THE INTERPROFESSIONAL COLLABORATION AND INTEGRATION OF VCU Health UNITS:

AN EXPLORATORY SUMMARY (2017)

EXECUTIVE SUMMARY

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A foundation of patient-centered care is effective, efficient, and equitable coordination and collaboration across diverse and specialized professionals on the care team. VCU Health chaplains provide pastoral care across a range of diverse unit service lines, working collaboratively with a variety of other clinicians. As a result of the complex, specialized, and interrelated nature of health services, different units often reflect unique needs for collaboration. The degree to which spiritual support is valued, and the integration of chaplains into interdisciplinary care teams, may vary across units. Effective chaplain practice is enhanced by sensitivity to these unit differences in needs and context. This exploratory study was initiated for quality improvement of chaplain practice through enhanced understanding of integration and collaboration. **This project was conducted as a quality improvement project by chaplain residents and MS students in PATC 640, 641, and 642, under the direction of Dr. Diane Dodd-McCue during the 2016-2017 Academic Year.**

The overriding conceptual framework is derived from the health services systems approach (Donabedian, 1988), which describes the health services in terms of **structure**, **process,** and **outcomes.** This study focuses on the process of care and, more specifically, on the degree of Interprofessional collaboration and integration within unique units of patient care.

Integration is conceptualized by five dimensions (**interdependence, newly created professional activities, flexibility, collective ownership of goals, reflection on process**) within the health services context (Bronstein, 2002). Mechanisms of **chaplain integration** include **involvement of chaplains in the patient care plan, referrals to chaplains,** and **use of chaplain charting** by others on the care team. A 66-item survey, available electronically and in paper format, was developed to capture this data. The survey included the 42-item Interprofession Integration and Collaboration (IIC-42) instrument (Bronstein, 2002). The IIC-42 measures integration with subscales for each of the five dimensions. The IIC-42, recently used in examining integration in palliative care by Bainbridge et al. (2015), has demonstrated measurement validity and high reliability (internal consistency, .92). The survey also included five items developed by the

chaplain residents to measure chaplain-specific integration on each of the five dimensions and six items to measure chaplain engagement in the unit using referrals, charting, and formal and informal activities. Demographic information was collected using nine items to determine the degree of representativeness of the survey respondents in generalizing results to the unit.

Data was collected by seven students* enrolled in PATC 640, 641, and 642 during the 2016-2017 academic year. The VCU Health units represented in this study included: Bone Marrow Transplant, CSICU, Corrections Security, Gumenick Suites/Epilepsy Monitoring, Internal Progressive Medicine (N9), Labor and Delivery, 4th Front Trauma Stepdown (Chippenham Hospital), and Surgical/Trauma Intensive Care, Trauma Surgery. As a requirement for data collection, students completed CITI training and were aware of the distinction between research and quality improvement projects. Student completed REDcap training for use of this electronic data capture system, and developed a data collection plan with the input of faculty serving as their service line liaisons.

Students contributed to survey revisions and were responsible for the recruitment of survey participants and preliminary data analysis. Participation in the survey was voluntary and individual responses were confidential. Only aggregate unit-level results were compiled. Over 150 hospital staff from nine units VCU Health System and one HCA facility completed the survey, with varying response rates across units. The results were used to develop profiles of each unit.

Results developed for each unit participating in the study included overall unit indices and chaplain-specific indices for each of the five dimensions of integration. For all units surveyed, unit integration was relatively more positive than chaplain-specific integration, although not significantly so for all units. Of the five dimensions of integration, at the unit and chaplain-specific level **reflection on process** was identified as the weakest integration dimension, while the strongest dimension was either **interdependence** or **flexibility.** Additionally, responses were positive to the capstone question: **do the benefits of collaboration outweigh the costs?** In most of the units represented in this study, respondents indicated they "agree" or "strongly agree" with this statements. Relative to mechanisms by which chaplains are integrated into the care team, **referrals to patients** emerge as the more frequently used within all units, although **self-referrals** and **referrals to staff** varying in usage. Results highlight a wide variation in the use of **chaplain charting. (An overview of the class project and results across units appears as a poster. Results for each of the units participating in this project appear as a service line unit overview, an abstract, and a poster.)**

The patterns of responses varied across with units; some reflected a narrow response range, which implies staff consensus, while others suggest a disparity of staff opinion. The implications of unit results were developed with respect to the generalizability of the unit

sample. The response rates across the units surveyed varied, with several equal or higher than the 30% response rate deemed adequate for most social science research. Across all units the majority of respondents were female and nurses, often with relatively limited experience in the profession and unit. This respondent profile suggests potential opportunities for targeted orientation and education to enhance unit and chaplain-specific integration.

Although the implications of results for chaplain practice are unit-specific, recommendations across all units include improving **reflection on process** for overall unit integration as well as chaplain-specific integration. For all units this suggests opportunities by chaplains to improve other staff members understanding of chaplain activities as well as how chaplains might be more efficiently and effectively engaged. Additionally, across all units **chaplain charting** was identified as an often under-utilized source of communications.

Because of the quality improvement goal of this project, dissemination of results was emphasized. Each student developed a dissemination plan to share this information with relevant unit stakeholders, frequently at unit trainings. The unit-specific results were presented to the PATC faculty and staff at the April 2017 PATC Research Summit, which featured individual unit posters. The project also was presented by the chaplain residents/MS students at the March 2017 CACN meeting and the April 2017 VCU Graduate Research Symposium.

Interpretation of unit findings is often limited by small sample sizes and response rates which result in non-representative samples generalizable only to subgroups within the units. However, the findings provide a common framework and shared vocabulary for discussion the unique aspects of integration and interprofessional collaboration and heighten awareness of ways chaplains can enhance their integration into the unit care team. These findings also highlight opportunities for improving knowledge and utilization of chaplain contributions using unit-tailored approaches.

References

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Bainbridge, D., Brazil, K., Krueger, P., Ploeg, J., Taniguchi, A. & Darnay, J. (2015). “Measuring horizontal integration among health care providers in the community: an examination of a collaborative process within a palliative care network.” *Journal of Interprofessional Care,* 29(3):245-252.

Bronstein, L. (2002). “A model for interdisciplinary collaboration.” *Social Work,* 48(1):297-304.

*PATC 640,641, 642 Students and Units of Interest (at VCU Health unless otherwise indicated)

Heber Aviles Villegas- Bone Marrow Transplant; Gumenick Suites/Epilepsy Monitoring; Trauma Surgery Unit
Juanita Claiborne- 4th Front Trauma Stepdown (Chippenham Hospital)
P. Martin Garner II- CSICU
Neal Green-Corrections Security
Laura Kelly-Internal Progressive Medicine (N9)
Clara Owens- Labor and Delivery
Arouna Stephen- Surgical Trauma ICU

Other: Additional information about this project available upon request from Dr. Dodd-McCue (ddoddmccue@vcu.edu).