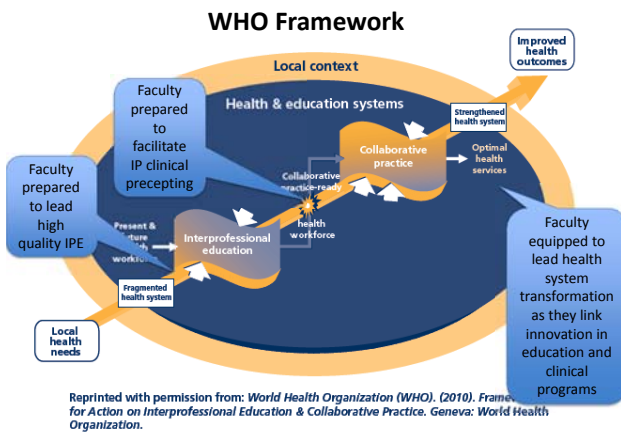


## Learning Objectives

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*
  - Lancet Commission Report: *Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Interdependent World* (Frenk et al., 2010).
- 2011 - Interprofessional Education Collaborative Expert Panel. *Core competencies for interprofessional collaborative practice: Report of an expert panel.*
- 2012 - IOM Forum on Innovation in Health Professional Education

## Interprofessional Collaborative Practice Competency Domains

Competency Domain 1:	Values/Ethics for Interprofessional Practice
Competency Domain 2:	Roles/Responsibilities
Competency Domain 3:	Interprofessional Communication
Competency Domain 4:	Teams and Teamwork

Interprofessional Education Collaborative Expert Panel. Core competencies for interprofessional collaborative practice: Report of an expert panel. May, 2011. Washington, D.C. Interprofessional Education Collaborative.

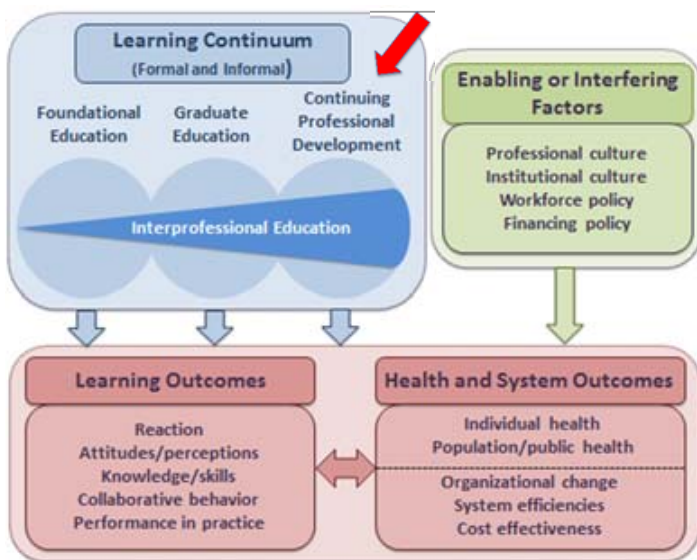


### Consensus Committee

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National Academies of Science, Engineering, and Medicine  
 Consensus Report, 2015

**An Interprofessional Learning Continuum Model**  
 IOM Consensus Report, 2015



**W** UNIVERSITY of WASHINGTON

An Innovative Collaboration to Team-Based Care for Patients with Advanced Heart Failure

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 Organization, Development and Training  
 UW Center for Health Sciences Interprofessional Education, Practice & Research

**TeamCORE Collaboration**

- Team Collaboration for Organizational Excellence
- UW Medicine Health System Initiative
  - Washington, Wyoming, Montana, Idaho and Alaska (**W**WAMI) Institute for Simulation in Healthcare (**T**eam**S**TEPPS Training Site)
  - UW Organizational Development and Training (ODT) (**R**esolves conflict and offers coaching)
  - Center for Health Sciences Interprofessional Education, Research and Practice (CHSIE) (**I**PE and faculty development 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

**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

**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)

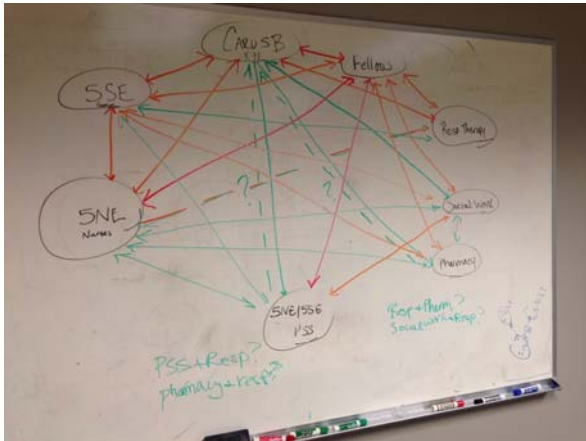
## Kotter's 8 Steps – Revised

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

"Accelerate: Building Strategic Agility for a Faster-Moving World" John Kotter, 2014

## 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



### 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



## 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

## Enlist Volunteer Army

- Hierarchical and silo-based structures
- Significant numbers of engaged employees collaborated to implement SIBR

## 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
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## 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



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