AIAMC National Initiative VII
Capstone Presentations
Cohort Two

Interprofessional/Communication/Relationships

March 26th (1:30-3:00 ET)

Cohort Two teams

- Bassett Medical Center
- Baystate Health
- Billings Clinic
- Cedars-Sinai
- Cleveland Clinic Akron General
- Cleveland Clinic Main Campus
- TriHealth

National Initiative

Capstone Questions

1. What did you hope to accomplish?

2. What were you able to accomplish?

3. Knowing what you know now, what might you do differently?

4. What surprised you and why?

5. Barriers:
   The largest barrier we encountered was…
   We worked to overcome this by…

National Initiative

Bassett Healthcare Network

AiAMC
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NI VII Meeting Four – Capstone Presentation
Cohort Two: Interprofessional/Communication/Relationships

Utilizing a Multidisciplinary Team to Improve Communication with Patients in the Hospital, as Measured by HCAHPS scores

Daphne Monie, PhD; Suzanne Olson, CPXP; Russell Moore, MD; Julie Hall, RN; Omid Shah, MBChB; Stacy Wicks, PharmD; Caroline Gomez-Dicesare, MD; James Dalton, MD

National Initiative

Q1. What did you hope to accomplish?

- Our intention was to improve patient communication on the Internal Medicine hospital service by instituting multidisciplinary team rounding on patients. We are using HCAHPs scores and internal patient surveys to assess the patient experience around communication.
- A secondary goal was to improve interdisciplinary relationships, communication and trust among different team members in the hospital. We use internal relational surveys to assess this.

Q2. What were you able to accomplish?

- The teaming “script” was written and revised.
- Initial time inefficiency barriers were partially addressed.
- Subjective response to the project was positive on the part of nursing staff.
- Preliminary data showed a trend in improved relationships and communication among different disciplines.
- Subjective response from patients was positive.

Q3. Knowing what you know now, what might you do differently?

- If we had known there was going to be a pandemic, we would have chosen a different project.
- That being said, this is the right project for us and we are proceeding with it as soon as we can.
- Limit the project to teams that could accommodate geographic care (intervention team patients all in one location).

Q4. What surprised you and why?

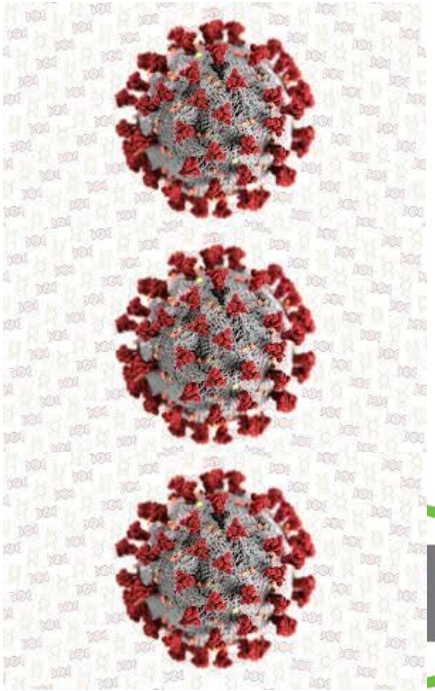
- How readily most of the caregivers joined in at the outset of the project. The nurses, in particular, are anxious to improve interdisciplinary communication. It surprised us because it was going to require a change in workflow and that usually meets resistance.

Q5. Cohort Two – Barriers

- *The largest barrier we encountered was the pandemic. Frankly, it was impossible to do the work we had planned if teams could not physically be together with the patient.*

- *We worked to overcome this by starting and stopping.*

The BMC Team Trip



QUESTIONS

National Initiative

Baystate Health | University of Massachusetts Medical School

AiAMC Alliance of Independent Academic Medical Centers

NI VII Meeting Four – Capstone Presentation
Cohort Two: Interprofessional/Communication/Relationships

Teaching Teaming, Leadership, and Conflict Resolution skills to improve the culture and attitudes of OB case review

Donald Kirton
Audrey Psaltis
Michelle George
Kathaleen Barker
Ryan Quarles

National Initiative

Q1. What did you hope to accomplish?

- Our team sought to make the Obstetric Case Review meetings a “can’t miss” opportunity for nurses, midwives, residents and faculty because of the depth of learning from actual cases to improve patient care and the opportunity to develop their own teaming, conflict resolution and leadership skills.

Objectives:

- 1) To improve attendance and attitudes towards obstetric case review by adding educational components.
- 2) To compare existing hospital survey data pre and post-intervention about the culture of labor and delivery.
- 3) To compare pre- and post-intervention surveys about labor and delivery culture, as well as comfort of teaming, conflict resolution and leadership skills.

- Due to pandemic, OB Case Reviews were halted. They have since restarted but in a virtual setting.
- We have only just now started the main focus of our project in 2021.

Q2. What were you able to accomplish?

- Our team identified resources to develop content about teaming, leadership and conflict resolution skills.
- Wording of all communications related to OB Case Review was updated to be more inclusive and positive.
  - For example, “Your case has been flagged for OB Case review” -> “Your case has been chosen to be presented at OB Case review”
- Teaming concepts were rolled out during OB Case Review when topics organically flowed into these teaching points.
- Key points were highlighted in a Newsletter to the department and were also displayed on a Bulletin Board in the Labor and Delivery work room.

- Pre- and post-intervention surveys were completed.
  - Improved comfort with the concept of “teaming”, comfort in conflict resolution skills, and the ability to work with other people towards a common goal.
  - Improved perception of working relationships within disciplines (faculty, residents, nursing).
  - No change in self-reported attendance or in overall perception of the culture of OB Case Reviews

Q3. Knowing what you know now, what might you do differently?

- In order to have more participation in the OB Case reviews, we may have considered trying to find a better time to hold the review, or perhaps alternating times each session to see when more staff could and would attend.
- We have also considered recording the sessions for others to review later.
- We tried to track attendance, but once we went virtual were unable to gather this information. Having a way to do so would have been helpful.
- Making the review sessions longer would have allowed for more built in curriculum and practice of key concepts.
- Some post-survey comments reported people forgetting when they OB Case Reviews are held and requesting regular reminders via email.

Q4. What surprised you and why?

- We expected attendance to increase. In fact, those that did attend regularly and faculty that run OB case review sessions felt that more staff participated during virtual meetings and that the chat function allowed more participation for those afraid of public speaking, but this was not reflected in the survey results or comments sections.
- In review of the survey data, we had hoped that all questions about working together amongst the disciplines would have improved, particularly since the comfort with concepts had improved. However, only within disciplines was a culture shift felt.
- While there was a slight decrease in negative perceptions about OB Case Review (strongly disagreeing or agreeing that OB Case Review was a positive experience 10% pre vs 3% post), we expected the changes in focus and tone would have a bigger impact.

Q5. Cohort Two – Barriers

- *The largest barrier we encountered was…*

- OB Case review was shut down for several months due to the pandemic. It was started up again in a virtual setting as we are still restricted on group gatherings. Our project needed to be overhauled and it impacted our timeline significantly.
Aside from this, 0ne of our major goals was to increase attendance of OB Case reviews. We had hoped that a revamp of the tone and the additional of educational pieces would make staff eager to participate. While it seemed more staff would be able to log in to a virtual meeting, the reality is that the same time restrains applied (due to patient care in particular).

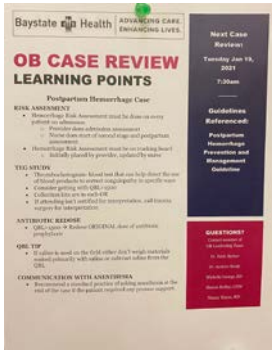
- *We worked to overcome this by…*

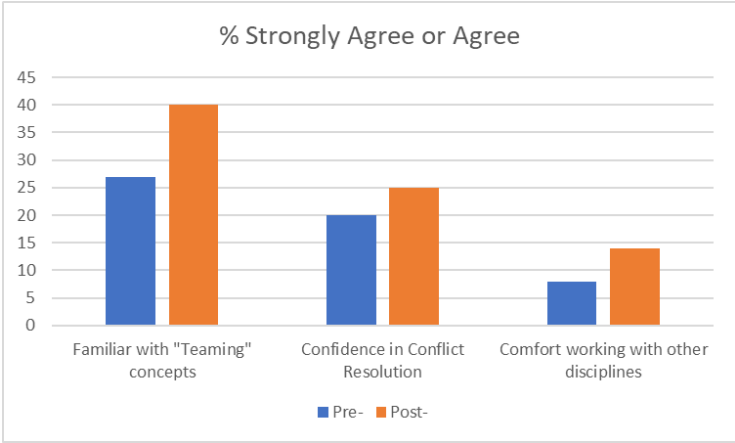
- The creation of a newsletter and updating a centralized bulletin board with the key take home points from each care review meeting.

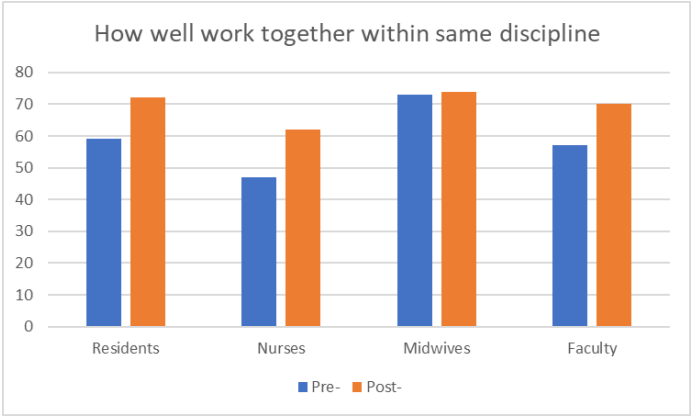
- We have discussed recording the sessions, considering alternate times, and considering varying the times so staff may participate in different ways but we are behind in our timeline so this realization was too recent to impact our project at this time.

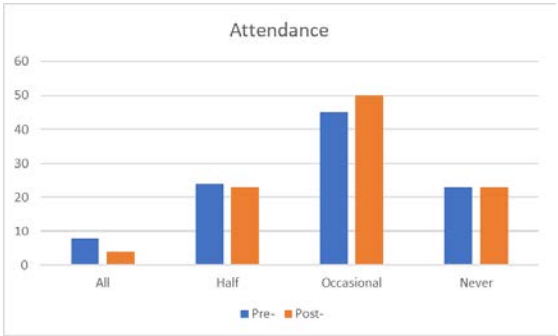
Baystate Health

Topics To Consider
Teaming as a verb
Collective Learning
Organizing to execute
The Process Knowledge Spectrum
Speaking Up
Collaboration
Reflection
Fundamental Attribution Error
Conflict Resolution
Psychological Safety and Accountability
Spectrum of Reasons for Failure
Visible and Invisible Boundaries
Execution as learning
"Teaming" by Amy C. Edmondson, 2012









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Billings Clinic

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NI VII Meeting Four – Capstone Presentation
Cohort Two: Interprofessional/Communication/Relationships

Exploring experiences of interprofessional teaming in the clinical learning environment during COVID-19

Sarah Mete, DO; Tya Campbell, MD; James Jackson, MD; Virginia Mohl, MD, PhD; Alexis Robinson, PharmD; Candice Wells, RN, MSN, MBA; Yvonne Mullowney; Jeannine Brant, RN, PhD; Ashley Dennis, PhD;

National Initiative

Q1. What did you hope to accomplish?

- We aimed to create a learning environment where patient safety is culturally embedded through the support of effective interprofessional (IP) teaming practices

- Pilot two resident-led patient safety interventions at the micro level in the inpatient medical unit and IMR residency using the theory of relational coordination to measure improved relationships in the interprofessional teams as a measure of “Teaming”
  - > Successfully implement an enhanced interprofessional discharge process
  - > Develop an interprofessional M&M conference

Q2. What were you able to accomplish?

- Move with flexibility and resilience to change our project entirely with the onset of COVID-19

- Developed a qualitative study that aimed to explore the impact of COVID-19 on interprofessional participants' experiences of interprofessional teaming in the clinical learning environment (CLE)
  - > Complete IRB processes
  - > Complete ¾ of data collection
  - > Started preliminary data analysis
  - > Plan to complete the project moving forward

Q3. Knowing what you know now, what might you do differently?

- Overall, the team felt that the biggest challenges we faced related to the onset of COVID-19

- Key lesson emphasized:
  - Approach scholarly project with a flexible mindset so that you can maneuver to address barriers that might come up along the way

Q4. What surprised you and why?

- Nonclinical team members were surprised by what they've learned about how the clinical team and environment were affected and persevered during the height of the pandemic

- Clinical team members were surprised to hear the many positive stories of interprofessional teaming that has come out of the data despite a very challenging time

- Several participants commented on how the CLE has created one of the best environments for collaborative IP teaming in the organization
  - > Environment of learning
  - > Environment where teaming is prioritized

Q5. Cohort Two – Barriers

- The largest barrier we encountered was COVID.
  - Our initial projects were based on bringing groups of people physically together (time outs, multidisciplinary rounding, M&M conferences)
  - As a result, every aspect of our project had to be redesigned and evolve
  - This also was hindered by constrained time limits at this point in the NI VII timeline but also time constraints on team members to devote to the project
- We worked to overcome through multiple steps:
  - Using the guidance of the NI VII cohorts/leadership to change project focus
  - Interprofessional effort of our research team members to collaborate, split tasks, and ultimately achieve these goals as a group.

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National Initiative

NI VII Meeting Four – Capstone Presentation
Cohort Two: Interprofessional/Communication/Relationships

Evaluation of Toolkit to Enhance Team Performance

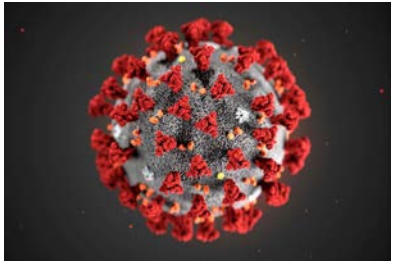
Betsy McGaughey, MS, EdD; Lili Shek, MD, MHDS;
Peachy Hain, RN, MSN; Bryna Harwood, MD; Mark Noah, MD

What did we hope to accomplish?

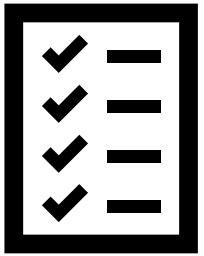
- Build upon well-established MD/RN Collaboratives
- Teach teaming concepts to MD/RN Collaboratives for real-time application to inpatient unit-based projects
- Engage trainees in graduate medical education to participate in MD/RN Collaborative initiatives

What were we able to accomplish?

- Barriers
  - Southern California experienced one of the worst COVID-19 surges between November 2020 through early February 2021, coinciding with timing of this project
  - MD/RN Collaboratives redirected for COVID-19 patient care
  - Physicians' workflow, especially trainees in graduate medical education, prioritized COVID-19 care



- Modifications to Original Goals
  - Teaming concepts condensed into a toolkit to guide MD/RN collaborative project development
  - Recruited available MD/RN units after the surge (late February) to apply this toolkit on an existing project
  - Survey to assess effectiveness and feasibility of this toolkit for future use



What were we able to accomplish? (continued)

Measure #1: Toolkit feasibility and ease of use

Three of the nine question survey assessed whether the toolkit itself was easy to use and addressed the MD/RN Collaboratives' needs. A five-point agreement scale was used.

Measure #2: Effectiveness of toolkit to enhance team performance

Six of the nine question survey assessed whether key teaming principles were clearly presented and instructional in improving team function. A five-point agreement scale was used.

Measure #3: Comments/suggestions to improve toolkit

One survey question asked respondents to make comments/suggestions to help improve

Summary of Findings

Measure #1: Toolkit feasibility and ease of use

- ≥ 50% of responses 'Strongly Agree'/ 'Agree' that toolkit was clear and easy to use

Measure #2: Effectiveness of toolkit to enhance team performance

- ≥ 50% of responses 'Strongly Agree'/ 'Agree' that toolkit clearly addressed effectiveness strategies and were helpful in promoting team cohesion, communication, and overall effectiveness

Measure #3: Comments/suggestions to improve toolkit:

- Toolkit shared useful evidence-based information about teamwork
- Identifying shared goals was useful
- Calling it a toolkit was misleading – it was more of a self-reflection guide
- Some questions were repetitive

What might we do differently?

- Earlier Stakeholder Engagement
  - Use stakeholder analysis to involve impactful stakeholders earlier in this project
- Engage—not just identify—early adopters in project development
- Prepare a list of possible unit-based projects as brainstorming ideas for MD/RN collaboratives
- Provide tangible examples of successful and effective teaming

Notable Findings

- Survey not representative of all participants involved in the MD/RN Collaborative
  - > Competing COVID-19 responsibilities and redirection of many health care providers during the surge

- Even in unprecedented health crisis, there was strong interest and desire for more formal training and education around effective teaming techniques

- Toolkit content provided more self-reflection of effective teamwork rather than guidance on executing teaming principles

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National Initiative

Cleveland Clinic
Akron General

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Alliance of Independent Academic Medical Centers

NI VII Meeting Three/Storyboard

Nurse Mentoring Program for Internal Medicine Interns

K. Snyder RN, R. Powers DO, M. Drinan MFA. A. Ababneh MD, D. Mayes RN, J. Gorecki RN, C. Goliath PhD, N. Haller PhD, A. Diwakar MD, T. Sheers MD

National Initiative

Q1. What did you hope to accomplish?

Purpose

- To improve patient care and safety through increased communication and teaming following a nurse-Internal Medicine intern mentorship program.

Objectives

- To develop a nurse mentorship-based onboarding program for Internal Medicine Interns.
- To assess feasibility and desirability of the mentoring program concept and content.

Goals

- Pilot two cohorts consisting of Nurse-Intern mentoring dyads.
- Complete Pre/post shadowing Relational Coordination measurements.

Q2. What were you able to accomplish?

- Obtained Quality Improvement designation from the CCAG IRRB.
- Completed two pilot sessions of the program:
  - Pilot 1: Jan 2020-Jun 2020 (established interns)
  - Pilot 2: Jul 2020-Dec 2020 (new interns)
- Each cohort consisted of 12 interns will be paired with self-selected nurse mentors on a 1:1 basis.
- Each session consisted of the following interactions:
  - Session 1 (1 hour): Dyad Pairing and Icebreaker Activity.
  - Session 2 (4 hours): Nurse mentor shadows intern.
  - Session 3 (4 hours): Intern shadows nurse mentor.
- Program feasibility and desirability assessed upon completion of both cohorts.
- Completed Pre/Post-shadowing Relational Coordination measurement for both cohorts.
  - The RC Survey 2.0 is a validated measure of teamwork in healthcare.

Q3. Knowing what you know now, what might you do differently?

- Emphasize the importance of the dyad pairing/icebreaker session.
- Be more proactive in scheduling shadowing sessions.
- Schedule time for both groups to complete the Relational Coordination survey before and after the shadowing sessions.
- Include the debrief celebratory activity following the shadowing session (canceled due to COVID restrictions).

Q4. What surprised you and why?

- The interns suggested that we incorporate the mentoring activity into future New Resident orientation sessions.
  - > We were not sure the interns would fully understand the objective and/or see the value in shadowing the nurses.

- The nurses now have a better understanding of why the residents/interns do not get back to them right away.
  - > We thought they better understood the other aspects of the residency educational scheduling, such as didactics, continuity clinic, etc.

Q5. Cohort Two – Barriers

- *The largest barrier we encountered was…*
  - Scheduling the shadowing sessions, particularly in the setting of COVID.

- *We worked to overcome this by…*
  - Soliciting assistance of the Nursing leaders and the Residency program staff in scheduling shadowing sessions, as well as setting aside time to complete the Relational Coordination survey.

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Cleveland Clinic

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NI VII Meeting Four – Capstone Presentation
Cohort Two: Interprofessional/Communication/Relationships

BOOST

Bridging Operative Obstacles through Shared Tenets

C. Foshee, PhD | L. Baszynski, MSN | L. Gardner, MSN | J. Lipman, MD
R. Romano, MBA | L. Simko, MSN | L. Smith, MBA | E. I. Traboulsi, MD, MEd

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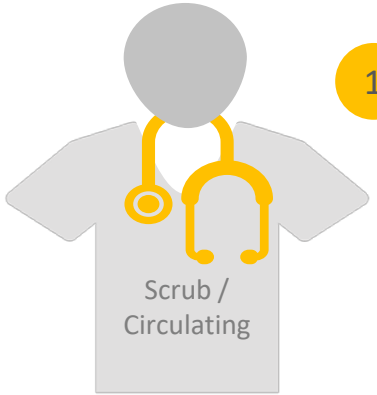
What we hoped to accomplish



Surgical Nurses

1 Overcome inherent assumptions and biases

Surgical Residents

2 **Improve interprofessional collaboration**

3 Design a curriculum to address the identified gaps and needs

- Shared Goals
- Mutual Respect
- Shared knowledge
- Lack of trust / empathy

What we accomplished: Rapport

Bringing awareness through **INFORMATION**

Creating meaning through **DISCOURSE**

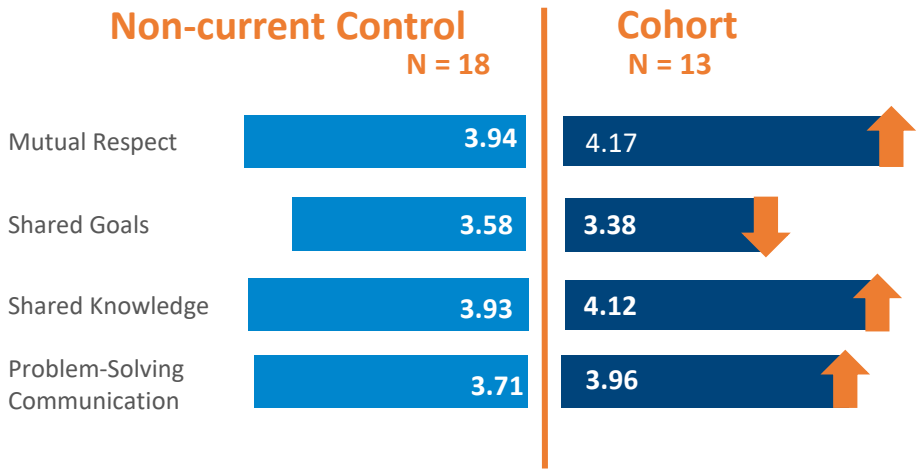
Fostering trust & empathy through **DISCOVERY**

LEARNING through transformed perspectives

THE BOOST CURRICULUM

- Trust & Camaraderie
- Shared Mental Models
- Mutual Respect
- Empathy
- Psychological Safety
- Trust & Teaming

What we accomplished: Transformation



What we will do differently

Ensure participants are representative of target audience

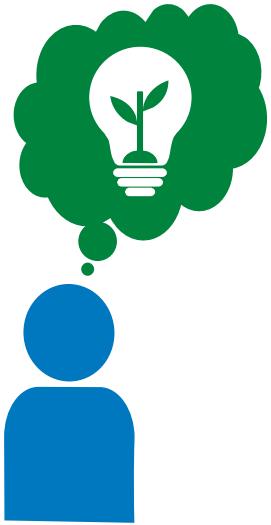
Integrate more clinical examples within the program activities

Use multiple instruments to capture all aspects of program

Modify curriculum to decrease the time commitment

What Surprised us!

Unexpected events surfaced, despite our diligence …



Preliminary data pointed to communication barriers

RC Survey yielded insufficient data for meaningful analysis

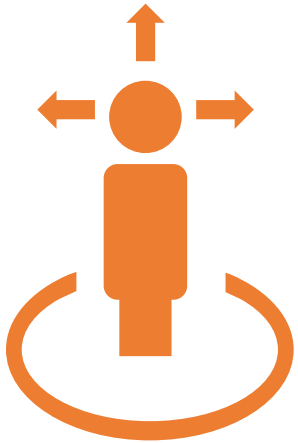
Targeted nursing group refused to participate

Deeper analysis suggested a lack of respect and trust

Relied on reflections to capture trust and respect

Depended on nurses from different service lines

Our Biggest Barriers



- Assumptions about intent of program
- Inconsistent nurse participation
- Unable to include entire team / target team
- Power dynamics

- Logistics:
  - Classroom availability
  - Classroom size - Social distancing
  - Nursing schedules - clocking-in requirements

QUESTIONS

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NI VII Meeting Four – Capstone Presentation
Cohort Two: Interprofessional/Communication/Relationships

Improving Resident Communication Skills & Program Specific Teaming Projects

Elizabeth Beiter, MD; Becky Fleig, MEd, Richard Gryspeerdt, DO; Angela N Fellner, PhD, CCRP

Kareen Atwa, MD; Justin Eagleston, MD; Steven Johnson, MD; Vahid Namdarizandi, MD; Eileen O'Conner, DO; Nima Patel, MD; Yashaswini Rangan, MD; Adam Reichard, MD; Stephen Zitelli, MD

Q1. What did you hope to accomplish?

- GME level
  - Teach and validate the use of evidence-based communication strategies across all GME programs
  - Provide consistent objective feedback on ACGME communication domain
  - To improve GME program CGCAHPS and HCAHPS scores in physician domain
- Additionally, each residency program created a department specific project to improve interdisciplinary teamwork in their clinical settings
  - Family Medicine/IM - Improving Hospital Discharges with Resident and Nurse Teamwork
    - Introduce/educate Project to Re-Engineer Discharge (RED) to Nursing staff on multiple floors and the Medical team (i.e., attendings and residents)
  - Surgery - Evaluation and Improvement of the Consultative Process at TriHealth
    - Increase physician to physician communication which has been shown to improve patient care
    - Improve the time from consult order placement to consultant evaluation
    - Decrease delays in patient care due to missed/delayed consult called
  - Ob/Gyn - Centering and High-Risk Pregnancies
    - Improve mechanism of prenatal care provided
    - Improve other outcomes including patient satisfaction, delivery mode, shoulder dystocia, birth weight, NICU admission, and others

Q2. What were you able to accomplish?

- GME level project
  - Completed validator training for representatives from all programs
  - Collected validations from residents of 2 core programs
- FM/IM
  - Successfully introduced and educated Medical team about Project RED
  - Introduced and educated Nursing team managers and some Nursing team members about Project RED
  - Initiated data collection
    - Obtained 10 Nursing team member surveys
    - Obtained 35 Resident surveys
- Surgery
  - Obtained baseline survey data
  - Created new role in Voalte (TriHealth's secure messaging system) & conducted educational intervention
  - Started post-intervention data collection
- Ob/Gyn
  - Developed research protocol
  - Delayed intervention for safety reasons due to COVID-19 pandemic

Q3. Knowing what you know now, what might you do differently?

- GME
  - Train more validators per program
  - Incorporate validation days into schedules ahead of time
  - Provide easier access to validation tool (i.e., app/online version)
- FM/IM
  - Limit the intervention to one floor
  - Select a smaller sample size
- Surgery
  - Include other physician groups in the project to encourage better adherence and greater motivation to improve the consultation process
- Ob/Gyn
  - Unable to anticipate global pandemic!

Q4. What surprised you and why?

- ALL
  - A global pandemic
- GME
  - Initial engagement in project very high across all programs
  - Poor uptake of process across most programs
- FM/IM
  - Difficulty of disseminating information to the Nursing team
  - High turnover in the Nursing team
  - Difficulty reinforcing project
    - Medical team did not consistently co-round with Nursing team on eligible patients
- Surgery
  - Variability in consult follow-through
    - Some consults ordered by the primary team not relayed to the consulting team

Q5. Cohort Two – Barriers

- The largest barrier we encountered across all projects was…
  - COVID-19 pandemic
- We worked to overcome this by…
  - More frequent communication
- The largest barrier encountered was…
  - GME - Poor uptake of new process
  - FM/IM - High Nursing team turnover/dissemination of information
  - Surgery - Adherence to using new consultant role in Voalte
- We worked to overcome this by…
  - GME - Training more validators, making validation tool more accessible, initiating quarterly operations report with Senior (C-suite) Leadership and Program Leadership - program leaders will need to continuously monitor validations for alignment with resident milestones and CGCAHPS scores
  - FM/IM - Focusing on individual Nursing education efforts
  - Surgery - Reaching out to the primary physician teams, head unit clerks, and Nurses who are in charge of calling the consults; educating these teams on the new on-call roles created for consulting teams

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