

Teamwork in Hospitals An ITIM of Necessity

*Interprofessional Teamwork
Innovation Model*



Applying Research to Optimize Care®



Teamwork at UK Health Care

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Road Map

- Background
 - Project BOOST
- From Triple to Quadruple Aim
- Implementation Science
- ITIM Intervention
 - Methods
 - Outcomes
- Lessons Learned
 - Care Delivery and Education

Change

- Is anyone not. . . .
 - Trying to:
 - improve efficiency?
 - reduce costs?
 - maintain or improve quality of care?

Call for Change

“...health professionals need to **cooperate, communicate, and integrate care** in teams to ensure that care is continuous and reliable.”

Institute of Medicine's 2003 report
*Health Professions Education:
A Bridge to Quality*

Presentations the Past Few Days

- **Pre-Conference**

- Conducting Clinically Meaningful Research: Solving the Big Health Problems
- Aligning the PhD Student Research to Solve Clinical Problems
- AACN's Draft Position Statement on Defining Scholarship for Academic Nursing

- **Opening Plenary:** Promoting Collaborations for Research and Scholarship to Improve Health

- **Research**

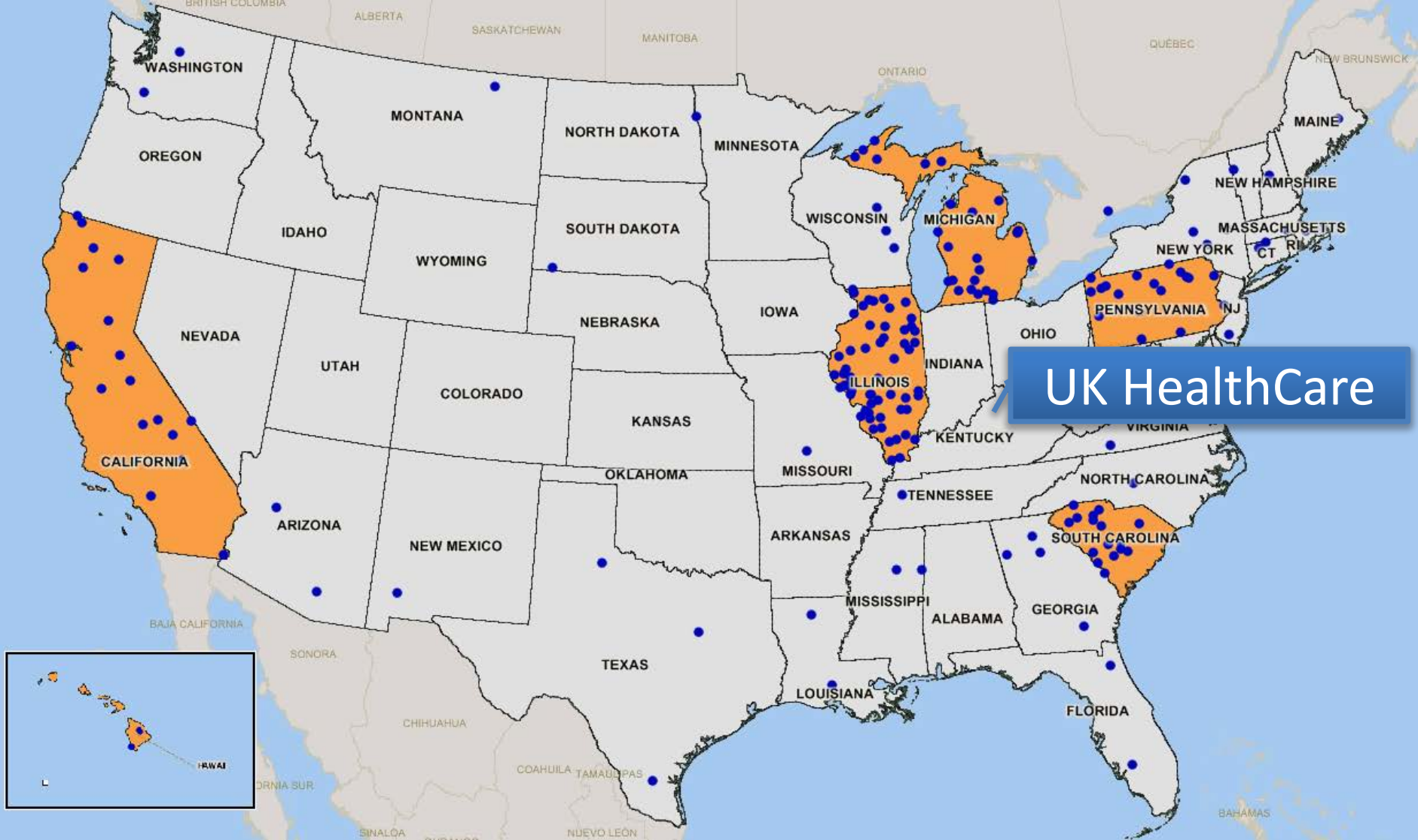
- Embedding Innovation and Academic Rigor in DNP Programs

And More!

- Implementation Science: Current State and Future Directions
- Improvement Science: An Emerging Area of Scholarship
- Our Teamwork Story for the Past 4 Years

Brief Primer on BOOST

- Funded in 2007 by The John A. Hartford Foundation.
- Better Outcomes for Older Adults through Safe Transitions
- Development of discharge transitions **toolkit**, workbook, and online resource room
- Identifies risk factors for failed transitions, standardizes interventions, improves patient preparation for discharge, and ensures access to aftercare.
- Initial 6 sites enrolled 2008 and then 24 more.
- Now > 200 sites have implemented Project BOOST
- Partnerships with Beacon, BlueCross BlueShield, QIOs, state hospital associations
- Better Outcomes by Optimizing Safe Transitions



UK HealthCare

● BOOST(>200) ■ State Collaboratives

SHM'S CENTER FOR HOSPITAL INNOVATION & IMPROVEMENT **shm**
www.hospitalmedicine.org/thecenter

BOOSTING THE DISCHARGE PROCESS TO IMPROVE OUTCOMES AND REDUCE UNNECESSARY READMISSIONS

Tools

- Risk assessment tool – 8Ps
- Discharge preparedness assessment
- Patient-centered discharge education tools
- Teach Back communications training

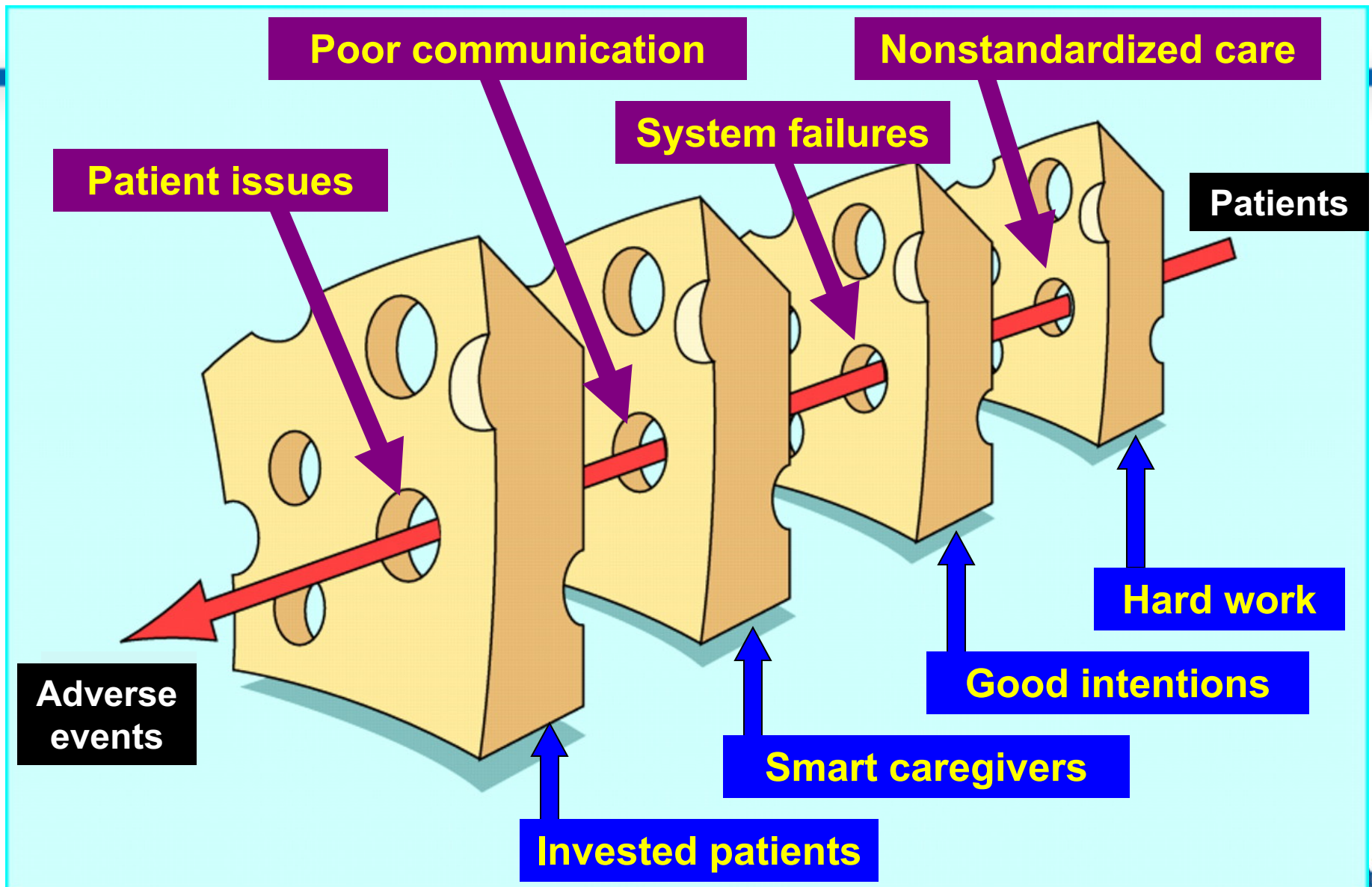
Resources

- Workbook
- Data collection tools
- Mentors
- Webinars
- Listserv access
- Online community
- Web-based resources
- ROI calculator
- Newsletters

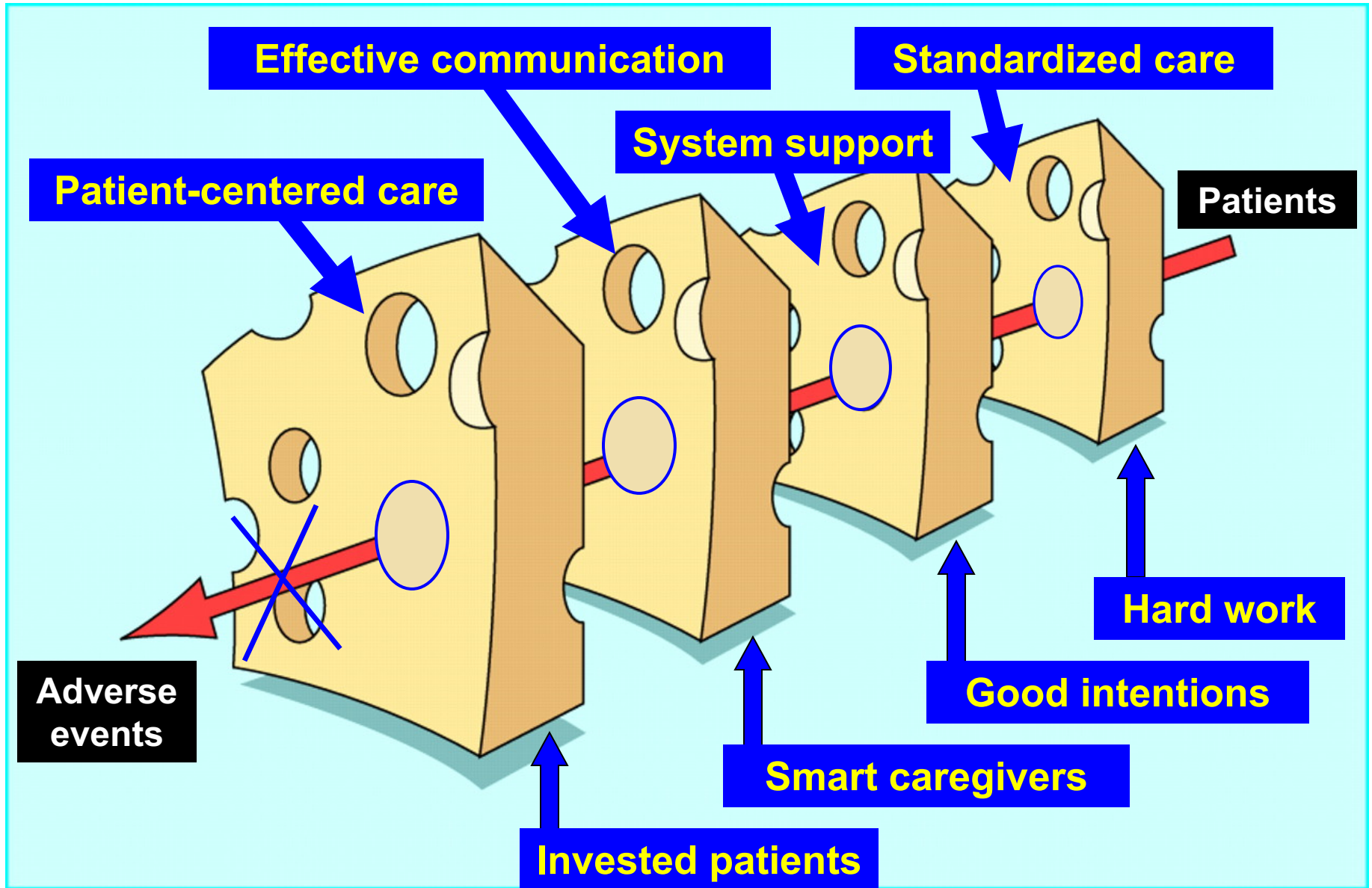
Go to the Website!

www.hospitalmedicine.org/BOOST

Traditional Care Transitions



Improved Care Transitions



BOOST at UK

- November 2014 - BOOST Kick off at Good Sam
- January 2016 – BOOST planning begins for Pav A
- May 2016 – BOOST implementation Pav A 9th floor
- June 2016 – BOOST implementation Pav A 10th floor

Discharge Instructions

What did
that mean?

“No”

Do you have any
?’s



From Triple to Quadruple Aim

The Triple Aim: Care, Health, And Cost

Health Affairs 27, no. 3 (2008): 759–769

Three aims: improving the experience of care, improving the health of populations, and reducing per capita costs

by **Donald M. Berwick, Thomas W. Nolan, and John Whittington**

“Care of the Patient Requires Care of the Provider”

Thomas Bodenheimer, MD and Christine Sinsky, MD

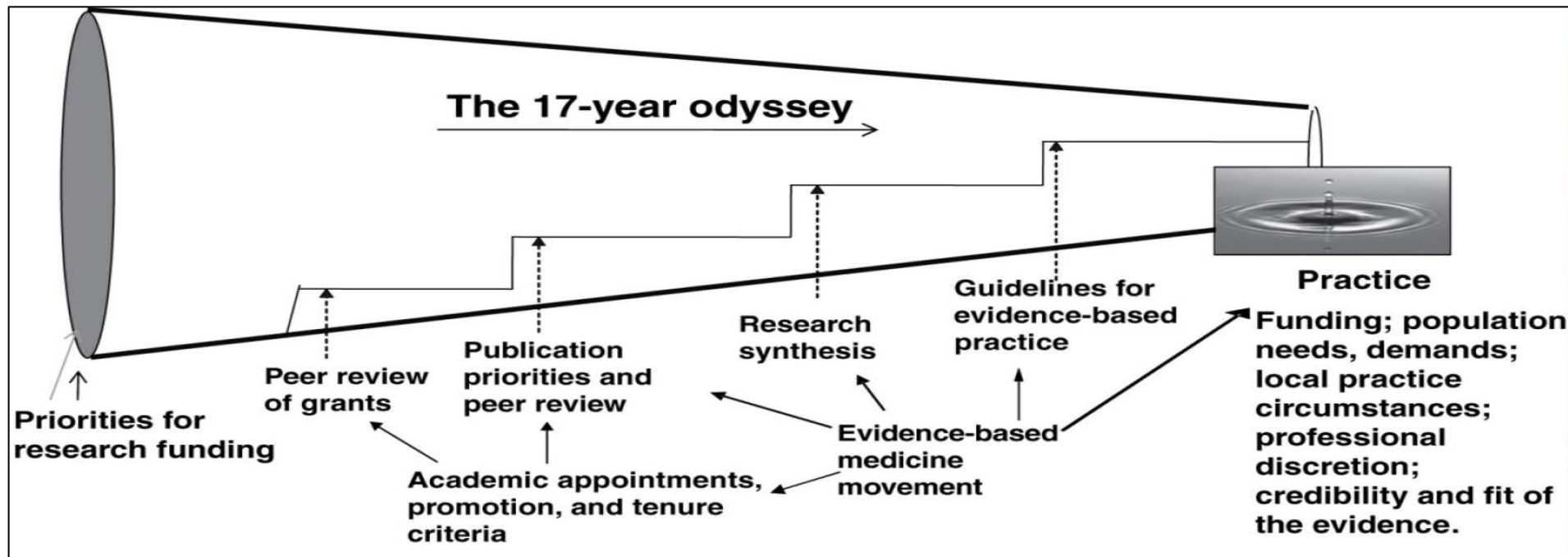
- *Ann Fam Med November/December 2014; 12(6); 573-576*

Implementation Science Definition

- Implementation research is the scientific study of methods to promote the **systematic uptake of research** findings and other evidence-based practices **into routine practice**, and, hence, to improve the quality and effectiveness of **health services**.
- It includes the **study of influences on healthcare professional and organizational behavior**.

Eccles and Mittman, 2006

The 17-Year Odyssey of Research to Practice Change



Green LW. et al, Annual Rev Public Health, 2009

Ultimate Population Impact of Magic Pill

<u>Implementation Step</u>	<u>Concept</u>	<u>% Impact</u>
50% of Clinics Use	Adoption	50%
50% of Clinicians Prescribe	Adoption	25%
50% of Patients Take Medication	Reach	12.5%
50% Follow Regimen Correctly	Implementation	6.2%
50% of Those Taking Correctly Benefit	Effectiveness	3.2%
50% Continue to Benefit after 6 Months	Maintenance	1.6%

Implementation Science Aims

1. Develop reliable strategies for improving health-related processes and outcomes;
facilitate widespread adoption of these strategies
2. Produce insights and generalizable knowledge regarding **implementation processes, barriers, facilitators, strategies**
3. Develop, test and refine implementation theories and hypotheses; methods and measures

BEST CARE AT LOWER COST

The Path to Continuously Learning Health Care in America



*“Knowing is not enough;
we must apply.
Willing is not enough;
we must do.”*

--Goethe

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

iom.edu/bestcare
2012

Advising the Nation. Improving Health.

Evidence and Health Care Today



FIGURE S-2 Schematic of the health care system today.

Learning Health System

*“A system in which science, informatics, incentives, and culture are **aligned** for continuous improvement and innovation, with:*

- **best practices seamlessly embedded in the care process,***
- **patients and families active participants in all elements, and***
- **new knowledge captured as an integral by-product of the care experience.”***

7 Components

Learning Health System

- ① Use IT more effectively
- ② Systems to manage complexity
- ③ Make health care safer
- ④ Improve transparency
- ⑤ Promote teamwork and communication
- ⑥ Partner with patients
- ⑦ Decrease waste, increase efficiency

Implementation Science

“Health systems need teams of innovators, implementers, and evaluators”

“Effective health system innovation is embedded within organizations.”

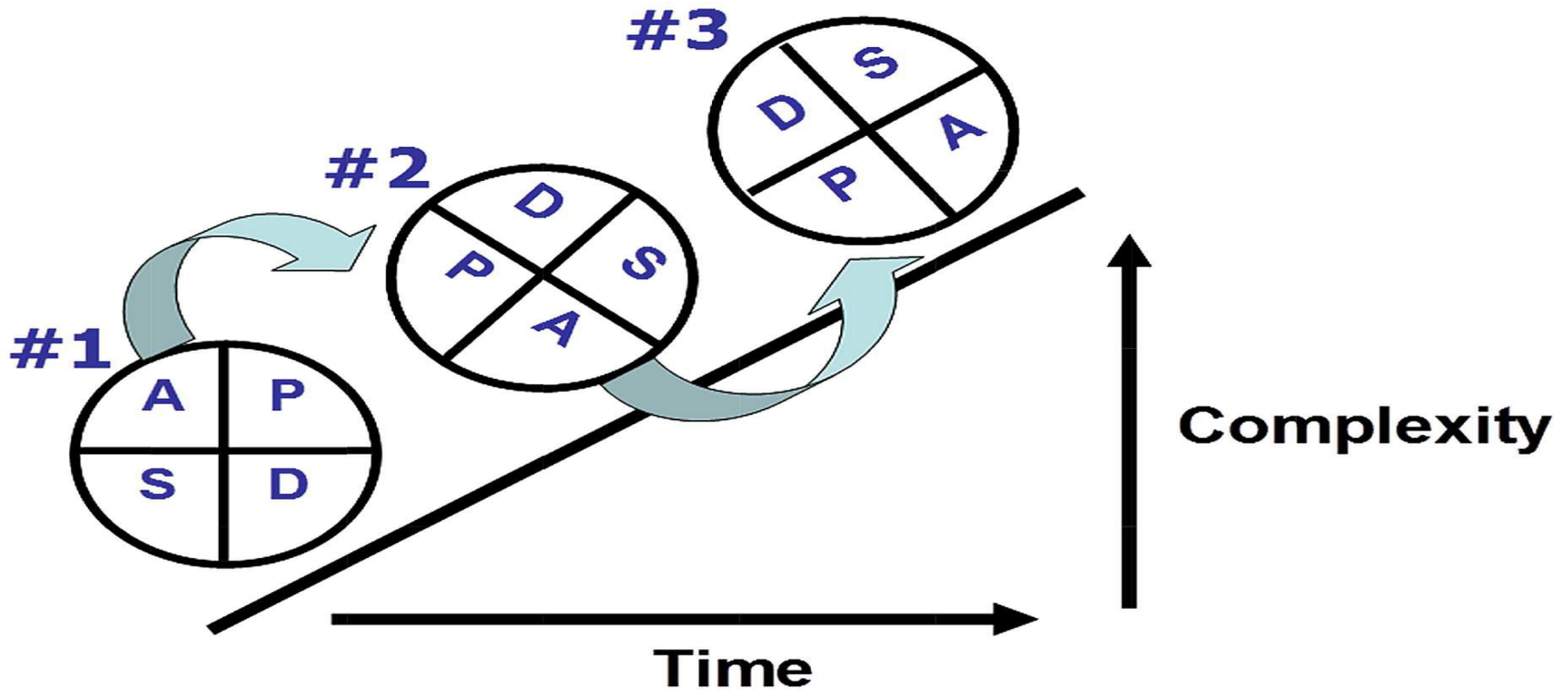
**DNPs and RN, PhDs
NEEDED**

ITIM

*Interprofessional **T**eam **I**nnovation Model*

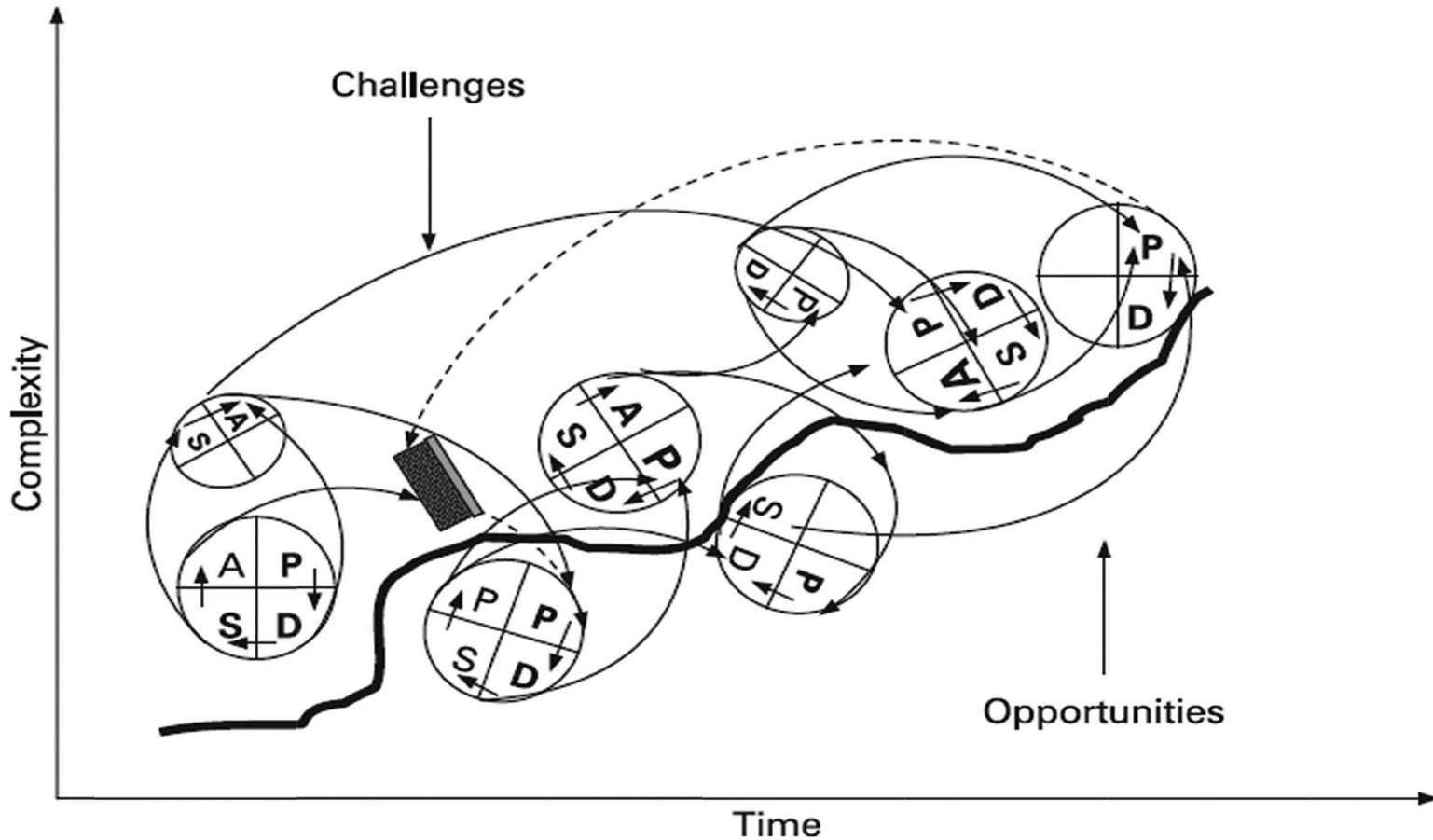
- Team-based care by Nurse, Physician, Pharmacist, Care Facilitator
- Team acts as one while caring for patients and together performs patient- and family- centered bedside rounds
- Rounds first on patients ready for discharge to improve efficiency
- Discharge work performed as a collaborative team working in the same physical work space

Theoretic Improvement Model



Ogrinc G, et al. BMJ Qual Saf 2013

Actual Improvement Model



Ogrinc G, et al. BMJ Qual Saf 2013

Accomplishments

- Patient satisfaction
- Improved team communication
- MICU collaboration and throughput
- Reduced Readmissions

Patient Experience Award



Improved communication

- Improvement in Patient / Pharmacy communication domain – UHC
–2016
- Increased from #37 to # 3 out of 61 hospitals

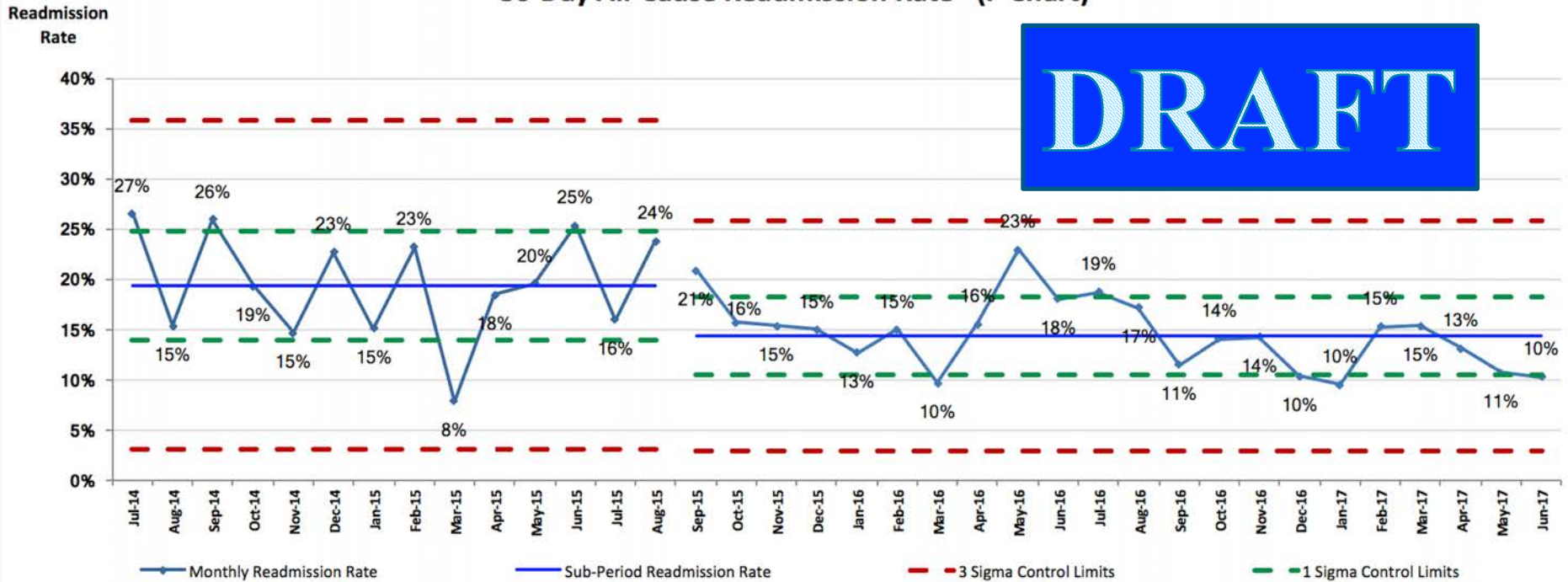
Throughput

- From August 2015 to August 2016
- Daily volume of Medical ICU patients outside the MICU declined from the 20s to 0 to 3.

Outcomes - Readmissions

30-Day All-Cause Readmission Rate* (P Chart)

DRAFT



* Exclusion: outlier length of stay (>30 days), having ICU stay during hospitalization, discharged to hospice, left again medical advice

Publication Pending

Lessons Learned

- Experiencing value through gained efficiencies and improved communication and information sharing.
 - Quickly generated buy-in as participants experienced *value*
 - Improved communication
 - Improved information sharing
 - Efficiency with time saving
 - Fewer pages and less playing tag!



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