Providing a Structure for Collaboration

A Leadership Challenge

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Objectives

Providing a Structure for Collaboration: A Leadership Challenge

1. Identify structure and process elements essential to a collaborative work environment and their impact on outcomes

2. Discuss ways to overcome barriers to a collaborative work environment

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A Hot Topic
Collaboration

Collaboration improves patient outcomes, patient satisfaction and health care provider's job satisfaction and reduced cost to the health care organization (Knaus, Draper and Zimmerman, 1986, Manojlovich & Antonalkos, 2008, Mitchell, Armstrong, Simpson & Lentz, 1989).

Nursing shortage has resulted in higher nurse workloads, fewer support resources, greater nurse dissatisfaction and burnout, making it more difficult to provide optimal patient care (Aiken, Clarke, Sloane, Sochalski & Silber, 2002)

Inadequate transfer of information among healthcare professionals puts patients at risk for increased morbidity and mortality (TJC 2006).

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Background & Significance

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- As many as 98,000 people die in hospitals each year as a result of medical errors, which could have been prevented (Kohn, Corrigan & Donaldson, 2000).
- Beyond the cost of human lives, between $17 and $29 billion dollars are spent for additional care which resulted from medical errors (Kohn, Corrigan & Donaldson, 2000).

Background & Significance

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- One of the factors having contributed to the nation's epidemic of medical errors is the decentralized and fragmented nature of the health care delivery system (Kohn, Corrigan & Donaldson, 2000).
- Lack of collaboration is a contributing factor to the fragmentation of care, as well as poor outcomes which plague our healthcare system (Henneman, 1995).

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Background & Significance

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- To provide high quality care and meet public expectations with such limited resources collaboration has become a necessity.
  - Knaus, Draper, Wagner, and Zimmerman (1986) found that hospitals where collaboration was present reported a mortality rate forty one percent lower than the predicted number of deaths. Hospitals where there was limited or no collaboration exceeded predicted mortality by as much as fifty-eight percent.

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Knaus, W.A., Draper, E.A., Wagner, D.P., & Zimmerman, J.E. (1986). An evaluation of outcome from intensive care in major medical centers. *Annals of Internal Medicine,* 104(3), 410-418

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Background & Significance

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- Although empirical evidence in support of collaboration in the health care environment are readily available in the literature there is little evidence on **how to create this environment** (Tschannen, 2004)

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Tschannen, D. (2004). The Effect of Individual Characteristics on Perceptions of Collaboration in the Work Environment. Medical-Surgical Nursing. 13(5), 312-318.

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Collaboration Definition

- A true partnership, in which the power on both sides is valued by both, with recognition and acceptance of separate and combined spheres of activity and responsibility, mutual safeguarding of the legitimate interests of each party, and a commonality of goals that is recognized by both parties.

American Nurses Association. (1980) *Nursing: A Social Policy Statement*. Washington, DC: American Nurses Association; p.7.

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Common Elements of Collaboration

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- Shared power
- Occurs between at least 2 individuals
- Acknowledges the expertise of each member
- Open Communication
- Shared decision making
- Goal oriented
- Action
- Interdependence

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Antecedents of Collaboration

1. Team Orientation
2. Respect/Approving Atmosphere
3. Culture of Problem Solving
4. Clinical Accountability
5. Social Bond
6. Effective Communication Skills

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Barriers to Collaboration

- Hierarchal structure of acute care environment
- Lack of clarity of structures, processes and desired outcomes
- Knowledge deficit; own and others
- Communication Skills
- Mistrust
- Time
- Gender and Status Differentials

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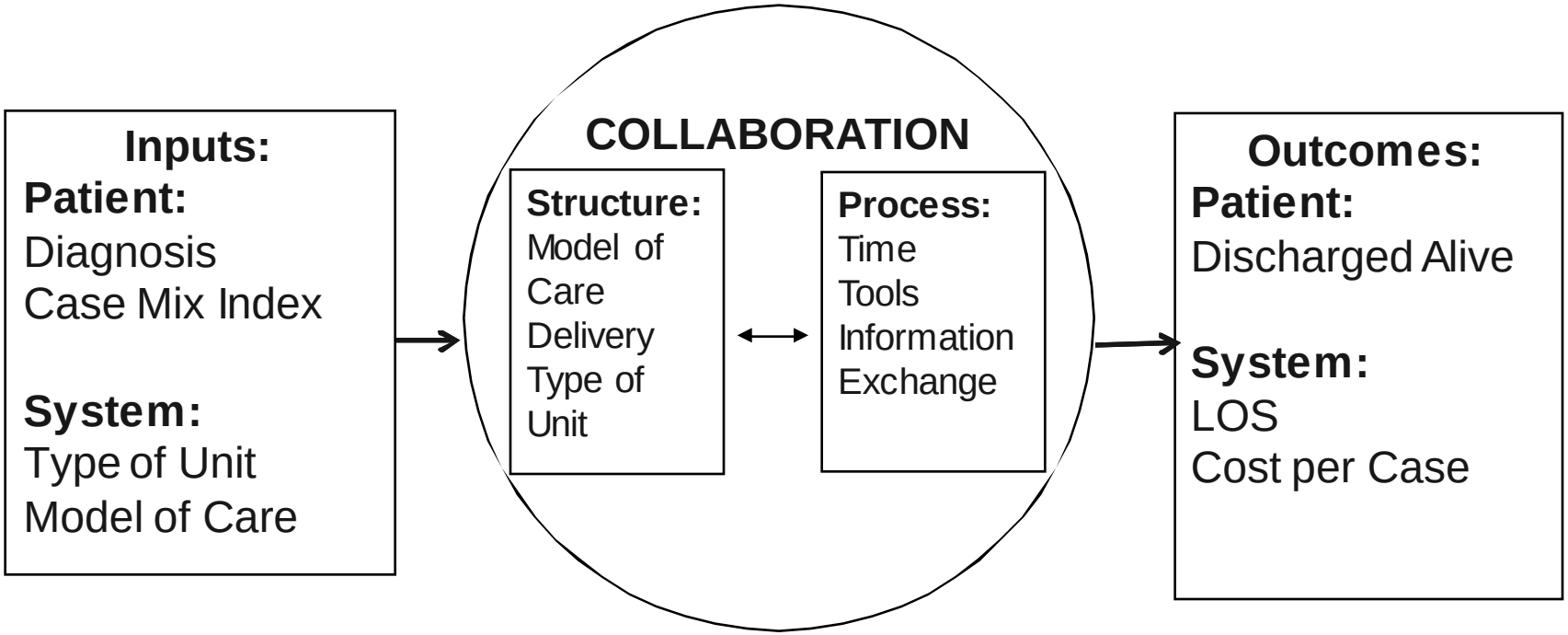
Collaboration as a Process Measure



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Overcoming Barriers to Collaboration with Clinical Integration

- Unit based Case Managers, Social Workers and Educators to support Nursing Manager
- Pharmacy and Physician availability
- Change in Model of Care Delivery

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Defining and Clarifying Roles

Staff Nurse	Case Manager	Social Worker	Educator CNS
Create, Coordinate and deliver the “Plan for the Day”	Manage Plan for the “Stay and Pay”	Facilitate “Plan for the Way”	Assist with development & implementation of plan for ”Day and Stay”

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Process Elements

Necessary for Clinical Integration

- Create **time** to collaborate where common goals were articulated.
  - o Care Coordination Rounds M-W-F
  - o Complex Care Meetings T-Th
- Provide **tools** for staff.
  - o CareGraph

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CareGraph

- An evaluation and documentation tool that describes clinical progression in incremental steps on scales from 0-4.
- The clinical progressions are organized by system and were developed by representatives from various disciplines.
- Each patient's score is an itemized synthesis of assessments. Patients care be rated each shift or daily.

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	Admit Baseline Date	Date	Date	Date	Date
IMMUNOLOGICAL / INFECTION:					
(Identify focus_____)					
4 – Multi-system failure **or** absolute neutrophil count <1500 cells/mm^3	4	4	4	4	4
3 – Has sepsis with **or** without + blood culture, no signs/symptoms of shock, with **or** without neutropenia	3	3	3	3	3
2 – Is febrile **or** has signs/symptoms of infection and is immunosuppressed	2	2	2	2	2
1 – Temperature declining **or** is afebrile **or** responding to prescribed therapy **or** resolving neutropenia **or** immunosuppressed.	1	1	1	1	1
0 – Has absence of any signs/symptoms of infection	0	0	0	0	0
FLUID BALANCE / GU:					
(Identify focus_____)	4	4	4	4	4
4 - Has absence of urinary output **or** continuous bladder irrigation/Toomey /**or** requires IV fluid bolus	3	3	3	3	3
3 – Has <120ml urinary output in 8 hours **or** requires total IV intake = **or** >150ml/hour	2	2	2	2	2
2 – Has <240ml urinary output in 8 hours **or** weight gain >2 lbs in 24 hours **or** requires total IV intake <150ml/hour	1	1	1	1	1
1 – Has >240ml urinary output in 8 hours **or** fluid restriction **or** weaning IV intake	0	0	0	0	0
0 - Has balanced Intake & Output					
MOBILITY / FUNCTIONAL MOVEMENT:					
(Identify focus_____)	4	4	4	4	4
4 – Is unable/refuses to move without assistance **or** bedfast **or** unable to communicate verbally or non-verbally.	3	3	3	3	3
3 – Maximum dependence on staff to transfer/ADLs **or** unclear speech, inability to follow verbal instructions	2	2	2	2	2
2 – Moderate assistance for transfer/ADLs/communication.	1	1	1	1	1
1 – Minimum assistance for transfer/ADLs/communication **or** needs motivation/encouragement/assistive device for communication.	0	0	0	0	0
0 – Motivated **and** moves independently and communicates clearly.					
NUTRITION / GI:					
(Identify focus_____)	4	4	4	4	4
4 – Is unable to take P.O. nutrition **and** not on nutritional support **or** absence of bowel sounds	3	3	3	3	3
3 – Is dependent on TPN **or** NPO **or** tube feeding with large residuals **or** hypo/hyper bowel sounds	2	2	2	2	2
2 – Is dependent on Tube Feeding **or** taking sips with advancement of diet **or** active bowel sounds with no flatus	1	1	1	1	1
1 – Is tolerating food & fluids **or** needs nutritional supplementation/dietary monitoring **or** passing flatus	0	0	0	0	0
0 – Is eating adequately **and** fully functional GI tract					

Example of Clinical Integrations Outcomes
After One Year

- Length of Stay went from 4.24 to 3.37 days.
- Cost per admission from $6723.00 to $5919.00.

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Collaboration as an Outcome Measure

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Collaboration as Outcome Measure

Using Nurse-Physician Collaboration Instruments

Collaboration and Satisfaction with Care Decisions (CSACD)

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Psychometric Article

Baggs JG. Development of an Instrument to measure collaboration and satisfaction about care decisions. *J Adv Nurs.* 1994:20:176-182

Use

Measures nurse-physician collaboration and satisfaction with care decisions in intensive care units (ICUs)

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Collaboration as Outcome Measure

Using Nurse-Physician Collaboration Instruments

The Jefferson Scale of Attitudes toward Physician Nurse Collaboration

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Psychometric Article:

Hojat M, Fields S, Veloski J, Griffiths M, cohen M, Plumb J. Psychometric properties of an attitude scale measuring a physician nurse collaboration. *Eval Health Prof*. *1999; 22(2):208-220*

Use:

Measures physican and nurse attitudes toward authority, autonomy, responsibility for patient monitoring, collaborative decision making, role expectations and collaborative education.

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Collaboration as Outcome Measure

Using Nurse-Physician Collaboration Instruments

ICU Nurse-Physician Questionnaire

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Psychometric Article:

Shortell S, Rousseau D, Gillies R, Devers K, Simons T. Organizational assessment in intensive care units (ICUs): construct development, reliability and validity of theICU nurse physician questionnaire. *Med Care.* 1991; 29:709- 723.

Use:

Measures organizational climate, with a focus on unit culture, leadership, communication, coordination, problem solving/conflict management, cohesiveness and perceived effectiveness.

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Summary

- Collaboration is conceptually difficult to understand but is becoming a necessity in healthcare today.
- Collaboration can improve patient outcomes and patient satisfaction as well as health care provider's job satisfaction. (Knaus, Draper and Zimmerman, 1986, Manojlovich & Antonalkos, 2008, Mitchell, Armstrong, Simpson & Lentz, 1989).
- Barriers to collaboration can be overcome by dedicated, innovative leaders.

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