Learning Objectives

1. Understand the framework for implementing interprofessional education across the learning continuum
2. Identify 3 key strategies for improving interprofessional team-based care
3. Understand the differences in team training outcomes (learning outcomes versus patient and systems outcomes)

Interprofessional Education (IPE) Efforts

- 2010
  - IOM Report – *The Future of Nursing: Leading Change, Advancing Health*
- 2012 - IOM Forum on Innovation in Health Professional Education

Consensus Committee
Malcolm Cox, MD
Brenda K. Zierler, PhD
Barbara Brandt, PhD
Scott Reeves, PhD
Albert Wu, PhD
Janice Palaganas, PhD
Patricia Cuff, MS
Tina Brashers, MD

*National Academies of Science, Engineering, and Medicine Consensus Report, 2015*
TeamCORE Collaboration

- Team Collaboration for Organizational Excellence
- UW Medicine Health System Initiative
  - Washington, Wyoming, Montana, Idaho and Alaska (WWAMI) Institute for Simulation in Healthcare (TeamSTEPPs Training Site)
  - UW Organizational Development and Training (ODT) (Resolves conflict and offers coaching)
  - Center for Health Sciences Interprofessional Education, Research and Practice (CHSIE) (IPE and faculty development training)

TeamCORE – Replicable Processes

- Units (healthcare team) identify need for training
- Change Team (representatives from each profession on team)
- Change Team identifies area for improvement
- Change Team members trained as master TeamSTEPPS trainers
- Change Team and TeamCORE plan targeted training (TeamSTEPPS and process changes)
- Engage patient/family advocates in training

Advanced Heart Failure Interprofessional Collaborative Practice (AHF-IPCP) Grant Teams

- HRSA Grant Objectives:
  1. Create IPCP in an accountable care organization for patients with AHF
  2. Develop nursing leaders in IPCP
  3. Create and evaluate TeamCORE training
  4. Disseminate lessons learned

Our Project

- Introduce and evaluate how structured interprofessional bedside rounding (SIBR) were implemented for patients with advanced heart failure to:
  - Improve timely communication
  - Increase shared knowledge
  - Increase shared goals
  - Improve satisfaction (patient, provider, nurse)
Kotter’s 8 Steps – Revised

1. Create a sense of urgency
2. Build a guiding coalition
3. Form strategic vision & initiatives
4. Enlist volunteer army
5. Enable action by removing barriers
6. Generate short-term wins
7. Sustain acceleration
8. Institute change


1. Create a Sense of Urgency
   • Baseline data prior to implementation
     – Relational coordination
     – Team perception questionnaire
     – Observations of team functioning
     – Benchmark clinical data
       • Readmission rates
       • Patient satisfaction
       • Workflow

2. Build a Guiding Coalition
   • Change Team (and grant team)
     – Representatives from all professions
     – Share baseline survey data with Change Team
     – Create shared vision on process improvement
     – Quarterly leadership workshops
       • Relational coordination
       • Conflict resolution
       • Liberating Structures
       • Change Management

AHF Inpatient Change Team

AHF Outpatient Change Team
WNA Clinical and Interprofessional Education Considerations for Patient-Centered Team-Based Care

**Plenary III: Interprofessional Education Leading to Team-Based Care**

### UW Grant Team

![Image of UW Grant Team]

### 3. Form Strategic Vision & Initiatives

- Developed charter & plan (including SMART Goals)
- Created Team Agreements
- Designed purposeful team training (TeamSTEPPS and SIBR practice)
- Milestones
  - Go live date for SIBR
  - Allow time for process improvement
  - Gather feedback (via surveys) for challenges

### 3. Form a Strategic Vision & Initiatives (cont.)

- Grant objectives
- Clinical Objectives for Accountable Care Organization
- Data
- Desired future state – envisioning exercises using liberating structures
  - 25-10 best ideas
  - What I need from you

### Measures

- Team Perception Questionnaire (TPQ)
- Culture of Safety (annual survey)
- Satisfaction (patient, provider, and nurse)
- Relational Coordination (pre/post design)
- Core measures related to advanced heart disease
- Observational data of team functioning

### AHF Team

**Performance Improvement**

- Structured interprofessional bedside rounding (SIBR)
- Briefs, huddles, debrief
- SBAR (situation, background, assessment, recommendation)
- Team agreements

### TeamCORE

**Process Improvement**

- Develop training database
- Estimate cost of training
- Evaluate effectiveness of training & coaching
- Model for organizational cultural changes
  - Experts within an organization
  - Learning Community
  - Professional development
Timeline of Events

1. Baseline Data Collection
2. Adopt Plan
3. Team Training & SIBR Practice
4. Launch SIBR: Pilot/test
5. Fully Implement
6. Institute Change

4. Enlist Volunteer Army

- How many HF Team Members does it take to change a light bulb?
- 10
- 1 to change the bulb and 9 to talk about the old light bulb and how great it was

Enlist Volunteer Army

- “Volunteer army needs a coalition of effective people – coming from its own ranks to guide it, coordinate it and communicate the activities “ (Kotter, 2012)
- Change Team members were identified
- Initially had names only (from top administration) but not buy-in or ownership from individuals

5. Enable Action by Removing Barriers

- Identified inefficient processes
- Adaptive leadership – provided the freedom necessary for staff to work across boundaries and create real impact
- Identified training needs (communication and relationships) to increase skills for teamwork
- Pay 4-hours for every nurse to participate in team communication training

6. Generate Short-term Wins

- Go live dates
- Ongoing feedback from involved team members, patients and providers
- Presentations at Leadership Workshop (posters in a Shift-and-Share process)
- Change in outcomes in team functioning (team surveys)
- Additional training
Presentation to Systems Leaders

7. Sustain Acceleration

- Change leaders must adapt quickly in order to maintain their speed
- Balancing change management with change leadership
- How to reward Change Team and keep them motivated

Health Systems Leaders

Sustain Acceleration

- Achieve tactical adaptability for unit (but how to exhibit traits at a strategic level due to siloing of teams and reporting structures)
- Other floors are implementing various forms of rounding
- How to take a systems approach to similar processes (need leadership)

Challenges – AHF Team

- Understanding roles/responsibilities
- Hierarchy
- Introducing changes to current work processes and teams
- Communication
  - To executive leadership
  - To other team members

Challenges – TeamCORE

- Capacity to continue intensity and duration of training to multiple UW Medicine Units
- Consistent training approach across each unit (use established processes)
- Organizational changes occurring at same time as team training (e.g. ACO)
- Evaluation
  - Emphasis on training
Team-Based Care

- Grass roots movement
- Leadership essential
- IPE across the learning continuum
- Included students/trainees and patient advocates in all training (end-users)
- Changing culture
- Building Learning Community

Next Steps

Kotter’s 8 Steps – Revised

1. Create a sense of urgency
2. Build a guiding coalition
3. Form strategic vision & initiatives
4. Enlist volunteer army
5. Enable action by removing barriers
6. Generate short-term wins
7. Sustain acceleration
8. Institute change

Acknowledgements

- Practice Partners (UW Medicine Regional Heart Center)
- CHSIE Team & Grant Teams
- Health Resources & Services Administration (HRSA) Grant

UD7HP26909, title “Nurse Education, Practice, Quality & Retention: Interprofessional Collaborative Practice” (total award amount $1,488,847)

This information or content & conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government