The advancement of teams during crisis

For many years, health care organizations have struggled to convert the collection of individual efforts into true interprofessional collaborative teamwork. While there have been some advances, systems have been stymied by complex organizational structures, differing backgrounds and traditions between clinical disciplines, and the slow nature of culture change.

While the COVID-19 pandemic has created unprecedented challenges for many health care organizations across the country, an interesting bright spot has emerged: We have witnessed the amazing ability of agile teams to overcome longstanding obstacles, create new norms and collaborate in innovative ways. Health care workers have adapted, innovated and partnered beyond previous cultural traditions to work together, flex into new settings, optimize roles and tailor care delivery in response to extraordinary patient needs. We have also observed states reexamining a restrictive scope of practice for their clinical care teams to identify opportunities to optimize their ability to care for patients.

How can we sustain the gains that we have made during the pandemic, and keep moving toward a new normal where organizations' infrastructures and cultures support a team-based approach? This playbook sheds light on significant developments in clinical teamwork during 2020, and shares proven strategies for fostering effective teams. We are grateful to the many health care systems and leaders across the country that partner with us, share learnings and collaborate across our membership to advance our collective aims. Throughout this playbook, patients and their families are considered to be the center of the care team; their relationship and partnership with the clinical care team makes this possible. Clinical team members must establish relationships with patients that are built on trust — especially for our most vulnerable patients — and it’s essential to partner with them to create effective care plans. Together, delivery organizations, clinicians, patients and families can create a future in which all members of the team contribute at their full potential.

Teamwork: Incorporate basic principles

The National Academy of Medicine identified five interrelated principles of team-based health care that are still relevant today: shared goals, clear roles, mutual trust, effective communication, and measurable processes and outcomes. Each of these principles, outlined in Appendix A, can help ensure equitable care delivery and successful outcomes for patients.

The positive impacts of highly functioning teams are immeasurable. Research has shown that there are correlations between staff and provider engagement and a culture of safety in both hospital and ambulatory settings.\(^1\) The quality of teamwork is associated with the quality and safety of care delivery systems.\(^2\) Teamwork is also related to lower levels of burnout and clinician exhaustion, and therefore is considered a critical component in solving the problem of decreased clinician well-being.\(^3\) In addition to these basic building blocks identified by the National Academy of Medicine, as well as the core competencies for interprofessional collaborative practice (Appendix B), the following actions are essential and relevant as we continue to move forward during the pandemic and beyond:

- Increase agility: Act quickly and decisively when appropriate.
  - During the pandemic, many organizations implemented new policies and practices in hours or days, rather than weeks, months or even years. While some changes need the careful consideration that most organizations are accustomed to, many changes can and should be implemented rapidly. Frontline caregivers, patients and families can provide immediate and useful feedback.

Team-based care is defined as care provided by at least two health care providers who work collaboratively with patients and their caregivers — to the extent preferred by each patient — to accomplish shared goals within and across settings to achieve coordinated, high-quality care.\(^4\)
• Communicate: Use clear and structured communication.⁵
  – Be thoughtful about what ideal communication should look like, whether it is inclusive, and what format and frequency is preferred by various stakeholders.
  – Train staff to clearly communicate with patients and families using engagement techniques such as agenda setting, motivational interviewing and shared decision-making.
• Reengage patients: Trust and partnership must be reestablished with patients.
  – Patients want to know that it’s safe to visit various health care settings in light of the pandemic. They need transparent, frequent and consistent communication to assess their personal health risks versus their risk of exposure to COVID-19.
  – Help staff and teams build trust and empathy with patients and families. This is especially critical for patients who are more vulnerable, including racial and ethnic minorities.
  – Ensure that team members are educated on effectively negotiating and managing conflict with patients. Organizations have new policies around limited visitation and require visitors to wear personal protective equipment (PPE) while in their facilities. Staff may need additional support to navigate these circumstances, especially when patients and families may have different expectations.
• Reengage staff: Trust is a prerequisite for a high-functioning team. Establish, maintain or reestablish trust among team members, and between the individuals that make up the team and the organization.
  – Trust among teams and between team members and the organization may be complicated during crisis situations.
  – As staff are redeployed or furloughed, leaders need to communicate frequently and transparently, and always share their rationale for the actions.

Ongoing assessment: Identify and address disruptive team behaviors

Certain behaviors displayed by individuals and even entire teams can be toxic — causing disharmony, stifled communication and disengagement. It may take only one or two individuals to create a toxic team culture that undermines organizational values. Forward progress on strategic, operational and cultural goals can stall when these disruptive behaviors have taken hold. Not only is disruptive behavior observed by patients and families, but one in four health care workers believes that disruptive behaviors are positively correlated with patient mortality.⁶ Once established, toxic team behaviors quickly spread and have a dramatic impact on productivity, creativity and retention.⁷ Three types of common toxic team behaviors observed in the health care setting are shown in Table 1.

Table 1. Types of toxic behavior

<table>
<thead>
<tr>
<th>Toxic team behaviors</th>
<th>How behaviors are exhibited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shaming</td>
<td>• Humiliates others</td>
</tr>
<tr>
<td></td>
<td>• Makes sarcastic remarks</td>
</tr>
<tr>
<td></td>
<td>• Takes pot-shots</td>
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<tr>
<td></td>
<td>• Points out the mistakes of others</td>
</tr>
<tr>
<td>Passive hostility</td>
<td>• Distrusts opinions of others</td>
</tr>
<tr>
<td></td>
<td>• Displays passive aggressive behavior</td>
</tr>
<tr>
<td></td>
<td>• Protects own territory</td>
</tr>
<tr>
<td></td>
<td>• Has difficulty accepting feedback</td>
</tr>
<tr>
<td></td>
<td>• Is clueless that behaviors are toxic</td>
</tr>
<tr>
<td>Team sabotage</td>
<td>• Monitors team members’ behaviors</td>
</tr>
<tr>
<td></td>
<td>• Meddles in teamwork</td>
</tr>
<tr>
<td></td>
<td>• Uses authority to punish others</td>
</tr>
</tbody>
</table>

Adapted from Holloway and Kusy.⁴

Identifying toxic team behaviors is a critical starting point in building an environment that fosters high-functioning teams. Leaders have multiple avenues for addressing toxic behavior: at the organization level, or through smaller team systems or one-on-one interventions with an individual displaying disruptive behavior. Interventions that address all three levels have the highest probability of success.⁷ Specific recommendations for each level of intervention include the following⁷:
Organizational strategies

• Ensure that organizational policies are up to date and available to managers as a tool to aid conversations (e.g., a harassment policy or a nondiscrimination policy). These documents provide guidance on what will and will not be tolerated within the organization and should align with the corporate mission and values.

• Integrate values into the performance appraisal process.

• Offer leadership development opportunities around addressing toxic behaviors, such as formal training, simulation or role-playing, and include topics such as implicit bias and cultural humility.

• Use 360-degree feedback programs, culture and engagement surveys, or both to assess the organization’s success in living out the values and creating the desired culture. Include patient and family feedback where possible.

• Implement skip-level evaluations — where senior managers meet with team members more than one step down in the chain of command — to provide additional opportunities to engage with employees, discuss implementation of organizational values and identify problem areas.

Team strategies

• Involve team members in the selection of new staff to ensure an optimal fit with the team and organizational culture.

• Incorporate organizational values and culture into individual teams by providing time and space for teams to come together, agree on team norms and discuss examples of what those norms should look like.

• Demonstrate engagement with team values by role modeling and discussing them with the team. Leaders should not shy away from considering local or national events that can influence staff morale; instead, they should create a safe space for staff to voice their concerns.

• Conduct exit interviews to gain candid insights into team health and opportunities for improvement.

• Identify toxic protectors that benefit from the disruptive behavior and encourage it to continue.

Individual strategies

• Manage performance by providing targeted feedback on an individual’s alignment with the team’s values, culture and expectations. Ensure that feedback is timely, specific and respectful.

• Consider coaching for the toxic team member. Some individuals find it beneficial when they learn how they impact others and have help in brainstorming alternative approaches.

• Take a long-term view and prioritize values and team health. Terminate a disruptive employee if other interventions are unsuccessful.
Shared mission and goals: Help teams stay aligned

Aligning members of a group around shared goals is foundational to high-functioning teams. A shared mission can energize, inspire and compel newly formed or well-established teams to flatten the hierarchy, bring their best selves to each situation and ultimately provide the best care for the patient. The COVID-19 crisis has given health care teams a compelling shared mission — to fight the virus while caring for patients and each other. As a leader, consider what you can do to align incentives and inspire teams to work together toward meaningful, shared outcomes. Starting points include:

• Keeping organizational and team goals front and center by sharing inspirational quotes or stories, and nominating heroes that demonstrate action toward shared goals. Recognize and celebrate desired behaviors that support shared goals and foster team morale.8
  – Celebrate stories that demonstrate the values of the organization. For example, one member organization features weekly gatherings celebrating staff that take on new roles, as well as team members that boost morale by hanging drawings throughout the organization.
  – Celebrate individuals who support teammates by offering assistance, choosing to work extra shifts, volunteering and being flexible with shifts.
  – Consider nominating a team for the DAISY Team Award, designed to honor collaboration by two or more people, led by a nurse, who go above and beyond to meet patient and family needs.

• Intentionally listening to language used within your team, including your own, to assess the shared vision.
  – Do team members mainly speak of personal desires or achievements, or shared team goals and accomplishments?
  – If an individual focus is identified, consider redirecting by encouraging the use of pronouns such as “we” and “us.”9
  – Newly licensed nurses that left their organization within their first year reported feeling less at ease asking their fellow nurses for help than those that remained employed at the organization, according to the Vizient/AACN Nurse Residency Program™.

• Reviewing your organization’s incentives to determine what messages they send about organizational goals, and revising to ensure alignment. Incentives may take the form of compensation, promotions, rewards or recognition. Ensure that the clinician compensation methodology is aligned with organizational goals.
  – Support a collaborative, high-value team approach by removing compensation structures that incentivize competition and duplication.
  – Consider inconsistencies in compensation methodology that may create resentment or disengagement among certain groups within your organization.
  – Cultivate a team approach to care by reducing compensation for individual contributions and instead rewarding team performance and productivity.

Culture is the tacit social order of an organization: It shapes attitudes and behaviors in wide-ranging and durable ways. Cultural norms define what is encouraged, discouraged, accepted, or rejected within a group. When properly aligned with personal values, drives and needs, culture can unleash tremendous amounts of energy toward a shared purpose and foster an organization’s capacity to thrive.13
Intentional culture: Actively promote an inclusive team environment

When the COVID-19 pandemic first began, many leaders scrambled to adapt to a rapidly changing, novel situation and postponed or deemphasized culture and engagement initiatives. For example, a pulse survey revealed that 27% of leaders put diversity and inclusion programs on hold. Creating and maintaining the desired organizational culture requires active engagement from leadership, with a focus on the following:

• Encourage team members to bring their whole selves to work and prioritize psychological and physical safety.
  – Review strategies in the clinical workforce resiliency and well-being playbook.
  – Share parts of your personal life, display your personality and celebrate differences in others.

• Prioritize diversity and inclusion efforts at a system level, and consider how they can be implemented and demonstrated in the organization.
  – In light of racial and social injustice, shifts have occurred and now there is an even greater emphasis on creating a diverse and inclusive environment.
  – Frame these efforts as a journey so that everyone, regardless of where they are on the continuum, is invited to learn more and be part of the conversation around an inclusive mindset. The journey is not limited to any specific gender, ethnicity, age or orientation but is inclusive of every person at the organization.
  – Take a firm stance as an organization — and as a leader — on discrimination. Set firm expectations around an inclusive workplace, respecting and welcoming contributions from all disciplines, genders, ages, races and orientations.

• Focus on character, leadership style and cultural fit during the recruitment process to ensure new team members align with organizational culture and values.11
  – Prior to hiring an individual, consider determining commitment to delivering patient- and family-centered care.

• Use clinical narratives or storytelling to celebrate diversity and inclusion within and across teams.
  – The StoryCorps platform enables individuals to share their stories; its mission is to build connections between people and create a more just and compassionate world.
  – The Center for Healthcare Narratives was created by the MedStar Institute for Quality and Safety to elevate health care stories that matter as well as shape a new culture for care delivery.

• Promote interdisciplinary cooperation to flatten hierarchical tendencies.
  – Maintain awareness that psychological safety is lower for nonphysicians. Leadership inclusiveness can counter this by addressing disruptive behaviors.8
  – Encourage deference to experience, rather than deferring to rank — a key element of highly reliable organizations.8
  – Personalize interactions by using first names, photos, or roles written on badges or caps so team members can connect in spite of having to wear PPE.8
  – Train teams on humble inquiry, question scripts and how to jointly solve problems.8
    • Example 1: Do you have ideas or suggestions based on your perspective as a surgeon/nurse/APP/physician?
    • Example 2: What do I bring, what do you bring and what do we need?8
  – Engage in job crafting — the ability to influence your own role and duties — to increase staff engagement and job satisfaction.12
Role optimization: All team members contribute at their full potential

The individuals that make up care teams are our greatest asset, and when each is empowered, the team performs at its highest ability. Each member of the team is equally important, including patients and families, who provide essential information, situational awareness and continuity.

Barriers to role optimization can be structural — that is, based on organizational design, processes or policy. They can also be cultural — the result of ingrained ways of viewing and working with certain teammates. Consider the tactics below to create an environment in which team members can practice at their highest ability:

• Complete a gap assessment throughout the organization to identify the current variations in practice.
  – Example: Vizient® Clinical Team Insights uses data, education and networking to identify resources and opportunities for improvement within an organization.

  – Physicians and advanced practice providers (APPs) have many responsibilities, and the literature reveals that when tasked with nonclinical responsibilities as opposed to clinical tasks, APPs are only 62% as productive, while physicians are 76% as productive.14 Table 2 shows the percentage of APPs and physicians that perform nonclinician tasks at ambulatory clinics participating in Vizient Clinical Team Insights.

Table 2. Percentage of Clinical Team Insights clinics that have APPs and physicians perform nonclinician tasks

<table>
<thead>
<tr>
<th>Nonclinician task</th>
<th>Percentage of clinics where APPs perform task</th>
<th>Percentage of clinics where physicians perform task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior authorizations</td>
<td>41</td>
<td>49</td>
</tr>
<tr>
<td>Care management/coordination</td>
<td>51</td>
<td>48</td>
</tr>
<tr>
<td>Form completion (e.g., FMLA)</td>
<td>63</td>
<td>70</td>
</tr>
</tbody>
</table>

Source: Vizient Clinical Team Insights.
Abbreviations: APP = advanced practice provider; FMLA = Family and Medical Leave Act.

• Assess barriers to optimal contributions and obtain input from a variety of disciplines and roles. Certain roles, including patients and families, may feel invisible or know they could contribute more but lack the opportunity to voice their ideas or concerns.

• In addition to measuring individual performance, evaluate the performance of the team. Select process and outcomes measures that evaluate overall team performance, including patient engagement and satisfaction measures.
  – Example: Vizient Clinical Team Insights data revealed an increase in overall length of stay when an APP was out on leave.

  • When working with new patients, provide tools that involve them in their own care and prepare the staff to have engaged, two-way conversations with patients and their families.

  • Invite patients to identify challenges and ideas around delivering safe, effective care in times of stress. Patients are an often untapped source for innovative ideas.
  – Ask patient and family advisory councils to help create clear and compassionate communications for patients, and identify and refine change ideas.

  • Maximize the onboarding experience for new employees, ensuring that new team members are well oriented to the culture, strategic goals, team perspectives and expectations.
  – Use transition to practice programs to assimilate new clinicians to the organizational culture and ensure a successful transition into their first professional role.

  – Consider adapting onboarding programs during times of crisis (e.g., decreasing group size and increasing meeting frequency) to ensure strong support for new team members.

  – Ensure the onboarding period spans an adequate length of time (six to 12 months), during which newly employed staff and clinicians receive education, precepting, mentoring and networking opportunities to support them as they integrate into the team and organization.

  – Use Focused Professional Practice Evaluations and Ongoing Professional Practice Evaluations to identify competencies and use both as guiding principles for onboarding clinicians.

  – Advance professional development and opportunities for growth, which builds skills so clinicians and staff can perform well in their existing roles, and provide an environment that fosters cross-training and advancement.

  – “opportunities for learning and development” is cited among the top criteria for joining an organization. Conversely, a lack of learning and development opportunities is one of the key reasons cited for leaving a company.15

  – Identify opportunities for improvement and promote continual learning. This will help the team grow and evolve together, strengthening team culture.
• Use academic and practice partnerships to maximize opportunities to work with students.
  – Practice and academic settings should partner to acclimate students to the organizational culture of teamwork and collaboration, as well as provide interprofessional training opportunities (Appendix C).
  – Work closely with academic partners to find creative placements that will benefit both students and the organization, and provide students with more experiences so they are better prepared once they enter the workforce.
  – Leverage opportunities for students to engage with and learn from patients in both home and community settings.
    • Example: A member organization reactivated a nurse extern program to bring in more nursing students to assist with basic care.
• During times of crisis or surge staffing, consider how role optimization may help meet the demand.
  – Conduct a gap assessment of the scope of practice between the current role and the redeployed role to identify disparities in credentialing.
• When team members are quickly redeployed to new settings to meet staffing demands, don’t overlook the need for adequate training.
  – Establish core team structures that can help maintain familiarity and trends. 8
  – Create checklists to assist with reliability and ensuring tasks are completed.
  – Consider creating “sister units” to facilitate comfort with cross-training, particularly during surges when floating takes place.
  – Create a curriculum to teach staff new skills to support redeployment.
    • One member organization redeployed neonatal nurses to a heart failure clinic. To ensure a smooth transition, an upskilling plan was developed with the heart failure clinical nurse leader and the interprofessional collaborative team.

The digital surge: Use technology to enhance teamwork

According to the Clinical Practice Solutions Center® (CPSC), developed by the Association of American Medical Colleges and Vizient, ambulatory telehealth visits increased to 121 times the previous volume between February and April of this year compared with 2019, illustrating an unprecedented shift in where and how patients receive care. CPSC is a performance improvement solution focused on providing insightful analytics to physicians and medical practices. Technology is being used at the bedside in new and different ways across the continuum — creating great opportunities for providers and patients, but also presenting a new set of challenges for team members as they learn how to function together to provide the best care for patients. Suggestions for how best to use technology to provide care include the following:

• Consider virtual rounds to avoid larger gatherings, and increase the ability to invite other team members to join, without the barrier of physical space. 16
  – Invite otherwise nonessential personnel and students to participate in rounds.
• Use technology at the bedside to decrease use of PPE. 16
  – Use video conferencing to enable clinicians to check in with their patients from anywhere in the hospital.
  – Medical interpreters can connect easily with the patient and clinical care team.
  – Patient/observer technology at one organization reduced unassisted falls by 44% and fall-related injuries by 40%. 17
• Leverage technology to extend the reach of specialists to deliver high-quality care when not on-site.
  – Examples include telehealth consults for stroke, mental health and infectious diseases, and remote monitoring.
• Engage with families using a variety of digital technologies such as patient portals, video and audioconferencing, and electronic decision aids. Ensure that all patients can benefit from digital technologies, and if not, make accommodations to ensure they are fully informed and engaged in their health and care plan.

“In this time of change, crisis and all-around uncertainty, the greatest asset and security any leader has is their credibility. The greatest currency they have is the trust people have in them. The greatest power they have lies in how they choose to extend trust to others.”

Stephen Covey
Author
“Move With the Speed of Trust”
Example: Vidant Medical Center had a no-visitor policy in place due to COVID-19. The care team called the family of a patient at the end of life, enabled video conferencing with the patient’s 11 children and brought the patient to the window so the family could say goodbye (Sharona Johnson, director of advanced clinical practice, email, Aug. 25, 2020).

- Review workflows and identify gaps that need to be addressed in a virtual model to ensure continuity of care. Ensure team members can contribute at their full scope of practice.
- Ensure each team member has the right data at the right time to provide the best care for the patient.

Influential leadership: Guide your team through crisis

Leaders set the tone for how team members relate to and work with one another. Times of crisis test leaders in new ways, as team members look to them for different kinds of support, influence and inspiration. During a crisis, health care leaders have a tall order: inspire all team members, prioritize patients, ensure the physical and psychological well-being of staff, and create an environment that enables rapid innovation to meet new demands. Consider the leading practices below.

- Leaders should be visible, transparent and accessible while modeling the behavior they hope to see within the organization and among their teams.
  - Only 46% of health care workers strongly agree that their employer has communicated a clear plan of action for dealing with COVID-19, according to a survey conducted by Gallup between March and April 2020.¹⁸
- Self-care and caring for one another should be encouraged and supported by the highest levels of the organization.
  - Only 44% of health care workers strongly agree their organization cares about their overall wellbeing, according to a survey conducted by Gallup between March and April 2020.¹⁸
  - The organization is responsible for addressing well-being for all.
- Leadership rounding is helpful when actively solving a problem or engaging staff. When leaders round without engaging staff, it may hinder performance.⁸
- Terminology used by leaders can set the organizational tone.
  - Be thoughtful about your choice of pronouns when describing your organization.
  - Avoid using terms such as “mid-level,” or language that may dehumanize providers such as “borrow” or “lease.”
- Example 1: Staffing shortages were discussed during a corporate meeting with an APP present. The organization stated they would “lease” the APP during their time of need.
- Example 2: Using the term “mid-level” to describe a nurse practitioner implies that the nurse is at the lowest level of practice.
- Leaders are tasked with creating psychologically safe environments in which team members feel they can speak up, ask questions and express concerns. This is especially important in light of today’s civil unrest and health inequities brought to attention by the pandemic.¹⁹
  - Consider establishing a peer support program so that clinicians are able to formally or informally support one another.²⁰
  - Prevent, identify and address moral distress and injury.²¹
- Reflect on current leadership style, focusing on observations made since the COVID-19 crisis began.¹⁹
  - Legacy leaders are characterized by linear thinking and working within existing systems.¹⁹
  - Learning leaders are characterized by the drive to expand, learn and grow from failures. They look anywhere and everywhere for good ideas.¹⁹
  Strategies to support a learning leader approach include:
    - Conduct reviews both before and after a project is completed. This will preemptively identify risks as well as areas of opportunity, paving the way for small, rapid changes.
    - Empower staff and streamline decision-making. Ensure all voices are heard and seek out diverse opinions and experiences.¹⁹
    - Rethink how communications are shared within the organization. Foster a willingness to try new things, paving the way for innovative ideas.¹⁹
    - Invest in promising talent within the organization to support innovation.¹⁹
Summary

While multidisciplinary health care teams across the country continue to navigate an unprecedented crisis, they have provided the best possible care to their patients and one another under seemingly impossible circumstances. Although the pandemic has had immeasurable negative effects, our health care teams have banded together to collaborate and ensure successful outcomes. They have made exceptional advances in breaking down silos and enhancing interprofessional collaboration, and have demonstrated the ability to come together and provide comprehensive care both for patients as well as one another. Health care leaders should continue to ensure that their team members understand their roles and responsibilities, have a voice in planning and communicate with one another to provide the highest quality care for their patients. Having a flexible plan in place — with measurable processes and outcomes — will help teams continue to adapt and thrive in the face of disruption, now and in the future.

References

## Appendix A. Five principles of team-based care

<table>
<thead>
<tr>
<th>Principle</th>
<th>How to promote principle</th>
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</table>
| **Shared goals:** The team – including the patient and, where appropriate, family members or other support persons – works to establish shared goals that reflect patient and family priorities, and can be clearly articulated, understood and supported by all team members. | • Provide time, space and support for meaningful, comprehensive information exchange between and among team members, particularly when new teams form.  
• Establish and maintain a written plan of care accessible by all team members.  
• Support teams’ capacity to monitor progress toward shared goals for the patient, family and the team. |
| **Clear roles:** There are clear expectations for each team member’s functions, responsibilities and accountabilities, which optimize the team’s efficiency and often make it possible for the team to take advantage of division of labor, thereby accomplishing more than the sum of its parts. | • Provide time, space and support for interprofessional education and training, including explicit opportunities to practice the skills and hone the values that support teamwork.  
• Facilitate communication among team members regarding roles and responsibilities. Explicitly discuss the role of the patient on the care team with the patient as well as the interprofessional team members.  
• Redesign care processes and reimbursement to reflect individual and team capacities for the safe and effective provision of patient care needs. |
| **Mutual trust:** Team members earn each other’s trust, creating strong norms of reciprocity and greater opportunities for shared achievement. This is true for patients — especially the most vulnerable — and families. | • Provide time, space and support for team members to get to know each other on a personal level.  
• Embed the personal values that support high-functioning, patient-centered, team-based care in education and hiring processes.  
• Develop resources and skills among team members for effective communication, including conflict resolution. |
| **Effective communication:** The team prioritizes and continuously refines its communication skills. It has consistent channels for candid and complete communication, which are accessed and used by all team members across all settings. | • Provide time, space and support for team members to meet — in-person and virtually — to discuss direct care as well as team processes.  
• Ensure team members are trained in shared communication expectations and approaches, including specific patient engagement techniques.  
• Use digital technology — including the electronic medical record, email, web portals, personal electronic devices and more — to facilitate easy, continual, seamless and transparent communication among team members, with a special focus on the inclusion of patients and families. |
| **Measurable processes and outcomes:** The team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team’s goals. These are used to track and improve performance immediately and over time. | • Prioritize continual improvement in team function and outcomes. Ensure that electronic systems routinely provide data about the measures that matter to the teams providing care, and that it can be immediately updated as indicated by frontline teams.  
• Develop routine protocols for measurement of team function, aimed at continual improvement of the team-based care processes.  
• Include measures that matter to patients, and engage them in goal setting  
• Provide ample time, space and support for team members to engage in meaningful evaluation of processes and outcomes together. |

Appendix B. Core competencies for interprofessional collaborative practice

The primary goal of the Interprofessional Education Collaborative (IPEC) is to prepare future health professionals for enhanced team-based care of patients and improved population health outcomes. The core competencies defined by IPEC are outlined below:

**Competency 1:** Work with individuals of other professions to maintain a climate of mutual respect and shared values.

**Competency 2:** Use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.

**Competency 3:** Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.

**Competency 4:** Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.


Appendix C. Key characteristics of an optimal interprofessional clinical learning environment

<table>
<thead>
<tr>
<th>Patient Centeredness</th>
<th>Health care is viewed as cocreated, with the patient, as well as his or her family and community, as an integral part of the health care team.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuum of Learning</td>
<td>Learning is fostered throughout one’s career, with interprofessional values integrated and reinforced in the clinical workflow as well as in preprofessional/undergraduate and graduate education.</td>
</tr>
<tr>
<td>Reliable Communications</td>
<td>Care plans are rich, collaborative, continuous, and truly focused on the patient by carving out physical and mental space for teams to effectively and actively communicate.</td>
</tr>
<tr>
<td>Team-Based Care</td>
<td>The culture rewards risk taking and innovation and fosters leadership skills at all levels, all while embracing team interdependence, shared decision making, and collective competence.</td>
</tr>
<tr>
<td>Shared Accountability</td>
<td>Structures and processes are in place to ensure accountability for improving and maintaining an interprofessional approach, such as measurable outcomes and clear competencies that inform desired behaviors.</td>
</tr>
<tr>
<td>Evidence-Based Practice Centered on Interprofessional Care</td>
<td>Care is based on key characteristics of high-functioning collaborative care exemplars, research, and evidence-based IP-CLE models.</td>
</tr>
</tbody>
</table>

Advancing team culture

Vizient partners with members to improve clinician engagement and retention, and to optimize team-based, higher quality, cost-effective care. Through Vizient solutions, you have access to national expertise and leading insights, enabling you to improve faster together.

To learn more, contact clinicalworkforce@vizientinc.com.

Clinical Team Insights

Ensuring effective and efficient care delivery is essential to meeting today’s value-based health care demands. APPs, including physician assistants and advanced practice registered nurses, are an integral part of the clinical team and are projected to continue to grow and expand. Health care organizations benefit from creating an infrastructure to support the clinical care team and ensure each clinician is working at the top of their scope of practice. Clinical Team Insights takes a data-driven approach to identify opportunities for improvement within your organizational structure and operations.

Physician and Advanced Practice Provider Onboarding Program

Physician shortages are increasing and advanced practice providers are being more widely employed. Yet turnover for both groups is significant — perhaps in part because these critical members of the care team are rarely onboarded in an intentional, thorough and consistent manner. Our program includes a leading-practice structure, curriculum, delivery resources, mentor training and advisory support.

Nurse Residency Program

New graduate turnover within the first year of practice is a significant issue. The Vizient/AACN Nurse Residency Program is an evidence-based program developed in collaboration with the American Association of Colleges of Nursing that focuses on leadership, patient outcomes and the professional role of nursing. The program offers curriculum and resources to support new graduate nurses, enabling organizations to align care teams to ensure high-quality, efficient patient care. Increased retention is a signature outcome — the first-year retention rate for nurses who have gone through the program is 90.2%, compared with the national average of 82.5%. More than 100,000 new graduates have completed the program nationwide.

Vizient Member Networks

Vizient Member Networks comprise tightly connected, highly interactive, and trusted communities of leaders who come together to share common experiences and challenges, learn from each other and from industry leaders, resolve pressing issues by creating solutions together, and innovate to advance the vitality of their own organizations and their communities. Participants in our networks have access to cutting-edge research, relevant data, actionable insights and proven expertise to help address critical priorities, including clinician engagement and well-being.

Solutions to help improve resiliency in your organization
As the nation’s largest member-driven health care performance improvement company, Vizient provides solutions and services that empower health care providers to deliver high-value care by aligning cost, quality and market performance. With analytics, advisory services and a robust sourcing portfolio, we help members improve patient outcomes and lower costs.