



Perceptions of interprofessional collaborative practice and patient/family satisfaction



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ABSTRACT

Interprofessional providers of healthcare services need to function effectively as a team to deliver patient-focused interventions that are safe, of high quality, and clinically effective to generate improved patient outcomes. An academic pediatric hospital conducted a descriptive, correlational study to (a) describe clinicians' perceptions of interprofessional (IP) collaboration and to (b) identify the relationship between Collaborative Practice Assessment Tool (CPAT) scores with selected items from the Press Ganey[®] (PG) patient satisfaction survey. The results of the study indicated a moderately high perception of IPCP (M = 5.51, SD = 0.75), with the highest perceptions noted in the domains of Patient Involvement (M = 6.18, SD = 0.95) and Decision Making (M = 4.53, SD 0.82). There was no relationship between average CPAT scores and responses on PG ($r = 0.009$, $p = 0.964$). Results of this study provide baseline data for future research and can be used to develop strategies that further enhance interprofessional collaborative team practices.

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Healthcare functions in a complex environment. Patients have multiple comorbidities and chronic conditions and technology is advancing at rates not previously envisioned. Interprofessional (IP) providers of healthcare services need to deliver innovative and patient-focused interventions that are safe, of high quality and clinically effective to generate improved outcomes.

For nearly two decades, the need for change within the United States Health Care delivery system has been well documented. Safer health care systems¹ necessitate interprofessional education,² and a redesign of health care systems.³ Undoubtedly, key elements to the successful redesign of health care delivery systems are interprofessional education (IPE) and interprofessional collaborative practice (IPCP). Health care can no longer afford to ignore the need to link IPE and IPCP with population-directed outcomes.^{4,5}

A critical foundation necessary for IPCP has been recognized as IPE.^{4,6,7} Interprofessional education has been defined as two or more students learning about, from, and with one another in order to enable effective collaboration and improved patient health outcomes.⁸ IPE positively impacts students' abilities to work collaboratively in clinical practice.^{9,10}

In a systematic review of the literature, Thistlethwaite summarized that interprofessional collaboration is encouraged and improves patient care, as a result of positive interactions occurring within IPE exchanges.⁹ In addition, IPCP contributes to patient care improvements, in partnership with families, while also meeting demands of the health care system.¹¹ Further, IPCP both as an intervention and an intermediate outcome, supports the Institute for Health Care (IHI) Improvement's Triple Aim (2016). The Triple Aim targets reduced health care costs per capita, improved overall health of populations, and an improved quality of and satisfaction with the overall patient care experiences.^{12,13} IPCP is envisioned to enable teams to meet goals that no one member could accomplish in isolation.¹⁴

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One collaborative model of care delivery that supports achievement of the Triple Aim is that of Family-Centered Care (FCC). Integration of key concepts from the FCC model, such as dignity and respect, information sharing, participation and also collaboration, enables a partnership approach to build on the inherent strengths of children and families.¹⁵ FCC, paired with interprofessional care delivery practices that also strive for mutual respect, may well positively impact care outcomes.¹⁶

Patient Centered Care (PCC), philosophically congruent to Family Centered Care, acknowledges and empowers families as partners in care delivery.¹⁷ PCC is also highlighted as one of the Institute of Medicine's six health care aims that attempt to ensure patient values assist in guiding all clinical decisions.³ FCC, practiced at the site of the research study, is a care delivery model that supports the Triple Aims of health care.

Integrated teams, with common goals and shared decision-making, are essential to effectively implement a FCC model in healthcare.¹⁸ Shared decision making is fundamental to enable IPCP. IPCP enables team members work collectively together and strive to deliver comprehensive primary health care, fully applying their knowledge and skills, in order to effectively meet the needs of a particular population.¹⁹ Additionally, in support of this shared decision-making concept, "interprofessional collaboration is the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients, clients, families and communities to enable optimal health outcomes" (as cited in,⁹). The Family Centered Care model requires collaboration which is constructed upon this shared decision-making concept. It supports clinical practices where patients and families are integral and equal partners in care delivery practices.¹⁵ This approach enhances effective teamwork within healthcare arenas. Brandt asserts "the most successful health care systems are focusing on becoming learning organizations to implement teams of not only health professionals but also to meaningfully partner with patients, families, and communities" (as cited in,²⁰).

1. Interprofessional collaborative practice

With IPE as a foundation, IPCP improves the delivery of healthcare services and positively impacts patient outcomes.⁷ However, a comprehensive review of multiple studies calls for more rigorous research studies to specifically examine these IP collaborative practices. There is a clear need to link the impact of practice-based IPC interventions to subsequent healthcare outcomes (as cited in,²¹). In 2014, Brandt, Lutfiyya, King, and Chioreso presented a scoping review of the IPP and IPE literature, assessing the status of research studies connecting interprofessional education and interprofessional practices towards the development of the Triple Aims of effective, quality patient care delivered with positive patient outcome experiences. They concluded that the impacts of IPE, and also IPP on patient care have not yet been demonstrated through clinical research.

2. Interprofessional collaborative practice and family satisfaction outcomes

Outcome measurements related to IPCP have been scarcely reported scarcely in the scholarly literature. The recently published report, *Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes*, included an examination of studies attempting to specifically correlate the impact of IPE with patient and population outcomes. This comprehensive report noted less than a handful of studies reported results striving to clearly relate IPCP to patient and/or family communications ($n = 2$) and/or outcomes ($n = 1$), while the majority of reviewed works

focused on processes related to practices within the organization overall.⁴ The challenges in concluding the associations within these relationships, in part appear to be due to the complex nature of the overall healthcare environment, with many factors simultaneously influencing actual practices, perceptions and final outcomes. Few studies have been published that examine this complex issue.

Specifically, one study by Shaw, Davidson, Smilde, Sondooza and Agan,²² examined family satisfaction in the intensive care unit (ICU). Ninety-eight interprofessionals were educated in patient communication techniques. Family satisfaction scores improved post clinician education. This study did not focus on team collaboration specifically, but education on individual clinician's communication with patients and families. Fifteen years earlier, a randomized control trial focused similarly on education related to patient communication techniques. However, while clinicians reported a moderate improvement in their communication skills, in this study patient satisfaction scores did not improve as a result of the training of the clinicians.²³ In addition, well over two decades ago, it was noted that IP collaboration, specifically between RNs and MDs, decreased the amount of negative patient outcomes related to patient transfer status.²⁴

A common indicator used to measure quality of healthcare is patient/family satisfaction.²⁵ Patient satisfaction has been referred to as a critical outcome indicator.²⁶ As noted, above, there are minimal studies that explored the impact of IPCP with the outcome of family satisfaction. These limited studies clearly conclude conflicting results. No study specifically explored the relationship between perceptions of collaborative practices, using a valid and reliable tool, and the outcome of patient and family satisfaction. This research study attempts to bridge the gap in the literature and to establish baseline data for future investigation.

The study was undertaken to discover relationships between IPCP and patient/family satisfaction outcomes. The specific purposes of this study were to gain an understanding of clinicians' perceptions of the level of collaboration between disciplines on individual units and to identify the relationship between scores on an IPCP assessment and scores on patient/family satisfaction quality survey. Study results will also lead to development of future strategies targeted to improving collaboration among clinicians, removing barriers to collaborative practice, and improving the quality of care delivery and ultimately patient outcomes. The specific research questions addressed were:

- What are the perceptions and the degree to which interprofessional team members collaborate with one another to provide comprehensive, timely, and appropriate care?
- Is there a correlation between the average scores on Collaborative Practice Assessment (CPAT) and the average patient/family satisfaction scores?

3. Methods

3.1. Design

Researchers from a pediatric hospital collaborated with researchers from a local university to conduct a prospective, descriptive, mixed-methods research study. The purpose of the study was to gain an understanding of clinicians' perceptions of the level of teamwork and collaboration between interprofessionals on patient care units and to identify any relationships between interprofessional collaborative practices and patient/family satisfaction quality outcomes. The study was deemed exempt after reviews by the affiliated practice and academic Institutional Review Boards. Ethical Considerations for the protection of human subjects and the

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