STRONGER THAN THE SUM OF OUR PARTS: INTRODUCTION AND PRINCIPLES OF EFFECTIVE INTERPROFESSIONAL COLLABORATION IN HEALTHCARE – PART 2

In 2014, CFAR produced a report with the Robert Wood Johnson Foundation (RWJF) called Lessons from the Field: Promising Interprofessional Collaboration Practices, which identifies ways to increase collaboration among healthcare professionals, in service of improved healthcare delivery. This article is the second of four about actionable practices for effective interprofessional collaboration. In the first piece, we established the case for improving interprofessional collaboration. Here, we explore a key practice to accelerate this collaboration.

In looking across the seven healthcare organizations participating in the project, one of the key practices we identified is the importance of demonstrating leadership commitment to interprofessional collaboration as an organizational priority through words and actions. We will explore the significance of this commitment here, how it plays out, and ideas for implementation.

Why is this practice important?
In the investigations that contributed to the RWJF report, we found that partnership among clinical leadership at all levels was essential to each site's ability to focus on interprofessional collaboration. As always, top leadership sets the tone for their organization: the buy-in of this tier was key to achieving results. *Talking* about interprofessional collaboration is important, but people need to see it in action to understand what collaboration really means, and that it is an organizational commitment.

What does this practice look like in action?
Each of the chief medical officer (CMO) and chief nursing officer (CNO) pairs we met demonstrated a strong interpersonal relationship. In many cases, their offices were located next to each other, creating frequent access to each other, in addition to the regular interaction established in formal, standing meetings. Stan Ashley, MD, CMO, and Jackie Somerville, PhD, RN, Senior Vice President for Patient Care Services and CNO at Brigham and Women's Hospital, have neighboring offices. Somerville told us, "We both report to the president. We have offices right next to each other. We co-chair committees. These things send a strong message to the organization about the value of collaboration."

These pairs work through issues behind closed doors in order to ensure they represent a unified front in public. Cincinnati Children's Hospital Medical Center's Cheryl Hoying, PhD, RN, NEA-BC, FACHE, FAAN, Senior Vice President of Patient Services, and Arnie Strauss, MD, former CMO, explained their ability to model interprofessional collaboration by "understanding a common goal and rounding together, so the whole organization sees that we're together."

Additionally, incentives that promote interprofessional collaboration can also play an important role. Many of the people we interviewed share performance incentives for which they have mutual accountability in meeting shared goals and objectives together. Intermountain Healthcare requires that each clinical program establish Board goals to which compensation is tied. Therefore, Kim Henrichsen, RN, MSN, Vice President of Clinical Operations and CNO, and Brent Wallace, MD, CMO, have shared Board goals that require collaboration to achieve.

Leadership commitment is also apparent in whom leaders seek to hire. The right type of person can be difficult to find, and organizations have their own processes for hiring for cultural fit. At Community Health Centers, Inc., a statewide primary healthcare system in Connecticut, Mark Masselli, the founder and CEO, and Margaret Flinter, APRN, PhD, the Senior Vice President and

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Clinical Director, insist on interviewing every new candidate. Flinter explained, "Interdisciplinary has to be embedded from day one. It's in our interview process. We need to ask candidates about their experience, comfort level, and thoughts about providing care in this way, because it's embedded in the regular flow of work. You don't stop your day to be interdisciplinary, that's how it becomes a part of the culture."

The following case example describes alignment of top leadership at the organizational level.

Case: Demonstrating Leadership Commitment
University of Pennsylvania Health System's (UPHS) CMO/CNO Alliance

In 2006, the CMOs and CNOs of UPHS began to meet regularly to create a shared voice for patient safety. This work resulted in the Blueprint for Quality and Patient Safety, the system's framework for clinical strategy, now undergoing its third refresh. The Blueprint established physician- and nurse-sponsored goals and created a vehicle for shared budgeting. Nurses and physicians no longer compete for resources to advance quality and safety work, but collaborate in a way that enables them to negotiate with their fiscal partners with a united clinical voice.

During CFAR's site visit to UPHS, we had the opportunity to observe a meeting of the CMO/CNO Alliance. The group is a working alliance of the CMOs and CNOs from UPHS' four hospitals, as well as the home care, rehabilitation, and physician practice departments. P.J. Brennan, MD, CMO at UPHS, and Regina Cunningham, PhD, RN, AOCN, Chief Nursing Executive and Associate Executive Director of the Hospital of the University of Pennsylvania, co-chaired the meeting, during which ideas flowed freely, and the group showed a high level of comfort with each other.

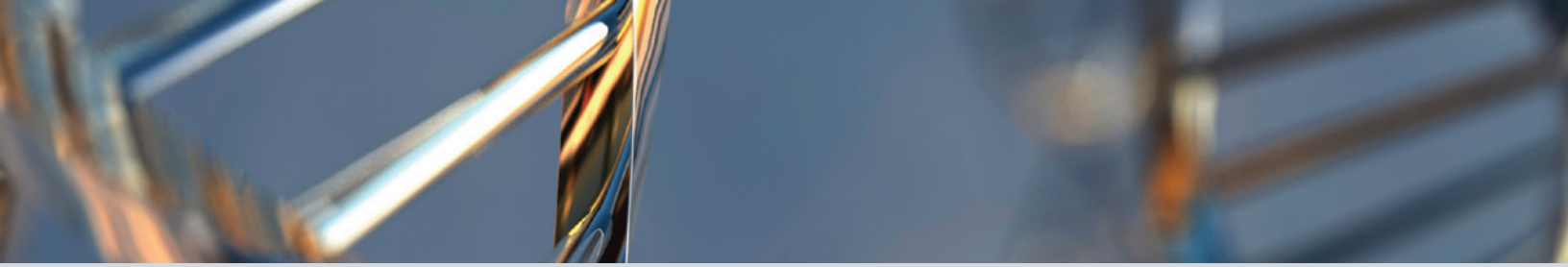
Within UPHS' CMO/CNO Alliance, CMOs and CNOs model interprofessional collaboration for those who report to them, and also come together to accomplish real work.

What are some ideas for implementation?
Every site echoed the shared message that collaboration starts at the top. Senior leaders have to believe in it, model it, and live it. Here is a summary of the key practices described above.

1. Create **visible partnerships**, particularly at the senior leadership level.
2. Discuss and debate issues in private, but **speak with a shared and equal voice in public**.
3. **Embed goals into the strategic plan** and **tie them to the performance incentives** of key leaders and influencers.
4. Demonstrate a commitment to collaborative partnerships through **recruiting and onboarding processes.**
5. Identify champions to serve as **role models of collaboration** throughout the organization.
6. Create **interprofessional alliances and groups** that can tackle existing work in new ways.

In the following articles in this series, we will discuss additional practices through examples.

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.



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