Chattanooga Area

Demographics

- Population: 172,000
- Age 55+: 24.48%
- Racial/Ethnic Identity
  - White: 58%
  - Black: 35%

SES/CHF Morbidity

<table>
<thead>
<tr>
<th></th>
<th>Hamilton</th>
<th>TN</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>82% high school</td>
<td>86% high school</td>
<td>70% some college</td>
</tr>
<tr>
<td></td>
<td>64% some college</td>
<td>56% some college</td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>16%</td>
<td>17%</td>
<td>11%</td>
</tr>
<tr>
<td>Hospitalizations (`100,000 discharges)</td>
<td>113.5</td>
<td>20.3</td>
<td></td>
</tr>
<tr>
<td>Poor health</td>
<td>17%</td>
<td>19%</td>
<td>10%</td>
</tr>
<tr>
<td>Limited access to healthy foods</td>
<td>12%</td>
<td>8%</td>
<td>1%</td>
</tr>
<tr>
<td>CHF</td>
<td>4.64%</td>
<td>5%</td>
<td></td>
</tr>
</tbody>
</table>
Project Description

- Practice
- Education
- Teams
IPCP Team

Carolyn Schreeder  Project Director
Candace Bishop  Faculty Coordinator
Nikcole Hayes  Project Manager
Elizabeth Smith  Nurse Practitioner
Zibin Guo  Medical Anthropology
Cathy Scott  Social Work
Christopher Silver  Instructional Technology Coordinator
Christopher Cunningham  Evaluator
Mukta Panda, MD UTC COM
Diedri White  Dietetics
Stephanie West  Project Coordinator
Nancy Fell  Physical Therapy
# Project Goals

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Goal 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>To cultivate and sustain 9 interprofessional practice sites or</td>
<td>Improve the preparation of nurses and an interprofessional health</td>
</tr>
<tr>
<td>environments in which emergent nurse leaders have an opportunity to</td>
<td>trainee peer group with skills and experiences to practice in</td>
</tr>
<tr>
<td>demonstrate leadership in interprofessional team building,</td>
<td>interprofessional collaborative practice environments</td>
</tr>
<tr>
<td>collaborative problem solving and care coordination.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 3</th>
<th>Goal 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve primary geriatric care in diverse, community-based settings</td>
<td>Increase regional implementation of IPCP models and strategies to</td>
</tr>
<tr>
<td>via interprofessional experiential learning activities</td>
<td>strengthen nursing and health professions training via implementation,</td>
</tr>
<tr>
<td></td>
<td>refinement, outreach and dissemination of evidence-based practices.</td>
</tr>
</tbody>
</table>
Implementation Plan

- Establish teams
  - Core team, coalition members, students, and providers
- Educate faculty and healthcare providers on IPCP
- Establish 5 of 9 house call sites in years 1 and 2
  - UTC and organizational IRB approval
  - Develop relationships with site providers
  - Staff the sites
  - Schedule IP teams
- Community Outreach and Education
  - Health fairs, seminars, workshops
Community Outreach

- “Spring into Health” Health Fair
- Safety and Falls Prevention Health Fair
- Minority Health Fair
- Building an Aging Coalition
- Community Safety Event (Lowe’s)
Education

- Simulation
- Medical Residents
  - Falls Safety
  - IPE Education
- IPE Education
  - Providers
  - Curriculum
  - Community
  - Seminars/Workshops
  - TeamSTEPPS
- Website Development
House Calls Case Study

- Case Overview

- IPCP Team
  - Registered Dietician
  - Nurse Practitioner
  - Social Worker
  - Physical Therapist
  - Pharmacist
  - Medical Anthropologist
Evaluation Tools: Goal 1

Opportunities
- Quantification/qualification of practice experiences and opportunities within the community (e.g., health fairs, simulation experiences, special workshops)

Shared Leadership
- Attitudes toward Team Value, Team Efficiency, and Shared Leadership (Hyer, Fairchild, Abraham, Mezey, & Fulmer, 2000)

Collaborative problem solving
- Team collaboration items from AITCS (Orchard, King, Khalili, & Bezzina, 2012)

Coordination
- Team coordination items from AITCS (Orchard, King, Khalili, & Bezzina, 2012)
- Team/group cohesiveness (PACE/Temkin-Greener, Gross, Kunitz, & Mukamel, 2004; adapted from Quoidbach & Hansenne, 2009)
- Team Collective Efficacy (adapted from Riggs, Warka, Babasa, Betancourt, & Hooker, 1994)
Evaluation Tools: Goals 2 & 4

Attitudes toward inter-professional care

- Attitudes toward Team Value, Team Efficiency, Shared Leadership (Hyer et al., 2000)
- TeamSTEPPS Teamwork Attitudes Questionnaire

Inter-professional team-related competencies

- Perceptions of/attitudes toward team value, team efficiency, shared leadership (Hyer et al., 2000)
- TeamSTEPPS Teamwork Attitudes Questionnaire
- Team coordination (AITCS/Orchard et al., 2012)
- Team communication (PACE/Temkin-Greener et al., 2004)
- Team collaboration (AITCS/Orchard et al., 2012)
- Team effectiveness (cf., Lemieux-Charles et al., 2002)
Evaluation Tools: Goal 3

**Improvements in primary geriatric care**
- Team observations of patient symptoms, challenges
- Medicine compliance/reconciliation
- Self-reported indications of Quality of Life and General health

**Interprofessional experiential learning activities**
- Quantification and qualification of practice experiences and opportunities within the community (e.g., health fairs, simulation experiences, special workshops)

**Patient experiences with interprofessional care**
- Patient reactions to House Call visit (Panda et al., 2010)
- Perceived communication of healthcare professionals (adapted from CAHPS® 2.0/Hargraves et al., 2003)
- HCAHPS Clinician & Group Survey items regarding providers caring/ inspiring trust and being polite and considerate
Evaluation: Data Sources

- Providers (physicians, residents, nurses)
- Patients and caregivers
- Faculty (nursing, nutrition/dietetics, physical therapy, social work, medical anthropology)
- Students (nursing, nutrition/dietetics, physical therapy, social work, athletic training)
Evaluation Plan

• Baseline assessments
  • Students \((n = 245)\)
  • Faculty and providers \((n = 23)\)
  • Patients and caregivers \((n = 360)\)

• Training module-specific evaluations
  • \(N = 254\) with at least one practical training completion
  • Knowledge-based
  • Reactions

• Follow-up evaluations
  • Students/faculty/practitioners: End of fall and spring academic semesters for all participants (beginning Fall 2013)
  • Patients/caregivers: Following interactions with IP teams
How would you explain the concept of interprofessional health care to someone who is not a healthcare professional?

- Collaboration: 52%
- Effective Communication between caregivers: 11%
- Quality care: 37%

N = 190
What advantages do you see for healthcare professionals who are a part of an interdisciplinary healthcare team?

- Better Patient Outcomes: 53%
- Varying Perspectives: 36%
- Improved Communication: 8%
- Cost Efficient Care: 3%

N = 100
What disadvantages do you see for healthcare professionals who are a part of an interdisciplinary healthcare team?

- Learning Curve: 2%
- Time Constraints: 7%
- Cost: 3%
- Team Conflict: 28%
- Miscommunication: 28%
- Discouraged with outcomes: 36%

N = 67
In your interactions with your team members, what are examples of effective behaviors that you have observed?

- Communication: 59%
- Listening: 7%
- Feedback: 7%
- Providing Support (to Other Team Members): 12%
- Training: 10%
- Respect: 1%

N = 119
In your interactions with your team members, what are examples of ineffective behaviors that you have observed?

- Disrespect of Others: 4%
- Poor Communication: 37%
- Ineffective listening: 17%
- Not Helping Others: 10%
- Inability to work in a Team: 7%
- Impatience: 2%
- Lack of Professionalism: 2%

N = 91
What advantages do you see for patients served by an interdisciplinary healthcare team?

- Better Outcomes: 84%
- More Informed: 6%
- Cost Effective: 2%
- Feeling of Importance: 8%

N = 80
What do you think could be done to minimize the impact of ineffective team behaviors in the future?

- Training: 38%
- Proper Fit of Team Members: 14%
- Organizational Support: 8%
- Effective Communication: 15%
- Setting Clear Expectations: 4%
- Reward Effective/Punish Ineffective Behavior: 3%
- Team Building: 18%

N = 85
Challenges (Opportunities?)

- IRBs
- Hiring staff
- Establishing sites
- Buy-in
  - Partner
  - Faculty
- Patient/student recruitment and selection
- Coordination of team schedules
Accomplishments

- Heart Failure Service
- House Calls
- Pharmacy Based Education in Health Fairs
- Synergy and Collaboration
- IPE Curriculum
- IPE Panel Discussions
- Health Fairs
- Seminars
- Community presence
Questions