STRONGER THAN THE SUM OF OUR PARTS: INTRODUCTION AND PRINCIPLES OF EFFECTIVE INTERPROFESSIONAL COLLABORATION IN HEALTHCARE - PART 1

This is the introduction to a series of four articles about actionable practices for effective interprofessional collaboration (IPC).

As healthcare advances toward the Institute of Healthcare Improvement's Triple Aim — improving patient experience and population health while reducing the per capita cost of care — new models of care are being developed to meet current and future challenges. Those models are increasingly aligned and networked across organizations and roles. The Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health* (2011), highlighted the significant role team-based care will play in healthcare. The report states, "As the delivery of care becomes more complex across a wide range of settings, and the need to coordinate care among multiple providers becomes ever more important, developing well-functioning teams becomes a crucial objective throughout the healthcare system."[1]

Sharing practical knowledge about action on shared goals across roles is integral to meeting the healthcare demands of the future. In part to illuminate what will be needed, a number of organizations, collaboratives, and researchers are conducting important work on interprofessional collaboration, often focusing on the competencies required for education and collaboration.[2] However, less research has been done on the practice of IPC on the front lines of care. To address this gap, the Robert Wood Johnson Foundation (RWJF) wanted to identify day-to-day practices already in place that demonstrate effective interprofessional collaboration.

A Study of Practices in Place

In 2014 RWJF initiated a project with CFAR entitled *Identifying and Spreading Practices to Enable Effective Interprofessional Collaboration*. The purpose of the project is to both encourage and enable collaboration that will improve care by exploring, explaining, and disseminating some of the most useful practices for effective interprofessional collaboration — and the supports required to sustain them over time. The ultimate goal is to share these practices more broadly in order to catalyze efforts across the country to advance effective interprofessional collaboration.

For the purposes of this work, we defined effective interprofessional collaboration in a particular way:

> *Effective interprofessional collaboration promotes the **active participation** of each discipline in patient care, where all disciplines are **working together** and fully **engaging patients** and those who support them, and leadership on the team **adapts based on patient needs**.*
>
> *Effective interprofessional collaboration **enhances patient- and family-centered goals and values**, provides mechanisms for **continuous communication** among caregivers, and optimizes **participation in clinical decision-making within and across disciplines**. It fosters respect for the disciplinary contributions of all professionals.*

We identified promising practices in interprofessional collaboration. Why focus on practice? Because practice is the basis of culture.

Organizational culture is defined by what people do, rather than what they say they do. As such, we can think of culture as a collection of behavioral practices that together comprise the "way things get done around here." New behaviors need infrastructure

Contributors:
Carey Huntington Gallagher and Jennifer Tomasik

To learn more about Carey and Jennifer, click here.

STRONGER THAN THE SUM OF OUR PARTS: INTRODUCTION AND PRINCIPLES OF EFFECTIVE INTERPROFESSIONAL COLLABORATION IN HEALTHCARE - PART 1 *continued*

that makes them as easy as possible to do (think of hand sanitizer stations used to promote hand-washing). If you want to change culture, you need first to change practice. This is often easier said than done.

Our colleagues and cultural and organizational change experts Mal O'Connor and Barry Dornfeld write, "When you observe people's behaviors in getting work done, you see that many of them are not formally defined but are tacit: not openly spoken about, although generally understood. Others are explicit: openly stated, shared, and discussed."[3] We knew we would need to learn about both. For this reason, we took an ethnographic approach that allowed us to compare what organizations say they are doing with observations on how interprofessional collaborative practices work on the ground. We then worked backwards to understand the guiding principles that cut across the practices we observed.

Guiding Principles
Through the work we received important advice from the seven organizations that participated in the project: Aurora Health Care, Milwaukee, Wisconsin; Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio; Community Health Center, Inc., Middletown, Connecticut; Intermountain Healthcare, Salt Lake City, Utah; University of Pennsylvania Health System, Philadelphia, Pennsylvania; Virginia Mason Health System, Seattle, Washington; and Women and Infants Hospital, Providence, Rhode Island

These foundational ideas capture what might be thought of as "guiding principles," required to create an environment in which interprofessional collaboration can thrive.

- ***It takes time.*** This work does not happen overnight — it takes time, patience, and perseverance to build interprofessional collaboration, supported by leadership and the ability to think long-term.
- ***Relationships matter.*** People are the building blocks of teams — developing relationships between and among team members makes a difference.
- ***Pockets of interprofessional practice already exist.*** Creating an environment for interprofessional collaboration is not a linear process — if you look, you will find the kind of interprofessional practice you want to create is already happening in small ways inside your organization. These "pockets" of promise can be highlighted, resourced, and spread.
- ***Name it.*** The term interprofessional collaboration itself might be viewed as a transitional concept until it becomes embedded in the culture. In other words, you may have to "name it" in order for people to recognize that it is different from the way they are already doing their work.
- ***Start small.*** It is smart to start small, engaging the passion of those who believe in this work, and using that passion as energy to build momentum and create pull for the ideas and practices throughout the organization.
- ***Creating a culture of interprofessional collaboration requires multiple reinforcing practices.*** Mutually reinforcing practices work together to eventually shape an organization in which "this is just how we do things around here" — a definition of culture.

These guiding principles underlie all effective efforts in interprofessional collaboration and are represented in the following three articles in this series, where we will discuss specific and actionable practices through examples.

STRONGER THAN THE SUM OF OUR PARTS: INTRODUCTION AND PRINCIPLES OF EFFECTIVE INTERPROFESSIONAL COLLABORATION IN HEALTHCARE - PART 1 *continued*

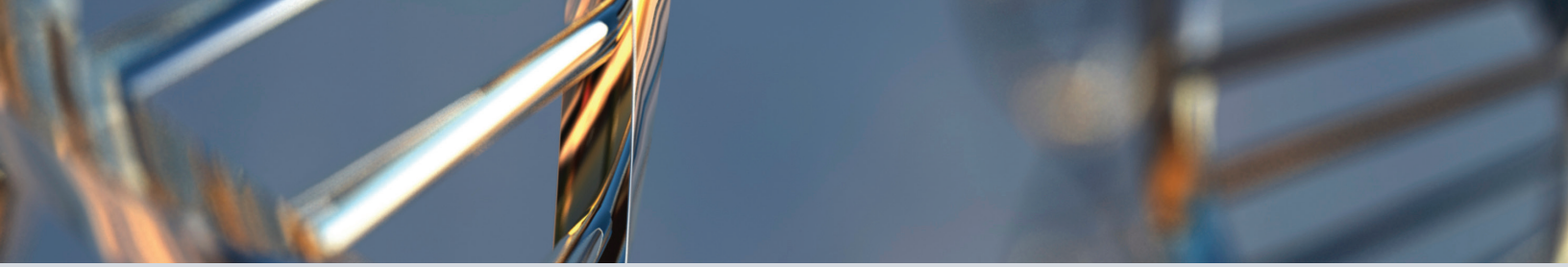
For more information on this topic or related materials, contact CFAR at info@cfar.com or 215.320.3200 or visit our website at http://www.cfar.com.

References

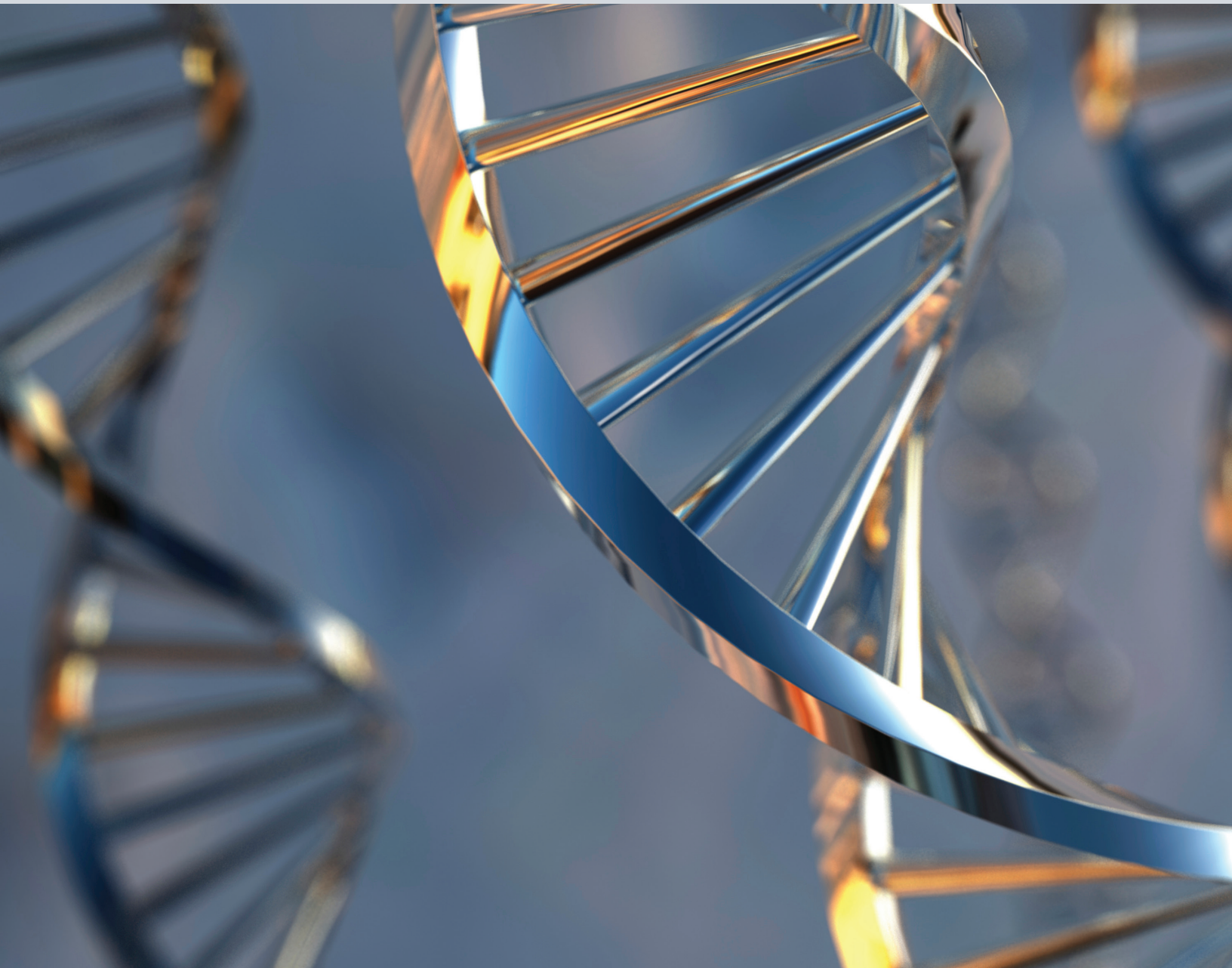
1. Institute of Medicine. 2011. *The Future of Nursing: Leading Change, Advancing Health*, Washington: National Academies Press, 72.

2. Cox, Malcolm and Mary Naylor, eds. 2013. "Transforming Patient Care: Aligning Interprofessional Education with Clinical Practice Redesign." Proceedings of a conference sponsored by the Josiah Macy Jr. Foundation, New York, January.

3. O'Connor, Malachi and Barry Dornfeld. 2014. *The Moment You Can't Ignore: When Big Trouble Leads to a Great Future*. New York: Public Affairs, 6.



Wharton
University of Pennsylvania

THE WHARTON HEALTHCARE QUARTERLY

SUMMER 2015
VOLUME 4, NUMBER 3