# The Role of Interprofessional Collaboration in Creating and Supporting Health Care Reform

It remains unclear how health care reform will be operationalized in the critical care setting; however, it is likely that it will involve increased focus on interprofessional collaboration. As outlined by the Interprofessional Education Collaborative (1) and the Health Resources and Services Administration (HRS) (2), it seems inevitable that clinicians will need to focus on acquiring effective interprofessional communication skills, understanding how their unique roles on the team contribute to optimal patient care, and engaging in continuing education to assure team-based competencies. Failure to be proactive, to embrace interprofessional collaboration, thereby strengthening clinical programs and patient outcomes, may result in some hospitals and programs losing out to more successful competitors (3).

Recent activities of HRS support the notion that a key component of health care reform is interprofessional collaboration at multiple levels—from ICU teams at the bedside to partnerships among professional societies and government agencies (2). The U.S. Department of Health and Human Services (HHS) also supports interprofessional collaboration, as evidenced by their co-sponsoring a national award with the Critical Care Societies Collaborative (CCSC), which includes the American Association of Critical-Care Nurses, American College of Chest Physicians, American Thoracic Society, and the Society of Critical Care Medicine. In May 2011 HHS-CCSC presented the first recipients of the joint award, recognizing critical care teams who achieved excellence in preventing health care–associated infections (4). Awardees identified multidisciplinary teamwork and empowerment of all team members as best practices leading to sustained success in reducing and eliminating central line–associated bloodstream infections and ventilator-associated pneumonia. Successful teams included at least four or more professional disciplines who met on a regular basis, either in committee, daily rounds, or both. Clearly, these units and hospitals have positioned themselves to avoid the 1% penalty for hospital-acquired conditions that is anticipated in 2015. These units and hospitals have capitalized on the opportunity to collaborate across professions. Systems that use best practices and innovative ideas are predicted not only to meet reform provisions but to thrive (3).

Interprofessional collaboration is not a new discussion; it remains, however, an important area of focus as health care professionals are challenged to provide specific outcome data to confirm delivery of quality care and be reimbursed. Several studies support the importance of interprofessional collaboration and communication, with poor communication among nurses and physicians being associated with increased mortality, length of stay, and readmission rates (5, 6). A recent Cochrane review on the effects of interprofessional collaboration suggests that practice-based interprofessional interventions can improve health care processes and outcomes. However, the key elements of interprofessional collaboration: team communication, leadership, coordination, and decision making (7, 8) need further testing (9) to demonstrate effectiveness in critical care environments. Although the components of interprofessional collaboration are interrelated, team leadership warrants particular focus. The most effective team leader in the critical care setting is often identified as an "action" leader (7). An action leader demonstrates immediate directive behavior by taking charge in emergency or critical situations and orchestrating care delivery. Leadership skills, while essential to be an effective leader, are not discipline specific (7).

The classic Institute of Medicine report, *To Err is Human* (10), supports the ongoing need for interprofessional teams to focus on communication, collaboration, and leading change to assure patient safety and quality care. Two main recommendations are (*1*) to develop tools to facilitate communication, and (*2*) for professional societies to set standards and communicate to members the importance of patient safety. The recently published Institute of Medicine report, *The Future of Nursing* (11), identifies a goal for nurses to "advance interprofessional collaboration to ensure coordinated and improved patient-centered care." The report calls for nurses to be full partners with physicians and other health care professionals in redesigning health care, and to assume lead roles in developing and adopting innovative, patient-centered care models. To that extent, we propose that the advanced practice nurse (APN) may often be an excellent person to lead the interprofessional quality improvement team in the critical care setting.

Why APNs? First, nurses spend a large proportion of time delivering patient care, and thus have valuable insights and abilities to contribute to improving the quality and safety of patient care. APNs are educated to comprehensively assess patient and family needs, collect data on quality indicators, and assume leadership roles. As a result, nurses are positioned to coordinate all aspects of patient-centered care. Second, data from several studies confirmed the importance of communication and collaboration among health care professionals and need for improvement in each area (12–14). Advanced practice nurses possess the skills to lead these interprofessional initiatives.

Data gathered from national award applicants confirms that high-functioning critical care teams achieve optimal patient outcomes. Examples of such awards are the HHS-CCSC National Awards Program mentioned previously and the AACN Beacon Award for Excellence. The Beacon award recognizes interdisciplinary teams for establishing and sustaining supportive work environments with a high degree of interprofessional collaboration by addressing five key areas: Leadership Structures and Systems; Appropriate Staffing and Staff Engagement; Effective Communication, Knowledge Management, and Best Practices; Evidence-based Practice and Processes; and Patient Outcomes.

Several studies have evaluated interprofessional collaboration interventions, demonstrating improved processes and outcomes of healthcare. Examples of such interventions are outlined in Table 1.

Perhaps health care "reform" is an opportunity for us to re-evaluate the contributions each discipline brings to assuring safe, quality patient care that increases access and reduces costs. One of the greatest opportunities of health care reform is for health care professionals to refocus how they work together. One way to refocus our interprofessional collaboration is to study various professions in leadership roles, beginning with the APN in the role of a quality improvement team leader in the critical care setting.

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**TABLE 1. INTERPROFESSIONAL INTERVENTIONS**

| Intervention | Description |
|---|---|
| Daily Goals Worksheet | Components: tests, medications, treatments, consults, family discussions. Completed daily and posted at bedside (15) |
| Explicit approach to rounds | Specific questions on reporting assessments and care plans. Outlines clinical and educational responsibilities of team members (16). |
| Comprehensive Care Rounds (CCR) | Applies a logic model for conducting and evaluating the outcomes of CCR (17) |
| SBAR (Situation-Background-Assessment-Recommendation) | Framework to enhance team communication re: patient's condition. Used to improve teamwork and create a culture of patient safety (18). |
| TeamSTEPPS | Evidence-based teamwork technique. Uses a three phase process to create and sustain a culture of safety. (19). |
| Comprehensive Unit-based Safety Program (CUSP) | A five-step continuous process proven to optimize teamwork, communication, patient safety. Focuses on reducing health care–acquired infections (AHA Health Resources & Educational Trust; AHRQ) (20). |

Clearly health care reform is and will continue to be driven by patient outcomes. Data thus far support the idea that the best way to assure consistent positive outcomes is through interprofessional collaboration. Future research is needed to determine the best methods for training interprofessional teams and the larger impact teams make on patient outcomes and health care's bottom line.

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# Merging Personalized Medicine and Biology of Aging in Chronic Obstructive Pulmonary Disease

While the medical community has had limited success curing complex diseases, it has markedly diminished death from acute illness, resulting in a burgeoning population of aging patients with multiple chronic complex diseases like chronic obstructive pulmonary disease (COPD). This success has also led to rapidly increasing costs of health care that our economy cannot sustain. Advances in personalized medicine and the biology of aging are two important steps toward curbing escalating health care costs on the way to a better understanding and treatment of chronic diseases.