Interdisciplinary Collaboration Across Multiple Settings To Ensure The Continuum Of Care

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Hunterdon Healthcare Nursing

Helping and healing from the heart…

Our nurses thrive on it…

Hunterdon Medical Center was awarded Magnet Designation in 2008.

Prevalence – Hospitals with Magnet Designation

In the US there are 393 in NJ there are 24

We are currently in the process of re-designation.
Collaborative working relationships within and among the disciplines where mutual respect is based on the premise that all members of the healthcare team make essential and meaningful contributions in the achievement of clinical outcomes.

Nursing Department at HMC
Holistic Model
Florence Nightingale - Hunterdon Healthcare’s Nursing Theorist
Exemplary professional practice within nursing entails a comprehensive understanding of the role of nursing;

the application of that role with patients, families, communities, and the interdisciplinary team;

and the application of new knowledge and evidence.
Since 1989, nursing Shared Governance and its interdisciplinary collaboration is what fosters teamwork, stimulates new creative ideas and gives nursing its voice.

This accountability-based model supports the professional nurse in the work environment.

Nursing at all levels and settings within the organization are involved in establishing, monitoring, and evaluating practice standards and patient care policies at the unit and organizational levels.
Shared Governance at HMC

We uphold the basic tenets of shared governance:

• Accountability based practice
• Open communication
• Collaboration
• Mutual respect and trust
• Coaching and mentoring
• Team building
The Professional Practice Model forms the elements of an interface, creating a dynamic environment, leading to the development of a positive work environment and outstanding outcomes.

The Professional Practice Model includes nursing’s values, leadership, collaboration, and professional development.
Our Vision

Nursing at Hunterdon Healthcare, the ultimate choice for EXCELLENCE.
Our Mission

➢ To provide quality and safe holistic care that inspires therapeutic relationships along the life continuum.

➢ This will be achieved by continuous innovation, professional development, evidence-based practice, and the empowerment of those we serve.
An interdisciplinary collaborative atmosphere supports a culture of safety that results in better patient outcomes and greater job enjoyment and satisfaction.

Healthy work environments demonstrate collaboration among healthcare professionals as a key component for the delivery of safe, quality care, with the added benefit of higher job satisfaction for all disciplines involved.
Examples of Interdisciplinary Collaboration

**Seven Councils at Hunterdon Medical Center**

- Nurse Practice Council
- Nurse Management Council
- Performance Improvement Council
- Research Council
- Education / Interdisciplinary Council
- Professional Development Council
- Coordinating Council
Examples of Interdisciplinary Collaboration

Other committees that meet regularly

- Wound Care
- Patient Flow
- Diabetic Management
- Stroke
- Ethics
- Medication Management
- MRSA Surveillance
- Smoking Cessation
- RRT
- Code
- Magnet Champions
- Nurse/Pharmacy
- APN Forum
Examples of Interdisciplinary Collaboration

**Councils & Committees**

- The culture of the Hunterdon Healthcare System is to work in interdisciplinary teams, and to encourage, promote and support staff from all areas to participate.

- Our viewpoint is that staff that are closest to the patient, or to a process, have the expertise and experience to help shape decisions that are made regarding care.

- Staff nurses and other clinicians are invited to join any new committee or task force that will affect patient care.

- The relationship with others from different perspectives and viewpoints create the richness and creativity necessary for productive committee work.

- It is these interdisciplinary relationships that many believe form the foundation that is the strength and success of Hunterdon.
Examples of Interdisciplinary Collaboration

Councils & Committees

- Nurses at all levels participate in interdisciplinary activities throughout the organization.

- It is a strongly held belief that nurse leaders must guide by example.

- Committee participation is no exception.

- The Chief Nursing Officer (CNO) participates in committees including the Board of Trustees, Operations, Strategic Planning, Medical Executive, Medical Staff Performance Improvement, Patient Satisfaction, Infection Control, and Clinical Service Lines.

- The CNO is also a member of the Organizational Performance Improvement Committee (OPIC), Systems Quality, Allied Health Credentialing Committee and the Transforming Care at the Bedside Committee (TCAB), all of which are multidisciplinary in nature.
Examples of Interdisciplinary Collaboration

Councls & Committees

The flexibility of Nurse Directors enables participation in various committees. Any director or department representative can be placed on the agenda to discuss concerns or share new information.

Nurse Directors are involved in interdisciplinary committees such as:

- Patient Care Division
- Clinical Service Lines
- Patient Safety
- Environmental Stewardship
- Perinatal
- Medical Records
- ICU
- Infection Control
- Pharmacy and Therapeutics
- Tobacco Free
- Ethics
- Patient Satisfaction
- Length of Stay
- Patient Flow
- Medical Staff Performance Improvement
- Organization Performance Improvement Committee (OPIC)
- Systems Quality Committee
Examples of Interdisciplinary Collaboration

Councils & Committees

- Nurses are given scheduled paid time for participation in committee and shared governance council meetings.

- Nurses are rewarded for their participation through the performance appraisal process and through Professional Achievement Levels.

- Performance appraisals scores – generate merit raises and there are monetary rewards for reaching Professional Achievement Levels.
Examples of Interdisciplinary Collaboration

Interdisciplinary Team Building

- Important to establish interdisciplinary teams.
- Strong clinical teams can be an effective & economical way to manage the complex patient.
- Model for today’s healthcare delivery system is the interdisciplinary team.
- Goal – increase patient satisfaction, improve patient outcomes & enrich job satisfaction.
- The team is a group of individuals who work together using complimentary skills to achieve common goals.
Examples of Interdisciplinary Collaboration

Cath Lab Primary Angioplasty Center

HMC is a leader in primary angioplasty.

Established in 1997 HMC’s “door to balloon” time is less than 60 minutes!

The national goal is 90 minutes.

This involves a multidisciplinary team:

- MICU
- Telephone Operator
- ED Doctors & ED Nurses
- Interventional Cardiologist
- Cath Lab Team
- CCU Staff

- Respiratory
- Nursing Supervisor
- Lab Department
- Radiology
- Residents
- House Keeping
Examples of Interdisciplinary Collaboration

**Primary Stroke Center** - Mary Ellis, Director

NJ has state mandated standards including

Mandatory Education:

ED & ICU 8 hours & 5-South 4 hours annually.

Stroke Committee meets every other month, reviews policies and procedures and recommends changes.
Examples of Interdisciplinary Collaboration

**Primary Stroke Center**

Nurses do dysphagia screening.

1. Have acute stroke teams in place at all times that can respond to the bedside within 15 minutes of patient arrival.
2. ED staff trained to treat acute stroke.
3. Maintain telemetry & critical care bed with Doctors & Nurses trained to care for acute stroke.
4. Have neurosurgeon available within 2 hours.
5. Provide acute care rehab.
6. Have a written transfer agreement with a comprehensive stroke center.
Examples of Interdisciplinary Collaboration

Primary Stroke Center

Stroke Committee involves a multidisciplinary team:

• Neurologist
• Stroke Program Director
• Nurses
• Doctors
• OT
• PT
• Pharmacists
### Examples of Interdisciplinary Collaboration

#### Multidisciplinary Rounds in ICU

<table>
<thead>
<tr>
<th>Ventilator Patient</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was weaning status evaluated?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>(As evidenced by RSBI)</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Were respiratory goals discussed?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Are daily awakenings being performed?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Ventilator Weaning Protocol Initiated?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Are daily goals being met?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Is HOB &gt; 30 deg?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Narrative: (optional)</td>
<td></td>
<td></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is pt receiving TPN/Enteral/PO/None? (circle one)</td>
</tr>
<tr>
<td>Were nutrition goals met?</td>
</tr>
<tr>
<td>Glycemic Control discussed?</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Physical Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Therapy Discussed?</td>
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<table>
<thead>
<tr>
<th>Central Lines/Arterial Lines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is a central line currently in place?</td>
</tr>
<tr>
<td>Is central line still needed?</td>
</tr>
<tr>
<td>Is an arterial line currently in place?</td>
</tr>
<tr>
<td>In the last 24 hours, has there been a delay in placement of a needed line?</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Goals</th>
</tr>
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<tbody>
<tr>
<td>Were short term goals addressed?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hemodynamics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were goals discussed?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were long term goals/LOS addressed?</td>
</tr>
<tr>
<td>Consistency in daily goals from day to day?</td>
</tr>
<tr>
<td>Does nursing agree with goals?</td>
</tr>
</tbody>
</table>

| Pain addressed? | Y | N | N/A |
| Delirium addressed? | Y | N | N/A |
| GI Prophylaxis practiced? Resp. fail only | Y | N | N/A |
| Last family update by Physician: | |
| Is DVT Prophylaxis practiced? | Y | N | N/A |
| Are decubitus precautions practiced? | Y | N | N/A |
| Date of last BM? | |
| Is the foley essential today? | Y | N | N/A |

<table>
<thead>
<tr>
<th>Pharmacy</th>
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</thead>
<tbody>
<tr>
<td>Is DVT Prophylaxis practiced?</td>
</tr>
<tr>
<td>Are decubitus precautions practiced?</td>
</tr>
<tr>
<td>Date of last BM?</td>
</tr>
<tr>
<td>Is the foley essential today?</td>
</tr>
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The ICU Multidisciplinary Team includes:

- Intensivist
- Nurse Manager
- Clinical Coordinator
- ICU RNs
- Respiratory Therapists
- Chaplain
- Resident
- Pharmacy

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Examples of Interdisciplinary Collaboration

**Multidisciplinary Rounds in ICU**

- The goal is improving outcomes for critically ill patients.
- We need to evaluate the effectiveness of our interventions.
- Use evidence based practice to plan our treatment / intervention.

example: Sepsis bundle – 1st published in 2004 – goal directed therapy
Examples of Interdisciplinary Collaboration

ICU Initiatives

Developed by Marian Racco – Clinical Coordinator ICU

➢ Post Cardiac Arrest Patient Hypothermia Protocol.

➢ VAP Prevention.

To name just a few, there are many others as well at HMC.
Examples of Interdisciplinary Collaboration

**NICHE - at HMC**

**Why NICHE?**

Aim is to reduce functional decline in older adults during hospitalization.

How is this done?

- Through admission assessment.
- By having Geriatric Rounds.
- Having protocols in place to reduce risk of complications.
- Promote safety from injury / falls.
- Providing assistive devices.
Examples of Interdisciplinary Collaboration

**NICHE - at HMC**

**NICHE - Nurses Improving Care to Healthsystem Elders**

- HMC received NICHE designation in 2009.
- 5-South was pilot unit.
- Volunteers were trained to sit with elderly patients.
- Activity Baskets assembled on all floors.
- 20 hour on-line course is available for any RN interested in becoming Geriatric Resource Nurse.
- Includes use of hearing enhancers.
- Weekly multidisciplinary Geriatric Teaching Rounds with Dr. Sheker Chakravarth, the Medical Director of the Center for Healthy Aging.
Examples of Interdisciplinary Collaboration

NICHE - Geriatric Rounds at HMC

- Weekly Interdisciplinary Geriatric Rounds
- Interdisciplinary team includes:
  - Geriatrician
  - Director of Staff Development
  - Pharmacy Doctoral Residents
  - Director of Clinical Pharmacy
  - CNL
  - Staff RNs
- Staff RNs identify any issues with multiple meds, advanced directives and family concerns. These issues are discussed in real time.
You can download a free copy of this presentation at ignatz.net/HMC.htm

Coming up next...

presented by Margaret M. Doyle, RN, BSN, CHPN - PI Coordinator/Patient Care Manager

Hunterdon Hospice

Case Study

ICU ➔ Hospice   Bringing PG Home
Interdisciplinary Collaboration

Hunterdon Hospice

• Director, Anne Boyle, RN, BSN, CHPN
• Serving Hunterdon County and its surrounding areas for over thirty years
• A tax-exempt, non-profit organization
• Medicare Certified
• Surveyed by Joint Commission
Interdisciplinary Collaboration
Hunterdon Hospice

- Patient / Family
- Primary Physician
- Social Worker
- Volunteers
- Pharmacist
- Medical Director
- Primary Nurses
- Certified Home Health Aide
- Chaplain
- Dietician Physical Therapist
Interdisciplinary Collaboration
Hunterdon Hospice

• Provide specialized care for patients and families when the focus of care changes from cure to comfort

• Emphasize comfort, dignity, quality of life and pain management
Interdisciplinary Collaboration

Hunterdon Hospice

• Provides a holistic approach which addresses all of the patient and family needs, including physical, emotional, social and spiritual

• Interdisciplinary team meets weekly to review all patients served
Interdisciplinary Collaboration

Hunterdon Hospice

• Interdisciplinary team reviews:
  – Patients who have died in last two weeks
  – All new admissions
  – All current patients

• Plan of care is reviewed and updated
Falls review takes place in weekly team meetings.

Allows for further examination of fall as related to the psychosocial and spiritual issues that may exist outside the clinical issues.

Joint Commission review in January 2012 - Best Practice.
Interdisciplinary Collaboration

Bringing PG Home

• PG was a 69 year old woman with severe advanced COPD
• Steroid and oxygen dependent
• Multiple hospitalizations toward the end of 2011 related to COPD exacerbations
• Readmitted to the hospital in February 2012 to medical unit with COPD exacerbation
**Interdisciplinary Collaboration**

**Bringing PG Home**

- PG requested Palliative Care consultation
- Palliative care nurse met to establish goals of care and update advance directives
Interdisciplinary Collaboration

Bringing PG Home

• PG had very clear goals she discussed with Palliative Care Nurse, Colleen Bell, CNP
  - To stay at home and not move out of her home
  - To have a feeling of security, especially with her husband caring for her
  - Better medication management for symptoms of respiratory distress
  - To get help in the home for her husband