



CAN INTERPROFESSIONAL STUDENT TEAMS IMPACT PATIENT OUTCOMES? YES THEY CAN!

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Conflicts of Interest & Disclosure

None of the presenters have indicated that they have any real or perceived vested interest that relate to this presentation. No sponsorship or commercial support was given to any author.



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Objectives

1. Identify the reasons for creating an interprofessional practice program for pre-licensure health professions students.
2. Describe patient outcomes that are realized from student interprofessional education and practice programs



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IPEP

- IPE is when 2 or more professions **learn about, from** and **with** each other to enable effective collaboration and improve health outcomes¹.
- IPP occurs when **multiple healthcare workers** from **different professional backgrounds** provide **comprehensive health services** by working with patients, their families, caregivers and communities to deliver the **highest quality of care across settings**².

¹WHO Report, 2010

² Framework for Action on Interprofessional Practice & Collaboration, WHO 2010

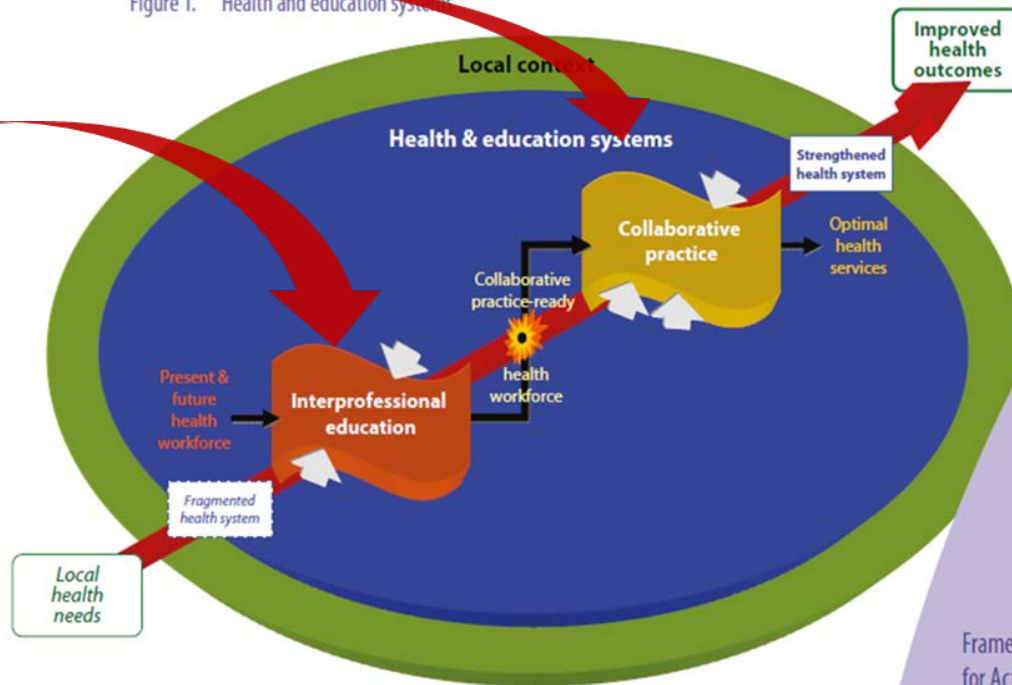




Vision



Figure 1. Health and education systems



Expedited Outcomes
 Readmissions
 Satisfaction
 Quality
 JIT
 Modifications

Interventions
 Team Training +
 IP student teams
 make home visits
 to patients at high
 risk for
 readmission and
 poor outcomes

Framework
 for Action on
 Interprofessional
 Education and
 Collaborative
 Practice

World Health Organization (WHO) (2010). Framework for action on interprofessional education & collaborative practice. Geneva: World Health Organization. Retrieved from http://apps.who.int/iris/bitstream/10665/70185/1/WHO_HRH_HPN_10.3_eng.pdf?ua=1



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Tools & Goals



- <http://www.hiteqcenter.org/About/TheTripleAim/TabId/126/ArtMid/739/ArticleID/15/TRIPLE-or-Quadruple-AIM.aspx>



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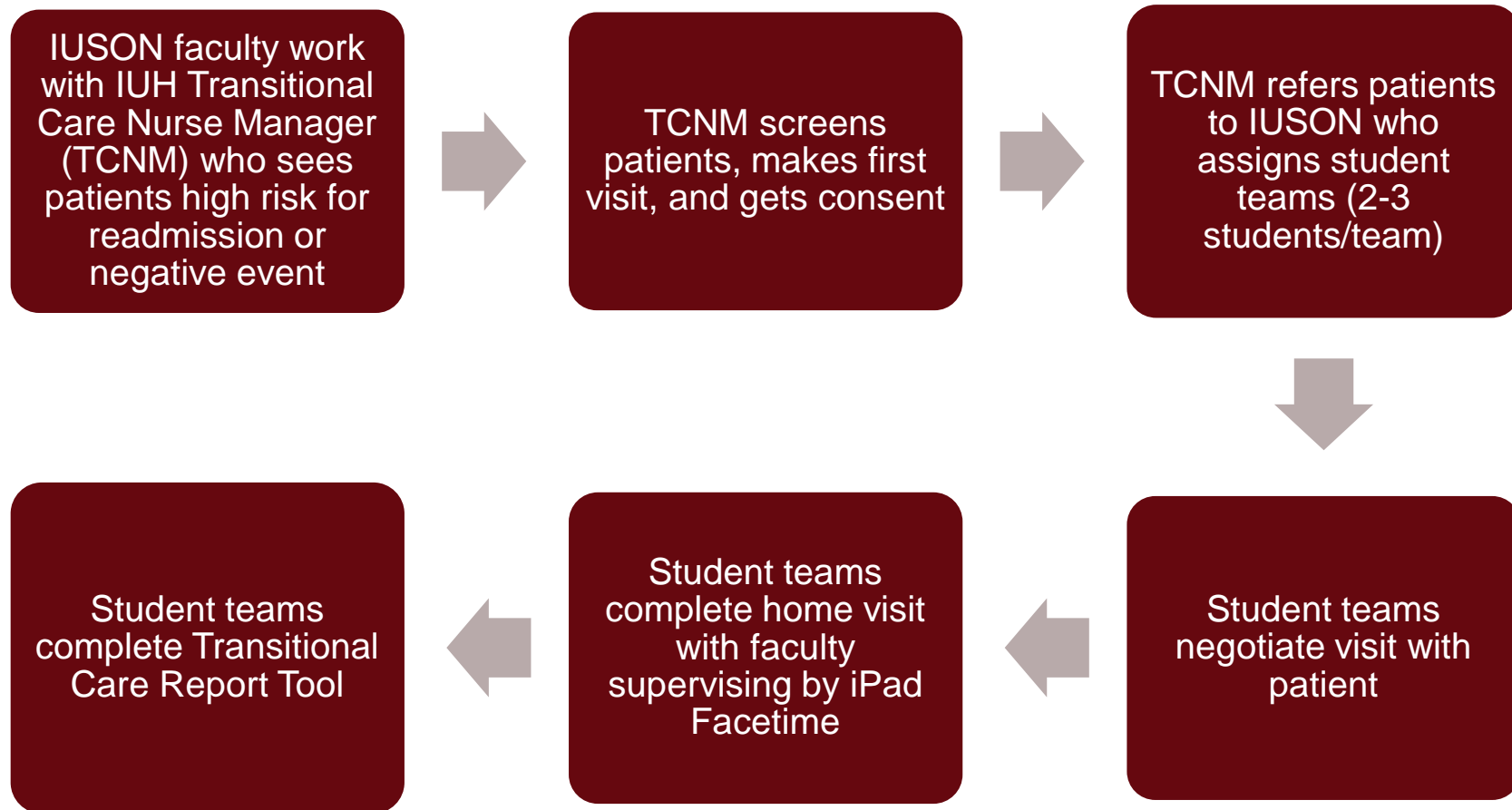


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Navigator Program





History/Background

IPE Teams (Pre-licensed)

- 1-2 Senior Nursing; 1, 2nd year Medical

2014-2015

- 35 Teams; unsupervised
 - Fall, Spring

2015-2016

- 32 Teams; unsupervised in Fall only

2016-2017

- 36 Teams; supervised Fall and Spring

2017-2016

- Fall: 29 Team Mixed; Spring 36 Teams



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Care Provided/Goal of Visit

- ✓ Basic assessment
- ✓ Medication reconciliation
- ✓ Discharge plan of care gap analysis
- ✓ Plan for follow up provider appointments
- ✓ Create problem priority list



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Student Evaluation

- IUTCR

Indiana University Team Clinical Performance Rubric; (Feather, Carr, Garletts, Reising, 2017, *JIC*)

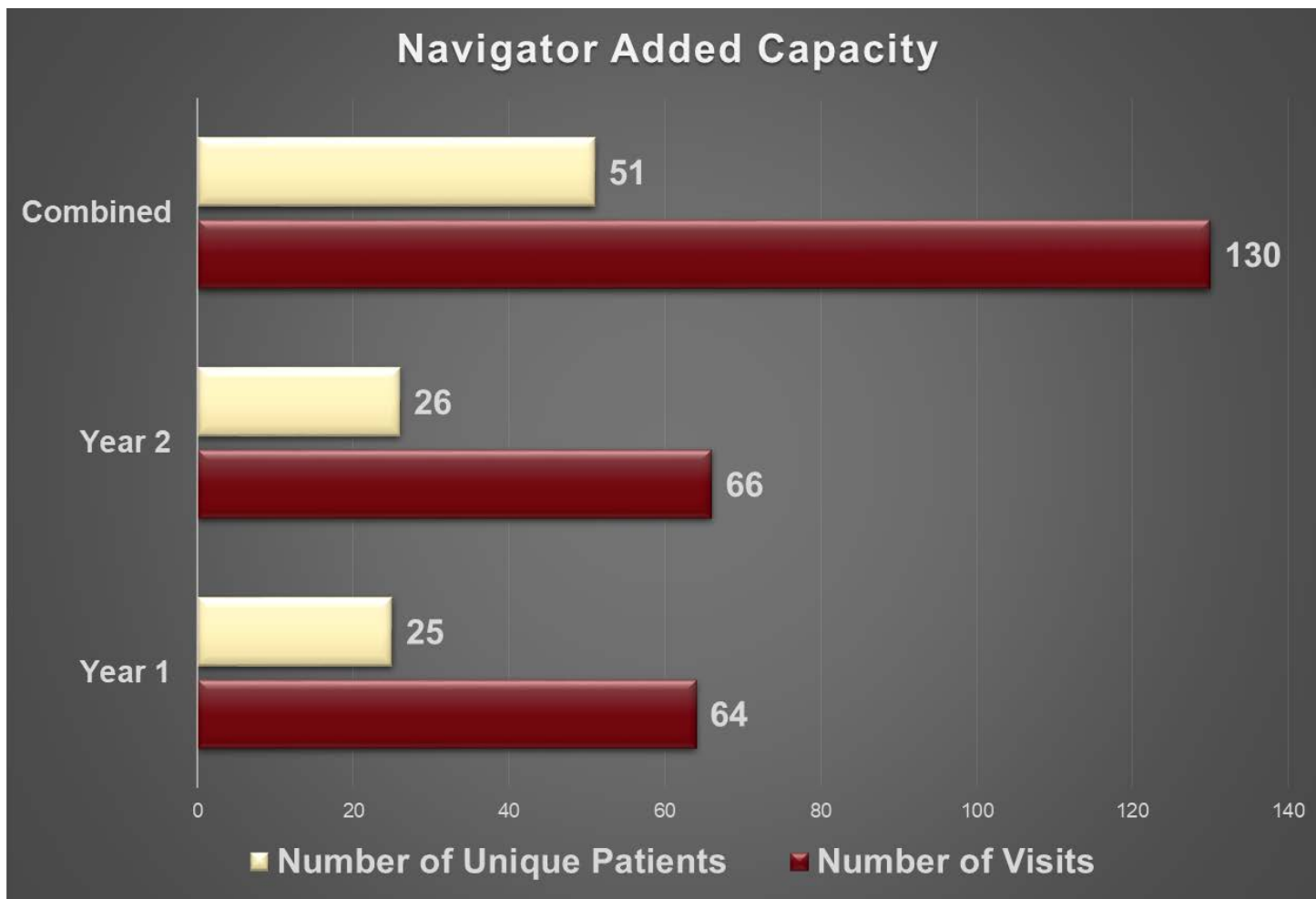
- Derived from IUSIR (Reising, Carr, Tieman, Feather, Ozdogan, 2015, *NEP*)

- 6 measures, novice-to expert, IPEC

Skill	Novice (1)	Competent (3)	Expert (5)	Team Score
Team support of Participant	Moments of silence frequent at meetings.	Team interaction varies with unclear organization for participant's needs.	Team connects with participant and encourages rapport.	
Team roles and responsibilities with Participant	Random conversations occur without established end goals.	Variance of roles with occasional ambiguity in roles and goals for the participant.	Clear perceptions of each person's role within the team at all times.	
Inter-Professional Communication with Participant	Negative silence is present on numerous occasions.	Some variance in communication level, not consistent with participant.	Listens and communications consistently as a team. Discuss, debate, disclose and respect demonstrated.	
Conflict Assessment with Participant	Confusion dominates team interactions with participant.	Goals are unclear at times, and environment varies. Participant unsure they are part of the team.	Positive goal definitions apparent for all team members. Established honest and safe environment for all team members.	
Team Function with Participant	Lack of collaboration is evident by silence and disagreement displayed by team members.	Varied or unclear expectations for all team members. Interaction confusing to participant.	Proper introductions and role identification. Established environment of respect and collaboration at all times. Challenges/concerns addressed proactively and solutions discussed.	
Collaborative Leadership among Team Members with Participant	Random conversations occur and dominate meetings without direction. Lack of teamwork, goal setting and collaborative decision-making.	Varied or unclear planning and decision making at times. Equal participation does not occur among all team members. Minimal teamwork, evaluation of goals and collaborative decision-making.	Planning and decisions occur through conversations that establish equal participation for all team members (including participant). Continuous quality improvement of teamwork for all, goals frequently reevaluated, collaborative decisions occur.	
Total Score	N/A	N/A	N/A	



Patient Results-Capacity



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Patient Results-Readmissions

30 DAY AND ALL READMISSION DATA

	Pre- Navigator Visits	During Navigator Visits	Post- Navigator Visits
Patients with 30 day readmission	27.45% (14/51 patients)	1.96% (1/51 patients)	11.76% (6/51 patients)
Patients with any readmission	60.78% (31/51 patients)		31.37% (16/51 patients)





Intangible Results-“Bill”

Background

- PMH - DM I, epilepsy, Bipolar, GAD, PUD, prostate CA, Hypothyroid, Hyperlipidemia, CHF, NSTEMI x2 with stents and angioplasty
- Self Administration of Medication
- Social Support System
- Housing/Food

First 2 visits – Normal Glucose

Next 2 visits – Hypoglycemia (59, 36)

Final Visit – Adjustments made



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Show Me the \$\$\$

ROI Calculated as Cost Avoidance

2 Year Data

Of 51 unique patients:

- 50 did NOT have a 30-day readmission during visits
- **44** did NOT have 30-day readmission after visits

Conservative estimate:
\$10,000 per 30-day readmission

\$40,000 investment for 0.2 FTE



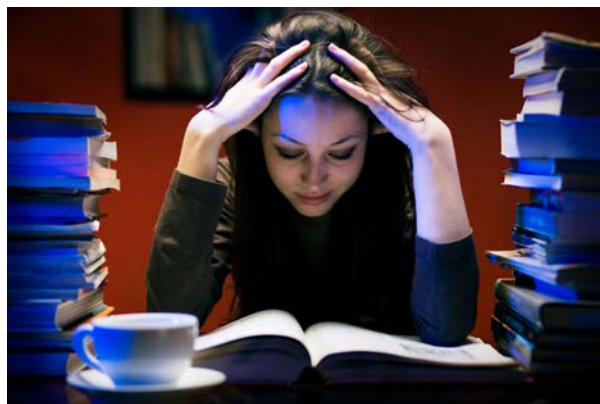
Cost Avoidance

$[(44 \times \$10,000) - \$40,000] =$

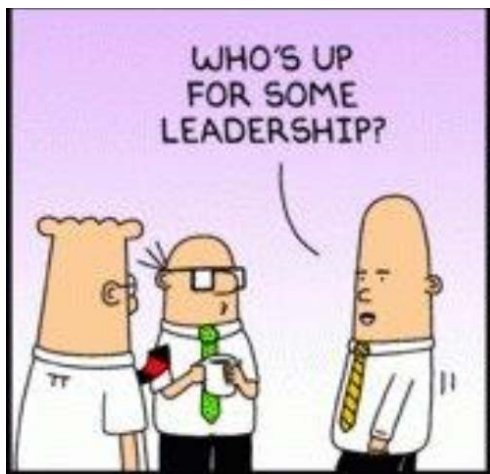
\$400,000



Challenges



Scheduling



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Changes/Improvements

Safety

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Transitional Care Report

- Turned in within 1 hour

Navigator Home Visit Reflection

- Focus area
 - Team Collaboration
 - Areas of improvement
 - Obtain KSAs



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Expansion & Modification

- ED Discharge Phone Calls spring 2017
- Changing Medicine Curriculum
 - Nursing students only fall 2017
 - Change from 2nd to 1st year medical students starting spring 2018
- Integrating with IU system core IPE curriculum



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Innovative Clinical Strategy

Develops academic/practice partnerships

- Students gain more insight

Pre-licensed health professional students

- Expanding services/positive impact

Learn the value of the healthcare team



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Questions

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