

Finding Energy and Joy in Sustainably Improving Health and Health Care

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Interprofessional Education Collaborative Conference Objective

To create faculty champions who can enhance interprofessional curricula, learning experiences, and learner assessment in quality improvement and patient safety (QI/PS) at the point of patient care.



Keynote Objectives

- Acknowledge need for change in professional identity formation
- Frame the work you will do with respect to:
 - quality improvement/patient safety
 - interprofessional education
- Reflect on sources of energy and joy that may be available through *linking* improvements in patient outcomes, system performance, and professional development



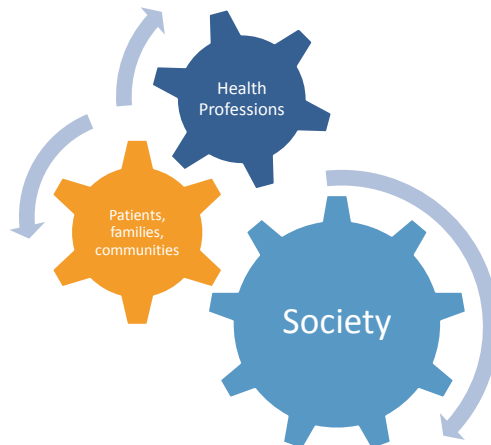
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Our Time of Challenge and Opportunity

As Americans
searching to
promote health and
fund health care

As patients, families
and communities

As health
professionals



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Our Time – Society



How to achieve the Triple Aim?

- Improving patient's experience of care
- Improving the health of individuals and populations
- Reducing per capita costs of care



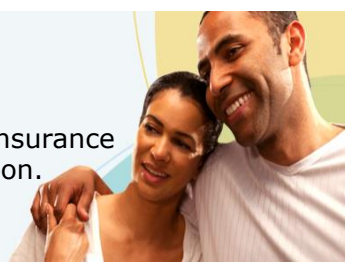
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Our Time – Families and Communities



Health Exchanges

Get Prepared: A new way to buy insurance with less guesswork is coming soon.



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Our Time – Patients

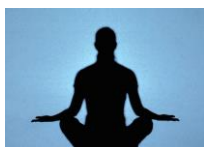
HealthCare.gov

Patient-Centered Medical Homes



HealthCare.gov is your one-stop consumer resource for finding health care information for individuals, families and small businesses.

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Our Time – As Health Professionals

Calls for new accountabilities coming from:

- Evidence of harm
- Evidence of lack of reliability in process
- Less than stellar patient and community outcomes
- Patient and consumer groups
- Best practice goals and guidelines
- Financial incentives from government and insurers
- National Quality Strategy
- Health professional licensure, certification and accreditation



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Our Time – As Health Professionals

National Patient Safety Goals

- Prevent infections
- Prevent falls
- Prevent health care associated pressure ulcers
- Improve accuracy of patient identification
- Improve communication
- Improve medication safety
- Assess for risk
- Use universal protocols to prevent wrong site surgeries



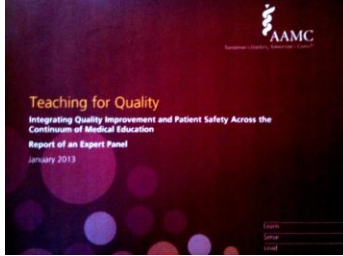
Institute of Medicine Quality Chasm Reports

- To Err Is Human: Building a Safer Health System (2000)
- Crossing the Quality Chasm: A New Health System for the 21st Century (2001)
- Health Professions Education: A Bridge to Quality (2003)
- Patient Safety: Achieving a New Standard for Care (2004)
- Identifying and Preventing Medication Errors (2007)

Within Medicine

American Association of Medical Colleges

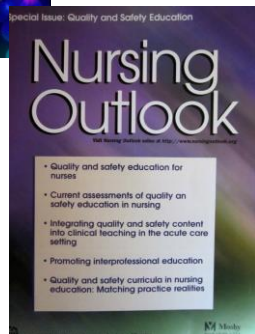
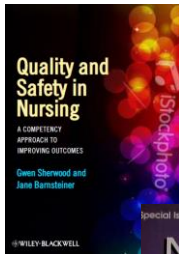
Teaching for Quality: Integrating Quality Improvement and Patient Safety Across the Continuum of Medical Education (January 2013)



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Within Nursing

QSEN Initiative
Funded by the Robert Wood Johnson Foundation
(2005-2012)



To alter nursing's professional identity formation so that when we think of what it means to be a respected nurse, we think not only of caring, knowledge, and skill in caring for individual patients....but also knowledge and commitment to system-level quality and safety competencies



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General Aim for Health Professions

(Paul Batalden)

To prepare health professionals — as part of their usual professional formation — to lead the continual improvement of the quality, safety and value of health care:

- to know how to identify good care from the scientific evidence
- to know the actual measured performance in the context where the health professional is learning/practicing, and the nature of the gaps — if any — between good care and actual local care, and
- to know what activities are necessary — if any — to close the gap(s).



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Patient Centered Care

<p>QSEN Definition:</p> <p>Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.</p>	<p>Gaps:</p> <ul style="list-style-type: none"> • Need to <i>know</i> patient values and preferences • Need to welcome patient and families as <i>partners</i> in ensuring safety • Need to ensure that patient and family needs are microsystem's top priority • Need to coordinate complex care with multiple caregivers
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Teamwork and Collaboration

<p>QSEN Definition:</p> <p>Function effectively in nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care</p>	<p>Gaps:</p> <ul style="list-style-type: none">• Need training in team and team-based care• Need to value patient and family members as essential parts of the health care team• Need to appreciate the role of communication in errors and near misses• Need to value and earn respect of team members
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Evidence-based Practice

<p>QSEN Definition:</p> <p>Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care</p>	<p>Gaps:</p> <ul style="list-style-type: none">• Need to approach practice with a spirit of inquiry• Need to know how to identify good care from scientific evidence• Need to develop expertise in balancing evidence, clinical expertise and patient values and preferences when planning care
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Quality Improvement

QSEN Definition:

Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems

Gaps:

- Need to own accountability for practice of one's microsystem
- Need to know how the actual care in one's microsystem compares to best practice
- Need to use quality improvement methods to close gaps between actual local care and good care

Safety

QSEN Definition:

Minimize risk of harm to patients and providers through both system effectiveness and individual performance

Gaps:

- Need to know how to create and support “just cultures” and “safety cultures”
- Need to learn from open reporting about adverse events, errors, and near misses
- Need to support a culture that holds teammates accountable for reliable attention to safety practices

Informatics

QSEN Definition:

Use information and technology to communicate, manage knowledge, mitigate error, and support decision making

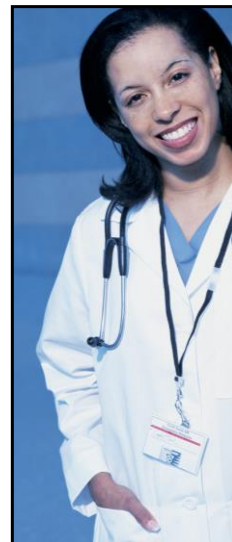
Gaps:

- Need improved EHRs and alert systems
- Need to understand the errors that are likely to be introduced with new technologies and minimize risks
- Need involvement in design and evaluation of knowledge management and communication systems

The New Work of Health Professionals

Quality and safety cultures require new ways of thinking, specifically to:

- Keep the patient experience of care the primary focus for all decisions
- Understand and apply the basics of safety sciences
- Use systems thinking
- Adhere to evidence-based guidelines and interventions
- Embrace continuous quality improvement as part of daily work



Our Time – Interprofessional Education



Josiah Macy Jr. Foundation. *Transforming Patient Care: Aligning Interprofessional Education with Clinical Practice Redesign* Conference Summary (Released March, 2013)

Institute of Medicine. *Interprofessional Education for Collaboration: Learning How to Improve Health from Interprofessional Models across the Continuum of Education to Practice* Workshop Summary (Released May, 2013)



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Interprofessional Collaborative Practice Competencies (IPEC)



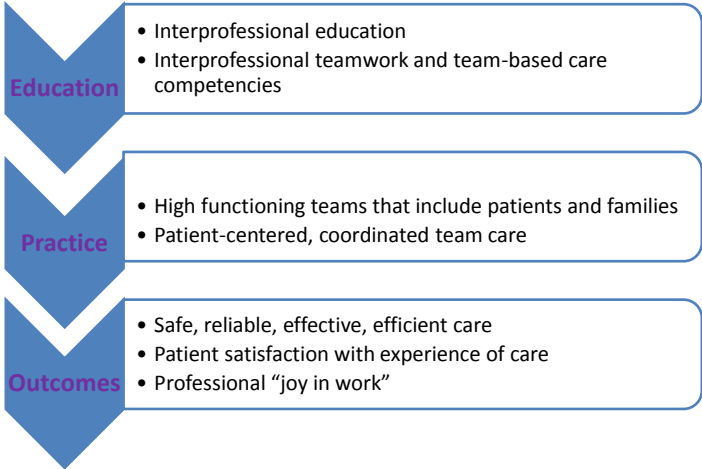
- Work with individuals of other professions to maintain a climate of **mutual respect and shared values**
- Use the **knowledge of one's own role and the roles of other professions** to appropriately assess and address the health care needs of the patients and populations served

- Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner **that supports a team approach** to maintaining health and treatment of disease.
- Apply relationship-building values and the principles of team dynamics to **perform effectively in different team roles** to plan and deliver patient-centered care **that is safe, timely, efficient, effective, and equitable.**



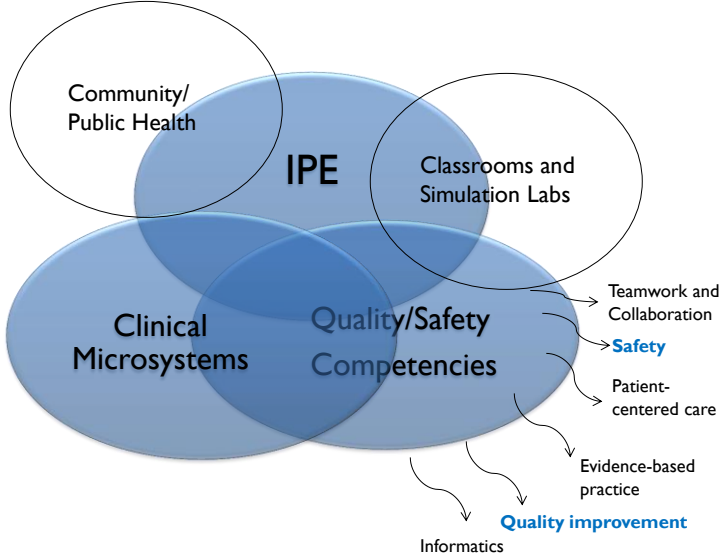
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Logic Model



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Where Will Your Project Fit?



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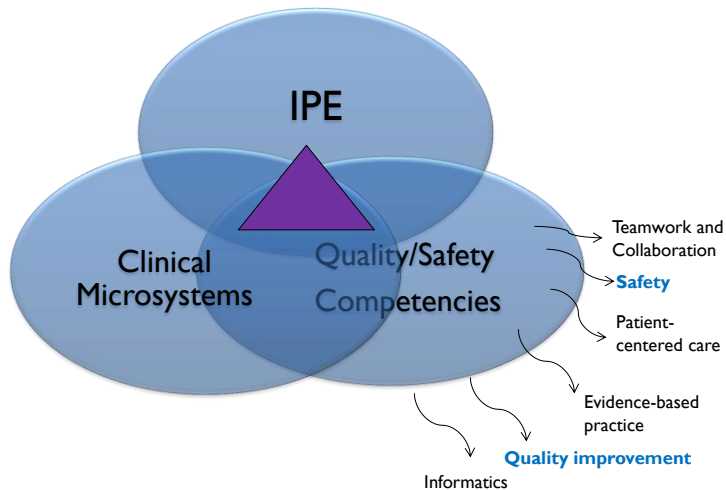
Thoughts for Consideration

- IOM (2013)
 - Recognize the enormous amount of duplication required to guide learning of content and skills in separate professional silos
 - Recognize the costs of retraining new graduates of all professions when quality and safety competencies are not developed in initial and post-graduate educational programs
(Schmitt)

Thoughts for Consideration

- IOM (2013)
 - Recognize implications of extracurricular vs. required learning
 - Recognize importance of aligning educational activities with real-life work and challenges – to achieve lasting impact of value to learners
(Thibault)

Building on Synergy: Triangle # I



IPE, QI/Safety Competencies and Clinical Microsystems



- Learners from multiple professions are trained in clinical micro-systems (where multiple professionals work in groups or teams)
- Focus of learning is almost completely intra-professional
- Interactions almost completely intra-professional
- Some licensure, privileging, and accreditation requirements reinforce intra-professional focus

Why? Can we improve?

Thoughts for Consideration

What could be accomplished with:

- Common orientation to roles in microsystem and offers to help
- Common orientation to culture of safety on the unit – what words to use to “stop the process,” what errors are common, what safety practices essential
- Common conferences for specific learning, such as, to discuss communication errors, incomplete handoffs, lack of patient-centeredness, sentinel events and data from quality improvement projects within the micro-system
- Involvement in common QI initiatives

Thoughts for Consideration

Recommendation from Macy Conference Report (2013)

- Engage patients, families, and communities in the design, implementation, improvement and evaluation of efforts to link interprofessional education and collaborative practice.
 - What are concerns about care coordination?
 - Where do they see duplication, waste, or lack of reliability of processes?
 - What QI/safety projects would they participate in – want to see accomplished?

Thoughts for Consideration

Recommendation from Macy Conference Report (2013)

- Reform the education and life-long career development of health professionals to incorporate interprofessional learning and team-based care.
 - What faculty development is required to launch your projects?
 - What transformation in how one onboards newly graduated professionals would improve patient safety?
 - What planned interprofessional learning opportunities in QI/Safety are required for promotion to leadership positions?



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Thoughts for Consideration

Recommendation from Macy Conference Report (2013)

- Realign existing resources to establish and sustain the linkage between interprofessional education and collaborative practice.
 - What meaningful roles could learners play in highly effective health care microsystems?
 - What transformation in educational models would increase likelihood of learners' exposure to high-performing teams?
 - What effect would changes in number/length of staff and learner rotations have on ability to improve quality/safety competencies?

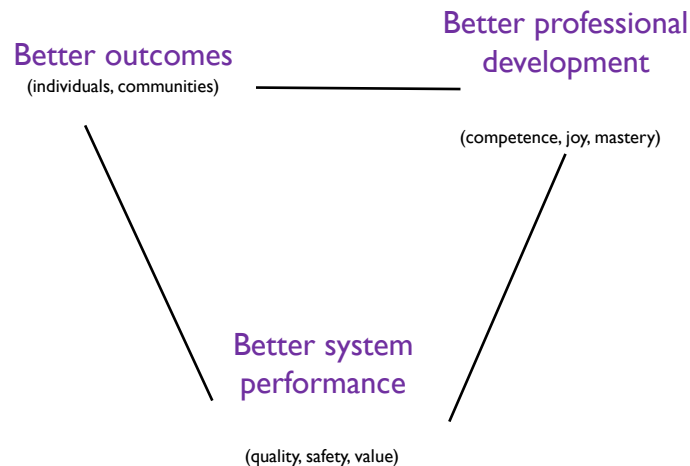


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Thoughts for Consideration

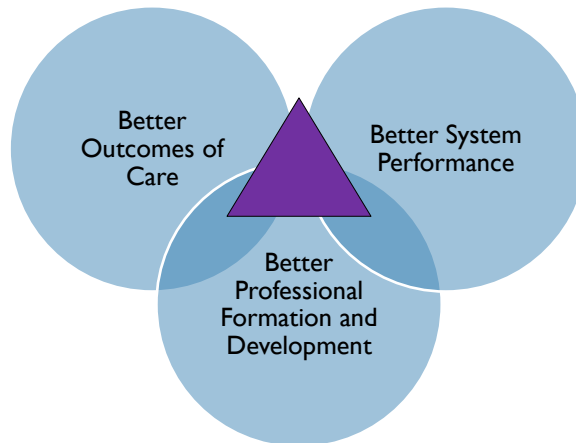
- What could be accomplished if we:
 - Shared a vision of knowledge, skills, and attitudes required of all health professionals related to quality and safety competencies
 - Didn't assign team projects without knowing teamwork would add value
 - Used the synergy derived from IPE about QI/safety in real work to create impact both on learners and on systems

Professional Aims: Another Triangle

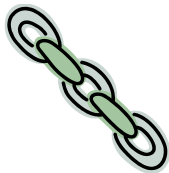


From Batalden, P. & Foster, T. (2012). *Sustainably improving health care*.
Radcliffe: London and New York.

Finding Energy and Joy: Holding All Three Aims Together



Linked Aims and Professional Joy



- The Windsor story
- QSEN pilot schools and their partners
- Executive Nurse Fellows

Could we have more energy if:



- Honest dialogue with experts in each corner was the basis for curricular innovation?
- Innovations and improvements in systems of care spread automatically to classrooms?
- Leader selection and promotions were dependent on triangle knowledge and commitments?

Could we have more energy if:



- We developed leaders with commitments beyond one profession and one corner of the triangle?
- We experienced synergy among the three professional aims instead of blaming and resistance?
- The vast majority of health professionals (and learners) saw their most powerful role models as examples of professional comportment that exemplified commitments to each corner of triangle?

Your Time is Now

My hope is that you will:



- Find the points of synergy in making sustainable improvements in health outcomes, system performance, and professional development
- Build on the synergy created by developing quality/safety competencies in natural interprofessional environments of care
- Derive joy and energy from this work
- Improve your capacity to lead and attract others to this work