Improving Health Outcomes Through Interprofessional Communication and Collaboration

Maysel Kemp White, PhD, MFT, FAACH
President
American Academy on Communication in Healthcare
Organizational Consultant, Lifespan

Learning Objectives
1. Describe why communication and collaboration are critical to health outcomes
2. Describe the Interprofessional competencies
3. Describe teaching methods for communication and collaboration to engage in critical conversations
4. Describe the micro-skills for critical conversations

Overview
I. Define Interprofessional and how it relates to the National agenda
II. Describe the “burning” platform
III. Describe what makes for effective Interprofessional teams
IV. Describe the Interprofessional competencies
V. Describe key issues in teaching and techniques Interprofessional care
VI. Provide one example
Interdisciplinary vs. Interprofessional

“Interprofessional describes the relationship between various professions as they purposely interact to work and learn together to achieve a common goal.”

“For example, if a patient has trouble swallowing, nurses, speech language pathologists and dietitians need to work together as a team to figure out what is wrong and how to help the patient.”

1. Reeves, et. al, 2009

Interprofessional communication

There is opportunity for problem solving and synergy

1. Care is based on continuous healing relationships
2. Care is customized according to patient needs and values
3. The patient is the source of control
4. Knowledge is shared and information flows freely

2. IOM, 2001
National call for 10 quality rules

5. Decision making is evidenced-based
6. Safety is a systems property
7. Transparency is necessary
8. Needs are anticipated
9. Waste is continuously decreased
10. Cooperation among clinicians (teamwork) is a priority

Model of safe, high quality clinical healthcare involves

“What”

Content/Biomedical tasks

“How”

Process/Communication & relationship

Why the focus on Interprofessional?

What is the “burning” platform?
The bad news!

Errors still happen frequently

- “The equivalent of a 747s crashing each week killing all crew and passengers”
- 8th leading cause of death in the US is medical errors – 98,000 die annually
- 100,000 patients die annually from hospital acquired infections

And patients know it!
Communication is critical to reducing errors

- 66% of sentinel events due to errors in interpersonal communication
- Orthopedic surgeons report 25% of medical errors due to communication

Communication is not easy

In fact, it is easy to miss-communicate
- When we add language barriers it can become critical!

Communication is not easy

Our world is full of mixed messages
Do you understand

What this clinician is:
□ Asking for?
□ Concerned about?
□ Thinks needs to be done?

Communication failures in teams

Result in
□ Dangerous hand-offs
□ Medical errors
□ Wrong-site surgery
□ Increased mortality and morbidity

Well intentioned help without communication can lead to disaster

References:
7 crucial conversations in healthcare that happen rarely

1. Broken rules – dangerous short cuts
2. Mistakes
3. Lack of support
4. Incompetence
5. Poor teamwork
6. Disrespect
7. Micromanagement

Silence kills

- More than 50% of healthcare workers have experienced/ witnessed the 7 items
- 50% report the problem has persisted for more than 1 year
- About 10% of people represent the offender category
- Only 10% report they had a crucial conversation with their coworker

Why don’t people speak up?
Hierarchy is an issue

It is still difficult for a nurse to have a conversation with a physician

- 30% of nurses are concerned about physician competence
- Only 1% have a crucial conversation with those physicians

Going to the manager does not help much

<table>
<thead>
<tr>
<th>When the concern is</th>
<th>% non-supervisory willing to confront</th>
<th>% supervisors willing to confront</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competence of nurse or other allied health provider</td>
<td>3%</td>
<td>16%</td>
</tr>
<tr>
<td>Competence of a physician</td>
<td>&gt;1%</td>
<td>&gt;1%</td>
</tr>
<tr>
<td>Poor teamwork</td>
<td>5%</td>
<td>9%</td>
</tr>
<tr>
<td>Disrespect or abuse</td>
<td>2%</td>
<td>5%</td>
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The good news –
We know what works!
The 10% who do speak up have better outcomes

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<td>Nurses and allied health when the issue is incompetence</td>
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<tr>
<td>1. Better patient outcomes (p&lt;.001)</td>
<td></td>
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<tr>
<td>2. More satisfied with their workplace (p&lt;.001)</td>
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<td>3. Exhibit more discretionary effort (p&lt;.001)</td>
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<td>3. Exhibit more discretionary effort (p&lt;.001)</td>
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<td>1. More satisfied with their workplace (p&lt;.001)</td>
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<td></td>
<td>2. Exhibit more discretionary effort (p&lt;.001)</td>
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<td>3. Intend to keep their job (p&lt;.001)</td>
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High functioning clinical teams depend on communication

When done well teams
- Learn new procedures quicker
- More collaboration
- Reduced morbidity
- Improves functional health
- Shorter length of stay
- Improved morale and less turnover

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Collaborative teamwork decreased mortality

56% reduction in risk adjusted mortality for cardiac surgery patients

- Interdisciplinary care model
- Structured collaborative protocol
- Daily rounds at the bedside by the entire team & available family

18. Uhling et al, 2002

Team management reduces heart failure readmissions

Percent change in hospital readmission per month
Percent change in hospital readmission days per month

-0.4  -1.8  **  -2.0  ***  -1.5  -4.4  **

*p=.06  **p=.05  ***p=.001


Surgical team behavior and patient outcomes

Patients had decreased odds of complications or death when the following behaviors were observed

- Information sharing during intraoperative phases (SBAR)
- Briefing during handoff phases
- Information sharing during handoff phases

22. Mazzocco et al, 2009
Concept of “hand-over” communication

[I] SBAR
- Identify self and patient
- Situation
- Behavior
- Assessment
- Recommendation

Hand-over communication

Before ISBAR

With ISBAR

The magnificent seven relational constructs predict outcomes

- Trust
- Mindfulness
- Heedfulness – situational awareness
- Respectful interaction
- Diversity
- Social/ task relatedness
- Rich/ lean communication

Call for team based Interprofessional education

- Association of College of Nursing
- American Association of Colleges of Osteopathic Medicine
- American Association of College of Pharmacy
- American Dental Education Association
- Association of American Medical Colleges
- Association of Schools of Public Health


What is Interprofessional education

- A profession is an occupation, vocation or career requiring special training (for example, doctor, licensed practical nurse, respiratory therapist, air traffic controller, lawyer, accountant).
- Interprofessional Education (IPE) occurs when two or more professions learn with, from and about each other in order to improve collaboration and the quality of practice.

25. CAIPE, 2010

4 Interprofessional competencies

1. Values and ethics for Interprofessional practice
2. Roles and responsibilities for collaborative practice
3. Interprofessional communication practices
4. Interprofessional teamwork and team-based practice

24. Interprofessional Education Collaborative, 2011
4 Interprofessional competencies

1. Values and Ethics
   Work with individuals of other professions to maintain a climate of mutual respect and shared values.
   Placing the patient and family at the center of care as a full collaborative partner by building a relationship.

4 Interprofessional competencies

2. Roles and Responsibilities
   Use the knowledge of one’s own role and those of other professions to appropriately complement each other to assess and address the healthcare needs of the patients and populations served.

4 Interprofessional competencies

3. Interprofessional Communication
   Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.
**4 Interprofessional competence**

4. Teams and Teamwork

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.

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### 4 competencies can impact outcomes

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<td>Values and ethics</td>
<td>Evidence based care</td>
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<tr>
<td>Roles and responsibilities</td>
<td>High quality outcomes for patients</td>
</tr>
<tr>
<td>Interprofessional communication</td>
<td>Improved patient experience</td>
</tr>
<tr>
<td>Teams and teamwork</td>
<td>Improved work climate</td>
</tr>
<tr>
<td></td>
<td>Engaged clinicians</td>
</tr>
<tr>
<td></td>
<td>Fewer errors</td>
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**So, what does that mean for us educators? Where do we begin?**

“Begin with the end in mind.”

- Steven Covey
How can we achieve?

- Quality
- Efficiency
- Satisfaction

High performance healthcare

- Relational work system
  - Selection for cross-functional teamwork
  - Rewards for cross-functional teamwork
  - Cross-functional performance evaluation
  - Cross-functional conflict resolution
  - Cross-functional team meetings
  - Cross-functional boundary spanners

Relational coordination

- Coordination of interdependent work through relationships of shared goals, shared knowledge and mutual respect

26. Gitell, 2009
Relational coordination can be measured

**Relationships**
- Shared goals
- Shared knowledge
- Mutual respect

**Communication**
- Frequent communication
- Timely communication
- Accurate communication
- Problem-solving communication

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Relational coordination

Significantly improves surgical performance:
- Shorter hospital stay
- Higher level of patient perceived quality of care
- Improved clinical outcomes
  - An 8% increase in post operative freedom from pain
  - A 6% increase in postoperative mobility

Gittell, et al, 2000

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Attend to process
increase situational awareness
Make time for relationship focus

Learning technologies

- The world is exploding
  - Online learning
  - Distance technologies
  - Networking
  - Service learning projects to develop community/population based values
  - Simulations

Teaching techniques

- What works - learning that is:
  - Active
  - Self-directed
  - Problem based in teams
  - Engage all learning styles
  - Mindfulness and self-awareness
  - Takes place in context
  - Opportunity to model the skills they will have to apply in a team-based interprofessional environment
  - Developmentally progressive
Stages of competency development

University of Toronto

1. Exposure – introduction – laying the foundation the knowledge groundwork
2. Immersion – development - forming teams communication and relationship skills
3. Competence – entry to practice – collaboration and demonstration

27 University of Toronto, 2008

For the highest level of success, you must consistently *inspect* [and model] what you *expect.*

Micro skills for critical conversations

SAFE skills
- Start with yourself – know your own hot buttons and triggers
- Awareness of safe vs. unsafe responses
- Freeze to step out of content and focus on process
- Engage in ARTSful dialogue – Ask, Respond with empathy, then Tell your perspective, Seek collaborative solution
Focus on improving emotional intelligence

Self
Awareness

Social
Awareness

Others
Awareness

Relationship
Awareness

Professional impact on others

A call to action

- The critical role of process!
- The critical role of modeling!

Model of safe, high quality clinical healthcare involves

“What”
Content/Biomedical tasks

“How”
Process/Communication & relationship
Model of safe, high quality clinical relationship-centered care

Treat patients

Diagnose patients

Process: Relationship Functions

Invest in the beginning

Get the full story

Demonstrate empathy

Invest in the end as collaborative partners

Content: Biomedical Functions

29. Frankel & Stein, 1999

Focus on improving emotional intelligence

Self-Awareness

Social Awareness

Self-Management

Relationship Management

Awareness

Actions

Positive impact on others

28. Goleman, 1995

Questions and comments


