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Strategies for Creating a Collaborative Patient Care Environment

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Presentation Objectives

- Describe action-oriented strategies and tactics to assess and implement the *Guiding Principles for Relationships among Nursing and Support Services in the Clinical Setting* to create a collaborative work environment
- Identify the behaviors and drivers that underlie support service relationships with nursing groups

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The Healthcare Environment

“Health Care cannot be separated from the setting in which it’s delivered. There’s no doubt that the quality of the environment can enhance or retard healing.”

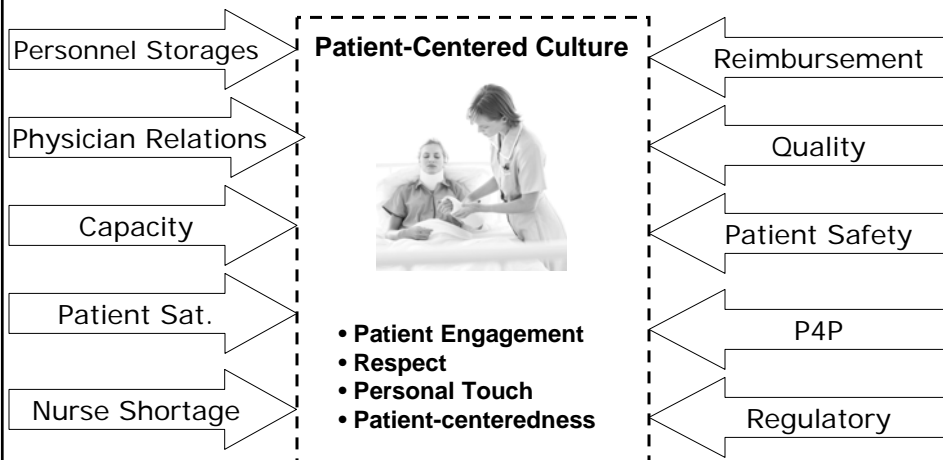
Jain Malkin, Contributing Author
Relationship-Based Care—A Model for Transforming Practice



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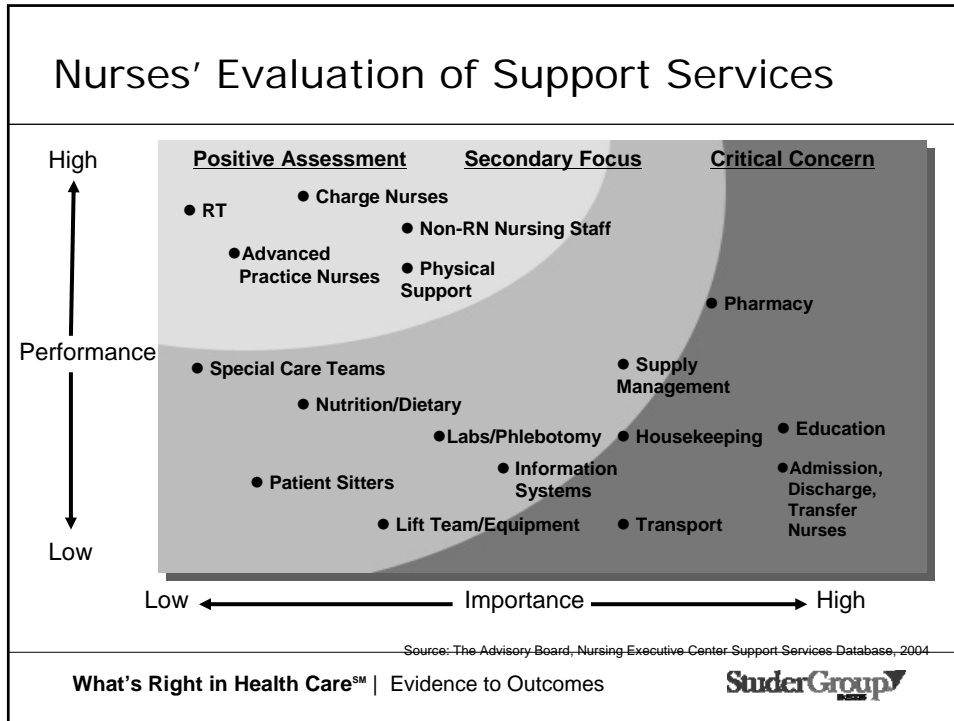
The Hospital of the Future: The Patient Experience



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- ## "Traditional 8" Services Surveyed
- Food Service/Dietary
 - Environmental Services (EVS)
 - Clinical/Biomedical Engineering
 - Facilities Management/Maintenance
 - Transport
 - Laundry/Linen
 - Central Supply/Materials Management
 - Security
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What's Really Important?

- Communication
- Teamwork/Adaptability
- Availability/Accessibility of Staff and Resources
- Timeliness
- Compassion/Consideration/Positive Approach/Professionalism
- Knowledge
- Being Proactive
- Coordination of Care
- Responsibility/Accountability

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Guiding Principles for Relationships among Nursing and Support Services

- Chief Nursing Officer as the Catalyst for Change
- Inclusive Shared Governance
- Clear Scope of Practice
- Shared Ownership of Patient Needs
- Culture of Mutual Respect and Recognition
- Safer, Less Stressful Physical Environment
- Continuous, Open Communication

Approved by AONE Board in January 2007



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Sherman Pilot Strategies



- Created a Steering Committee comprised of nursing, identified support service areas and ARAMARK Healthcare Project Coordinator
- Conducted focus groups with nursing and support services leadership and front line staff/ associates
- Created a Pre-Assessment tool for gap analysis
- Selected 3 Guiding Principles with the greatest opportunity to impact nursing satisfaction with support service areas

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Sherman Strategies (cont.)



- Brainstormed current practices, action plans, resources and tools needed to support their implementation
- Created implementation and communication plans
- Participated in use of NS³ survey tool in February to establish richer baseline information and direction for ongoing steering committee
- Expanded Steering Committee that will put actions against NS³ results

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Self-Assessment Tool



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Information to Support Decisions

Gap Analysis

- Are all departments on the same page – what are the variances between the opinions on the current state?
- Where is there consensus?
- What three Guiding Principles to start with?

A few questions received a response over three categories: (*rarely – frequently*)


- Support services associates are able to utilize common areas on patient care units such as break rooms / lounges
- Supplies and equipment are readily available and accessible to enable efficiency for both Nursing and Support Services

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Guiding Principle	Gap Analysis (Items rated lowest)	Rating
2,5,7	Nursing and SS met to discuss common patient care issues on a regular basis	Nursing - Sometimes (50%) Support Services - Rarely (30%)
3,6	Nursing time is dedicated to clinical functions	Nursing – Sometimes (50%) Support Services – Sometimes (50%)
3,4,5,7	Nursing is involved in the orientation process of Support Services	Nursing - Sometimes (50%) Support Services – Rarely (30%)
3,5,7	Roles have been clearly defined and understood by all members of the team	Nursing – Sometimes (50%) Support Services – Rarely (30%)
5,7	The organization has a communication plan which includes key contacts and processes to address communication needs between departments	Nursing – Sometimes (50%) Support Services - Sometimes (50%)
2,5,7	Nursing leadership attends SS staff meetings to share ideas and seek/receive feedback	Nursing - Rarely (30%) Support Services – Rarely (30%)

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What "3" to Start With:

#3 - Clear Scope of Practice

#5 - Culture of Mutual Respect and Recognition

#7 - Continuous Open Communication

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#3 Clear Scope of Practice

Establishing clear responsibilities, accountabilities and applicable education for all team members

Support Service Resource Manual

Focus nursing resources on clinical care functions

Establish department processes with other departments taking all areas' interests into consideration (came as a secondary gain when working on #7)

Facilitate professional development and talent management across collaborative team

Look for ways to promote and cross train between service lines

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#5 Culture of Mutual Respect and Recognition

Bridge gaps and barriers created by professional, cultural, and generational differences

- Translation support at staff meetings
- Shared training on diversity
- Shared Orientation to ensure all team members understand the roles and skill sets of each

Encourage a sense of equity and facilitate shared appreciation of nursing and support services

- Open House in support services area to expand nursing understanding of "what it takes" (Engineering, Storeroom and EVS Floor care)

Reward and recognize all members of the team for their impact on the patient experience

- Through rounding encourage more sharing or recognition between service lines
- Celebrate wins together

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#7 Continuous Open Communication

Develop common, patient centered language utilized by all members of the team

Titles that reflect services provided:

- Security / Public Safety
- Housekeeping / Environmental Services

Establish a communication plan that disseminates key messages and decisions to all levels

- All stakeholders "in the know"
- Hold meetings to improve awareness and communication

Implement mechanism to measure and act on interdepartmental satisfaction and feedback

- Managing UP that goes both ways
- Everyone understands the numbers

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NS ³ Questions	Pre-	Focus Group	Post
Lets others know when and if there will be a delay	4.50	<ul style="list-style-type: none"> • Inconsistency in how various departments communicate • If we had the information, we could help reassure patient or know what other steps to take 	5.72
Frees us up so we can do our job	4.10	<ul style="list-style-type: none"> • We still do most transports • When you don't get an answer, you go ahead and do it • Easier to do it than find out who to call • Not all services available on evenings or nights 	5.80
Avoids unnecessary delays	4.20	<ul style="list-style-type: none"> • Most related to staffing – they try and would be good if they let us know when there is a problem 	5.67
Is available (not hard to track down) when needed	4.25	<ul style="list-style-type: none"> • When you don't get an answer, you go ahead and do it • Easier to do it than find out who to call 	5.82
Follows task through to completion	4.89	Not always sure who is to do what with discharges	5.77

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Thank You!

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