An Interprofessional Approach to Care:

Developing an Interprofessional Team

Wisconsin Nursing Leads the PACC:

Partnerships in Action for Community Care

Robert Wood Johnson Foundation

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This report, as well as other WCN reports, are dedicated to ensuring an adequate, competent, and diverse nursing workforce for the people of Wisconsin and can be found at www.wicenterfornursing.org.

**Background and Significance**

The Robert Wood Johnson Foundation stated that addressing the nation’s health problems and creating healthier populations is dependent on strong leadership and collaboration. Interprofessional care is viewed as a means to achieve the Triple Aim of making care affordable, improving population health, and improving the experience of the client. Effective teamwork and good communication can result in reducing errors and increasing outcomes. Collaboration between clients and health care providers using a team-based care approach has been shown to increase patient safety, patient centeredness, and health outcomes (Goldberg, Beeson, Kuzel, Love & Carver, 2013).

The Wisconsin Center for Nursing (WCN) identified the need to address mental health care from an interprofessional perspective. The literature reported that an estimated 26% of Americans aged 18 and older, or 1 in 4 adults, experience some type of mental health disorder in a given year (Brain and Behavior Research Foundation, 2016). Although a greater number of people are accessing care for mental health disorders, a lack of mental health care providers has increased wait times for receiving care. This delay in care may result in clients with mental health disorders using the emergency department (ED) as a primary access for care. The Centers for Disease Control and Prevention (CDC, 2011) reported that 3.9% of primary diagnoses in EDs were mental health illnesses. Working together with a team-based approach to meet the needs of clients with a mental health diagnosis in the ED allows delivery of the highest quality of care. Tippin, Maranzan, and Mountain (2016) reported that mental health clients receiving
interprofessional care had a statistically significant improvement in mental health symptoms and level of functioning. However, interprofessional care in any setting is the exception, not the rule (Vega & Bernard, 2017). Health professionals must shift their focus towards collaboration rather than operating in silos.

**Developing a Team**

**Determining a Focus**

In August 2015, a group of approximately 30 health care providers came together from a variety of settings, including health care systems, academic institutions, and community agencies. The purpose of the summit was to identify and strategize potential projects or models that could address interprofessional practice within a specific health focus in Southeastern Wisconsin. The outcome of the summit recognized two areas for examination: interprofessional education and mental health care. More information on the interprofessional education group can be found at [www.wicenterfornursing.org](http://www.wicenterfornursing.org). Specific individuals from the summit then committed to continue to work on the area in which they had the most expertise and interest.

A group of six individuals committed to the mental health focus and started meeting to examine interprofessional practice as it relates to mental health care. The six individuals included the project manager, two nurses with expertise in mental health care, a coordinator of interprofessional education, and two nurses who held administrative positions within the Aurora Health Care System. During the first meeting, the group recognized that to deliver a product that was able to be implemented, the focus needed to be narrowed. To do this, the group debated two questions: What is the population being served and what is the setting? The population of focus chosen was adults with a mental health disorder. The setting decided upon was the ED.
In that first meeting, the group also determined that the grant product would be an algorithm of best practice of interprofessional care for mental health clients who enter the ED. The intent was that the algorithm would be adaptable to a variety of settings. The plan was to pilot the algorithm once completed.

**Becoming a Team**

Once the focus for the group was narrowed, work started on developing the algorithm. A 2-hour meeting resulted in the beginning of an algorithm (Figure 1). However, as group members discussed the plan of care, more questions arose. Why do the clients enter the ED? What is the present practice for caring for clients who enter the ED with a mental health disorder? What are the resources available to the client following discharge and how are the clients informed? It was quickly recognized that more knowledge and expertise was needed.

**Interprofessional Team:**

- RN
- MD
- Pharmacy
- Social Work
- Psychiatrist

*Figure 1*

Interprofessional Approach to Care for Clients with Mental Health Disorders in the ED

Algorithm 1
Group members identified potential people who would have the knowledge and expertise to answer questions posed. Aurora West Allis Medical Center agreed to partner with WCN on this project and provided access to staff, as well as to the ED, for piloting the project.

Individuals invited to the next meeting included a captain from the West Allis Fire Department and coordinator of the Mobile Integrated Health Care Team, a behavioral health intake specialist from Aurora Health Systems, and a case manager and ED supervisor from Aurora West Allis Medical Center.

Meetings took place monthly at Aurora West Allis Medical Center over an 18-month time span. Minutes were recorded for each meeting and next steps identified at the conclusion of each meeting. All individuals contributed to the conversation in meetings, speaking to their area of expertise. The group working towards developing an interprofessional algorithm became a strong, united interprofessional team.

**Figure 2**

Interprofessional Approach to Care for Clients with Mental Health Disorders in the ED – Algorithm 2
This interprofessional team worked to continue developing the algorithm (Figure 2); however, it was determined that even more input was needed. Team members decided to get this input in two ways: a review of the literature and focus group interviews. One team member volunteered to complete the review of literature, while other team members assisted in the organization and implementation of four focus groups. One focus group was held with directors of community agencies that care for clients with mental health disorders and two were held with case managers and clients with mental health disorders who have accessed the ED for care. The final focus group was held with ED staff. The findings of the focus groups can be found at www.wicenterfornursing.org.

**Team Dedication**

The information from the literature and focus groups were influential in refining the algorithm. Several more meetings were held to provide feedback from all team members on the final product. After 13 months of work, a final algorithm was agreed upon as a grant deliverable (see Appendix A). However, the team felt that it was important to take their work further. The intent at the start of the project was to pilot the algorithm in the ED at Aurora West Allis Medical Center. However, time would not allow the implementation of a good pilot. As an alternative, team members decided to develop a video that could accompany the algorithm. The video would demonstrate the application of the algorithm and address the role that each team member played in the care of clients with a mental health diagnosis who access the ED.

Despite the fact that the end of the grant supporting this project is in sight, and the grant deliverable for this project has been met, the team continues to pursue the development of the video. A storyboard has been developed and continues to be refined to guide the development of the video. Each team member is developing an explanation of their role in the care of the client.
with a mental health diagnosis. The completed video will be available at www.wicenterfornursing.org.

**Building a Team – What Worked**

During the 18 months of this project, members went from being a group of individuals to a strong, collaborative team. This change was due to several factors:

- **Strong interest in the topic**

  The original six members of this collaborative self-selected to be a member of the group based on their experiences, expertise, and/or passion in caring for the mental health population. It is evident that nationally, better practices are needed in the care of this population. The ability to focus on a regional project that would address care in an interprofessional manner was intriguing. When it was determined that other expertise was needed to provide a quality product, current team members identified individuals who also had passion and dedication to the identified outcomes.

- **Clear identification of expected outcomes**

  Despite strong interest and excitement for a topic, dedication to the project will quickly wane without specific, achievable outcomes. In the first meetings of our group, this was a question often posed and the center of our first discussions. Once the specific product was identified, members developed a strategic plan to meet the goal.

- **Regular meetings**

  Monthly face-to-face meetings were held to ensure continued engagement of members and ensure forward progress in developing the project. Not all group members were able to make every meeting. However, minutes were kept and sent to all members to keep everyone abreast of team progress.
• Clear next steps

At the conclusion of each meeting, next steps were outlined. These steps included any responsibilities of team members prior to the next meeting and an overview of what needed to be accomplished at the next meeting. The review of next steps provided clear vision as to short-term objectives to complete the project. Next steps were also included in the minutes. The minutes were distributed to team members approximately one week prior to the next meeting, along with an agenda, to serve as a reminder of specific responsibilities.

• Partners

For the purpose of this project, it was important to have a partner. Aurora West Allis Medical Center agreed to partner with WCN for this project. This partner supplied a room for each of our meetings. They also provided staff who had the needed expertise, allowing them to attend meetings during work times. Current practices in this medical center’s ED were examined and used as a starting point in the development of the algorithm. If a pilot had been completed, this ED would have been the site. They also agreed to allow the filming of the video in the ED.

• Having a Voice

Throughout this project, all members contributed equally. All points of view were heard and considered before decisions were made. Members were respectful of the expertise that everyone brought to the table.

• Coordinator

Although all members contributed equally, it was important to have someone to coordinate and ensure that movement of the team was on-track. For this project, the coordinator was the grant project manager. The coordinator did not have expertise in the topic, but kept the overall goal of the team in sight. This person was responsible for setting up meetings, taking and
distributing agendas and minutes, sending reminders, and keeping the team members on task during meetings.

**Lessons Learned**

The process of developing and sustaining an interprofessional team has been a rewarding experience, but has also had some challenges. Some of the rewards include working with a diverse group of individuals who are invested in the end product. Also, developing a greater understanding of the important role that each contributes when caring for clients.

Some of the challenges include those that have been identified in the literature. Time and scheduling were often challenges when planning meetings. We were fortunate to have a partnership with Aurora West Allis Medical Center, who allowed staff to attend meetings during work hours. This took away some of the time burden expected from these individuals, as they usually did not have to participate in meetings outside of work hours. Meetings were also held on site for Aurora employees, decreasing time for travel for these individuals. The medical center is in a central location for all other team members, so the drive time to attend meetings was not significant. Call-in ability was available but seldom used, as will be discussed later.

Scheduling of meetings was often difficult. Knowing that meetings were to be held monthly, the coordinator tried various ways to get consensus as to meeting times. Doodle poll was used, as well as setting the next meeting date/time during present meetings. Many times, meetings were scheduled when the majority of members could attend using both methods. Perhaps developing a set meeting schedule at the start of the project would have reduced some of the conflicts around meeting schedules.

For this project, face-to-face meetings were more productive and had better input from all team members than call-in meetings. It was noted that when members were together in the same
room, all members were engaged in the discussion and provided input. Through the course of the 18 months, call-in meetings were held on two occasions. During the call-in meetings, there was less participation from members, with two or three members providing the majority of input. Therefore, call-in for the face-to-face meetings was provided only when requested and was not regularly supplied.

As with any project, there will be team members who are not as invested as others. It is important to recognize this at the start of the project, identify these individuals, and develop a back-up plan if members do not follow through. For the goal of this project, we were fortunate that all members were very invested. However, even with investment, outside responsibilities may interfere with the ability of someone to complete something for which they had volunteered. Open communication and contingency planning is important to ensure that the project can move forward.

Conclusion

This summary demonstrates how a group of individuals can come together to form an effective interprofessional team. There are key factors identified that assisted in the success of this team. There were also challenges presented during the process of reaching the team’s goal that needed to be overcome.

To effectively implement interprofessional practice for specific populations, interprofessional models are needed to guide practice. Effective models of interprofessional practice require input from an interprofessional team. The New York Academy of Medicine (2013) reported that interprofessional care is needed to not only provide high quality care for clients who suffer from complex medical problems, but also to reduce duplication of services across professional silos in a relatively healthy population.
References


Appendix A