Reframing Interprofessional Collaboration Using an Inquiry-Based Approach

Gabriella Malagon-Maldonado, DNP, APRN, MSN, CNS, NEA-BC

Faces and Voices of Collaboration

Context for Interprofessional Collaboration

Societal Context
- Older adult population has grown from three million to 35 million in last century and will increase to 75 million in the next few decades
- In a LTAC facility, majority of patients are older adults
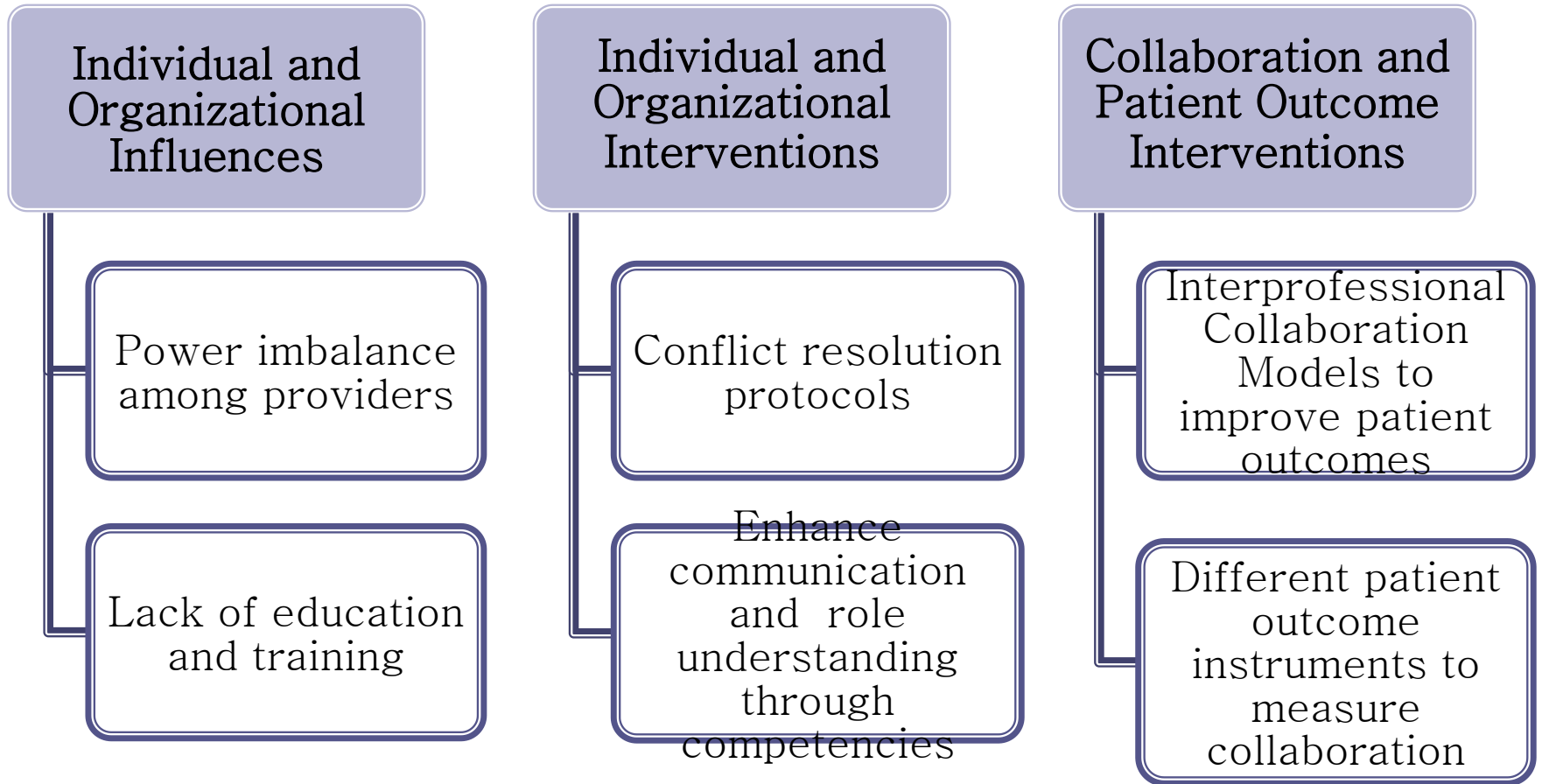
Healthcare Context
- 80% have at least one chronic illness, leading cause of disability or death
- Majority of patients in a LTACH have three to six chronic illnesses
- Medically complex, require specialized treatment from multiple providers
- 30% experience poor health outcomes as a result of inadequate collaboration among healthcare providers

Financial Context
- Decrease in collaboration, increases healthcare spending by 15 times for this patient population in similar settings
- This can result in avoidable utilization of $300 billion, 75% of Medicare's total healthcare spending

Literature Review

Individual and Organizational Influences
- Power imbalance among providers
- Lack of education and training

Individual and Organizational Interventions
- Conflict resolution protocols
- Enhance communication and role understanding through competencies

Collaboration and Patient Outcome Interventions
- Interprofessional Collaboration Models to improve patient outcomes
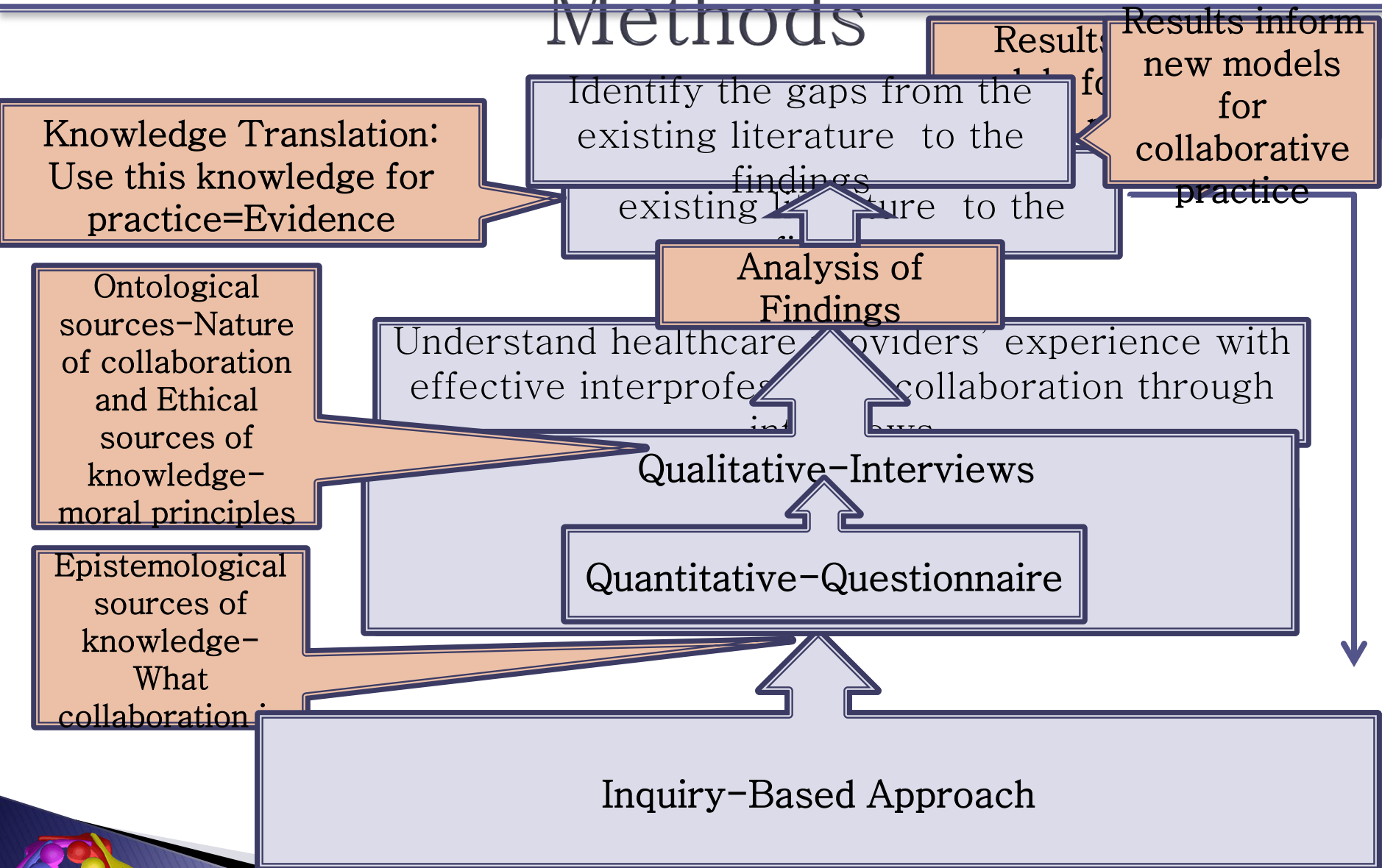- Different patient outcome instruments to measure collaboration

Purpose

1. Assess the intensity of interprofessional collaboration practices in a long‑term acute care hospital using the Interprofessional Collaboration Questionnaire and identify differences among registered nurses and other healthcare providers.

2. Understand healthcare providers' experiences with effective interprofessional collaboration by exploring how it is lived in practice through individual and small group interviews.

3. Identify the gaps in the literature on interprofessional collaboration practices and the research findings.

Inquiry-Based Approach and Methods

Knowledge Translation: Use this knowledge for practice=Evidence

Identify the gaps from the existing literature to the findings

existing literature to the

Results inform

Results inform new models for collaborative practice

Ontological sources-Nature of collaboration and Ethical sources of knowledge-moral principles

Analysis of Findings

Understand healthcare providers' experience with effective interprofessional collaboration through interviews

Qualitative-Interviews

Epistemological sources of knowledge- What collaboration is

Quantitative-Questionnaire

Inquiry-Based Approach

own to better understand a concept

Data Collection and Analysis

Quantitative Data Collection:

- Interprofessional Collaboration Questionnaire

- Comparative analysis between nurses and other healthcare providers using t-test and analysis of variance (ANOVA)

- Determine differences in intensity of interprofessional collaboration among group mean scores by provider

Qualitative Data Collection:

- Questions:
  - What comes to mind for you as an example of effective interprofessional collaboration?
  - Can you describe this to me?
  - What makes this situation outstanding or unique?
  - Any other comments that will help me understand how interprofessional collaboration has been thus far?

- Three group interviews and seven individual interviews in two sessions

- Interpretative phenomenological review of narrative descriptions

- Paradigm cases, Exemplars, and Thematic analysis

Participants

Demographic Data of Questionnaire Participants (N=98)	
Healthcare Provider	Number of Participants
Laboratory Technicians	7
Pharmacists	6
Physicians	5
Registered Dietitians	4
Registered Nurses	53
Rehabilitation Providers	9
Respiratory Therapists	12
Social Workers	2

Demographic Data of Interview Participants (N=13)		
Healthcare Provider	Gender	Years of Experience
Pharmacist	Male	14
Physical Therapist	Female	6
Physician	Male	39
Physician	Male	43
Registered Dietician	Female	9
Registered Nurse	Female	3
Registered Nurse	Male	4
Registered Nurse	Female	6
Registered Nurse	Female	7

Findings: Intensity of Interprofessional Collaboration Differences

Intensity of Interprofessional Collaboration by Healthcare Provider

Group Mean scores of RN and Lab members to IPCQuestions
Intensity of Interprofessional Collaboration of RN and Other HCPs

Average Mean Score=3.56

P=0.00

P=0.01

Legend: RN, RT, series

- 3.74
- 3.71
- 3.62
- 3.82
- 3.88
- 3.43
- 3.83
- 3.89
- 3.87
- 3.63
- 3.39
- 2.33
- 2.58
- 2.83
- 2.83
- 2.8
- 2.8
- 2
- 37171

Categories (x-axis): Registered Nurse; Sharing of common tasks; Laboratory Technician; Registered Nurses; Registered Nurses; Sharing of clinical responsibilities well established; Physician; Pharmacist; Extensive efforts are done to avoid conflicts; Lab; Respiratory therapist; Respiratory...; Registered Nurses; Other Healthcare...; High frequency of information...; Respiratory Therapist; consultation; Level of collaboration among individuals; Social worker
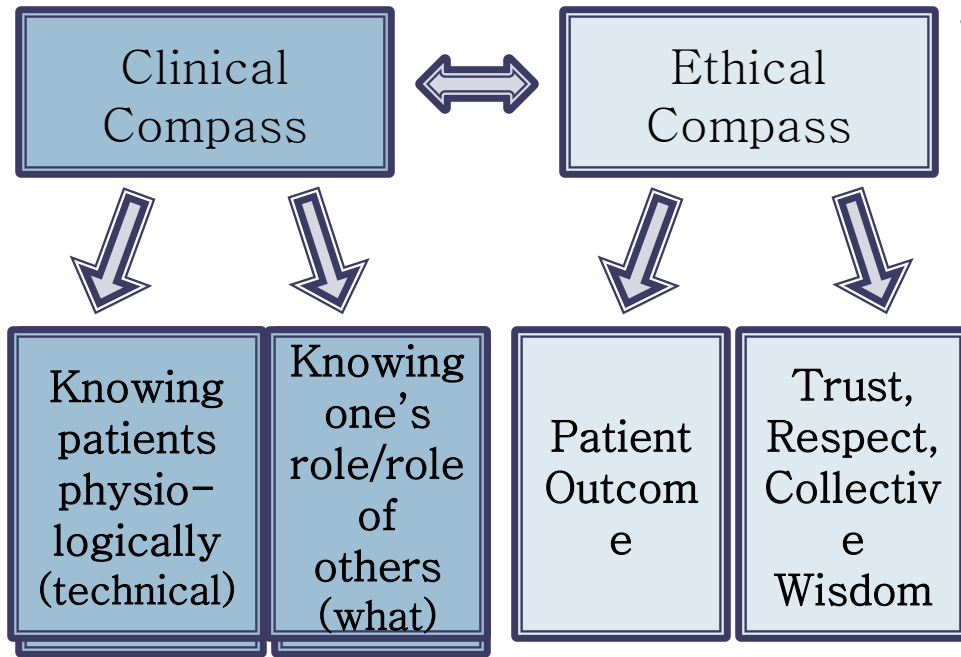
Epistemological view: what can be observed from the outside looking in

Interprofessional Collaboration Questionnaire Results

Inquiry-Based Approach

# Findings: Registered Nurses' Clinical and Ethical Compass

Clinical Compass ⟷ **Ethical Compass**

Knowing patients– physio–logically, personally, socially

Knowing one's role/ role of others (how)

Patient Outcome

Trust, Respect, Collective Wisdom

Ontological and Ethical view: understand experiences from those within the perspective sharing to those outside the perspective

Participation

Intensity of interprofessional collaboration among registered nurses

Inquiry

RN: "I was working with a patient that had a pressure ulcer on their sacral area and we were looking at long-term treatment with the use of a debridement agent and later considered using negative pressure therapy. But in communicating with the patient … it is important to share this information with other members of the interprofessional team, through guidance and clarification when needed. Earlier this week a patient was going to get discharged and I knew that his last chest x-ray from a couple of weeks ago had been showing pneumonia and was on IV Azithromycin for treatment. I communicated with the patient and the nurse taking care of the patient, that we would probably benefit from another chest x-ray to see if the pneumonia had cleared and I just went ahead and called the doctor for the order … sometimes you just have to be proactive in what other disciplines are invited to do to meet the patient's goals …

RN: … it was very rewarding … to actually see how he had done and how he had now … he had now been weaned off the oxygen, which he was happy and his family was happy and grateful … and get to witness the results of a successful outcome. We are doing things as best as we can for the patient …"

Clinical Compass ⟷ **Ethical Compass**

Knowing patients physio-logically (technical)

Knowing one's role/role of others (what)

Patient Outcome

Trust, Respect, Collective Wisdom

Ontological and Ethical view: understand experiences from those within the perspective sharing to those outside the perspective

Participant Interviews

Intensity of interprofessional collaboration among registered nurses and other providers is statistically significant

Inquiry-Based Approach

RT: "There is much collaboration involving the VAP prevention bundle. I am not the only one using the VAP bundle you know. My involvement for the most part is daily weal assessments, daily oral care, and making sure the head of the bed is elevated ... Resource for pharmacy, node, cheery physician who played vicarious or elaborating on current patient condition ... What makes collaboration unique is safe patient care.

Interviewer: Can you elaborate some more on this?

RT: "Well, last week, one of my patients was on the VAP bundle and I worked with the RN to see if PUD and DVT prophylactic meds were on the MAR. When I found out PUD wasn't, I talked to the physician to see if we can get Protonix for the patient (I know this is one of the medications). When I am not certain, sometimes I ask the pharmacists for clarification on certain medications."
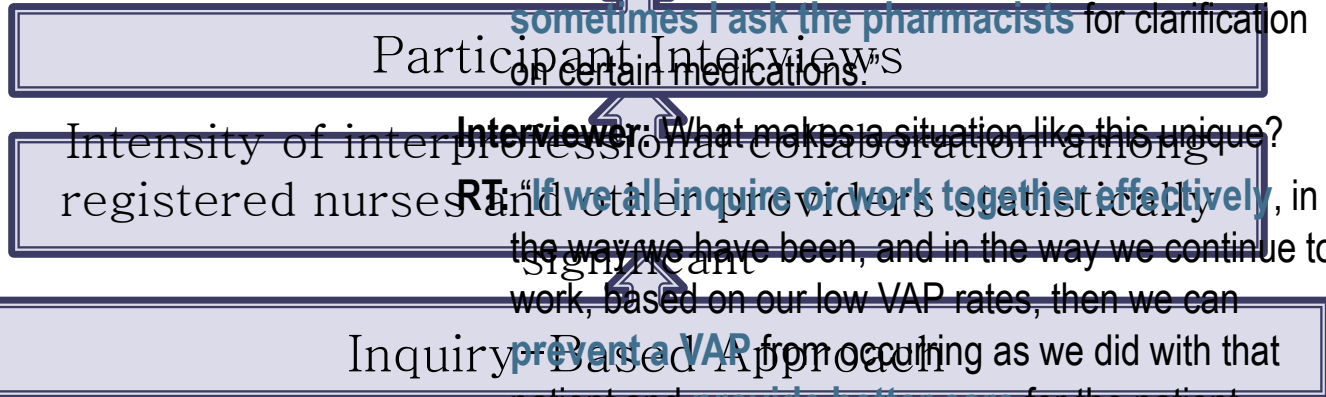
Interviewer: What makes a situation like this unique?

RT: "If we all inquire or work together effectively, in the way we have been, and in the way we continue to work, based on our low VAP rates, then we can prevent a VAP from occurring as we did with that patient and provide better care for the patient overall."

Findings: Gaps in Literature

Knowledge Translation: Use this knowledge for collaborative practice

Existing Literature: Individual, Organizational Influences and Interventions

the gaps i...

Research Findings

Ontological and Ethical sources of knowledge

Epistemological sources of knowledge

Power imbalance=conflict resolution protocols

Lack of education and training =enhance role understanding through competencies

Interprofessional Collaboration Models improve patient outcomes; instruments to measure patient outcomes

...professional collaboration ... re differences amo... noted in knowing patients holistically and knowing the roles of other providers (when to invo... ... practice...

Intensity of interprofessional co... ...althcare provider...

Inquiry-Based Approach

Similarities in ethical compass: patient outcomes, trust, respect, and collective wisdom

Differences in clinical compass: knowing the patient holistically

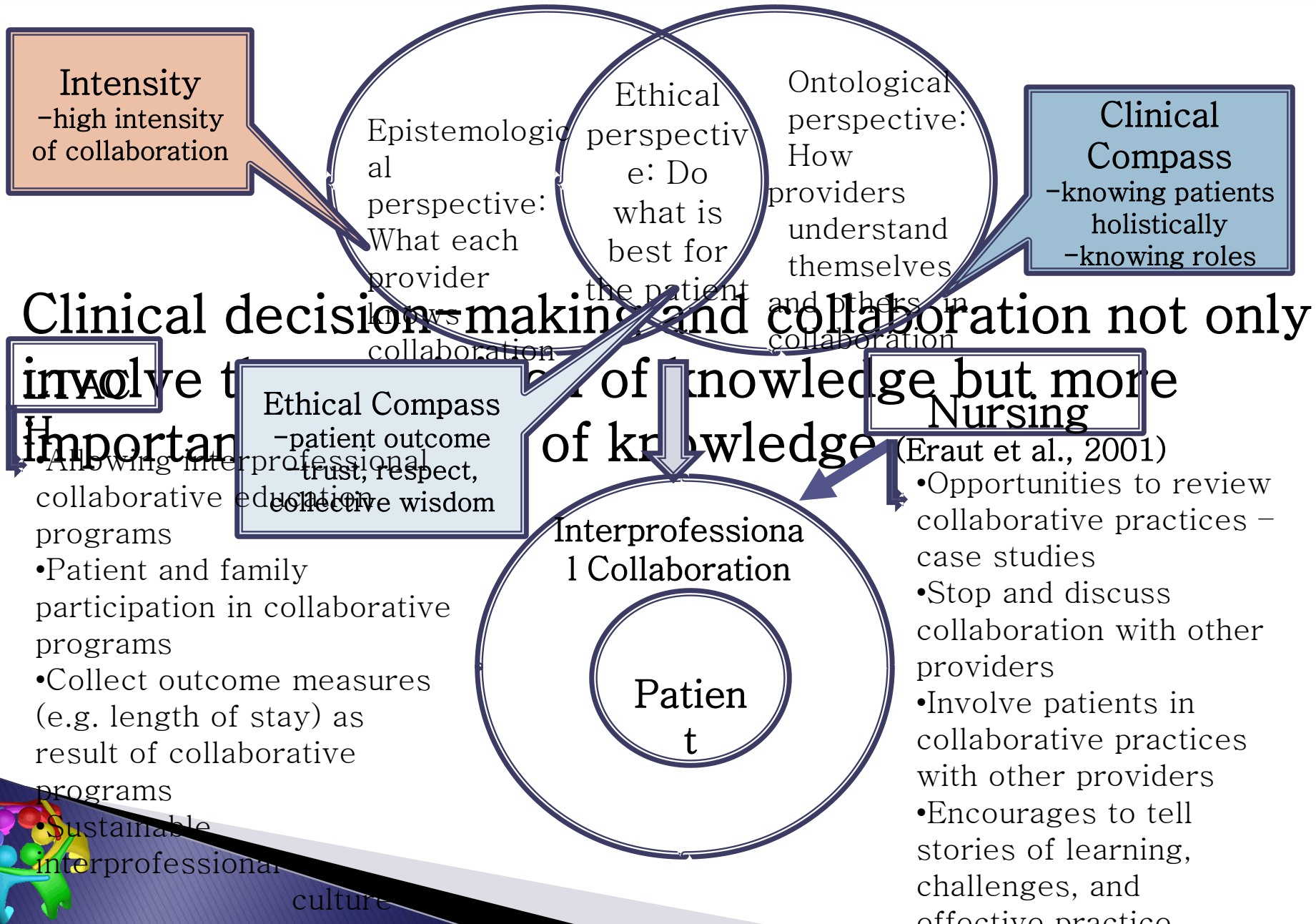Differences in clinical compass: knowing when to involve other healthcare providers

Intensity of interprofessional collaboration among nurses is higher than other healthcare providers

Intensity
−high intensity of collaboration

Clinical Compass
−knowing patients holistically
−knowing roles

Epistemologic al perspective: What each provider knows in collaboration

Ethical perspectiv e: Do what is best for the patient and others in collaboration

Ontological perspective: How providers understand themselves and others in collaboration

Clinical decision-making and collaboration not only involve the transfer of knowledge but more important co-construction of knowledge (Eraut et al., 2001)

Ethical Compass
−patient outcome
−trust, respect, collective wisdom

IPE
•Allowing interprofessional collaborative education programs
•Patient and family participation in collaborative programs
•Collect outcome measures (e.g. length of stay) as result of collaborative programs
•Sustainable interprofessional culture

Nursing
•Opportunities to review collaborative practices – case studies
•Stop and discuss collaboration with other providers
•Involve patients in collaborative practices with other providers
•Encourages to tell stories of learning, challenges, and effective practice

Interprofessiona l Collaboration

Patien t

Recommendations for Future Projects and Lessons Learned

- Recommendations:

  - Observations of practice

  - Interviews with patients

- Lessons Learned:

  - Assessing the intensity of collaboration first, reduced the complexity of the possible narratives and at the same time allowed for individual meaning to be evident in everyday language of collaboration

  - Narrative telling of actual collaborative events, engaged providers in a learning dialogue with their own understanding and personal knowledge

Concluding Remarks

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Thank You!

Anticipatory Slides

Interprofessional Collaboration Questionnaire

(Sicotte, D'Amour, & Moreault, 2002)

INSTRUCTIONS: Please circle the number that best corresponds to your level of agreement with each of the following statements. Responses are based on a scale of 1 to 5 where 1 = strongly disagree or low and 5 = strongly agree or high.

Care Sharing Activities   Strongly Disagree
        Strongly Agree

1) Professional support is sought from other disciplinary groups   1   2   3
        4   5

2) Level of collaboration among individuals   1   2   3
        4   5

3) Information exchange with other disciplinary groups   1
        2   3   4   5

4) Cooperation among professional groups to ensure patient follow-up   1
        2   3   4   5

5) Interdisciplinary collaboration to elaborate a common care plan   1   2
        3   4   5

6) Disciplinary intervention that takes into account data collected by other groups   1
        2   3   4   5

7) Sharing of common tasks   1   2
        3   4   5

8) High tolerance of grey area (overlapping of jurisdictions between professional groups)   1
        2   3   4   5

9) Working relations among professionals are egalitarian rather than hierarchical   1
        2   3   4   5

10) The entire patient (i.e. physical, psychological, and social dimensions) are taken into account by all professional groups
                1   2   3   4   5

11) High frequency of informal consultation between interdisciplinary groups   1   2
        3   4   5

Interdisciplinary Coordination

12) From the patient's perspective, professional collaboration is harmonious   1   2
        3   4   5

13) Team-base routines between professionals are well defined   1   2

Interprofessional Collaboration Questionnaire Framework
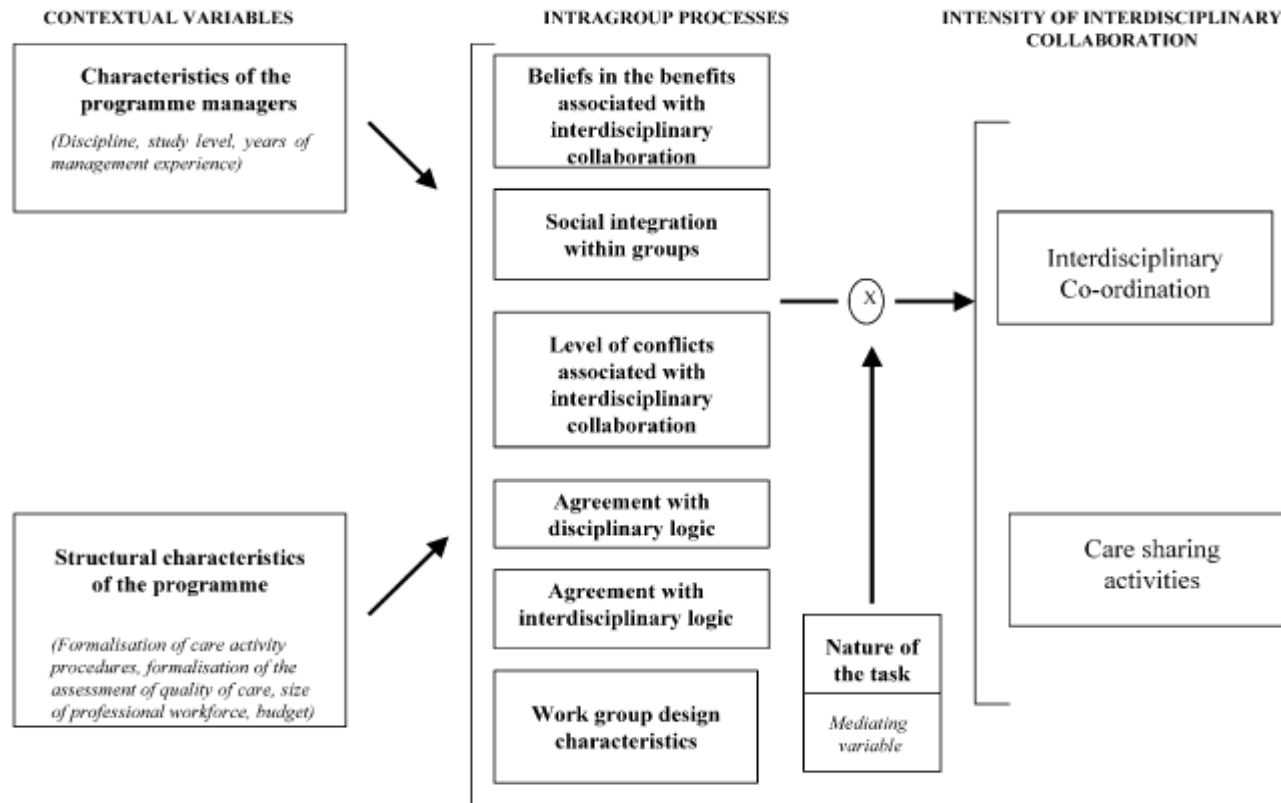

Fig. 1. Analytical framework of interdisciplinary collaboration.

Percent of Participants

Demographic Data of Questionnaire Participants
(N=98)

Healthcare Provider (total n)	Number of Participants
Laboratory Technicians (n=11, 63%)	7
Pharmacists (n=6, 100%)	6
Physicians (n=22, 23%)	5
Registered Dietitians (n=4, 100%)	4
Registered Nurses (n=160, 33%)	53
Rehabilitation Providers (n=10, 90%)	9
Respiratory Therapists (n=50, 25%)	12
Social Workers (n=2, 100%)	2

Interview Structure

- The narrative mode that was elicited through the interviews provided access to particular insights rather than general constructions of interprofessional collaboration.

- Asking the open-ended interview questions allowed for the possibility to reduce deviations from the narratives while staying close to the language and structure of the interview.

- Everyday language was encouraged rather than specifying any terms and risking constraining the stories of collaboration.

- Participates were encouraged to use a natural way of describing practice as if sharing with a peer. It was helpful to set an informal tone with participants and it allowed them to move into stories about patients.

Findings: Healthcare Providers' Clinical and Ethical Compass

RD: One of the things I have noticed that facilitates interprofessional collaboration is knowing when to ask for help based on what the patient is presenting with.

RN: Exactly, when you know your patient, say for instance based on certain vent settings you know if the patient is getting overfed, you recognized that perhaps there needs to be an RD consult so that the patient's tube feeding can be changed.

RD: It shows that the staff feel comfortable enough to ask the registered dietician about a patient. Another example may be if the nurse asks us to take a look at the tube feeding of a heavier set patient possibly because it is too low for that particular patient. We would go and do a calorie count and reassess the patient's tube feeding.

Literature Review Method

Identification

Number of records identified through database search: 540

Screening

Duplicate records removed: 8

Records screened by examining abstracts: 532	→	Records excluded: 189

Eligibility

Full-text articles assessed: 343	→	Full-text articles excluded: 330 -interprofessional collaboration with other populations/settings

Included

13 studies included in qualitative synthesis