The Positive Impact of Interprofessional Education on Outcomes

Alliance for Continuing Education in the Health Professions

Annual Conference

January 2012

About us…

Kate Regnier, MA, MBA
Deputy Chief Executive/Chief Operating Officer
Accreditation Council for Continuing Medical Education

Dimitra Travlos, PharmD, BCPS
Assistant Executive Director & Director,
Continuing Pharmacy Education
Accreditation Council for Pharmacy Education

Kathy Chappell, MSN, RN
Director, Accreditation Program
American Nurses Credentialing Center

About us…

Sally O’Neill, PhD
Associate Vice President
Health Sciences Continuing Education
Creighton University School of Medicine

Karen Boudreau, MD
Senior Vice President and Medical Director
Institute for Healthcare Improvement’s
Continuum Portfolio
Disclosure

None of the panelists for this presentation, Kate Regnier, MA, MBA – ACCME, Dimitra Travlos, PharmD, BCPS – ACPE, Kathy Chappell, MSN, RN – ANCC, Sally O’Neill, PhD – Creighton University, Karen Boudreau, MD – IHI, have an interest in selling a technology, program, product, and/or service to CME/CE/CPD professionals.

Our time today…

Explore joint accreditation process
• Background and process
• Supporting interprofessional education

Discuss provider examples
• Restructuring organization to enhance interprofessional impact on outcomes
• The value of the interprofessional team in quality improvement/CE projects

Interactive dialogue with your colleagues
• Inside session and beyond

Interprofessional Collaboration

• 1998: An idea was born…maybe collaborate?
• 2002: Unified Application available
• 2005: Collaboration to explore other potential areas of synergy
• 2006: Statement of shared values and future collaborative projects
• 2007: ANCC and ACPE adopt ACCME Standards for Commercial Support
• 2009: Joint Accreditation Criteria released
• 2010: First Joint Accreditation decisions
A call for change…

Institute of Medicine’s 2003 report, *Health Professions Education: A Bridge to Quality*

“…health professionals needed to cooperate, communicate, and integrate care in teams to ensure that care is continuous and reliable.”

How we designed joint accreditation

• Started with a problem
  ▫ Three systems with…
  ▪ Common providers and goals
  ▪ Separate requirements and processes

• Identified our gaps
  ▫ K: specifics of each system?
  ▫ C: how would we work together?
  ▫ P: steps to implementation?

• Designed for change
  ▫ C: shared requirements and process
  ▫ P: began making decisions

What is Joint Accreditation?

• One unified, streamlined process rather than three separate processes

• Rewards organizations for offering team-focused education that improves outcomes

• Offers flexibility:
  ▪ accredited separately can also produce education for health care teams.
  ▪ organizations that are awarded joint accreditation can also produce education that is not designed by/for health care team
Interest in Joint Accreditation

Why would an organization pursue joint accreditation?
▫ Meets mission of organization
▫ One application process
▫ One set of standards
▫ Streamline resources
▫ Cost efficient
▫ Improve collaboration among disciplines

Eligibility criteria

▫ Currently accredited by two national accrediting bodies (ACCME, ANCC and ACPE) or one national and one state accreditor
▫ At least 25% of current educational activities (past 12 months) have been designed by and for an interprofessional health care team
▫ Compliant with policies of each accrediting body

Joint Accreditation Process

▫ Determine eligibility and interest
▫ Complete Intent-to-Apply form
▫ Submit self study report and activity files
▫ Engage in site visit/interview
▫ Receive Joint Accreditation decision
  ▫ Joint Accreditation Review Committee
  ▫ Boards from ACCME, ACPE, ANCC
▫ Follow Joint Accreditation policies, submit annual reports and fees (separately)
Timeline for process

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Cycle 1</th>
<th>Cycle 2</th>
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<tbody>
<tr>
<td>Determination of eligibility</td>
<td>On-going</td>
<td>On-going</td>
</tr>
<tr>
<td>Provider deadline to submit:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Intent to apply</td>
<td>January 1</td>
<td>September 1</td>
</tr>
<tr>
<td>✓ Activity list of educational activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Fee payment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider informed which activity files, at a minimum, will be reviewed</td>
<td>February 1</td>
<td>October 15</td>
</tr>
<tr>
<td>Providers contacted to establish site visit dates</td>
<td>April/May</td>
<td>January/February</td>
</tr>
<tr>
<td>Provider deadline to submit:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Self Study Report</td>
<td>July 1</td>
<td>March 1</td>
</tr>
<tr>
<td>✓ Activity files</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site visit/interview</td>
<td>August/September</td>
<td>April/May</td>
</tr>
<tr>
<td>Joint ARC Meeting</td>
<td>October</td>
<td>June</td>
</tr>
<tr>
<td>Provider notified of decision no later than</td>
<td>November 30</td>
<td>July 31</td>
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Application materials

- [www.accme.org](http://www.accme.org)
- [www.nursecredentialing.org](http://www.nursecredentialing.org)
- [www.acpe-accredit.org](http://www.acpe-accredit.org)

Examples from Providers
Joint Accreditation Application Process
Processes, Benefits, Improvements Realized, Future Directions

Creighton University

- Health Sciences Continuing Education (HSCE)

Why We Applied for Joint Accreditation
- Health Sciences work together in a more focused manner in the area of HSCE, and that this would have an impact throughout the health sciences
- Develop new collaborative HSCE activities/research
- Streamline HSCE to be more efficient and effective in the utilization of resources
- Fulfill alumni requests to have our own CE providership for nursing, pharmacy, medicine
- Expand scholarly activities through HSCE
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January 22, 2012

Why We Applied for Joint Accreditation

› Increased interaction and potential collaboration between professionals in addressing complex societal and healthcare problems and questions

› Identification of shared patient-focused concerns and common research interests and problems

Why We Applied for Joint Accreditation

› Recognition of the contribution of different healthcare professionals, and reducing professional hierarchies

› Dissemination of research results both within and outside a particular health discipline, thus enhancing the rate of knowledge transfer to patient care

Members of the Joint Accreditation Committee and their Affiliations
Health Sciences Continuing Education (HSCE)
Benefits of Joint Accreditation for Creighton University

- Increased efficiency/pooled resources
- Opportunities for educational collaborations
- Leveraging internal expertise
- Broaden perspectives at all stages of planning/execution/visibility and exposure for more diverse audiences

Benefits con’t

- A universal oversight of the committee (not buried within one school)
- Allows for interdisciplinary education and opportunities for team-based care to reflect the focus of Creighton’s team-based management of patients
- Open communication among the Health Sciences CE groups, faculty, staff, etc.

Improvements Realized from the Restructuring of the CE Operation

- Reorganization of HSCE (Accomplished)
Improvements Realized due to Restructuring

- Rebranding of CE Operations: Universal forms—applications, disclosures, evaluations, etc (March, 2012). Changed the greeting on phone.
- Maintain/enhance collaboration across the HSCE (Ongoing)
- Establish policies and procedures for HSCE (March, 2012)

- Develop and implement a HSCE PowerPoint template for use in reports, presentations, etc. (Accomplished)

Improvements Realized con’t

- Established logo for HSCE (Accomplished)

Improvements Realized due to Restructuring

- Establish a website for the HSCE
  - Mission Statement
  - Centralized Listing of HSCE offerings
  - Centralized Registration of HSCE programs
  - Link to each Health Science School
  - Information on number of hits, what are they looking for, and how many clicks did it take for them to get to the information they wanted
Improvements Realized due to Restructuring

› HSCE Website

Improvements Realized due to Restructuring

› Restructured the CME Committee to establish a HSCE Committee that will guide the development of policies and procedures for HSCE
  - Transition of former committee/subcommittees into a committee representative of all Health Sciences
  - Transitional meeting held March, 2011 with a second meeting held in June, 2011. New expanded committee met in August, 2011. This coincides with committee membership appointments

Improvements Realized due to Restructuring

› Established on-line review of program applications using Share Point a free Microsoft software (Accomplished)
› Connected an on-line evaluation with certificate of attendance (Accomplished)
› Expanded transcript and registration program
Regularly Scheduled Series (RSS)

- Quarterly Curriculum Coordinators Meetings
  - Discussed joint accreditation for RSS at quarterly meetings
  - Presentation of processes used for meeting accreditation requirements
  - Reviewed by peers
  - Annual Review Revised
  - Provide new techniques for use in RSS

Future Directions

- Establish a strategic plan for HSCE
- Establish a policy and procedure toolkit for HSCE
- Expand our external contacts for activity opportunities
- Maintain programs that ensure quality and patient safety from a team based approach to health care.

Thank You
Interprofessional Teams in Quality Improvement

Karen M. Boudreau, MD, FAAFP
Senior Vice President
Sunday, January 22, 2012

This presenter has nothing to disclose.

Who is IHI?

The Institute for Healthcare Improvement (IHI) believes that everyone deserves safe and effective health care, and we have been working with health care providers and leaders throughout the world to fulfill that promise.

Our Mission Is…

To improve the lives of patients, the health of communities, and the joy of the health care workforce.

→ Close the Quality Gap as fast as possible
We Do This By…

• Building the Will for Change
• Cultivate Promising Improvement Ideas
• Putting those ideas into action through effective Execution

…and By Building Improvement Capacity

We aim to inspire and train the current and future health care workforce to be skilled agents of change — to improve care at home, in the community, in the office practice, and throughout the hospital: in the outpatient clinic, on the medical-surgical floor, in the intensive care unit, and in the emergency department.

IHI’s Joint Accreditation Journey

• Offering continuing education for programs since 2000
• Achieved Joint Accreditation in 2010
Why is JA so critical to our work?

IHI has a staff of more than 100 people. We also have partnerships with hundreds of faculty around the world who share what they know and learn from each other under the philosophy of “all teach, all learn.” Our programs and activities are designed to enable committed individuals and organizations to innovate together, share knowledge, and collaborate on the rewarding work of improving health and health care.

Deming’s Theory of Profound Knowledge

<table>
<thead>
<tr>
<th>Appreciation of a system</th>
<th>Understanding Variation</th>
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<tbody>
<tr>
<td>Understanding the interdependencies and interrelationships of all parts of a system, enabling better predictions of the impact of changes</td>
<td>All improvement requires change but not all change is improvement</td>
</tr>
</tbody>
</table>

Theory of Knowledge
Or
Using prediction, observation and learning to build knowledge about which changes will result in improvement

Psychology
Understanding people, and how they will interact with the system and with change

Associates in Process Improvement (API) – Model for Improvement

- Builds on Deming’s Theory and the scientific method
- Based on the development, testing and implementing of changes
- Heavily focused on learning from small scale tests – “trial-and-learning”
Examples of TCAB Improvements

• Streamlined paperwork: The Seton Northwest TCAB team persuaded the 13 GYN surgeons who admit post-op patients to the unit to use a single, unified physician order form — the basic instructions for a patient’s medications, lab work, activity level — instead of the 13 different ones they were using. One physician champion helped them convince the surgeons how much time and energy the new process could save them, on top of the quality of care improvements tied to standardizing the system.

• Skin integrity cards: At Kaiser Roseville, nurses’ aides carry in their pockets a small card with drawings of the human body when they do bed baths. If they see reddened areas on a patient they circle that area on the card. The nurse validates the finding and flags it in the doctor’s progress notes. It’s a simple idea that turned into a powerful tool to prevent pressure sores — a leading cause of delayed discharges.

Breakthrough Series Collaboratives
= Multi-disciplinary Learning
When front-line experts lead…

• …Dramatic results can follow
  —reducing waiting times by 50 percent
  —reducing worker absenteeism by 25 percent
  —reducing ICU costs by 25 percent
  —reducing hospitalizations for patients with congestive heart failure by 50 percent

100K and 5M Lives Campaigns
  — 12 Platforms to reduce harm and death from care in hospitals
  — Built on our learning from Breakthrough Series, the Model for Improvement and R&D
  — Dramatic results reported at both the hospital and state levels:
    ➢ 65 hospitals reported going a year or more without a ventilator-associated pneumonia
    ➢ 35 reported going a year or more without a central line-associated bloodstream infection in at least one of their ICUs
    ➢ Rhode Island hospitals active in the Campaign reported a 42% decrease in central-line associated bloodstream infections from 2006 – 2007
    ➢ New Jersey saw a 70% reduction in pressure ulcers through the work of 150 organizations across the state
  — Changes in roles/responsibilities/culture

Cross Continuum Teams

• One of the most transformational changes in the STAAR Collaborative
• Reinforces that readmissions are not solely a hospital problem
• Need for involvement at two levels:
  1) at the executive level to remove barriers and develop overall strategies for ensuring care coordination
  2) at the front-lines – power of “senders” and “receivers” co-redesigning processes to improve transitions of care
• New competencies in partnering across care settings will be a great foundation integrated care delivery models (e.g. bundled payment models, ACOs)
All Teach, All Learn

- Interprofessional collaboration and learning is a critical success factor
- Front-line staff have important knowledge and expertise
- Building effective communication and teamwork impacts culture
- Joint accreditation supports collaborative learning

Measures of effectiveness

- Facilitating provider success
- Joint Accreditation decisions
- Supporting providers in process

How might Joint Accreditation serve your organization?

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- www.accme.org
- www.nursecredentialing.org
- www.acpe-accredit.org