Development of Patient-Centered Teams: Communication and Collaboration
Ehriel F. Fannin, MSN, RN
University of the Incarnate Word
Marilyn Lynch-Goddard

Problem: The Joint Commission suggests that barriers exist within microsystems that direct focus away from patient-centered care and subsequently decrease the quality of care provided.1

Evidence: In response, the Institute of Medicine suggests evidence-based strategies including a microsystem assessment, which would address the following areas: the patient and subpopulations served; the providers of care; the processes used to provide care; and the patterns that characterize perpetual outcomes.2

Strategy: A microsystem assessment was completed on a local 32-bed pediatric critical care step down unit that serves a chronic population.

Results: Results from the TeamSTEPPS™ Team Assessment Questionnaire indicated perceived decreased team morale and productivity, as less than half of the respondents (n=28) agreed the team is productive; less than 10% agreed that morale on the team is high. Patient satisfaction data indicated a steady trend of decreasing ranking by more than 20% in the last year and a half. A review of unit care processes indicated gaps in coordinating care specifically during patient transfers and discharge planning. The team dysfunction and inefficient coordination of care ultimately led to increased patient lengths of stay, decreased patient satisfaction, and a trend of low morale among the nurses.

Practice Change: Revision of patient transfer and discharge policies to include written check-offs will improve communication and the coordination of care among the team members.6 Development of unit based committees will provide a method for outcome evaluation of critical unit processes.5 TeamSTEPPS™ teambuilding sessions will improve team communication and collaboration, and refocus team goals on patient-centered care.7

Evaluation: Improved outcomes will be determined by improved scores on the TeamSTEPPS™ Team Assessment Questionnaire, improved patient satisfaction data, and decreased patient lengths of stay.

Lessons Learned: Because this population is primarily Medicaid dependent, a greater cost-benefit is assured as savings related to decreased lengths of stay will go directly to the hospital.

Recommendations: In an effort to integrate evidence into practice, microsystem assessments that target key areas known to affect the efficiency, equitability, and quality of care should be conducted in every unit.3

Bibliography: