Workload, Quality, Burnout: Improving the Lives of Patients and Providers through Interprofessional Practice

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OBJECTIVES

• Review the evidence of interprofessional teams on workload, burnout & quality of care.

• Provide two examples from our institution of interprofessional team modeling.

• Recommend strategies for implementing interprofessional team-based models.
WORKLOAD

- Interprofessional teams decrease workload ¹
- Interprofessional practice frees up time for other medical services (better use of one’s skillset) ¹
- Shared knowledge of and investment in the patient ²
  - Patients needing unscheduled visits, etc.
  - Patient with new problem; need for collaboration

BURNOUT

• Increasing job satisfaction decreases burnout

• Relationships are important at all career levels to increased job satisfaction \(^1\)

• Collegial relationships, learning from each other and development of mutual respect and trust increase satisfaction \(^1\)

• Sharing clinical care among a team & having a high functioning team improves professional satisfaction \(^2\)

QUALITY

- Improved patient outcomes
  - Earlier diagnosis \(^1\)
  - Patient quality-of-life scores improved \(^1\)
  - Increased provider knowledge \(^1\)
  - Patient satisfaction and willingness to work with other professionals entering in the practice (trust relationship) \(^1\)
  - Decreased ICU mortality \(^2\)
  - Decreased rates of ventilator-associated pneumonia \(^3\)
    - “Seat at the table” by nurses; more “buy in”

One Model of an Interprofessional, Team-based Sub-specialty Clinic
Patient

- Pharmacist
- Medical Assistant
- Front Desk Specialist
- Pulmonologist
- Nurse Practitioner
- Students
- Fellows
- RN
A Second Model of an Interprofessional, Team-based Primary Care Clinic (Federally Qualified Health Center):

- Nurse Managed Clinic
- Humboldt Park, Chicago’s West Side
- One of Chicago’s most disadvantaged communities
- Department of Corrections partnership
- High need for primary care and mental health services
Collaborative Care Model

PHQ-9

GAD-7

AUDIT-C

DAST-10

Medical Assistant

Primary Care Provider

Patient

Behavioral Health Care Manager

Psychiatric Consultant
RECOMMENDED STRATEGIES

• Individualize an approach to meet specific needs
• Strive for a horizontal model
• Recognize unique expertise of team members
• Leverage diversity for stronger teams
• Advocate top-of-license practice
• Recognize billing and system constraints
• Include administration when appropriate
• Acknowledge that words matter
• Partner with academic institutions
• Address documentation requirements and malpractice through policy

