



Indiana University Interprofessional Collaborative Practice (IPCP) Model

**Health Resources Services Administration (HRSA)
Grant #UD7HP26050
Nurse Education, Practice, Quality, and Retention
(NEPQR)**



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The HRSA NEPQR Grants

The Nurse Education, Practice, Quality and Retention (NEPQR) program:

- Broad legislative authority to address development and advancement of the nursing workforce
- Provides grant support for academic, service and continuing education projects:
 - to enhance nursing education
 - to improve the quality of patient care
 - to increase nurse retention
 - to strengthen the nursing workforce



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Background of the IU Project

- 3 year Health Resources and Services Administration (HRSA) NEPQR grant
- July 2013 – July 2016
- \$1.22 million
- PI: 2013-2014: Judith Halstead, PhD, RN, FAAN
- PI: 2014-2015: Susan Hendricks EdD, RN, CNE
- Co-PI: 2014-2015: Chad Priest RN, MSN, JD



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Overall Goal

To cultivate interprofessional collaborative practice (IPCP) environments within Indiana University (IU) Health and primary care rural health clinics in Indiana:

- By leveraging academic and practice partnerships
- Partners include IUSON, IUSM, IU Health, AHEC, and selected rural health clinics



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What is Interprofessional, Collaborative Practice (IPCP)?

- *Collaborative practice occurs in health care “when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers and communities to deliver the highest quality of care across settings.” (WHO, 2010)*
- Through collaborative practice, the siloed and fragmented aspects of patient care delivery are improved, with a resultant improvement toward achievement of the triple aim:
 - *Improving the patient experience of care*
 - *Improving the health outcomes for populations*
 - *Decreasing the cost of care*



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Why IPCP?

- Calls from the Institute of Medicine, and *every major healthcare practice discipline* to incorporate IPCP into our work to accomplish:
 - Error prevention
 - Streamlined services
 - Practitioner engagement and satisfaction
 - Increased efficiency



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Objective One Goals



Cultivate IPCP environments in an urban acute medical care setting (IUH-Methodist) by refining an existing acute care Accountable Care Unit (ACU) model:

- to increase interprofessionality
- to improve efficiency
- to enhance quality of care
- to decrease cost in targeted populations



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The Units at IUH Methodist

- 3 units participating (A 2/3 N, B5C5 and B7); B4 to join soon
- Accountable Care Unit model—IP Team rounds daily and works together on data driven quality improvement
- Current focus is on improving interprofessional rounding, continuing to educate staff, increasing administrative awareness of early “wins”, and improving workflow
- Many improved metrics already



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Objective Two

Develop IPCP teams in community-based primary care settings in rural locations in central Indiana to improve efficiency and quality of care and decrease health costs in targeted patient populations



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Cultivating Interprofessional Collaborative Practice (IPCP) in Rural Primary Care Clinics (PCC's): **PARTICIPANTS**

Rural Indiana Clinics

- ◆ Riggs Community Health Center
- ◆ Valley Professional Community Health Center
- ◆ Open Door Health Services
- ◆ HealthLinc Community Health Centers of Valparaiso & Michigan City



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Objective Two Goals

- IPCP Teams of practitioners will be formed at each clinic site and educated on the core competencies associated with IPCP.
- IPCP Team members will engage in educational activities to develop collaborative care model.
- Each PCC will engage in an improvement project that advances IPCP and improves patient outcome.
- Facilitate the development of leadership skills among emerging nurse leaders in advanced nursing practice.
- Facilitate the exchange of best practices



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TeamSTEPPS® Framework

Knowledge

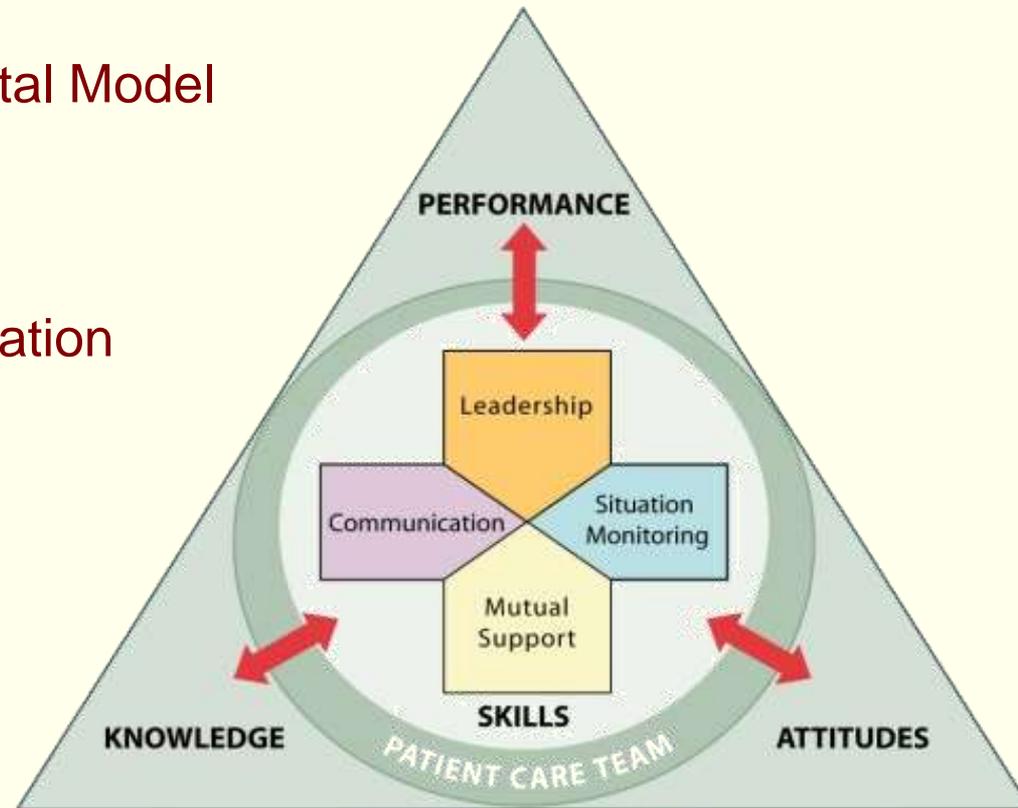
Shared Mental Model

Attitudes

Mutual Trust
Team Orientation

Performance

Adaptability
Accuracy
Productivity
Efficiency
Safety





Evaluation Metrics

- Qualitative and quantitative evaluation of team functioning
- Patient outcomes in inpatient and outpatient settings



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Cultivating Interprofessional Collaborative Practice (IPCP) **TEAMWORK MEASURES FOR OBJECTIVES 1&2**

Safety Organizing Scale (SOS)

- Vogus & Sutcliff (2007)
- 9-item unidimensional measure of self-reported behaviors that contribute to a safety culture
- High internal reliability and validity

Collaboration and Satisfaction About Care Decisions (CSACD)

- Judith Gedney Baggs Phd, RN (1994)
- Developed to measure nurse-physician collaboration and satisfaction about care decisions in intensive care units
- Reformatted to better measure collaboration between multiple specialties in a rural clinic

Both surveys will be completed at
6 and 12 month intervals.



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Objective Three: Nurse Leadership Institute

- Develop emerging nurse leaders prepared to practice in IPCP environments in acute and primary healthcare settings through a nursing leadership program



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Objective Three Goals

- Develop emerging nurse leaders prepared to practice in IPCP acute and primary health care settings.
- Foster development of leadership & IPCP competencies of emerging nurse leaders-IU Health and primary health care clinics in central Indiana
- Strengthen nursing's capacity to advance patients' health through relational coordination and IPCP environments
- Develop competencies in IPCP environments, shape healthcare policy, implement positive change, improve care delivery systems, synthesize and use data to improve patient care, contain costs, and advance nursing's impact.



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Theoretical Frameworks/Evaluation

- Five practices of exemplary leadership (Kouzes&Posner, 2010), interprofessional collaborative practice (IECEP, 2011), Leanin (leanin.org)
- Leadership Practices Inventory (LPI) (Pre and Post-Quantitative Analysis) (Kouzes&Posner, 2010), and Qualitative Analysis



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Objective Four: Increase IP Student Clinical Experiences

- Increase the number of interprofessional education and clinical opportunities in urban and rural IPCP environments for students in health professions.
- Involving students and learners from medicine, nursing, pharmacy, health administration, public health and more



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Overall Selected Successes and Barriers

Successes

- Improvements in many patient outcome and satisfaction indicators at IUH
- ACU's are doing well
- Some rural clinics have embraced the IPCP methods (too early to tell if we have patient outcome changes)
- Focus on team processes and development has led to respect of team members and shared values
- NLI is assisting nurses to develop as leaders in the care environments
- We have made a significant impact on student experiences in the ACU's and rural patient care centers

Barriers

- Staff turnover in the ACU and rural settings is a continuous challenge
- Leadership changes in ACU and rural settings is also challenging
- Finding time to provide education is a serious challenge, and cost of associated time is a barrier, as well
- In some of the rural settings, the clinic is quite small and there are not many professions represented (nursing is often limited, except the APRN role)
- Differing definitions of IPCP teams
- Relationship challenges within teams
- Lack of knowledge of collaborative culture



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