BACKGROUND & SIGNIFICANCE

- Poor communication and collaboration in Emergency Departments (EDs) have been linked to negative outcomes:
  - Overcrowding
  - Long wait times
  - Patients leaving without being seen
  - Delays
  - Clinical errors
- The chaotic, stressful, and busy nature of ED environments make them particularly susceptible to problems with communication and collaboration
- Improvements to Interprofessional Collaborative Practice (IPCP) have been identified as a solution

INTERPROFESSIONAL COLLABORATIVE PRACTICE

When multiple health workers from different professional backgrounds work together with patients, families, and communities to deliver the highest quality of care

- World Health Organization, 2010

CONCEPTUAL FRAMEWORK

Relational Coordination
- Explains how effective collaboration works
- Serves as both a guide and a goal for efforts to improve IPCP

PROBLEM

- Low levels of physician engagement are a barrier to improving IPCP

PURPOSE

- Identify and synthesize challenges, needed resources, and successful strategies used to improve physician participation in IPCP

STUDY DESIGN

Exploratory multi-case study using qualitative data to examine and report on physician engagement in IPCP

SETTING

- Shaping Systems project
- A quality improvement collaborative designed to promote nursing's capacity to develop IPCP in four rural North Carolina EDs

PARTICIPANTS

- Approximately 45-50 total
- Each hospital formed their own Shaping Systems site team
- Teams varied in size and composition

DATA COLLECTION

- 11 Observations: Eight 2-day collaborative learning sessions and 3 site visits
- 8 in-depth phone interviews
- Data Analysis: Content analysis followed by cross-case analysis

RESULTS

CONTEXTUAL FACTORS INFLUENCING PHYSICIAN ENGAGEMENT

- Scheduling
- Pulling physicians from patient care
- Location
- Scheduling changes

Employment Arrangements

- Investment
- Accountability
- Time allocation & compensation

Competing Priorities

- Multiple commitments
- Different responsibilities

Leadership

- Level of support
- Absence and turnover

Work Environment

- Physical layout
- Work flow
- Electronic health record systems
- Culture or climate

Resources

- Lack of needed resources
- Outside resources

KNOWLEDGE

- Physician knowledge of patient care issues
- Site-specific knowledge of physician employment arrangements

STRATEGIES THAT IMPROVE PHYSICIAN ENGAGEMENT

Structural

- Involving physicians in structures already in place at the hospital
  - Meetings
  - Huddles
  - Education
  - Policies or processes

Logical

- Making it easy as possible for physicians to participate
  - Distance technology
  - Scheduling meetings
  - Location
  - Managing and communicating requests

Interpersonal

- Working to promote & facilitate physician participation
  - Building personal relationships
  - Working with leadership
  - Working with others
  - Using Appreciative Inquiry

Quality Improvement Related

- Working with physicians on patient care improvement efforts
  - Share data and goals
  - Share successes
  - Participation in specific projects or initiatives
  - Include goals in physician contracts

FRAMEWORK FOR IMPROVING PHYSICIAN ENGAGEMENT

- Strategies & structural factors
- Motivational factors

IMPLICATIONS FOR PRACTICE

- Physician engagement in IPCP is important for improving health care delivery systems
- Nursing leaders might use study findings to:
  - Replicate strategies
  - Recognize and address barriers & leverage facilitators

REFERENCES


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