Improving Physician-Nurse Collaboration and Satisfaction Through Unit-Based Committees and Initiatives: A 10-year Journey

Christopher S. Ng, MD
Peachy Hain, RN, MSN
Linda Burnes Bolton, Dr.PH, RN, FAAN
Cedars-Sinai Medical Center
Los Angeles, CA

2012 ANCC National Magnet Conference
Friday, October 12, 2012, 8:00 am – 9:00 am
Session C-104

OBJECTIVES

✓ History: Early successes and limitations
✓ Evolution: Unit-based MD/RN Committees
✓ Metrics: Leveraging Annual Survey Data
✓ Status: Organizational Change
✓ DIY: How-To, and Lessons Learned

HISTORY of MD/RN Collaborative Committee

• 1998: MD Satisfaction Quality Action Team
• 2000: MD/RN Collaboration Quality Action Team

“MD/RN Collaborative Committee”
MD/RN Collaborative Committee: circa 2000-2003

- STRUCTURE=
  - Executive sponsors: CNO and COS
  - Committee Chairs: One RN, One MD
  - Quarterly meetings, open to all RNs and MDs house-wide.

MD/RN Collaborative Committee: 2000-2003

“Technical” Solutions Applied Globally

- Integrated inpatient medical record
- Uniformity of medical-surgical nursing stations
- Handwriting classes for MD’s
- Implementation of pre-printed Med/Surg admission order set
- Admission orders phone line
- “Meet and greet” campaign
- Use of a telephone script
- Mandatory English proficiency classes for staff
- Physician House-Staff Orientation

EVOLUTION: Global to Local

- Many significant successes achieved, but…
  - Limited reach.
  - Limited manpower.
  - Modest staff buy-in.
  - Modest physician involvement.
In 2003, Robert Wood Johnson Foundation and Institute for Healthcare Improvement created a framework for change on medical-surgical units built around improvements in four main pillars:

— Safe and Reliable Care
— Vitality and Teamwork
— Patient-Centered Care
— Value-Added Processes (Lean)
New focus through TCAB: collaboration begins at unit level

**GOAL:** Improve patient care by improving MD/RN communication and the work environment on each unit via 3 main methods:

1. Establish a venue to voice and address issues in a productive manner.
2. Provide education to MD’s and RN’s together on the unit.
3. Create a system for reward and recognition of collaborative efforts.

Structure: Unit-Based MD/RN Collaboratives

- Monthly meetings co-chaired by MD and RN champions.
- Participants include unit nursing staff and interested Attendings and Housestaff.
- Development of unit-specific tests of change.
- Quarterly reporting to Leadership Team

Current MD/RN Collaborative Committee Structure
METRICS: MD/RN Satisfaction Survey

- Surveys were administered yearly to all physicians and nurses since 2003.
- Questions focused on the degree of satisfaction with team collaboration, communication, and interpersonal relationships.
- Based on a five-point Likert scale, mean scores for each question were calculated for the nurses and the physicians.

- Managed In-house:
  - Paper survey, 2003-2004
- Managed by Vendor since 2008:
  - Stratification by unit
  - National benchmarking
  - Key Drivers, Gap Analysis

RN Questions with National Benchmarks

- Cedars-Sinai provides high quality care and service
- Physicians treat other staff members in this organization with respect
- National RN average
- Order line
Cedars Sinai provides high quality care and service. The nursing staff is responsive when I need assistance. There is effective communication between the nursing staff and physicians. Overall, I am satisfied with the expertise of the nursing staff.

The unit-based MD-RN Collaborative Committee has been an effective forum for me to share my concerns and suggestions. The introduction of CS Link on the unit has helped enhance collaboration between physicians and nurses. The Chain of Command is an effective, safe, and reliable method for me to address and escalate resolutions regarding physicians. Physicians are supportive and responsive to patients who require special attention or have immediate needs. Physicians respond immediately to emergency patient care issues. Physicians return my calls for information and/or assistance on a timely basis. Physicians treat other staff members in this organization with respect.

I am satisfied with the overall quality of care provided by the DAY shift (7A-7P). I am satisfied with the overall quality of care provided by the NIGHT shift (7P-7A). The nurses in this department are responsive to patients who require special attention or have immediate needs. The nurses in this department provide me with information and/or assistance when I need it. There is effective communication between the nursing staff and physicians regarding patient care. Overall, I am satisfied with the expertise of the nursing staff.
### GAP ANALYSIS: Mirrored Items (MD's and RN's)

<table>
<thead>
<tr>
<th>Mirrored Items (MD's and RN's)</th>
<th>MD 2011</th>
<th>RN 2011</th>
<th>RN Diff from MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD: The nurses are willing to learn from physicians while rounding on patients.</td>
<td></td>
<td>4.40</td>
<td>3.37  -1.03</td>
</tr>
<tr>
<td>RN: Nurses are routinely included by the physician on patient rounds.</td>
<td></td>
<td>4.50</td>
<td>3.85  -0.65</td>
</tr>
<tr>
<td>MD: The nurses in this department are responsive to patients who require special attention or have immediate needs.</td>
<td></td>
<td>4.51</td>
<td>3.17  -1.34</td>
</tr>
<tr>
<td>RN: Physicians are supportive and responsive to patients who require special attention or have immediate needs.</td>
<td></td>
<td>4.42</td>
<td>3.40  -1.02</td>
</tr>
<tr>
<td>MD: The nurses in this department provide me with information and/or assistance when I need it.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN: Physicians take time to explain their orders to me before leaving the department.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD: There is effective communication between the nursing staff and RNs regarding patient care.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN: MD physicians involved in the case of the patient communicates and coordinates the plan of care effectively with each other.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### RESULTS: MD/RN Satisfaction Survey: 2003-2011

**“I am part of an effective work team that continuously strives for excellence.”**

**Graph: Results over years from 2003 to 2011 for MD and RN.**

**Graph: Results over years from 2003 to 2011 for MD and RN.**

“I am part of an effective work team that continuously strives for excellence.”

Stratified Unit Data: Fuel for Next FY Goals

- Celebrate highest scores
- Utilize lowest scores to develop new tests of change
- Fosters a competitive spirit
- Steal shamelessly from others
CURRENT STATE: Unit-Based MD/RN Collaborative Committee

- Standing Agenda Items
  - Regulatory requirements
  - Safety concerns
  - EMR issues
  - Hand Hygiene
  - Pain Management
- Tests of Change
- Open Forum
- Education and In-services
- Rewards and recognition

CURRENT STATE: Unit-Based MD/RN Collaborative Committee

- 44 unit-based committees
- MD and RN champions for each unit
- Quarterly housewide meetings run by the Leadership Team
  - Participants include Champions, members, and invited speakers
  - Communication Updates
  - Spread global issues identified at the unit level
  - Unit Reporting (sharing and stealing shamelessly)

MD Champions: A Valuable Commodity

- Self-selected group of highly-motivated physicians
- "Workforce" for physician engagement projects:
  - SBAR rollout
  - Hand washing Campaign
  - Epic Go-Live Phase 2 and 3
- Committee Service meets criteria to serve on the Medical Executive Committee
The President: Achieving Quality Through Collaboration

The MD/RN Collaborative is yet another example of collaboration. It has improved communication and teamwork between doctors and nurses and contributed to an increase in patient satisfaction. We now have 47 unit-based MD/RN teams that meet monthly to discuss issues and share ideas, many of which have been integrated into everyday practice.

The President: Healthcare Reform

Healthcare Reform Brings New Challenges

We also have in place crucial structures and systems that are needed to be successful in the new healthcare environment, where collaboration becomes even more important to ensure the vital combination of quality and efficiency. Among these are the CS-Link, the Medical Executive Committee and other key medical staff committees, the Medical Delivery Network, the MD/RN Collaborative, Unit Practice Councils and the Transforming Care at the Bedside initiative, to name just a few.

The President: Top Priorities for FY 2011

We build on a long track record of successful collaboration to bring about organizational change, we've made significant improvements in quality and safety through such initiatives projects as our comprehensive infection-control campaign, the Transforming Care at the Bedside initiative, the MD/RN Collaborative and CS-Link, to name just a few examples. Working together, we can continue this tradition with Cedars-Sinai Medicine.
## Nursing Strategic Plan: 2011-2016

<table>
<thead>
<tr>
<th>GOAL ONE</th>
<th>OBJECTIVES</th>
<th>Projects/Methodology</th>
<th>ACCOMPLISH BY date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDE SAFE, QUALITY CLINICAL CARE BASED ON EVIDENCE.</td>
<td>Provide individualized care plans and discharge instructions to patients.</td>
<td>PROVIDE facility certification by June 2011.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adopt and utilize core processes linked to achieving quality targets.</td>
<td>By end of each fiscal year.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Integrate nurse sensitive indicators in TCAB Design Targets (eg. Fall prevention, pressure ulcers, restraint use).</td>
<td>Annual ACORN survey reflects improvements.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enhance collaboration between nursing and medical staff to improve the work environment and patient care processes.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2011 Cedars-Sinai Report to the Community

**Christopher Valiante, MD**

Cedars-Sinai is dedicated to improving the health and well-being of our community through innovative care, research, education, and social services. We are committed to providing the highest quality healthcare, with a focus on advancing medical knowledge and improving patient outcomes. Our team of dedicated healthcare professionals works together to ensure that every patient receives the best possible care.

**Supporting our community**
- We provide care to those who need it most, regardless of their ability to pay.
- We invest in our community through partnerships and collaborations with local organizations.
- We are committed to advancing medical knowledge through research and education.

**Our achievements in 2011**
- We expanded our services to meet the growing needs of our community.
- We implemented new technologies and procedures to improve patient care.
- We continued to invest in our hospital facilities to ensure that our patients receive the best possible care.

**Strategic Priorities for 2012 and Beyond**
- We will continue to focus on improving patient outcomes and enhancing the patient experience.
- We will expand our community outreach efforts to reach even more people.
- We will remain committed to advancing medical knowledge through research and education.

**We’ve Come a Long Way, But...**

![Image of a long journey with a person walking down a path with a mountain in the background]

*You are here*
TODAY AND BEYOND…

• Analyze and act upon the stratified MD/RN Satisfaction Survey results
  — Unit-based Tests of Change
  — Global solutions
• Solidify Monthly Unit Meetings
• Encourage physician in-services to unit nurses
• Improve Coordination of Care: MD to MD
• Barriers: time, parallel initiatives

How-To and Lessons Learned

1. Engage Top Leadership
2. Identify Executive Sponsor and Leadership Team
3. Identify pilot units, and MD and RN Champions
4. First Unit Meeting – Social Event
5. Monthly Unit Collaborative Meetings
6. Reporting to the Leadership Team
7. Metrics/Survey