

Research Question

Does an interprofessional team of clinicians and students, working together using a standard teach back method, improve the quality of patient discharge transition, have a positive effect on dimensions of team collaboration, improve the patient experience of care, and reduce cost by decreasing 30-day readmissions?

Background

Vision: This study is a practice-education partnership that serves as a demonstration research project of the SD-IPEC in partnership with the National Center for Interprofessional Practice and Education at the University of Minnesota to investigate how interprofessional teams can impact the Quadruple Aim.

The goal: To have interprofessional clinicians work together in an effort to deliver a standardized approach to patient education.

Planning: A significant amount of time was utilized to meet together as an interprofessional team:

- 1) Team building and understanding each professions' scope of practice served as a foundational element.
- 2) Co-development and delivery of an education intervention for the clinical staff.
- 3) Discovery of "aha moments" where team members realized new understandings about patient education goal commonalities.
- 4) Realization of new ways to work together with intention, reinforcing teaching by each discipline.
- 5) Identified need for each discipline to chart patient education encounters in one place of the EMR.
- 6) Centralized charting process for patient education encounters for all disciplines in the EMR established.

Conceptual Framework



Teach Back Interprofessional Collaborative Practice Research Study: Phase I & II

Dr. Michelle Gierach, Augustana University; Dr. Debra Letcher, Dr. Diana Berkland & Krystal Weber, BSN, RN, PCCN, Sanford Health
Sanford Medical Center, Sioux Falls, SD

Research Design

Pre/post assessment with an interprofessional education intervention that incorporated a case study scenario.

Methods

Sample: Clinicians and students (Nursing, Pharmacy, Respiratory Therapy)

- Phase 1: 99 interprofessional clinicians
- Phase 2: 188 interprofessional clinicians
129 interprofessional students

Setting: Pulmonary Acute Care, Sanford Medical Center

Procedures:

- Delivered a face-to-face (Phase I) and an online (Phase II) teaching intervention highlighting components of teach back, motivational interviewing, and patient self-efficacy.
- Administered The Collaborative Practice Assessment Tool (CPAT) prior to the interventions and 5 months following to explore dynamics of the interprofessional team and assess the perception of teamwork within the work environment.
- Utilization by interprofessional clinicians of the intervention education components during patient education encounters.
- Completed interprofessional clinician documentation of discipline-specific teaching in the EMR.
- Conducted tracers to reinforce intervention, concepts, uncover success stories, and identify barriers encountered by staff.
- Press Ganey Hospital Consumer Assessment of Health Care Providers and Systems (HCAHPS) unit-level experience indicators and readmission rates at 30-days or less were monitored.

Analysis and Findings

- Descriptive and inferential statistics were used to determine areas of statistical significance.
- Data was compiled through tracer surveys in the department along with collection of anecdotal notes.

CPAT: Statistical Significance = $p \leq 0.05$

- Descriptive analysis of the CPAT pre and post data did not show significant changes in the 8 domains. There were 2 domains where the mean scores remained the same (Roles & Communication) and 6 domains that had lower post-test means (Mission, Relationships, Leadership, Community, Decision-Making, & Client Focus).
- The tool was more helpful to look at the significant differences between the clinicians' perceptions of each domain. In 5 domains of the pre-test analysis **nursing's perceptions were significantly higher than pharmacy clinicians** (Mission, Relationships, Leadership, Communication, & Decision-Making). In the post-test analysis, **nursing scored significantly higher than pharmacy** in the domains of Leadership and Client Focus. The significant findings did not involve Respiratory Therapy.

Qualitative Themes:

- Experiencing an interprofessional education intervention was viewed positively by interprofessional staff.
- Interprofessional clinicians learned from one another and developed a deeper understanding for discipline specific scope of practice.
- When using teach back for patient education, time and level of engagement from patients surfaced as barriers.

Results/Outcomes

Effective Team Collaboration:

- Improved communication between professions regarding patient education.
- Increased use of the EMR to communicate patient care goals.

Patient Experience of Care/Cost:

- The impact on selected HCAHP scores was seen immediately following the education intervention. It was difficult to sustain the increase in patient perceptions without continuous dosing of the education intervention with the clinicians.
- The 30-day readmission rates were not a clear reflection of self-efficacy for patients who are experiencing chronic conditions. Utilizing 7-14 day readmission rates may prove to be a more meaningful measure.

Conclusions

- Tradition can be both a strength and a barrier to interprofessional work.
- Shifting culture can be challenging in a dynamic environment.
- Success strategies to sustaining change must continue to be explored.
- Practice-education partnerships influence and create environments that foster collaboration.

Limitations:

- CPAT scores were analyzed by aggregate and not paired.
- A control group was not used.
- Study took place in a dynamic environment of constant quality improvement efforts.

Next Steps: Incorporate patient self-efficacy level as a new measure. Explore sustainability.

Interprofessional Team

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|---------------------------|----------------------------------|
| • Dana Heidebrink, MS, RN | • Michelle McGregor, MS, RN |
| • Heidi Skovlund, MS, RN | • Kristi Specht, MHA, RRT-NPS |
| • Tyler Turkek, PharmD | • Hilary Veskrna, BSN, RN-BC |
| • Jordan Dykstra, CRT | • Brittany Van Iperen, BA, RN-BC |



Sanford USD Medical Center received Magnet status for nursing excellence

