Promoting Positive Patient Outcomes Through Collaborative Working Relationships

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Background
As the Canadian population ages, seniors are increasingly the dominant users of hospital services. According to the Regional Geriatric Program of Ontario (RGP website), there is a complexity in providing care to an older patient that lies in the overlap of acute presentation on often multiple, chronic medical conditions. As a result, the management of this challenging population often requires and benefits from a holistic and collaborative interprofessional team approach. Mount Sinai Hospital recognized the need to prepare for the growing number of seniors accessing health care and made becoming a Senior Friendly Hospital a strategic priority.

A Senior Friendly Hospital is designed to anticipate the needs of older patients, promote better outcomes, reduce inappropriate resource use, and improve patient and family satisfaction.

Through our vision of becoming a Senior Friendly Hospital a number of gaps were identified in patient care processes and capacity of frontline clinicians. Given the overwhelming nature of this mandate the literature was reviewed to understand best practices and how to approach a system-wide transformation.

Nursing Improving Care of Healthsystem Elders (NICHE) is a comprehensive program that hospitals use to foster system-wide improvements in the care of older patients (Mezey et al. 2004). Mount Sinai used this program as a tool to promote better outcomes, reduce inappropriate resource use, and improve patient and family satisfaction.

Interprofessional collaboration (IPC) has been shown to positively impact patient, professional, organizational and system outcomes (D’Amour & Oandasan, 2006). IPC is an important skill and benefit to patients as it promotes team building, effective relationships and develops integrated service delivery mechanisms to improve outcomes. A recent systematic review of post-licensure interprofessional education demonstrated statistically significant and clinically important outcome differences in patient mortality rates, decline in healthy function and other highly relevant patient outcomes (Devenerez, Raves & Porter 2001). Similarly, IPC has been shown to be effective in geriatric care (Maunel et al. 2006). It has been recognized that clinicians benefit from training on how to work collaboratively to care for the complex social and medical needs of the growing number of frail elderly people (Ryee et al. 2000).

The Strategy
To respond to the aging demographic shift and changing reality, Mount Sinai Hospital has formed a group of interprofessional - the Interprofessional Network for Geriatric Care (ING-c) that are committed to improving the care of elderly patients. With representatives from all professions, ING-c meets quarterly for an educational update, information sharing and quality improvement activities. After a review of current practice, six areas of geriatric care have been identified as needing improvement: falls, mobility, nutrition and hydration, delirium, dementia and depression, caregiver support, and elimination. These subgroups meet between ING-c meetings to review best practices in geriatric care, develop guidelines, policies, procedures, and educational initiatives. Group members are responsible for going back to their respective interprofessional groups for feedback on initiatives and to bring suggestions from their discipline back to the larger group. Members of the interprofessional subgroups work with and provide feedback to the Geriatric care program to improve geriatric care while building positive working relationships. On a local level, practice improvement initiatives are established; representatives act as mentors and leaders to their colleagues during implementation.

The Literature Review
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The Program

Program Components
The Interprofessional Network for Geriatric Care (ING-c) brings together an array of disciplines with varying leadership levels and competencies from across the organization. This committee provides opportunities for members to develop key determinates for collaborative practice while striving to improve patient care. Such determinates include:

- Knowledge of each other’s roles;
- Good communication including negotiation skills;
- A willingness to work together;
- Trust related to self-confidence and competence in other’s abilities;
- Mutual respect resulting from knowing other health professionals and valuing their contributions to patient care.

D’Amour et al. (2004).

Desired Outcomes and Metrics
Desired Outcomes
- Improvement in patient outcomes related to geriatric syndromes:
  - Falls
  - Mobility and functional independence
  - Urinary incontinence
  - Delirium and Dementia
  - Caregiver support and education
  - Nutrition and hydration

What:

- Building capacity through education using online NICHE resources and didactic sessions at meetings
- Enhancing relationships through shared responsibility and commitment to advancing practice
- Organizational updates and information sharing
- Forum for feedback from frontline staff
- Quality and process improvement initiatives

When:

- Quarterly meetings for entire ING-c committee
- Ad hoc sub-group meetings to carry out action items


References


Regional Geriatric Program of Toronto: (2006) Long-term clinical care in another perspective:


Successes/Challenges
Successes:
- Informative interprofessional discussions that highlight gaps in care processes
- Mechanism for communication between frontline and leadership
- Education forum for building capacity in geriatric care
- Increased awareness of inter-disciplinary role, perspectives and expertise

Challenges:
- Ambiance
- Consistent leadership support across the hospital
- Follow through on action items
- No dedicated resource to lead/support ongoing work of sub-group
- Competing priorities with the organization

Next Steps
- Creation of care standards and processes to support best practice
- Formalize staff membership using a hybrid approach
- Evaluate the effectiveness of ING-c on collaborative practice

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