

An Interprofessional Team Effectiveness Intervention

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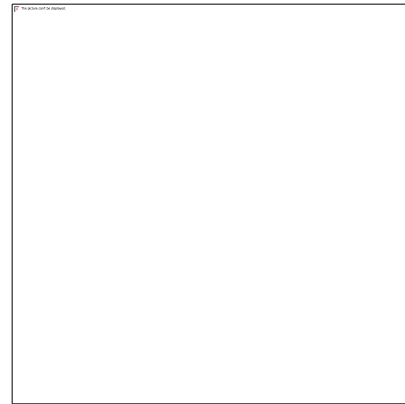


Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018



Slides and handouts are also available on the mobile app.

Learning Objectives

At the conclusion of this session, the participant will be able to:

- List the core competencies required for successful interprofessional collaborative practice
- Identify a theoretical framework of interprofessional collaborative practice
- Discuss interventions to develop effective interprofessional collaborative practice

Bibliography / Reference

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4. Havens, D. S., Vasey, J., Gittell, J. H., & Lin, W. T. (2010). Relational coordination among nurses and other providers: impact on the quality of patient care. *Journal of Nursing Management*, 18(8), 926-937
5. Interprofessional Education Collaborative Expert (IECE)Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Interprofessional Education Collaborative Expert Panel.

Learning Assessment




A learning assessment is required for CE credit.

A question and answer period will be conducted at the end of this presentation.

Background

- **Increased number of vulnerable patients with challenging health care needs**
 - **Essential to develop effective interprofessional teams in home care**
- **Baby Boomers**
 - **In 2011, the oldest of the ~ 80 million turned 65 years old**
 - **~ 10,000 more Baby Boomers will turn 65 each day until 2030** (Pew Research Center, 2010).
- **The Institute of Medicine's (IOM) report *To Err is Human* (1999)**
 - **Effective teamwork and improved communication - essential to improving health outcomes & preventing errors**
- **High-reliability health care teams will be required to deliver patient-centered, coordinated, and effective health care to these patients** (Riley et al., 2010).

Local Problem

- **University based home care agency (HCA) process/outcome measures & patient satisfaction scores top 20% of the nations home care agencies** (Home Health Compare, 2017).
 
- **HCA to be successful in value-based payment environment, it will be imperative to the quality of care & measurable patient outcomes in order to Home Health Compare Star quality ratings**

- **Practice models in home care have continued to maintain their historical professional silos rather than practice interprofessionally**

(Legare et al., 2013)

Theoretical Framework

Relational Coordination Theory – theory that defines and recognizes the dynamics of coordinating work for task integration



Gittell, 2011

Literature Synthesis

Relational Coordination:

- **Evidence in the literature suggests that relational coordination can improve quality of care and patient and caregiver satisfaction with care** (Gittell et al., 2000; Gittell et al., 2008; Gittell & Douglass, 2012; Gittell & Logan, 2015; Gittell, 2016; Havens et al., 2010; Weinberg et al., 2009).

Team Climate:

- **Team climate is related to delivering high quality care by professionals sharing goals, commitment and support** (Anderson & West, 1998; Bower et al. 2003; Agreli, Peduzzi, & Bailey, 2017).
- **When a team has a climate for teamwork, then the team members are willing to work together to share and provide resources to each other** (Hartgerink et al., 2013).

Literature Synthesis

Interprofessional Collaborative Practice:

- **Shared Knowledge, shared goals, and effective communication skills are collaborative skills that are important for the development of IPCP** (D'Amour et al., 2005; Hall, 2005).
- **Educating health care professionals about the IPEC core competencies helps develop IPCP** (IECE Panel, 2011; Salas et al., 2008; Zwarenstein et al., 2009).

Communication:

- **Health care teams can improve patient outcomes by increasing their ability to communicate effectively in their interprofessional teams** (Bokhour, 2009; Krumholz, 2013; Press et al., 2015).
- **Inadequate communication in health care teams, due to a lack of interprofessional teamwork, is an obstacle to seamless care for patients in transition and may lead to errors** (Fairchild et al., 2002; Sutcliffe et al., 2004).

Literature Synthesis

Shared Knowledge:

- **Knowledge sharing requires developing relationships among interprofessional team members and is essential for coordination of care for patients and can have a positive, synergistic influence on patient care** (Baxter & Markle-Reid, 2009; Cabrera & Cabrera, 2005; Gittell, 2002 ;Gittell, 2011; Hall, 2005; Kvarnstrom, 2008; Suter et al., 2009).

Shared Goals:

- **Shared goals motivate the team members to move beyond their professions specific goals and act with regard to the overall care goals for the patient** (Anderson & West, 1994; Gittell, 2011; Weinberg et al., 2009).

Mutual Respect:

- **Development of mutual respect and trust are key components of an enduring interprofessional relationship** (D 'Amour et al.,2005; Gittell, 2009; Gittell, 2011; Pullon, 2008).

Project Aim

Develop, implement, and evaluate a team-based effectiveness intervention for the visiting professional clinicians and Home Health Aides (HHA) in a home care agency

Project Description

Design:

- **Pre/Post-test mixed methods**

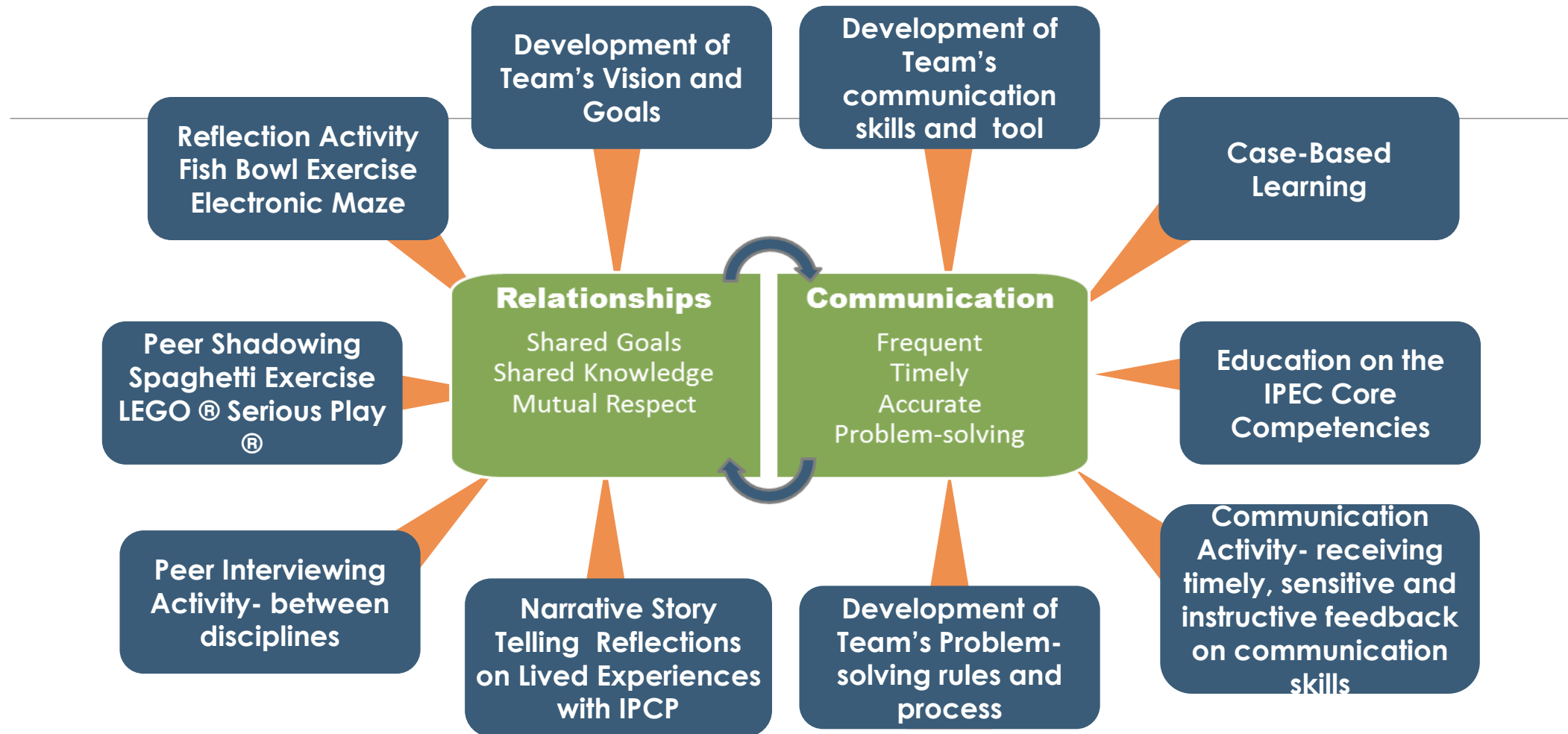
Intervention: 4 (2) hour seminars with interprofessional content

- **Shared goals intervention**
- **Shared knowledge intervention**
- **Mutual respect intervention**
- **Communication intervention**

Interprofessional Collaboration:

- **RN, LPN, PT, OT, PTA, Speech therapist, Social Worker, HHA, CTC in a HHA affiliated with large academic medical center in Upstate NY**

Interventions



Electronic Maze Exercise



Spaghetti Tower Building Exercise



Methods of Evaluation

Outcome	Measurement Tool	Interval	Method of Data Analysis
RELATIONAL COORDINATION	RC Scale	Pre-/Post Intervention	RC Analytics
TEAM CLIMATE	TC Index	Pre-/Post Intervention	Paired <i>t</i> test
IPEC COMPETENCY	IPEC Competency Survey	Pre-/Post Intervention	Paired <i>t</i> test
INTERVENTION EFFECTIVENESS	Surveys	Pre-/Post Intervention	Paired <i>t</i> test
POST-SESSION PROCESS EVALUATION	Surveys	Post-Session	Descriptive thematic analysis
POST-INTERVENTION PROCESS EVALUATION	Surveys	Post-Intervention	Descriptive thematic analysis




Participant Demographics

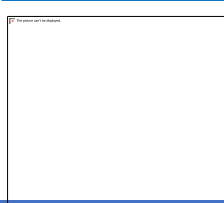
Characteristics	n (%)
Licensed	31 (91)
Unlicensed	3 (9)
Age:	
18-24	1 (3)
25-34	6 (18)
35-44	6 (18)
45-54	16 (47)
55-64	4 (12)
65+	1 (3)
Years in current occupation:	
0-5	5 (15)
6-10	8 (24)
11-15	4 (12)
16-20	7 (21)
21-25	2 (6)
26-30	5 (15)
31-40	2 (6)
40+	1 (3)

Participant Demographics

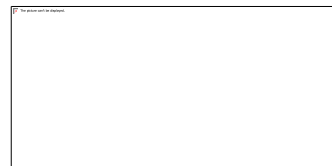
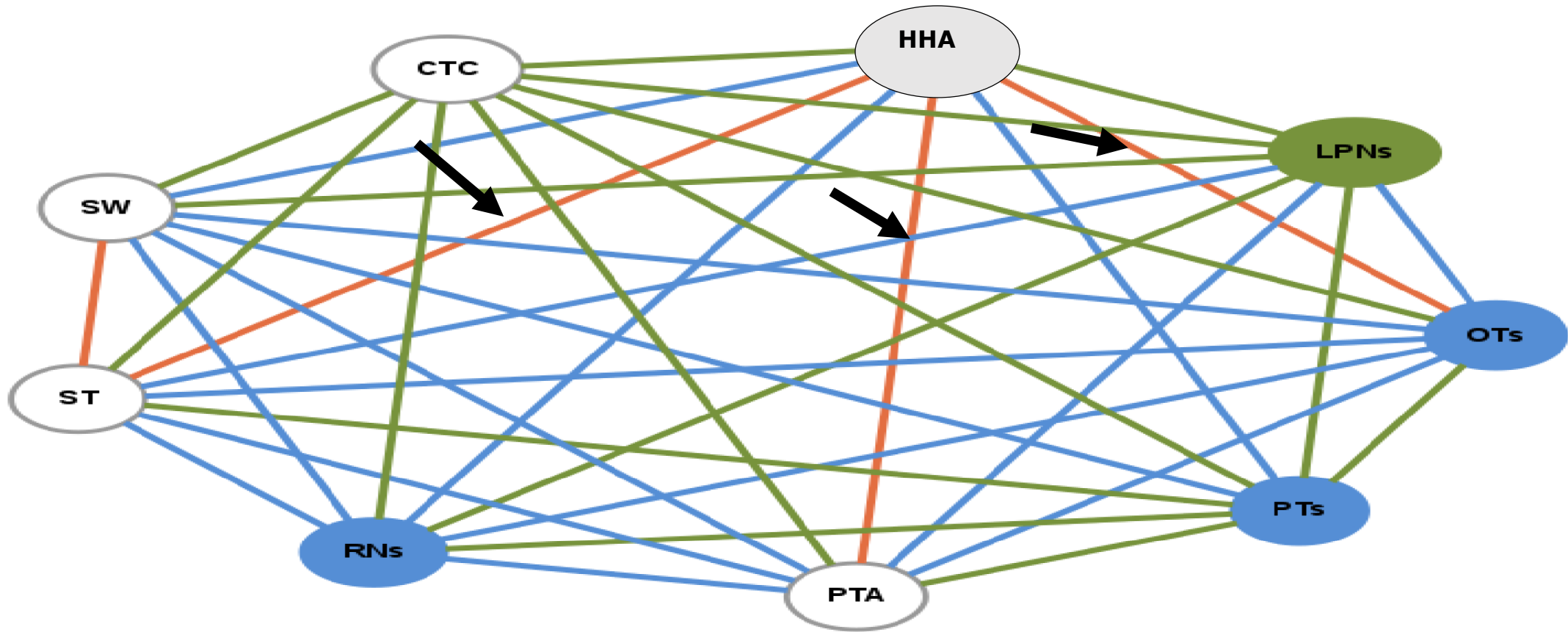
Characteristics	n (%)
Years at current Home Care Agency:	
0-5	19 (56)
6-10	3 (9)
11-15	7 (21)
16-20	3 (9)
21-25	1 (3)
26-30	1 (3)
31+	0 (0)

Results- Relational Coordination

<i>Dimension</i>	<i>Team Effectiveness at Home Health Agencies- Time 1 (N=34)</i>	<i>Team Effectiveness at Home Health Agencies - Time 2 (N=28)</i>
Frequent Communication	4.23	4.58
Timely Communication	3.69 	4.12
Accurate Communication	4.03	4.40
Problem-Solving Communication	4.11	4.42
Shared Goals	4.04	4.37
Shared Knowledge	3.56 	3.94
Mutual Respect	4.19	4.48
Relational Coordination	3.98 	4.33



Relational Coordination Average Ties Map



Results

Outcome Measure	Pre-Intervention- Mean	Pre- Intervention- SD	Post-Intervention- Mean	Post-Intervention- SD	<i>p</i> Value
Team Climate	3.75	0.46	4.39	0.51	.000
-Vision	3.72	0.57	4.36	0.58	.000
-Task Orient	3.62	0.66	4.31	0.63	.001
-Support for Inn	3.67	0.48	4.32	0.58	.000
-Safety	3.94	0.53	4.48	0.43	.001
IPEC Competency	4.11	0.55	4.66	0.39	.000
-Values/Ethics	4.56	0.51	4.74	0.36	.129
-Roles/Resp	4.17	0.65	4.65	0.41	.005
-Communication	4.10	0.60	4.67	0.41	.000
-Teamwork	3.68	0.63	5.03	0.51	.000

Outcome Measure	Pre-Intervention Mean	Pre-Intervention SD	Post-Intervention Mean	Post-Intervention SD	<i>p</i> Value
Intervention Survey	4.10	0.33	4.56	0.46	.000

Questions:

1. I have a good understanding of Interprofessional Collaboration
2. I feel it is a good use of our team's time to work on team effectiveness interventions
3. I believe that being an effective interprofessional team will improve our patient outcomes
4. Working with a collaborative interprofessional team is important to me
5. Our team already works as an interprofessional team

Results

Qualitative Thematic Analysis:

- **Post- Session Surveys**
- **Post-Intervention Evaluation**

Themes:

- **Team building**
- **Discipline discovery**
- **Communication**

Results

Team building:

“The team building exercises helped increase our teams trust and collaboration skills”

“The team interactions and activities helped us get to know each other and help our team get better”

“Each member of the team offers something different and their individual strengths come in to play at different times/activities/situations”

“It is a necessity, to develop teamwork, to attain the greater goal of true interdisciplinary care”

Results

Discipline discovery:

“We can ensure better collaboration for our patients when we have a better understanding of what each discipline brings to the table”

“After learning about different skills that my colleagues had I was able to refer patients on our team for specific treatments that I didn’t even know our team had the skill set to do”

“Co-visiting with different disciplines allows us to have a united front on our expectations for patients and allows us to work more effectively”

Results

Communication:

“Exercises that challenged us to listen to different perspectives and participate in difficult conversations helped build our communication skill set”

“We all work better with a team effort and communication is the key to successful interprofessional collaboration”

“Learning how to be an active listener is important when collaborating on the care of very complex patients”

Results

When asked, “would you be interested in future team effectiveness interventions?”

“It would be important to have refresher courses at least yearly to keep up our team effectiveness”

“As team members change, it would be helpful to repeat the team building exercises so they can benefit from the same experiences that we have”

“The team effectiveness interventions helped us build camaraderie between our team members”

Facilitators and Barriers

Facilitators:

- **Participant enthusiasm**
- **Support from organization leadership**
- **Timeliness of project- value based payment model**

Barriers:

- **Time constraints**
- **Change in team members mid-intervention**
- **Limited team members from various professions**
 - **HHA**
 - **CTC**

Project Strengths

Strengths:

- **Use of multiple learning modalities**
- **Well received by home care clinicians**
- **Timeliness of project- new team**
- **Low cost**

Limitations:

- **One Home Health Aide participated/limited**
- **Only one geographic team of the home care agency**
- **Takes away from time away with patients**

Implications

Transferability:

- **Team effectiveness interventions can be replicated easily to other health care teams**
- **Refresher courses to help maintain their levels of RC, TC, and IPEC competency should be given at least yearly and as new team members arrive**

Practice Implications:

- **Initial costs for the intervention would not be required for future interventions- interventions is already developed**

Policy Implications:

- **Many health care providers have little knowledge of how to practice interprofessionally or in asynchronous teams**
- **Maybe be a regulatory requirement in the future**

Conclusion

- **The findings affirm that a team effectiveness intervention guided by the RC can positively affect the participants' interprofessional team effectiveness**
- **It is yet to be determined the impact of the team effectiveness on patient outcomes**

Questions?

THANK YOU FOR LISTENING!

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Session Evaluation

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Thank you!

