People Matter: The Human Factor in Strengthening Relational Coordination to Improve Veteran Outcomes

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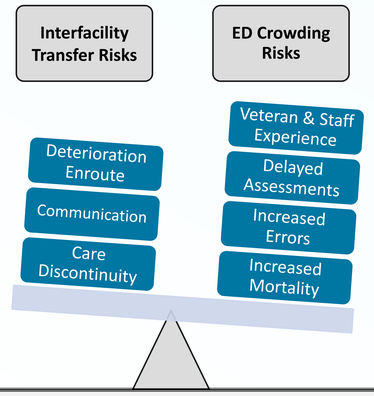
Abstract

Veterans are a vulnerable population with complex medical conditions, placing them at increased risk during care transitions due to high acuity care coordination needs. Existing hospital networks and relationships may influence where Veterans transfer for acute care. This quality improvement study examines interprofessional and interorganizational network relationships and their potential to influence Veteran health outcomes.

Background

- Since 1994, David Grant Medical Center (DGMC) on Travis Air Force Base and VA Northern California Health Care System (VANCHCS) have had a VA/DoD sharing agreement to improve access to care.
- Joint Recapture & Intake Center coordinates inbound transfers from other facilities known as "interfacility transfers."
- VA/DoD leaders want to re-attract beneficiaries from Community Hospitals to DGMC by using Community Hospital outreach strategies.
- Veterans often have complex medical conditions and care coordination needs that may relate to service-connected conditions placing them at higher risk during interfacility transfers.
- Delays in transfer cause excessive strain on overcrowded VA, worsens outcomes and contributes to missed opportunities to treat Veterans.
- The Joint Commission recommends that boarding time frames not exceed 4 hours for safety and quality.
- ED Boarding after decision to admit or transfer is a major cause of ED crowding. Improving transfer coordination efficiency may improve outcomes for Veterans.



PICO: Can strengthening interdisciplinary and interorganizational relationships improve the transfer process and healthcare outcomes for Veterans?

AIMS

Minimize risks of interfacility transfer and ED crowding by streamlining transfer coordination processes at DGMC, with the aim of improving care coordination, communication, and organizational cohesiveness.

Literature Review

Theme 1: Communication- Reduce distractions, decrease barriers, improve efficiency, EHR Access, Telemedicine

Theme 2: Standardization-Reduces costs, decreases potentially avoidable transfers, improves efficiency, and decreases burnout.

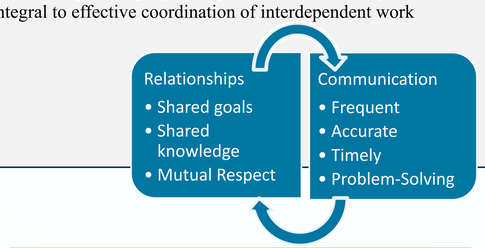
Theme 3: Situational Awareness: "Big Picture" 3 Levels: Perception, Comprehension, and Projection. What is the information? What does it mean? What will occur?

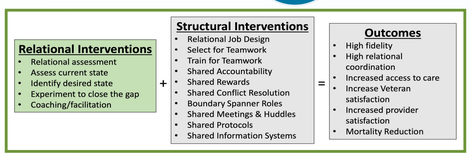
Theme 4: Equity: Veteran SDOH barriers: financial, food, housing, health literacy, transportation. Most vulnerable during care transitions.

Theoretical Framework

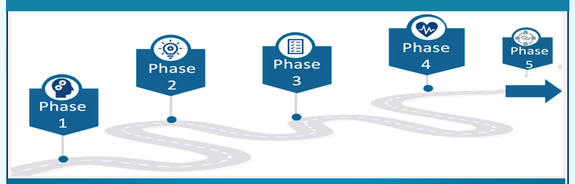
Relational Coordination Theory

- Coordination that occurs through frequent high-quality communication-supported by relationship dimensions
- Awareness of being part of the larger whole. Task-based relationship ties rather than personal ties between individuals.
- High task interdependence (e.g. patient care, transfer coordination), uncertainty, and time constraints
- Structures shape relationships for better or for worse
- Siloed job design contribute to fragmented coordination
- **Shared goals-** effective coordination when goals shared
- **Shared knowledge**-understanding how tasks within same work process fit together reduces obstacles
- **Mutual** respect-finger pointing; respect for the competence of others is integral to effective coordination of interdependent work





Methods



Phase 1: Initiation

Leadership Meeting: Initiate Project

1. Strategy VA/DoD Meeting: VA/DoD Leadership, Nurse Supervisors (Transfer Coordinators), Patient administration to discuss community hospital outreach and safety.
2. Meet & Greet MS Teams: VA Leadership, Nurse Supervisors (Transfer Coordinators), VA Transitions of Care to discuss current state and Community Care referral communication.
3. Joined VA MS Teams Transfer Referral Coordination Channel

Phase 2: Planning

Understand Roles

1. Job shadow: Transition of Care RN, Social Worker, Pharmacist, Discuss care coordination challenges and Community Hospital relationships.
2. Job shadow: VA S-CTraC DNP-RN led program. Consult and enrollment for hospice and palliative care, Discuss care coordination and common challenges, Attended multidisciplinary meeting.
3. Interview: VA Nurse Supervisor in Alaska

Phase 3: Execution

Step 1 • Form a team

Step 2 • Relational Map

Step 3 • RC Survey

Step 4 • Reflect

Step 5 • Design Interventions

Step 1: NS/Transfer Coordinators at DGMC Assess current state of Relational Coordination.

Current state:

Step 2: Relational Map to assess current state of teamwork among roles

Step 3: Relational Coordination Survey

1. **Frequent Communication-** How frequently do people in each of these groups…
2. **Timely Communication**
3. **Accurate Communication**
4. **Problem-Solving Communication**

1. **Shared Goals:** Do people share our goals?
2. **Shared Knowledge:** Do people know our role?
3. **Mutual Respect:** Do people respect our role?

Step 4: Reflect upon results,

Step 5: Design interventions

Community Outreach

Meeting 1: UCD

Meeting 2: Northbay

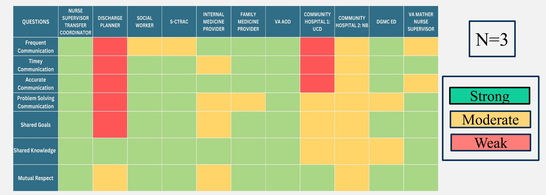
- MSU Transfers
- EHR Access
- Test Transfer
- Transfer Checklist
- Start: May 1, 2024

Provider-Focused Intervention

- Shared Goals: Safe Care
- Shared Knowledge: EHR
- Mutual Respect: Trust
- Choice of EHR or Fax
- 3-Way Call or Independent
- Safety-Focused; feedback

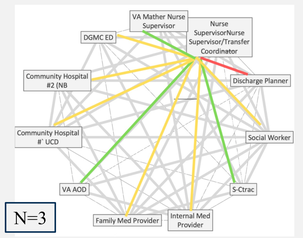
Results

Current State Relational Map & Survey



Discussion:

- Weak D/C Planner relational coordination; staff normally do not collaborate for any transfer coordination tasks with DC planner. Priority of focus is with Providers & Community Hospitals: problem-solving communication, shared goals, and mutual respect



- **Limiting factors:** Time to complete. Shift work limits relational coordination opportunities for staff
- Reassessment data not yet available. Due May 1, 2024

Next steps: Phase 4- Monitoring and Evaluation & Phase 5:-Closure

- EHR Access & Tip Sheet
- Transfer Data: checklist update & barriers and facilitators considered.

Adapted I-PASS Transfer Tool: improve handoff communication and care coordination

- **Application to Advanced Practice in VMHC:**
- Training & Education
- Research- currently underdeveloped in VA-to-VA transfers.
- Interfacility transfer policy development.

Conclusion

Relationships are difficult to measure, thus it has been said that a picture is worth a thousand words. The picture of our lead Active-Duty Hospitalist attending an interprofessional educational session that Ms. Lukiah Mulumba, DNP, RN (Lt. Col. Retired) held for VA/DoD staff and VA Community Health Agency partners underscores the VA I CARE Core Values (Integrity, Commitment, Advocacy, Respect, and Excellence) that define the VA culture, the influence of Relational Coordination, and our commitment to "caring" for Veterans. People Matter!

References