

Assessment 3 Interdisciplinary Plan Proposal

Student's Name

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The goal of this proposal for an interdisciplinary plan is to address how the critical care unit at a mid-sized general hospital might improve interdisciplinary coordination. The strategy will increase operational efficiencies by implementing integrated departmental communications and labor divisions (Bendowska & Baum, 2023). The main objectives as we establish a healthcare delivery system that is more cohesive, effective, and patient-centered are better patient care and employee satisfaction.

Objective

The objective of this strategy is to create a structured, multidisciplinary communication system for the hospital's critical care unit in order to enhance medical staff collaboration and decision-making. By doing this, we want to improve patient care, boost treatment efficacy, and foster stronger relationships between coworkers. Reaching this objective would also support the organization's overarching goal of providing high-quality, efficient healthcare. It is anticipated to have a very favorable influence on efficiency by removing operational bottlenecks and enhancing patient satisfaction.

Questions and Predictions

1. What effects will an interdisciplinary communication protocol have on the critical care unit's workflow?
 - a. While everyone gets used to the new system, there can be a brief increase in the amount of time spent sending out communications initially. However, this protocol will streamline communications and save countless wasted man-hours as team members become accustomed to the system and utilize it daily.
2. How much support and training will be required to help staff members adjust to the new communication method?

- a. Additionally, personnel will need to complete initial training, which could take a few hours spread across several weeks. To ensure the policy can be followed correctly, more training and direction—such as refresher courses and conveniently accessible reference materials—will be necessary.
3. What effects may we expect from the new communication protocol?
 - a. The goal of the protocol is to help the patient by treating them more quickly and effectively. Patient satisfaction and health can be enhanced by improved communication, which can lead to timely care and fewer errors.
4. What metrics will be applied to evaluate how well the communication protocol that has been put in place is working?
 - a. Performance will be assessed based on metrics like staff performance satisfaction, communication errors, decision-making speed, and patient wait times. Furthermore, the assessment will encompass periodic audits and feedback sessions.
5. What effects on the critical care culture would this change in protocols have?
 - a. It is anticipated that this will foster a more transparent and cooperative work environment. The protocol should promote interdisciplinary teamwork and communication, strengthening teams and advancing an improved working environment.

Change Theories and Leadership Strategies

Our plan to encourage buy-in improved quality cooperation, and effective implementation throughout all levels of the hospital is based on combining the Plan-Do-Study-Act (PDSA) Model with a transformational leadership strategy (Coury et al., 2019).

PDSA Model: The idea behind this modification is to use a cycle of four states—Plan, Do, Study, Act—to encourage continuous development by iterative analysis and trial and error. Hospitals may find it helpful to develop an interdisciplinary communication plan using the PDSA Model. Stated differently, the 'Plan' phase involves setting goals and making plans to improve collaboration

(Coury et al., 2019). "Do" refers to implementing these changes gradually at first so that everyone has time to get acclimated to the new processes and practices. "Study" refers to determining what works and gathering input from team members. Last but not least, "Act" refers to implementing a technique that has been shown to be effective more broadly inside the unit or across the hospital (Coury et al., 2019).

Transformational Leadership: This leadership tactic is essential for establishing a target and motivating the interdisciplinary team to work toward it. Similar changes can be made in hospital settings if the transformational leader can convey the value and necessity of greater staff cooperation (Goldsberry, 2018). They can accomplish this by encouraging communication and setting an example of dedication to the new procedures. This kind of leadership fosters a shared understanding of what patients require, which motivates team members and lessens potential resistance.

By combining the evidence-based, methodical approach provided by the PDSA Model with the inspiring and motivating attributes of transformational leadership, the plan will facilitate the implementation of reform. This combination should make sure that the interdisciplinary team works more effectively, which will support the plan's successful execution and result in long-term improvements to patient care and hospital operations.

Team Collaboration Strategy

Certain duties and activities are crucial for the execution of a plan to improve interdisciplinary cooperation in the hospital's critical care unit.

Roles and Responsibilities:

Critical Care Unit Manager: Oversee the overall implementation of these new protocols to ensure their observance. For instance, they lead an interdisciplinary team meeting once a week when they talk about patient situations and the status of the strategy..

Nurses and Medical Staff: Participate in regular training sessions on the new communication system and provide feedback on its performance. They will include this protocol into their daily operations and healthcare offerings.

Quality Improvement Officer: Monitor the impact of the new protocol's implementation on patient and team performance, gathering data for management's monthly reports.

Collaboration Approach:

The collaboration approach that was chosen makes use of the TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) framework, a collection of instruments intended to enhance interprofessional communication in the healthcare industry (Matzke et al., 2021). But this strategy will be modified based on the critical care unit's requirements.

Implementation of TeamSTEPPS:

Structured Communication: Colleagues are guaranteed to be in agreement when it comes to exchanging knowledge when SBAR (Situation-Background-Assessment-Recommendation) and other techniques are employed (Buljac-Samardzic et al., 2020).

Regular Team Huddles and Debriefs: For instance, they may have brief daily meetings to discuss their goals and debriefs following shifts to talk on how the day went (Matzke et al., 2021).

Mutual Support: Fostering a culture of cooperation where team members voluntarily offer and accept help, fostering accountability and trust.

Relevance and Success Drivers:

The needs of an interdisciplinary team in a critical care setting are especially well-suited to the TeamSTEPPS approach. The primary issues in the interview—poor communication or

ambiguous roles—are resolved by its emphasis on direct communication, group cooperation, and mutual aid (Matzke et al., 2021). By implementing this strategy, the team will provide better patient care and be more coordinated, making choices more quickly. The fervor with which each team member embraces these changes and the ongoing support provided by hospital hierarchy and unit management theory will determine how successful this approach is. This strategy adheres to the principles of operational effectiveness and patient-centered care, which will have a significant impact on the outcomes for patients and how people interact with one another.

Required Organizational Resources

First, we need to assess the resources needed for interdisciplinary collaboration in the hospital's critical care unit. This is a summary of the plan's equipment needs, personnel requirements, access requirements, and overall budget:

Staffing Needs

Additional instruction for current staff members on the TeamSTEPPS techniques and the new system protocol (Chen et al., 2019). A part-time quality improvement officer to supervise the plan's execution and assessment.

Equipment and Supplies

Manuals, online resources, and practice software for use in training sessions. Meeting spaces and office supplies are examples of hospital facilities that will be utilized (Chen et al., 2019). Since practically all of the necessary supplies and equipment are already present at the hospital, there is no additional expense.

Access Needs

- a. Patient information systems for efficiency and outcome access.
- b. Multidisciplinary Communication: Smooth connections are made with other departments.

Overall Financial Budget Request

Staff training: Creating training materials and giving lessons is expected to cost \$5,000.

Quality Improvement Officer: The estimated part-time salary for a quality improvement officer is US \$20,000 per year.

Miscellaneous supplies and resources: About \$1,000.

Total Budget Request: About \$26,000

Impact of Not Implementing the Plan

Patients would still have to wait for their appointments if this idea is put into action, even though teamwork will be more productive. Maintaining such costly operational inefficiencies would only lead to future high expenses and increase the likelihood of patient readmissions.

In addition to lowering staff morale and increasing turnover, it can also harm the hospital's reputation by lowering patient satisfaction. The modest \$26,000 cost of the plan is well worth it when you consider the potential savings and enhanced patient care. Should the interdisciplinary coordination issues remain unresolved, the company will incur significant additional expenses, both directly and indirectly.

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