Journal of Interprofessional Education & Practice 11 (2018) 51–57

Contents lists available at ScienceDirect

Journal of Interprofessional Education & Practice

journal homepage: http://www.jieponline.com

Improving physician engagement in interprofessional collaborative practice in rural emergency departments

Kelly Might Wilson [a], Jennifer Leeman [b], Barry Saunders [c], Donna Sullivan Havens [d, *]

[a] UNC Health Care, 211 Friday Center Dr., Suite 1069, Chapel Hill, NC 27517, USA
[b] University of North Carolina School of Nursing, Carrington Hall Office #5004, CB#7460, Chapel Hill, NC 27599-7240, USA
[c] Department of Social Medicine, University of North Carolina School of Medicine, MacNider Hall, Office #348, CB#7240, Chapel Hill, NC 27599-7240, USA
[d] University of North Carolina School of Nursing, Carrington Hall Office #403, CB#7460, Chapel Hill, NC 27599-7240, USA

ARTICLE INFO

Article history:
Received 2 October 2017
Received in revised form
3 December 2017
Accepted 17 December 2017

ABSTRACT

Background: Interprofessional collaborative practice (IPCP) is critical to managing care complexity and improving patient outcomes in emergency departments. Efforts to improve IPCP are constrained by low levels of physician engagement. Purpose. This study aimed to explore contextual factors and strategies that influenced physicians' engagement in efforts to improve IPCP in emergency departments.
Methods: This study was conducted within a HRSA-sponsored project that aimed to improve IPCP in four rural emergency departments. Data collection included in-depth interviews (n = 12) and observations over two years. Content analysis was applied to code and integrate findings.
Results: Physician engagement in efforts to improve IPCP was influenced by five categories of contextual factors (employment arrangements, scheduling, competing priorities, leadership, infrastructure) and six strategies (build on existing infrastructure, attend to logistics, strengthen interpersonal relationships, take physicians' perspective into account, engage leadership, communicate goals and successes).
Discussion/Conclusion: Emergency department staff can use these results to promote physician engagement in efforts to improve IPCP, an essential step toward improving patient outcomes.

1. Introduction

Emergency Departments (EDs) in the United States are treating more patients each year,[1] with more than 130 million ED visits made in 2013 as compared to 96.5 million in 2005.[2,3] ED patients are older, sicker, and require more complex care than in the past[4–6] exacerbating efforts to provide high quality and efficient ED care.[7,8] In their 2007 report "Hospital-Based Emergency Care: At the Breaking Point", the Institute of Medicine highlighted the challenges EDs face and identified an urgent need to improve interprofessional collaborative practice (IPCP) in the ED setting.

The World Health Organization[9] defines IPCP as occurring "When multiple health workers from different professional backgrounds work together with patients, families, carers, and communities to deliver the highest quality of care." IPCP is particularly challenging, yet critical to implement, in the often chaotic, busy, and stressful ED environment[10] where inadequate collaboration contributes to overcrowding, long wait times, large numbers of patients leaving without being seen, and clinical errors.[11,7,12]

Despite evidence of IPCP's positive effects on patient outcomes, many healthcare organizations find IPCP difficult to implement.[7,13,14] One factor limiting efforts to improve IPCP is low physician engagement.[15,16] Physicians play a key role in healthcare processes and practices, which makes their involvement in collaborative practice essential.[17,18] The purpose of this study was to identify factors that limit or facilitate physician engagement and strategies that are effective at engaging physicians in IPCP in the ED. The study was conducted as part of an ongoing quality improvement collaborative involving four rural North Carolina EDs (D. Havens, PI).

1.1. Conceptual framework

This study was guided by the theory of relational coordination (RC), which conceptualizes coordination as a set of relationship and communication ties among participants in a work process.[19]

* Corresponding author.
E-mail addresses: kelly.wilson2@unchealth.unc.edu (K.M. Wilson), jleeman@email.unc.edu (J. Leeman), bfsaunde@med.unc.edu (B. Saunders), dhavens@email.unc.edu (D.S. Havens).

https://doi.org/10.1016/j.xjep.2017.12.005
2405-4526/

Relationship dimensions that are central to effective coordination include shared goals, shared knowledge, and mutual respect. To be effective, communication needs to be frequent, timely, accurate, and problem-solving.[19] The theory further posits that relationship dimensions and communication are mutually reinforcing and together affect the quality and efficiency of patient care. Initiatives to strengthen relational coordination are effective at improving IPCP, but only to the extent that staff from multiple professions engage in those initiatives. This study's conceptual framework (Fig. 1) extends Gittell's RC theory to address the importance of identifying strategies to engage physicians in IPCP and contextual factors that influence physician engagement.

2. Methods

2.1. Design

An exploratory multi-case study was conducted with four rural North Carolina EDs. Qualitative data were collected through observation and scheduled interviews. The University of North Carolina at Chapel Hill Institutional Review Board (IRB) reviewed the study and identified it as exempt.

2.2. Setting and participants

This study was conducted within the context of the HRSA-sponsored project, "Shaping Systems to Promote Desired Outcomes: Interprofessional Collaborative Practice in Rural North Carolina EDs" (Shaping Systems – D. Havens, PI). The Shaping Systems project implemented a four-hospital quality improvement collaborative to develop nursing's capacity to promote IPCP environments in the ED setting. The project provided participating hospitals with a range of resources and activities through quarterly learning collaborative meetings, site visits, video conferences and an interactive website. Hospital teams could adapt what they learned and implement strategies they felt would work in their local context.

The four hospitals participating in this project were chosen based on their location in rural Health Professional Shortage and Medically Underserved Areas. Table 1 provides an overview of participating hospitals.

Each hospital formed an interdisciplinary team to engage in Shaping System project activities. Hospitals were encouraged to create teams that included ED nurses and physicians as well as professionals from other disciplines and units or departments who were important to quality ED care in their setting. In addition, each hospital designated a site coordinator for the project. Participants for this study included the site coordinators and a convenience sample of project team members available at each data collection time point.

2.3. Data collection

Data for this study were obtained during the second and third years of the three-year Shaping Systems project. Data collection included observations and interviews.

2.4. Observations

The lead author conducted observations during five two-day Shaping Systems collaborative meetings and four site visits to participating hospitals' EDs. Field notes were taken to document observations related to physician participation in IPCP.

2.5. Interviews

The two lead authors conducted telephone interviews with site coordinators at the start of the second and third years of the project. Interviews followed a structured guide that included questions about IPCP improvement strategies the hospital had implemented in the past year and barriers and facilitators to their implementation with a focus on physician engagement.

2.6. Data analysis

The following strategies were applied to enhance the rigor of data analysis. Field notes were typed and interviews were recorded and transcribed. The lead author applied content analysis with deductive coding to organize transcripts and data according to the study's central constructs (barriers and facilitators to physician engagement and strategies used to engage physicians). She then used inductive methods to identify themes within each construct.[20] A matrix was created and cross-case analysis used to explore similarities and differences across the four participating ED sites.[20] The identified themes for each hospital and cross-case analysis were reviewed by other members of the research team, who had participated in interviews (JL) or in collaborative meetings and site visits (DH, BS). Findings were then presented at a Shaping Systems collaborative meeting to ensure that they accurately represented the site teams' perspectives.[21]

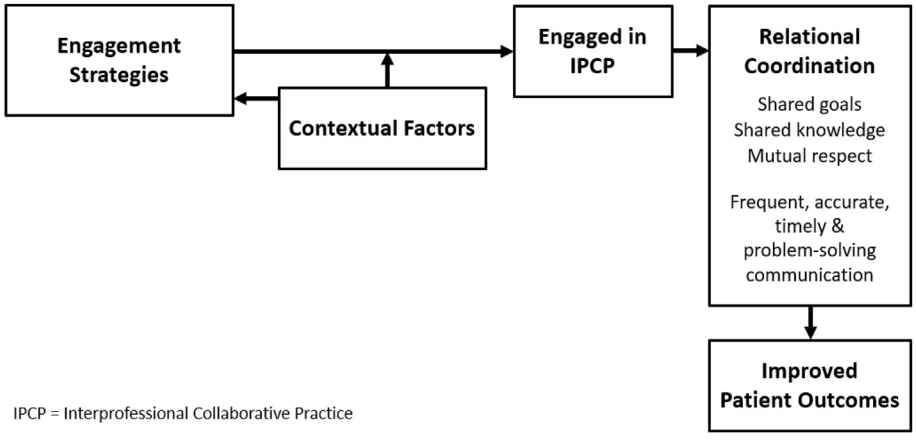

Fig. 1. Study Conceptual framework based on Gittell's[19] Theory of Relational Coordination.