

# Implementing an inter- professional collaborative practice model in an urban nurse-managed health center: Challenges and Successes

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# Disclosures

Jeffrey Kwong, DNP – no disclosures

Suzanne Willard, PhD – no disclosures

Kathy Gunkel, DNP – no disclosures

# Objectives

1. Describe the impact and trends in inter-professional collaborative education and practice.
2. Describe how core inter-professional practice competencies can be adapted and integrated into a nurse-managed community health center.
3. Discuss the challenges of opening and developing a nurse-managed health center in an urban setting in a University undergoing change.

# Inter-professional Collaborative Practice

“When multiple health workers from different professional backgrounds work together with patients, families, carers [*sic*], and communities to deliver the highest quality of care.”

*WHO, 2010*



# Inter-professional Education

“When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes”

*WHO, 2010*



# Traditional Training



# Why Inter-professional Practice?

## Why Now?

- Increase in chronic disease and multiple chronic conditions
- Patient Safety and Quality
- Changing healthcare systems
- Cost-effectiveness

# Team Based Care & Chronic Disease

- Reduced ED visits
- Fewer complications
- Better able to work/maintain ADLs
- Greater confidence/self-efficacy
- Patients report being more secure in care they receive



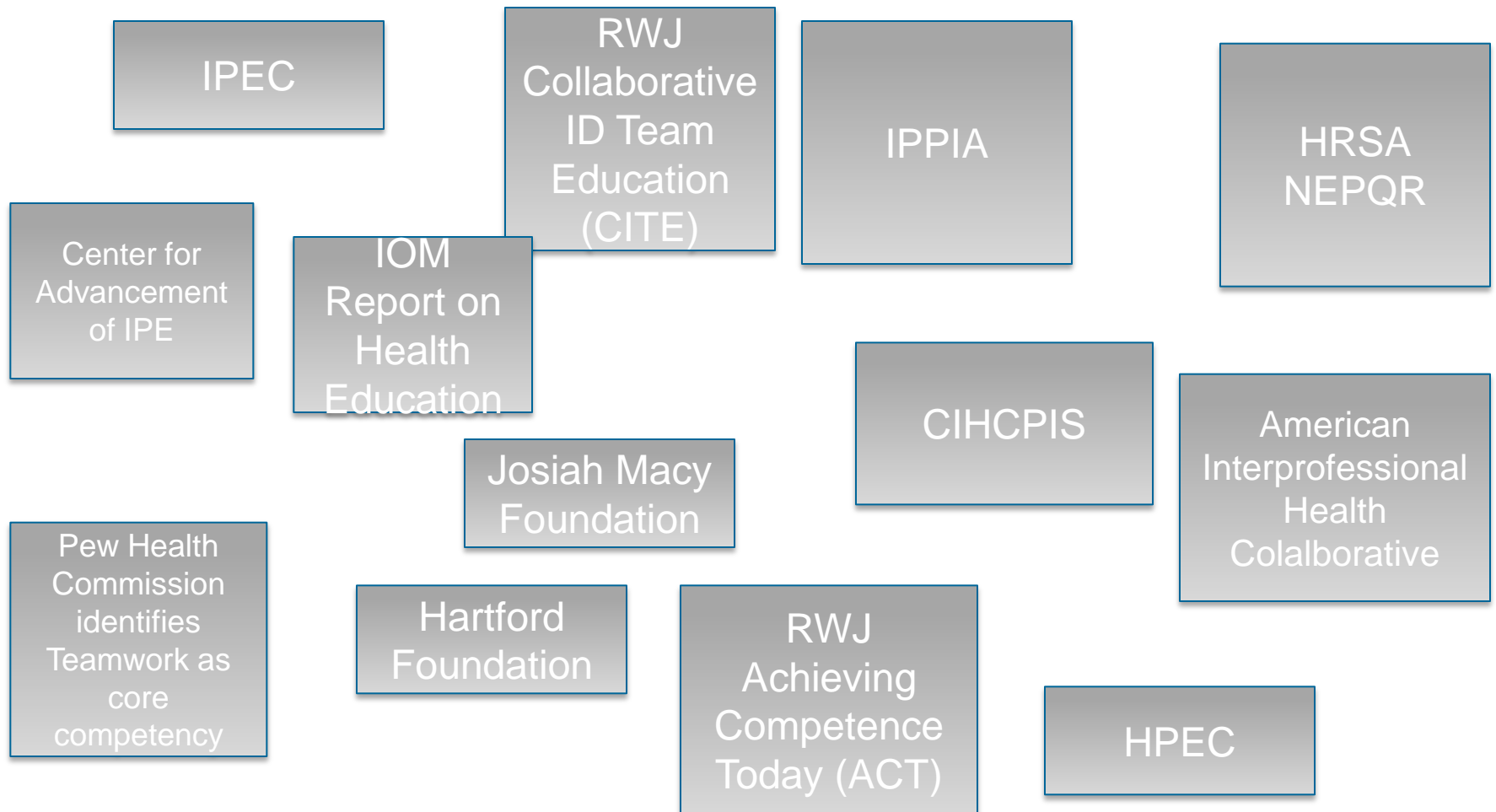
# Multidisciplinary Team

- A group from different disciplines who assesses clients & develop plans **independently**.
- **One person**, orders services and coordinates the care.
- Each discipline implements its **independent plan** as an **additional layer** of services.
- Patients' & families' goals may not be considered, and **specific discipline goals are not always shared** with other professional caregivers.
- Lack of collaborative planning and goals create **inconsistent** approach that **lacks cohesion**.

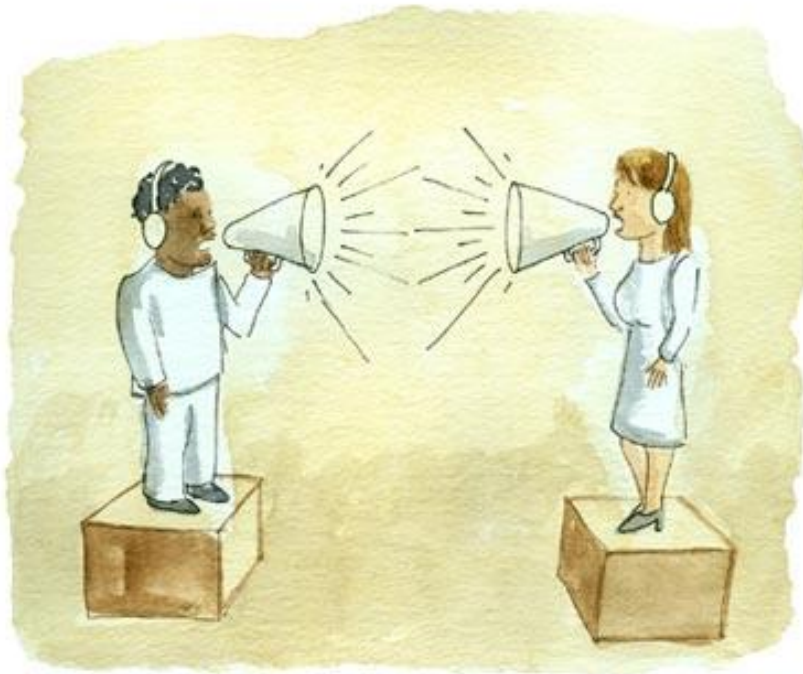
# Interprofessional Team

- Group of people from different disciplines who assess and **plan care in a collaborative** manner.
- A **common goal is established** and each discipline works to achieve that goal.
- Care is **interdependent, complimentary, and coordinated**.
- **Joint decision making** is the norm.
- **Members feel empowered** and assume leadership on the appropriate issue depending upon the patient's needs and their expertise.

# IPE initiatives: A Proliferation



*Just putting people together to work in teams doesn't necessarily produce effective inter-professional teamwork*



© Marcel Becker 2004

# Barriers to IPCP

- History
- Culture
- Thinking
- Language
- Level of Preparation
- Loss of Identity

# IPEC and the Core Competencies Expert Panel

- **IPEC**
  - AACN                      ADEA                      AACOM
  - ASPH                      AACCP                      AAMC
- **Purpose:** Develop a framework of joint activities to support patient-centered team-based care, promote delivery reform, and foster inter-professional learning experiences

# Core Competencies for Interprofessional Collaborative Practice

Sponsored by the Interprofessional Education Collaborative\*



Report of an Expert Panel  
May 2011

\*IPEC sponsors:

American Association of  
Colleges of Nursing

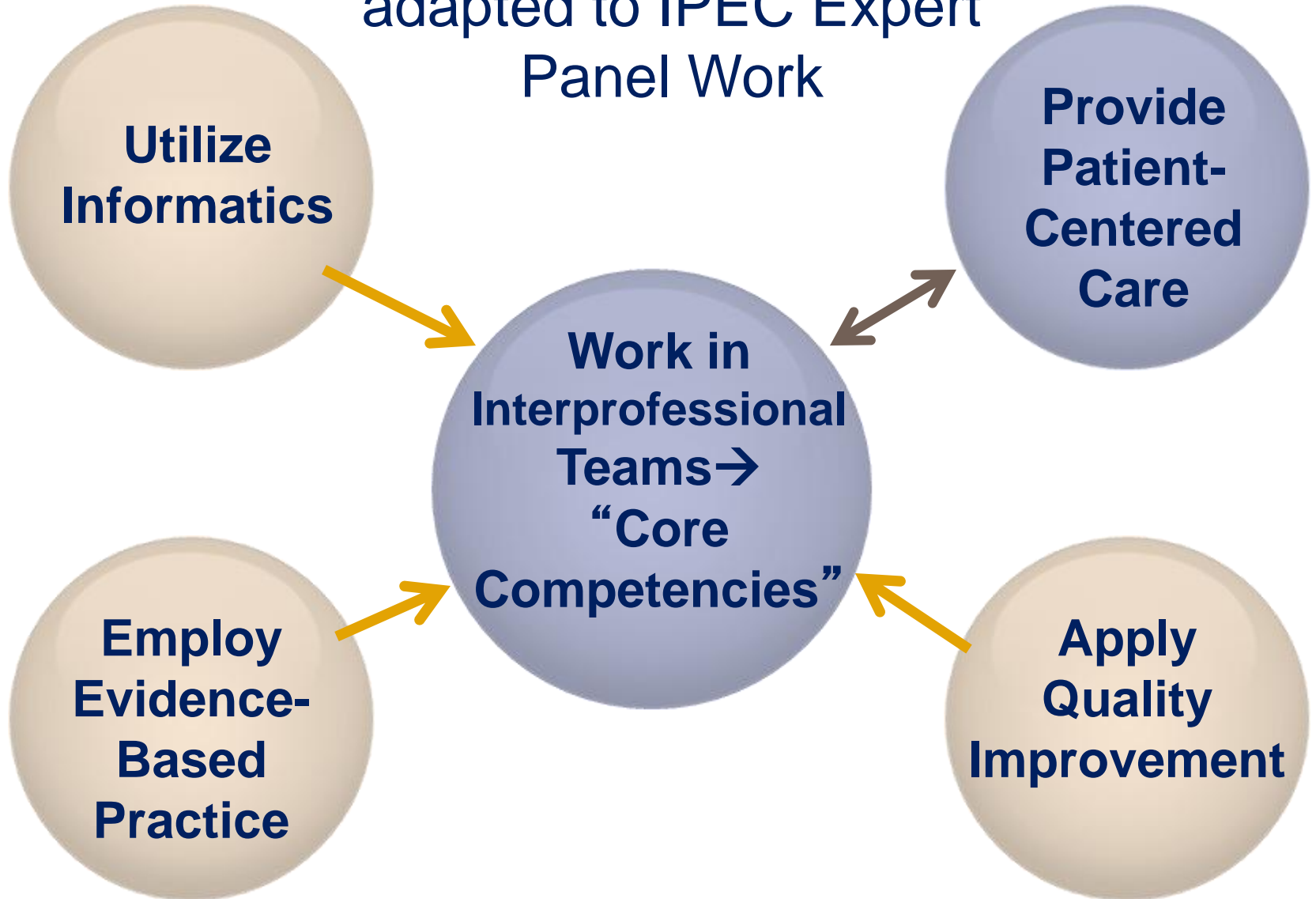
American Association of  
Colleges of Osteopathic Medicine

American Association of  
Colleges of Pharmacy

American Dental Education Association

Association of

# IOM 5 Core Competencies, adapted to IPEC Expert Panel Work

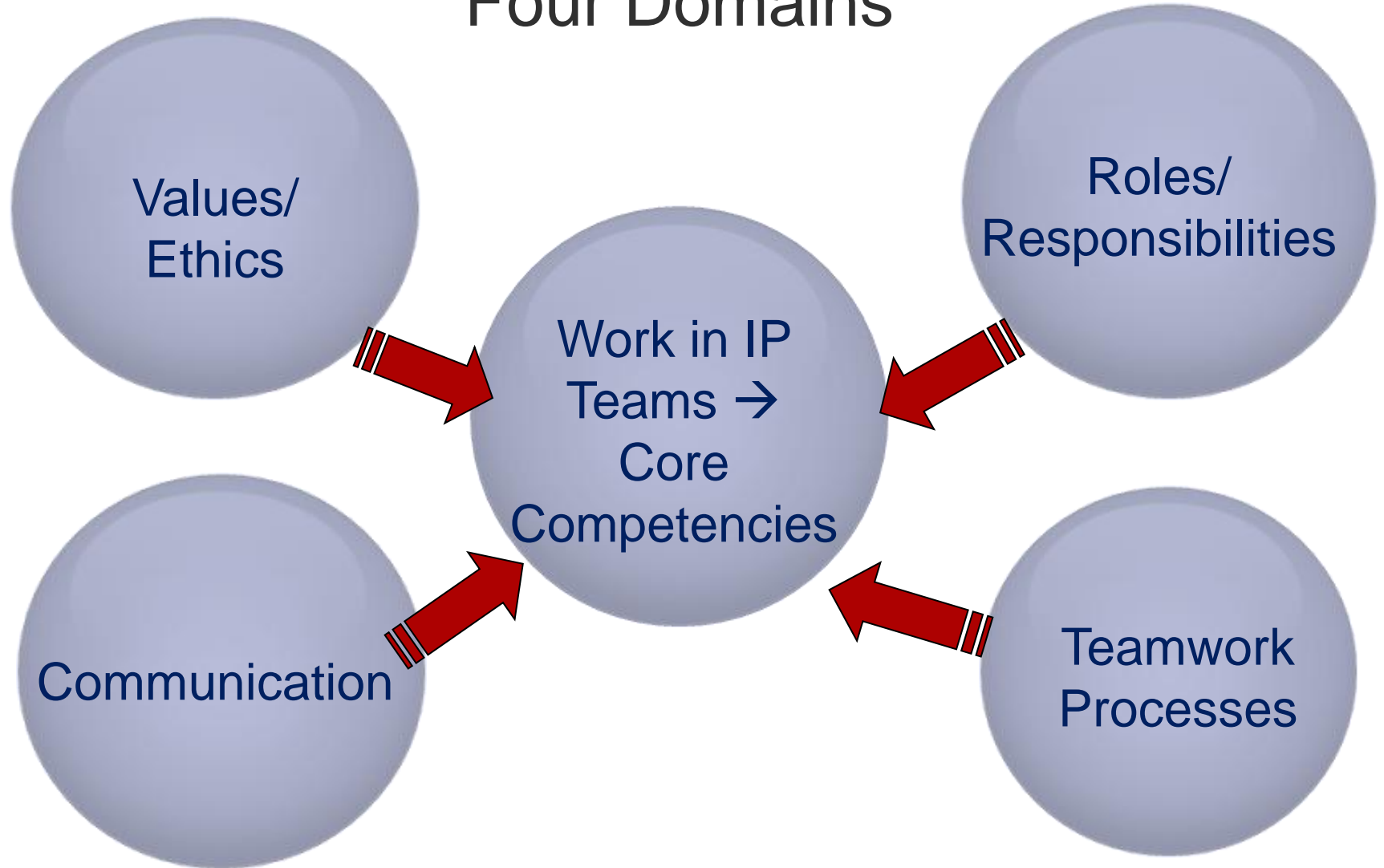




# IP Competencies: General Criteria

- Patient, Population & **Relationship-centered**
- **Process-oriented**
- “Common” language
- Applicable across practice settings and across professions
- Relevant to the learning continuum
- Outcome driven [performance]
- Relevant to IOM goals for improvement:  
patient-centered, efficiency, effectiveness,  
safety, timeliness, and equity

# Core Competencies: Four Domains



# **VALUES/ETHICS**

## **Overall Competency**

Work with individuals of other professions  
to maintain a climate of mutual respect  
and shared values

# **VALUES/ETHICS**

## **Example competencies**

- Place the interests of patients and populations at the center of IP health care delivery
- Respect the unique cultures, values, roles/responsibilities and expertise of other health professions

# **ROLES & RESPONSIBILITIES**

## **Overall Competency**

Use the knowledge of one's own role  
and those of other professions  
to appropriately assess and address  
the health care needs of the patients  
and populations served

# **ROLES & RESPONSIBILITIES**

## **Example Competencies**

- Recognize one's limitations in skills, knowledge and abilities
- Engage diverse health care professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs

# **Inter-professional Communication**

## **Overall Competency**

- Communicate with patients, families, communities and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and treatment of disease

# **INTERPROFESSIONAL COMMUNICATION**

## **Example Competencies**

- Organize and communicate information with patients, families and health care team members in a form that is understandable, avoiding discipline-specific terminology when possible
- Give timely, sensitive, instructive feedback to others about their performance on the team, and respond respectfully as a team member to feedback from others



# **INTERPROFESSIONAL TEAMWORK & TEAM-BASED CARE Overall Competency**

- Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable

# **INTERPROFESSIONAL TEAMWORK & TEAM-BASED CARE**

## **Example Competencies**

- Integrate the knowledge and experience of other professions-appropriate to the specific care situation-to inform care decisions, while respecting patient and community values and priorities/preferences for care
- Use process improvement strategies to increase effectiveness of inter-professional teamwork and team-based care

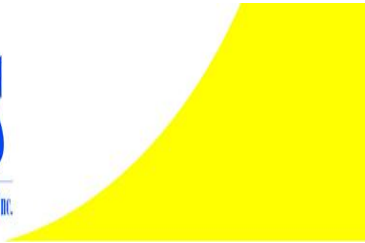
# Emphasis of Core Competency Framework

- Focus is on individual competencies for working together
- Not focused on common or unique clinical or broader [e.g., systems, QI] knowledge bases
- Builds on professional competencies
- Principles extend to non-professional team members

# The Rutgers-FOCUS Wellness Center



**FOCUS**  
Hispanic Center for Community Development, Inc.



**RUTGERS**  
College of Nursing

# Rutgers College of Nursing

- Looking to establish long-term community commitment that supports the mission of the University.
- Students interested in service learning
- Need for faculty practice
- A venue to train the next generation of primary care providers.

# Rutgers University Resources

- Experienced APNs in family health, pediatrics, behavioral health and community health.
- Collaborations with Law, Social Work, Pharmacy, & School of Medicine (in process)
- Commitment to high quality, appropriate cost of care that is offered in person-centered environments designed with significant community input.

# The Mission of FOCUS

Provide community leadership in the Latino Community of Newark by developing a variety of health and human development initiatives which advance the community toward self-sufficiency, growth, empowerment and a better quality of life.

- health services were missing!

# FOCUS Services: Over 10,000 individuals served

- **The Human Services Division** provides adult education, employment and training, senior-citizen programs, emergency assistance, health and nutrition programs and adult protective services. The objective of the division is to provide members of our community with the tools necessary for empowerment, growth, and self-sufficiency.
- **The Youth and Family Development Division** provides educational services for children before and after school, and during the summer months. It provides counseling for families and children, parenting workshops, and referral services to families requiring temporary support, such as food, utility and housing assistance.





**Newark has a high level of health and economic disparities**



**Services are available –  
but difficult to access.**

# OUR GOAL

- Establish a viable, sustainable and culturally competent community health center that is a partnership between FOCUS and RU-CON. We envision a program that will get the right care to the right people when they need it.

# Why a Nurse Managed Center?

- Nurse-managed health centers serve as crucial health care access points for vulnerable and underserved patients in rural, urban and suburban communities throughout the country.

# What is a nurse managed center?

- Nurse-managed health centers are led by APNs who act as primary care providers for patients.
- Provide primary care, health promotion and disease prevention services to patients least likely to receive ongoing health care services.
- Population includes patients of all ages who are uninsured, underinsured, living in poverty or members of racial and ethnic minority groups.
- More than 85 of the nation's leading nursing schools operate nurse-managed health clinics, enhancing learning and practice opportunities for nursing students and other health professions students.

# Nurse Managed Centers

## Focus on:

- The needs of communities.
- Developing programs that meet the needs
- Working with other health professionals to make sure that patients get all the services they need.
- They bring people together to solve problems.

# 4 Pillars of Nurse Managed Centers

- Wellness
- Patients
- Families
- Nontraditional and community-based services

# What makes us unique

- No nurse managed stationary health center in Newark
  - A mobile van program has been in service and run by the former UMDNJ SON, now Rutgers SON
- No nurse managed center in the United States that are located within a community based organization.



# Services

- Wellness/Health Education
- Primary Health Care Services
- Behavioral Health Services
- Health Counseling
- Health outreach Services
- Link with other community agencies and FQHCs in greater Newark



# Phases

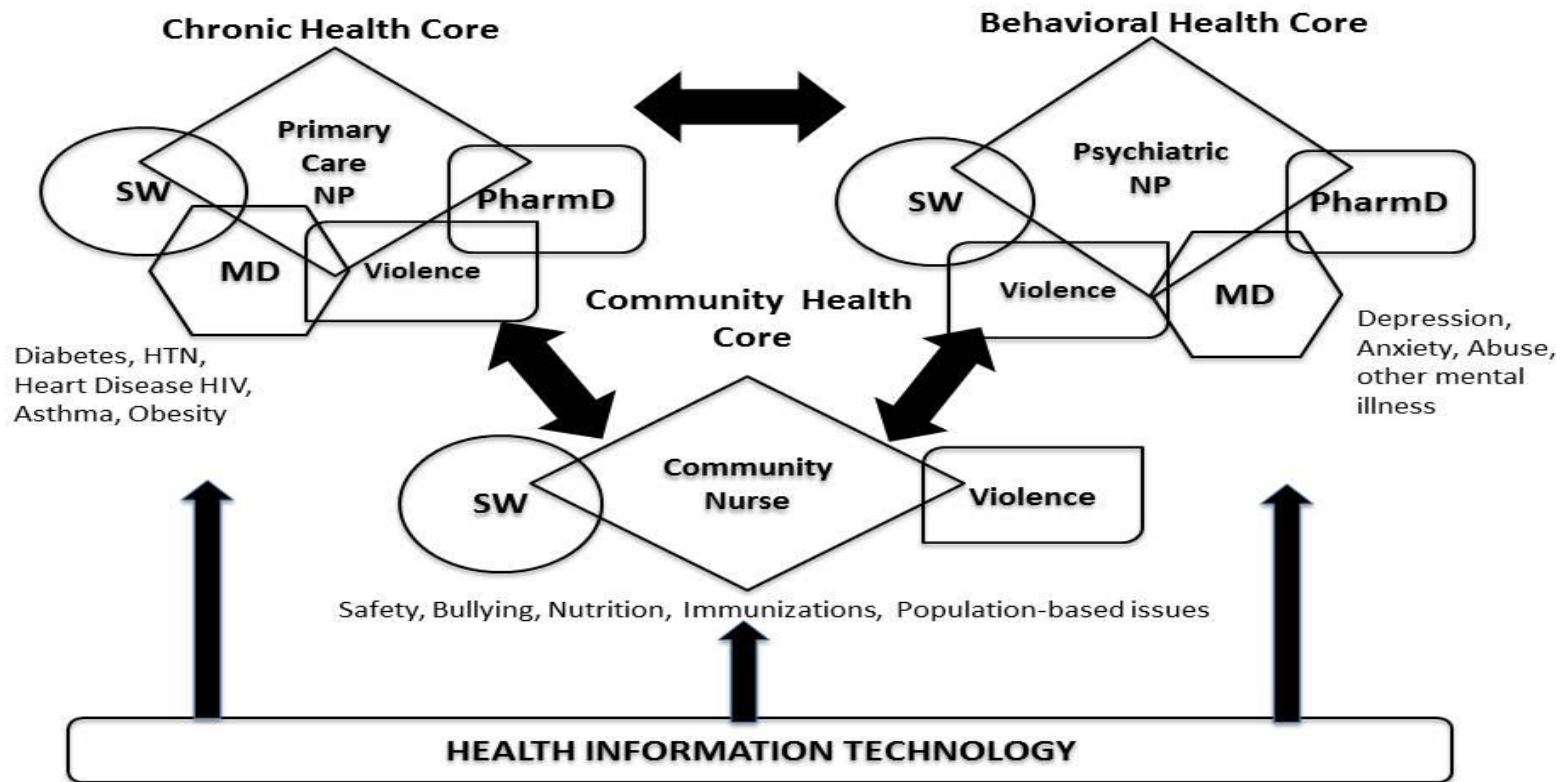
- **Phase I: Wellness Program**
  - Health Promotion and Education Activities;  
Funded April 2012-2013
  
- **Phase II: Clinical Services**
  - Primary Health care and Behavioral Health Care



# IPCP Program Objectives:

1. Develop & foster IPCP team
2. Improve access to preventive & primary care.
3. Increase # of persons with behavioral health issues who are engaged in care.
4. Improve conflict resolution skills of youth/families.
5. Train health profession students in IPCP.
6. Disseminate best practices.
7. Ensure fiscal sustainability.
8. Adapt electronic health record system.

# Comprehensive Urban Health Model for Safe Healthy Families



# Role of Nursing

- Coordinate each of the “Care Cores”
- Provide direct care and education
- Assess and triage clients to appropriate team
- Assist with training and education of students

# Role of Social Work

- Assist in the development of intake process
- Provide direct client services
- Serve as faculty mentors for students
  - Social Work Faculty
  - On-site LCSW

# Role of Pharmacy

- Assist in the development of the pharmacy role in the IPCP model at The Center
- Provide patient education, medication adherence coaching, ensure medication safety, immunizations, other activities PRN
- Participate in training of students

# Role of Violence Prevention

- Conduct training for staff and the community on violence prevention, interpersonal conflict resolution.
- Train health professional students in violence prevention



# Role of Health Information Technology

- Track and monitor quality indicators
- Identify areas for quality improvement
- Analyze data
- Evaluate outcomes

# Specific Activities

- Self-management groups
- Develop a community advisory board
- Educational outreach and trainings at The Center & participating schools
- Provide direct services
- Disseminate information to other professionals & centers

# Case Example 1: CHRONIC DISEASE CORE

## 72 year old male with Diabetes, HTN, CKD

Chronic  
Disease Core  
NP

Social  
Worker

- DM & HTN not controlled
- Lives alone
- Non-adherent with meds
- Lacks appropriate resources for nutrition, no physical activity

Pharmacist

Community  
Services

Self-  
Management  
Group

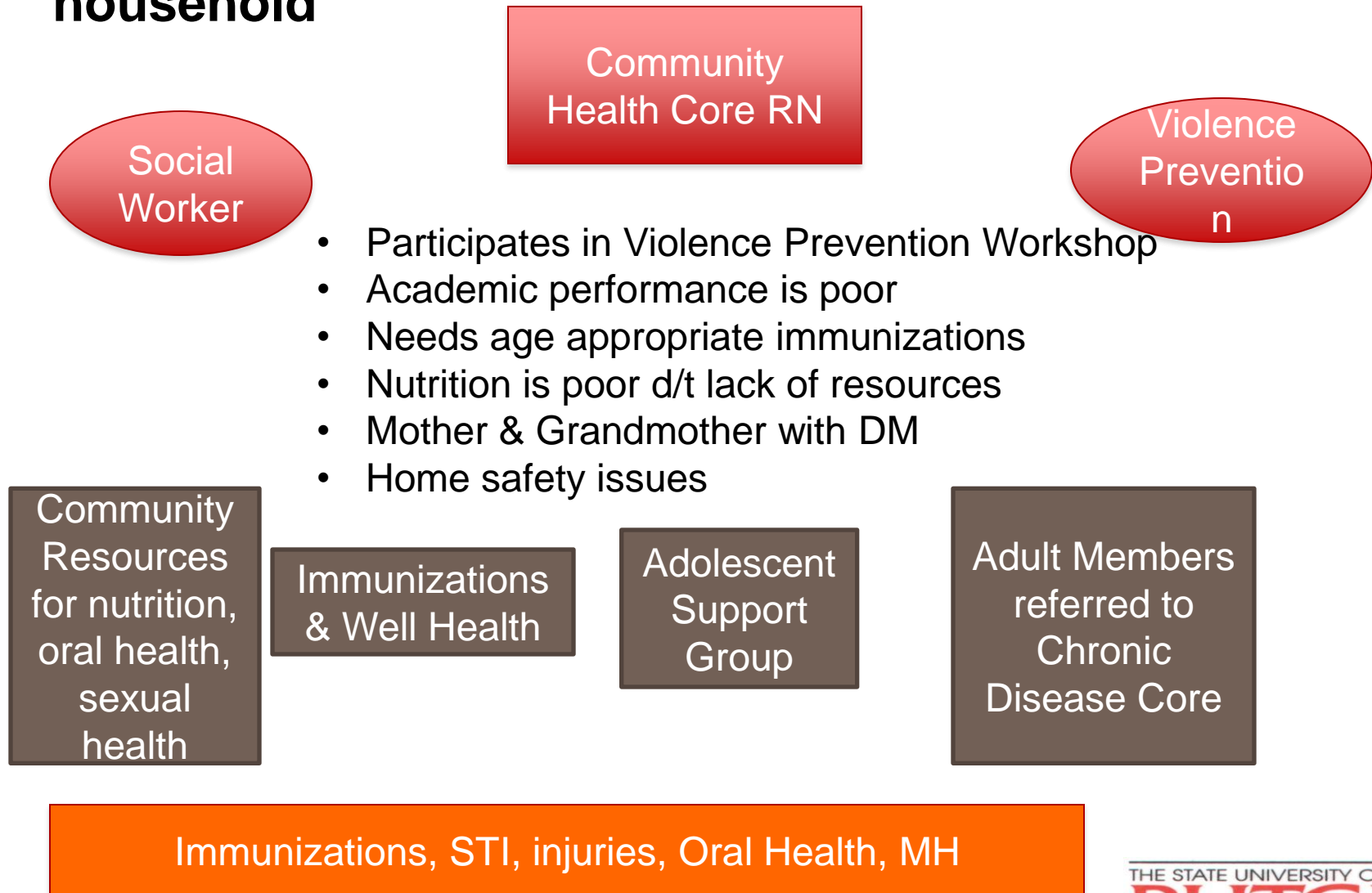
Exercise  
Group

Adherence  
Clinic

HgA1C, Renal Function, BP, Lipids,  
immunizations, age-appropriate  
screenings, Mood

# Case Example 2: Community Health Core

13 yr old 8<sup>th</sup> grader, lives in multi-generational household



# Stage of Team Development

Stage	Leader Behaviour and Informal Style	Team Member Behaviour and Informal Roles	Emotional Climate and Team Ritual	The Teams Style of Humour
<b>Stage 1: Forming</b>	The leader seeks to control and direct	Dependency seeking characterizes team member behaviour.	Refreshments reduce anxiety	Leaders joke to soften control Member joke about the team and about patients
<b>Stage 2: Storming</b>	The leader tries to convince the team.	Team members resist. Scapegoating is evident Clowning reduces tension	Conflict emerge often in response to minor issues which take on broader symbolic meanings.	Humour is often barbed and personal, interspersed with the clowns buffoonery.
<b>Stage 3: Norming</b>	Leadership exercised by coalitions of members based on Perceptions of competence	Members are colleagues who are able to defer to a each other's relevant experience.	Members provide mutual support . Parties express solidarity. Team symbols emerge	Sharing of team deprecating humor. Self-disparaging jokes. In-jokes emphasize membership
<b>Stage 4: Performing</b>	Authority exercised by a coalitions depending on skills and emergent needs	Members find opportunities for interdependence and resist earlier activities such as scapegoat and clowning	Members have pride in the teams accomplishments. Team meetings become constructive and enjoyable. Team legends emerge and team anniversaries celebrated.	The team laughs at itself but explains its in-jokes to new or non-members. It enjoys it's own funny stories and myths. Humour typically at the expense of the team but without loss of task orientation.

# Developing a Team

- Regular meetings
- TeamSTEPPS
- Learning about each other
- Being responsive to team needs



# Challenges



We are all in agreement then.

# Challenges

- Unified efforts
- Faculty appointments (10 vs 12 months)
- Clinical affiliations
- Approval for faculty practice
- Merger
- Length of Appointments



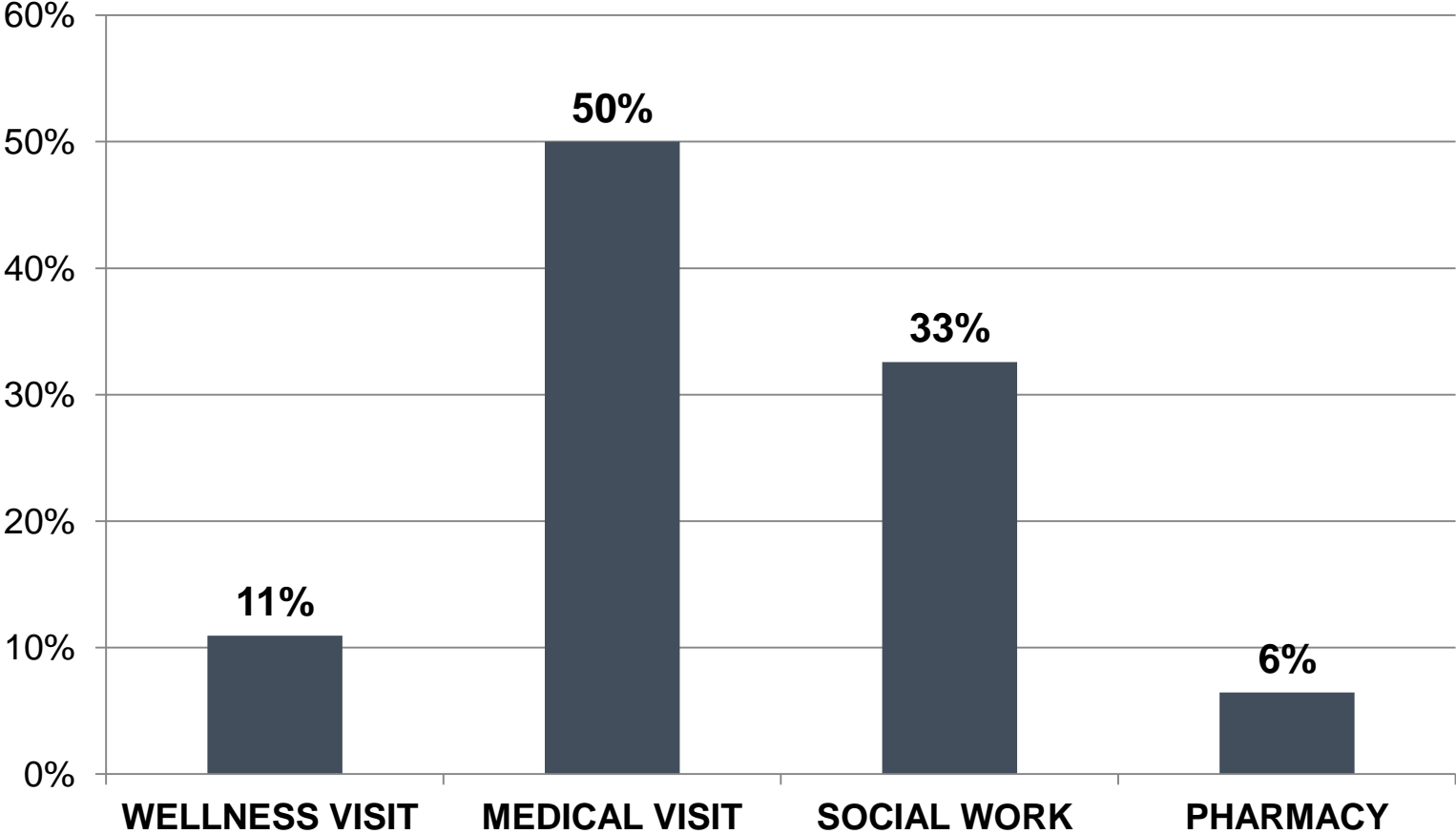


# Successes

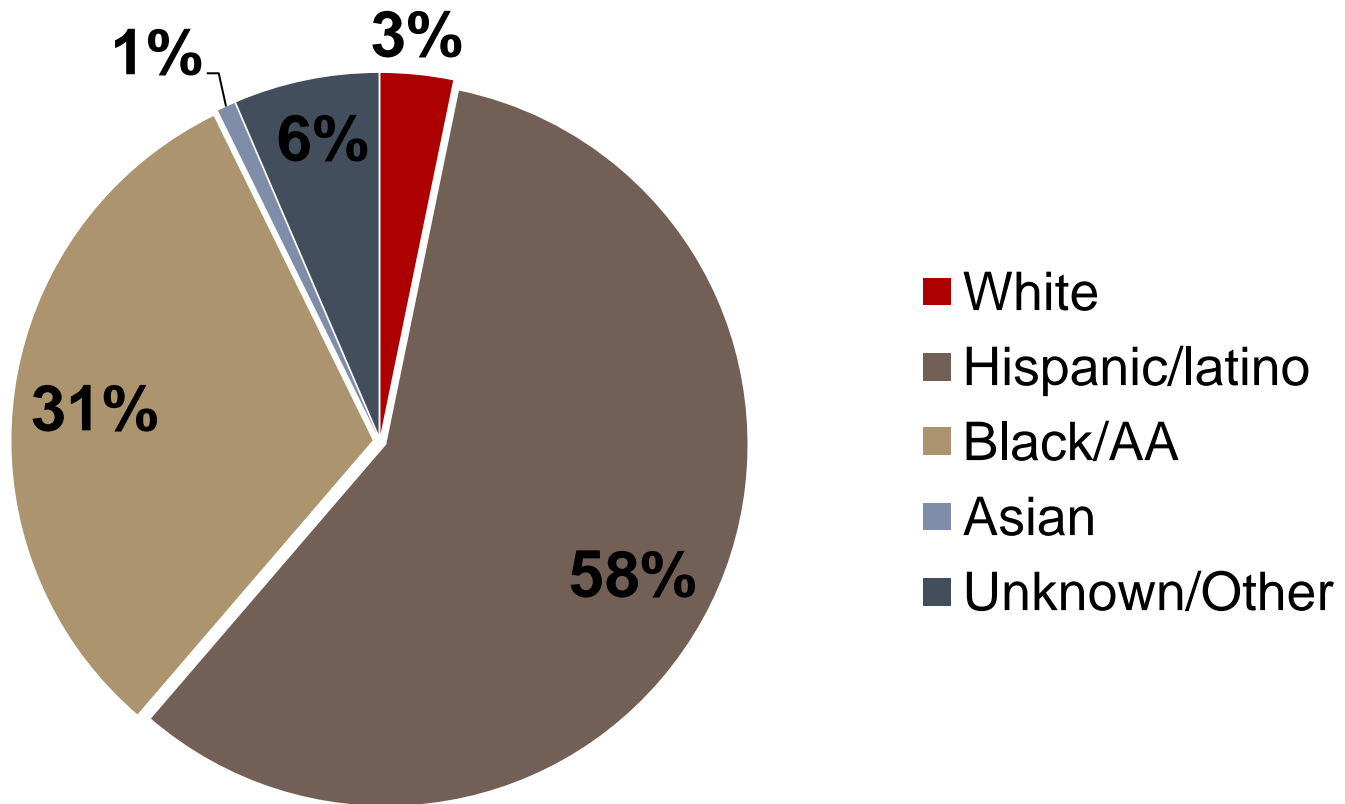
- Patient Satisfaction
- Student Learning
- Faculty Satisfaction



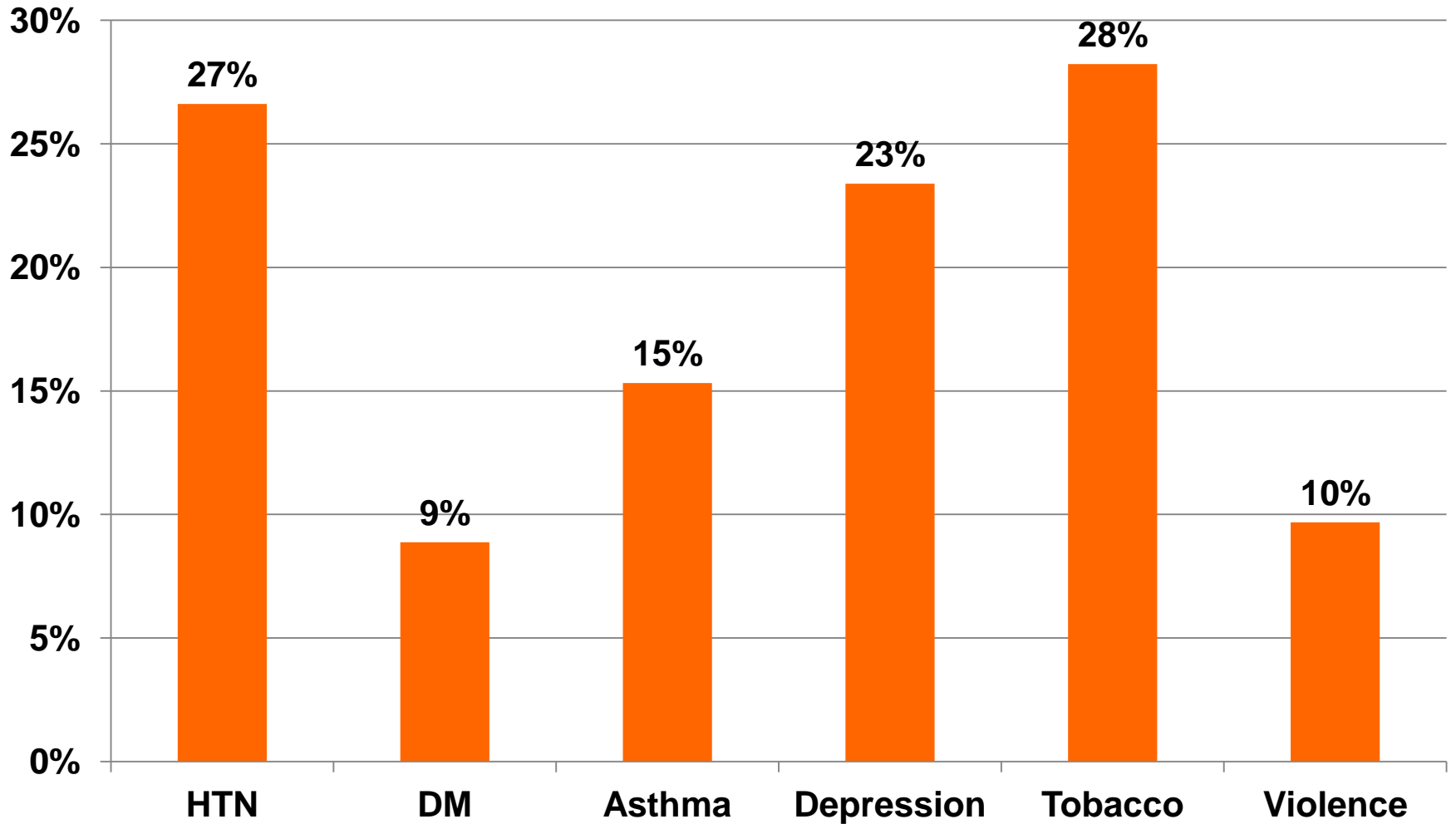
# Type of Encounters



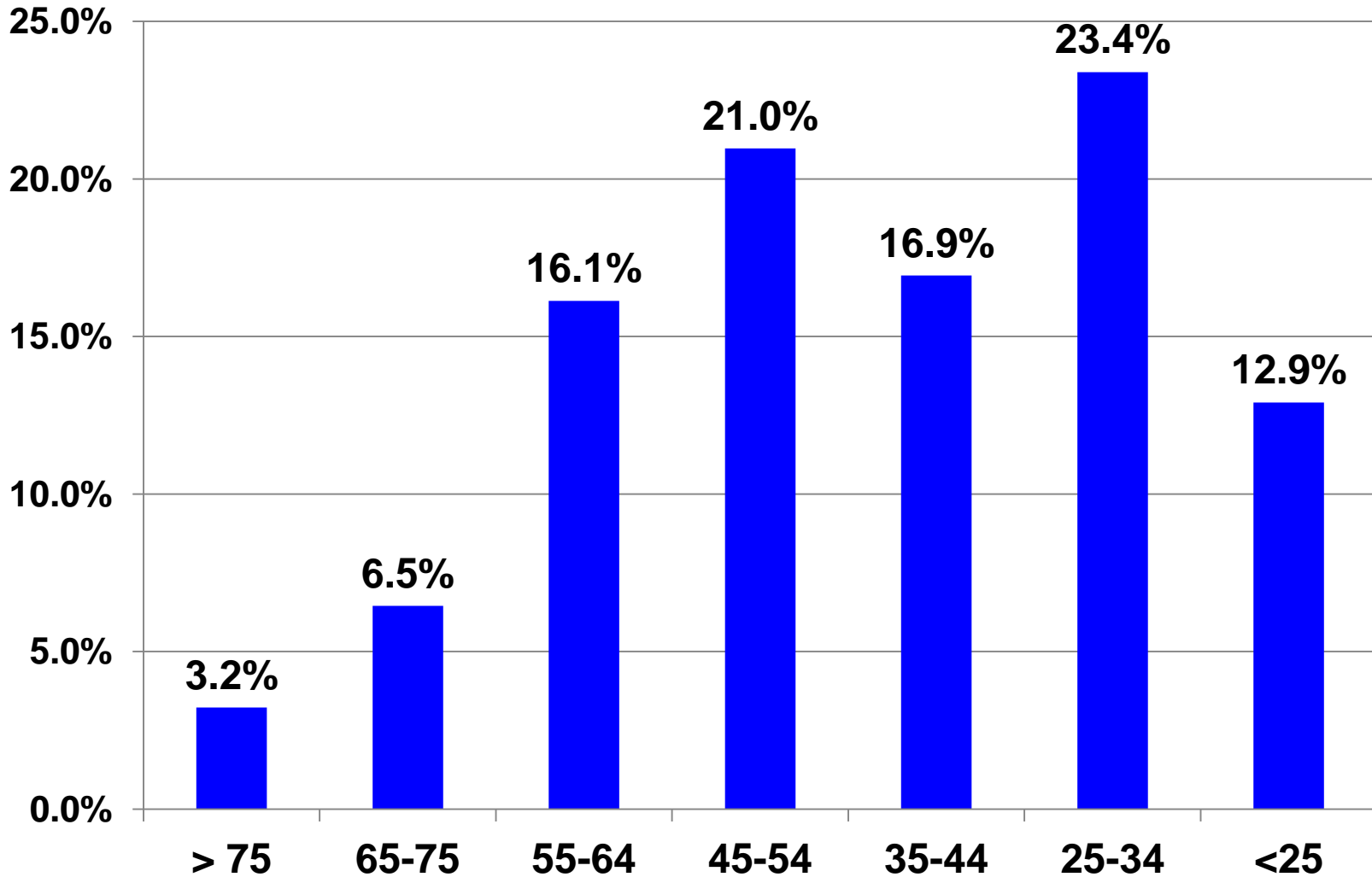
# Race/Ethnicity



# Conditions Reported by Patients



# Age Group



# Maximizing Team Performance

- Annually monitor and reflect on team culture
- Balance attention to task and process functions
- Develop clear goals and monitor outcomes
- Understand the dynamic nature of team development
- Recruit or develop the right mix of skills
- Value professional and personal diversity

# Lessons Learned

- Developing an inter-professional collaborative practice model is feasible, but requires a coordinated effort and buy-in from stake holders
- Team identity take time and requires ongoing reinforcement on a regular basis

# Lessons Learned

- Inter-professional collaborative practice settings offer a unique opportunity for health profession students to learn together and from one another.



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