

KEYNOTE DAY TWO: THE POWER OF TEAMWORK

*“Alone we can do so little;
together we can do so much.” – Helen Keller*



Esther Emard, RN, MSN, MSLIR

Former Chief Operating Officer, National Committee for
Quality Assurance

Faculty, The George Washington University, School of
Nursing



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TEAMWORK



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THE AGENDA

- Setting the objective: Why is teamwork critical today?
- Identifying the necessary knowledge, skill and attitudes to be a successful team member.
- What are some innovative teaching strategies?
- How do you measure individual or team success?
- What is our role as educators?



SETTING THE STAGE

“Is home building were like health care, carpenters, electricians, and plumbers each would work with different blueprints, with very little coordination”

unknown author



PRESENTING THE EVIDENCE

- Ample evidence exist from industries outside of health care such as aviation
- Ample evidence exist within health care in the field of anesthesia utilizing teamwork principles to achieve a significant reduction in safety incidences
- Evidence is emerging on the effectiveness of PCMH on improving quality and reducing costs
- Research exists on the critical component of teamwork to achieving a HRO



THE INSTITUTE OF MEDICINE

“Inefficiently delivered services estimated excess costs to the healthcare system of \$130 billion.

Due to:

- Care Fragmentation
- Preventable complications
- Operational inefficiencies at the care delivery site.”

Best Care at Lower Cost IOM National Academies Press 2012



PRESENTING THE EVIDENCE

A study by researchers at the University of Pennsylvania and the University of Pittsburgh found that daily rounds by a multidisciplinary ICU team reduced by 16 percent the risk that critically ill patients would die within 30 days. The 2010 study examined admissions at 112 Pennsylvania hospitals over a two-year period.

<http://www.rwjf.org/goto/cnf>



WHY DON'T WE HAVE THE BEST HEALTH CARE?

- US Health care system is the most expensive: 17.9% of GDP (projected to be 21% by 2023).
- US spends twice as much on health care per capita than any other industrialized nation, more than 189 of other nations.
- Across 42 Performance indicators US achieved a total score of 64 out of 100 when compare to national rates
- US ranks 49th world wide in life expectancy



ADVERSE DRUG EVENTS

CDC STATISTICS



Key Facts

- Adverse drug events (ADEs) are a serious public health problem. It is estimated that:
- 82% of American adults take at least one medication and 29% take five or more;
- 700,000 emergency department visits and 120,000 hospitalizations are due to ADEs annually;
- \$3.5 billion is spent on extra medical costs of ADEs annually;
- At least 40% of costs of ambulatory (non-hospital settings) ADEs are estimated to be *preventable*.



DRIVERS OF CHANGE

PROMOTING/DEMANDING TEAMWORK

- Rapid change in the sites of health care delivery
- Growing complexity of modern health care
- Growing complexity of information
- Increase use of mHealth to deliver care
- PPACA focus on Patient Centered Medical Homes, ACO formations and Value-Based Purchasing
- Inclusion of the patient and families as the center of the team
- Growing use of “team-based” performance measures w/pay for performance risks



DRIVERS OF CHANGE



- **The World Health Organization: estimates a shortage of more than four million healthcare professionals**
- **MedPac's March recommendations:**
 - "Align the incentives of home health agencies with those of hospitals under the Hospital readmissions Reduction Program and prepare these agencies for participating in coordinated care models."



CHAMPIONS FOR PARTNERSHIP-BASED HEALTH CARE

- Canadian Interprofessional health Collaborative (CHIC)
- Centre for the Advancement of Interprofessional education (CAIOPE)
- Institute for Clinical Systems Improvement (ICSI)
- Institute for Patient-and-Family-Centered Care (IPFCC)
- Interprofessional Education (IPEC)
- The Institute for Health Care Improvement (IHI)
- The Robert Wood Johnson Foundation (RWJ)
- Partnership for Patients initiative: CMS
- The World Health Organization (WHO)



TEAMWORK CORE PRINCIPLES

- Shared Goals
- Clear roles and responsibilities
- Mutual trust
- Effective and open communication
- Measurable process and outcome



ALIGNMENT OF THE QSEN COMPETENCIES & THE IOM TEAM-BASED CORE PRINCIPLES

QSEN Competencies	IOM Principles of Team-Based Health Care
Value the contributions of self and others	Shared Goals
Function competently within own scope of practice as a member of the team	Clear Roles
Act with integrity, consistency, and respect for differing view	Mutual Trust
Value different styles of communication	Effective Communication
Examine strategies for improving systems to improve teamwork and collaboration	Measureable Processes and Outcomes



TEAMWORK & COMMUNICATION TECHNIQUES

- Crew Resource Management Training
- Handoffs
- Debriefing or “After Action Reports”
- Time Outs
- SBAR techniques and CUS words
- Leveraging Health Information Technology
- System Focus (Lean, Six Sigma)
- Use of Team Measurement Tools



TEACHING STRATEGIES

- Game-based teaching strategies
- Problem-based teaching strategies
- Simulation-based teaching strategies
- Project-based teaching strategies



Essential objectives:

- Using health information technology
- Using innovative communication techniques
- Using strategies for inclusion of patients/families



TEACHING STRATEGIES

- Using analytic methods to critically evaluate a actual team's effectiveness and recommend strategies to improve the team's effectiveness.
- Grouping students in teams to negotiate improvement of a health care challenge.
- Grouping students in teams to apply system process tools to address an adverse event.



TEACHING STRATEGIES

- Students develop and/or field a team effectiveness survey, analyze results and offer recommendations.
- Students critically evaluate and compare some of the Team Measurement Tools (see listing in your book). Attention to bound vs. unbounded teams.
- Students first analyze a case study, then work in a group to review and synthesize/negotiate the best approaches and then present to the class.



TEACHING STRATEGIES

Journal Assignment

Throughout the semester have the student observe and collect examples of partnership in their work and academic settings. They can also incorporate examples related to healthcare as seen in research publications, newspapers and television news programs. A date and source is recorded along with their assessment and insight against the teamwork principle.



EVALUATION APPROACHES

- **Using Developmental Peer Evaluations**
 - Students review their teammates contributions assigning a % score to each team member and justify the score and what they contributed and how they can improve their teamwork.
- **Using Peer Reviewer of assignments**
 - Assign students at random to peer review written assignments and provide comments prior to final faculty submission.

ATTITUDE TEACHING STRATEGIES

Using Conversation Maps: Tools to help keep students accountable to the team learning.

Usually have three sections:

- A section for the individual work prior to coming to the team
- A section for the students to record their peers' perspectives and thoughts
- A section for the student to record their team's decision making process and final decision.

Any or all of these section can be graded.



ATTITUDE TEACHING STRATEGIES

Using the study of Relational dynamics:

- Have students study what kinds of relationships of a particular culture supports or inhibits teamwork & collaboration.
- Have students identify the key elements of the social system and how they relate to one another to maintain these system characteristics.
- Have them develop evidence based strategies, applying change or complexity theory to address.

A WORD ABOUT COLLABORATION

“Many health workers believe themselves to be practicing collaboratively, simply because they work together with other health workers...Collaboration, however, is not only about agreement and communication, but about creation and synergy.

Collaboration occurs when two or more individuals from different backgrounds with complementary skills interact to create a shared understanding that none had previously possessed or could have come to on their own.” WHO (2010)



TRANSFORMING EDUCATION BEGINS WITH US!

- How we teach: collaboration is the norm and promoted in and out of the classroom. Questions are encouraged and emphasis is on success.
- What we teach: teamwork and collaboration is a program objective not simply a course or an assignment
- Where we teach: practicum sites that ensure they include experiences of Interprofessional practice. Community based settings in addition to acute care settings.



**MACY FOUNDATION:
TRANSFORMING PATIENT CARE:
ALIGNING INTERPROFESSIONAL EDUCATION
WITH CLINICAL PRACTICE REDESIGN (2013)**



- Reform the education and life-long career development of health professionals to incorporate interprofessional learning and team-based care.
- To change this will require a partnership of teaching institutions and delivery systems to create learning environments and teachers that model interprofessional collaborative practice.



MACY FOUNDATION RECOMMENDATION

- Incorporate interprofessional team-based competencies into all health professions education programs
- Expand faculty development programs to prepare health professionals for effective interprofessional learning, teaching, and practice
- Incorporate interprofessional team-based competencies in performance reviews of health professionals in clinical and academic settings
- Develop new models of clinical education to prepare health professionals for team-based care.





HARNESSING THE POWER OF THE TEAM



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