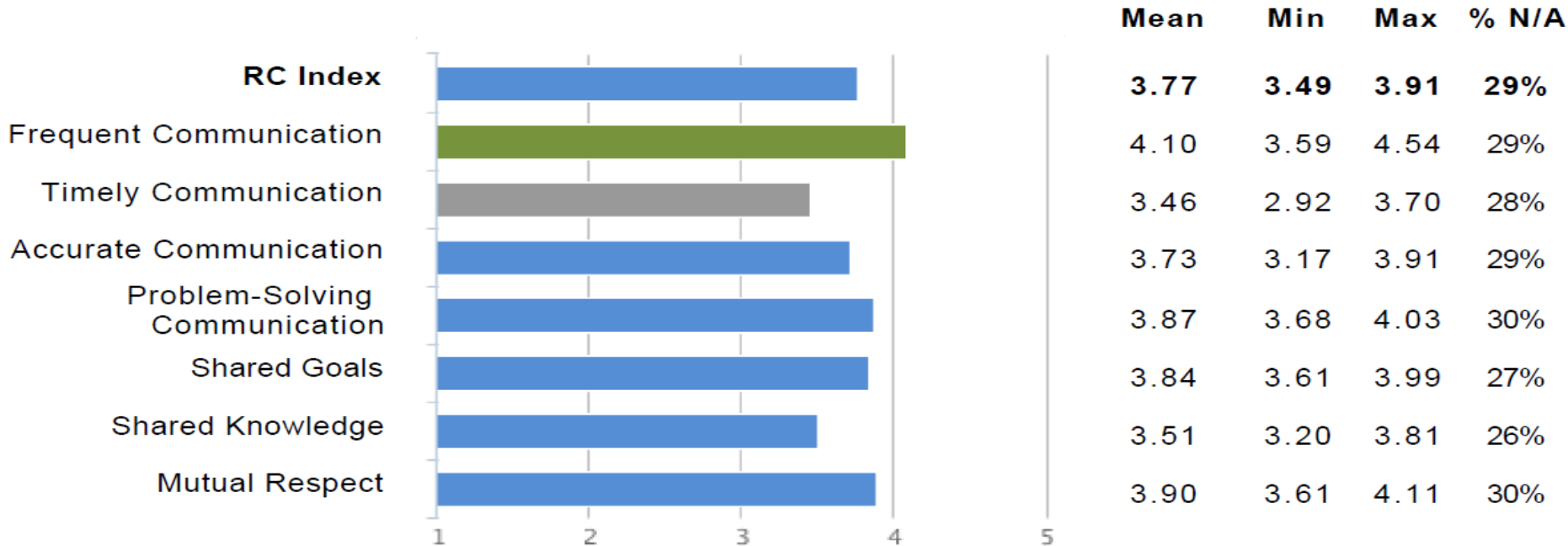


Between Workgroups	
Weak	<3.5
Moderate	3.5-4.0
Strong	>4.0

Timely Communication is the dimension where there is the greatest opportunity for improvement **between** workgroups with a critical role in the discharge process.



Between Workgroups

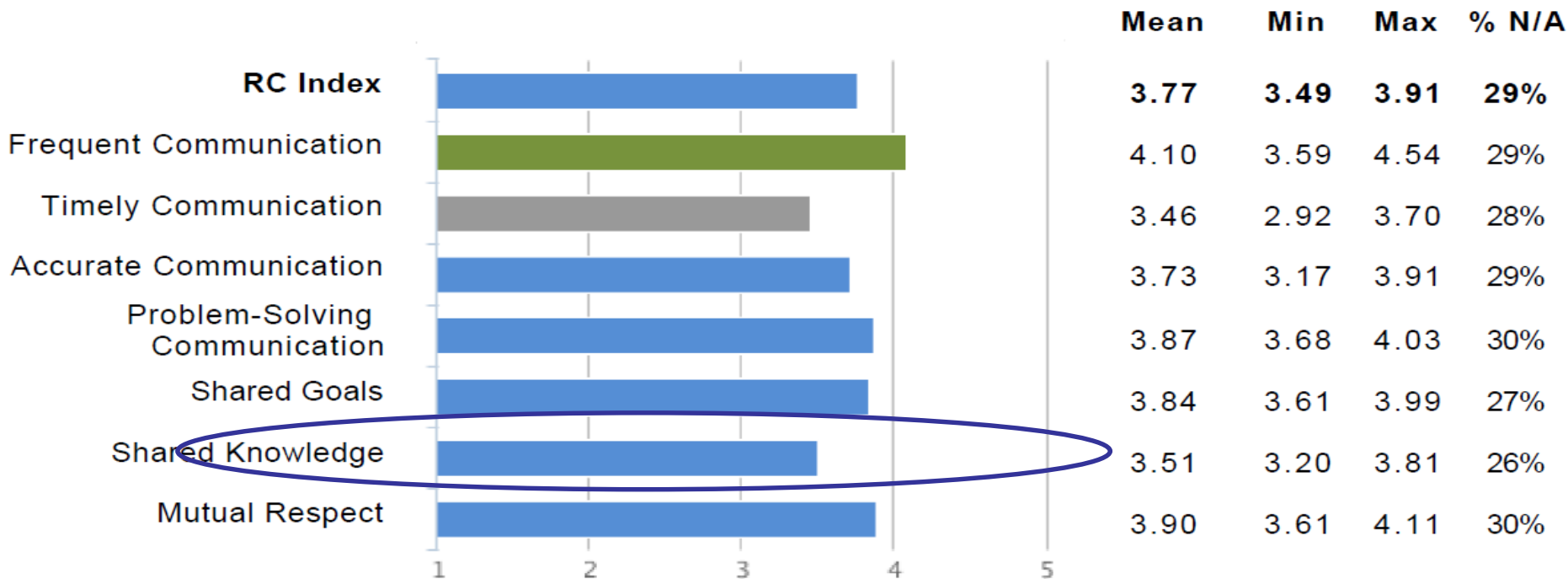


Between Workgroups	
Weak	<3.5
Moderate	3.5-4.0
Strong	>4.0

Though a moderate dimension, **Shared Knowledge** is also a dimension to prioritize and may be a conduit for improving timely



Between Workgroups



Between Workgroups	
Weak	<3.5
Moderate	3.5-4.0
Strong	>4.0

Next Steps

- RC Scores were shared with the project team to engage in reflection on their patterns of behavior that impact the patient discharge process at BRRH.
- The team is integrating RC findings, evaluating appropriate discharge performance metrics, and action planning for discharge process improvement.
- Solutions, strategies and tactics that support timely communication and shared knowledge as part of the redesigned discharge process are being identified.

Action Plan

- Development and production of a video depicting the perspective of the patient, family, and each team member as they experience the discharge process.
- Integrate and hardwire TeamSTEPPS communication tools into practice.
- Initiate IP rounds with frontline providers and patients.
- Identify & develop faculty & practice champions.
- Create a virtual repository for IP resources.
- Remeasure RC -12 months post-baseline.

Sustainability

- Development of Practice Champions
- Development of IP Best Practices
- Virtual Repository
- Leadership Support
- Build IP Behaviors into Evaluation Mechanisms for Annual Review
- Annual IPCP Award



What Questions Do You Have???

