WARD LEADERSHIP TEAMS

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Please find following a summary of a literature search and relevant results. All articles can be provided in full - email library@monashhealth.org for a list of the articles you require.

QUESTION

- What are the impacts of ward (local/decentralized) leadership teams on quality & safety outcomes, patient experience and staff experience?
- What are the best management practices to help such teams thrive?
- What are the barriers/enablers to the function of such teams?

RESULTS

PEER-REVIEWED LITERATURE – MOST RECENT FIRST

Articles are grouped by theme:

- Accountable Care Units
- Patient-Aligned Care Team
- Other Models

Each article summary contains excerpts from the abstract and an online link.

ACCOUNTABLE CARE UNITS

AlSakaji, R., et al. (2023). **Accountable care unit implementation: a mixed-method analysis.** *Journal of Hospital Medicine, 18*(Suppl 1), S54-S55. Click for full-text.

Patient experience survey responses showed an improvement in all survey components relevant to the goals of the ACU. Physician and allied health survey response scores showed a steady improvement after the implementation of the ACU model, including related to care team communication and collaboration. Quantitative analysis of outcome metrics showed a significant decrease in average length of stay accompanied by a significant decrease in the LOS index, implying higher efficiency.

Grogean, T., et al. (2023). **More data, fewer problems: reducing variability of structured interdisciplinary rounds.** *Journal of Hospital Medicine, 18*(Suppl 1), S215-S216. Click for full-text.

Accountable Care Units (ACUs) with Structured Interdisciplinary Bedside Rounds (SIBR rounds) have shown significant improvements in throughput, clinical outcomes, and satisfaction. Yet, prior studies have noted difficulties achieving such improvements or sustaining them. After a relaunch, the researchers have seen strong improvements in length of stay, discharge by 11am, and the HCAHPS criterion 'Care providers explain things,' consistent with the literature. Process monitoring enabled leaders to rapidly remediate performance variability.

Loertscher, L., et al. (2021). **The impact of an accountable care unit on mortality: an observational study.** *Journal of community hospital internal medicine perspectives, 11*(4), 554–557. Click for full-text.

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An observational pre-post design with 5-year follow-up studied the transition of a medical unit to an Accountable Care Unit (ACU). This geographic model enables partnered nurse-physician leadership and patient-centered workflows, including daily interdisciplinary bedside rounds. A geographic ACU with nurse-physician partnered leadership and daily structured interdisciplinary bedside rounds can reduce total and unexpected mortality. However, maintenance requires constant effort and, in the real world, multiple confounders complicate study.

Shah, N. (2020). **30-Day Readmission Reduction for Skilled Nursing Facility Readmissions at an Urban Medical Center (TH323B).** *Journal of Pain and Symptom Management, 59(*2), P421. Click for full-text.

This study aimed to reduce the 30 day all cause readmission rate at an urban medical center for skilled nursing facility discharges from the collaborative from Accountable Care Unit from 18% in 2018 to 16% from April to December 2019 at the largest teaching campus for the health system. By improving communication between 2 facilities, the aim was acheived.

Jala, S., et al. (2019). **"In Safe Hands" - A costly integrated care program with limited benefits in stroke unit care.** *Journal of clinical neuroscience, 59*, 84–88. Click for full-text.

Given reported favourable outcomes of accountable care unit models of health care delivery, the Clinical Excellence Commission of NSW has embraced "In Safe Hands" (ISH) to enhance coordination of care. There was no significant difference in length of stay in median days or incidence of adverse events. Stroke outcome disability scores were not affected by the intervention. There were no significant differences overall in reported patient and nursing satisfaction. Implementation of the ISH program cost approximately AUD$ 1805/week in wages. The ISH program was a costly intervention of limited benefit in a well-established acute stroke unit.

Mastalerz, K., et al. (2019). **Lateral feedback in accountable care units: Res-ident and attending perceptions of interprofessional feedback.** *Journal of General Internal Medicine, 34*(2 Suppl), S269. Click for full-text.

Interprofessional feedback is desired by physicians but constrained by professional siloes and hierarchies. Strategies that facilitate the exchange of interprofessional feedback, such as creating intentional integrated workflow and setting clear expectations around interprofessional communication, should be considered in future curricular design.

Mastalerz, K., et al. (2019). **When the team wins, you win: Resident perspec-tives on identity formation in interprofessional teams and lessons for general medical education.** *Journal of General Internal Medicine, 34*(2 Suppl), S412. Click for full-text.

The study conducted a qualitative study using in-depth, semi-structured interviews with medical residents working on Accountable Care Units. Based on othe study, residency is a time of a growing awareness of interprofessional work and its challenges. The study suggest several education strategies that may improve resident interprofessional teaming skills and the formation of team-oriented professional identities.

Tri, S., et al. (2019). **Assessing medication reconciliation in hospitalized adult patients discharged from accountable care units in Saskatchewan health authority – Regina**. *Canadian Journal of Hospital Pharmacy, 72*(1), 91. Click for full-text.

More than half of patients were discharged from an ACU with at least one unjustified medication discrepancy. A standard discharge process decreased the proportion of unjustified discrepancies at discharge, including those involving ISMP high risk medications. Interpretation of clinical pharmacist impact was limited due a small proportion of documented pharmacist involvement. A standard process for medication reconciliation with improvement in documentation of rationale for medication may decrease the rate and impact of medication discrepancies.

Mastalerz, K., et al. (2018). **Impact of attending feedback on resident perceptions of their teamwork skills on accountable care units.** *Journal of General Internal Medicine, 33*(2 Suppl 1), 230. Click for full-text.

This study explores the effect of this feedback on teamwork attitudes of residents within inpatient microsystems called Accountable Care Units (ACU's). ACU's serve as ideal environments for studying teamwork due to daily structured interprofessional bedside rounds and a team-focused culture. ur findings show that in the ACU setting, medical residents of all levels report a high level of interprofessional collaborative competency. When exposed to the team-based ACU model and attending feedback about communication and teamwork, 1st year residents reported an improvement in teamwork skills and attitudes while 3rd year residents did not. This may suggest that interprofessional education interventions implemented earlierin residency training maybe more effective in building interprofessional teamwork awareness and competency.

Mastalerz, K., et al. (2018). **Teaching communication on inter professional bedside rounds: Improving resident performance on accountable care units.** *Journal of General Internal Medicine, 33*(2 Suppl 1), 353-354. Click for full-text.

This study shows that a simple strategy of realtime attending feedback can improve resident communication behaviors on interdisciplinary rounds in ACU settings. However, residents are not aware of their own efficacy in performing these behaviors. This suggests that, when teaching interprofessional teamwork skills, medical educators should not only focus on communication behaviors, but also explore resident attitudes about teamwork

Mastalerz., K., et al. (2018). **Using an intensive feedback curriculum to impact medical resident interprofessional teamwork behaviors and attitudes.** *Journal of Hospital Medicine, 13*(4 Suppl 1), 353-354.

The researcher created a feedback curriculum based on the TeamStepps framework for attending hospitalist physicians on inpatient medical wards at a community teaching hospital. Medical and transitional residents rotate in 4 week blocks on team-focused inpatient units called Accountable Care Units (ACU). The daily feedback curriculum consistently improves resident communication and teamwork behaviors on interprofessional bedside rounds.

Castle, B. W., et al. (2016). **Accountable Care Units: A Disruptive Innovation in Acute Care Delivery.** *Nursing administration quarterly, 40*(1), 14–23. Click for full-text.

This article describes the "what," "how," and "why" of the Accountable Care Units model as it has evolved in different locations across a single health system and includes the lessons learned as different units and hospitals continue working to implement the model in their complex care environments.

Azar, J., et al. (2015). **The Indiana University Center for Healthcare Innovation and Implementation Science: Bridging healthcare research and delivery to build a learning healthcare system**. *Zeitschrift fur Evidenz, Fortbildung und Qualitat im Gesundheitswesen*, 109(2), 138–143. Request full-text.

The IU-CHIIS successfully scaled up an evidence-based collaborative care model for people with dementia and/or depression, successfully expanded the Accountable Care Unit model positively impacting the efficiency and quality of care, created the first Certificate in Innovation and Implementation Science in the US and secured funding from National Institutes of Health to investigate innovations in dementia care. This article summarizes the establishment of the IU-CHIIS, its impact and outcomes and the lessons learned during the journey

Stein, J., et al. (2015). **Reorganizing a hospital ward as an accountable care unit.** *Journal of hospital medicine, 10*(1), 36-40. Click for full-text.

This narrative article describes the researchers' experience implementing each feature of the ACU. The aim was to introduce a progressive approach to hospital care and training.

PATIENT-ALIGNED CARE TEAM

Zulman, D. M., et al. (2014). **Partnered research in healthcare delivery redesign for high-need, high-cost patients: development and feasibility of an Intensive Management Patient-Aligned Care Team (ImPACT).** *Journal of general internal medicine, 29*(Suppl 4), 861–869. Click for full-text.

The ImPACT multidisciplinary team developed care processes to meet these needs, including direct access to team members (including after-hours), chronic disease management protocols, case management, and rapid interventions in response to health changes or acute service use. Partnered research that incorporated population data analysis, evidence synthesis, and stakeholder needs assessments led to the successful redesign and implementation of services.

OTHER MODELS

Flodgren, G., et al. (2019). **Local opinion leaders: effects on professional practice and healthcare outcomes.** *The Cochrane database of systematic reviews, 6*(6), CD000125. Click for full-text.

Local opinion leaders alone, or in combination with other interventions, can be effective in promoting evidence-based practice, but the effectiveness varies both within and between studies. The effect on patient outcomes is uncertain. The costs and the cost-effectiveness of the intervention(s) is unknown.

Kim, C. S., et al. (2014). **Unit-based interprofessional leadership models in six US hospitals.** Journal of hospital medicine, 9(8), 545–550. Request full-text.

A unit-based leadership model consisting of a medical director paired with a nurse manager has been implemented in several hospitals to function as an effector arm in response to the changing landscape of inpatient care. We provide an overview of this new model of leadership and describe the experiences of 6 hospitals that have implemented it.

APPENDIX

SEARCH METHODOLOGY

A systematic search was conducted for literature. The results were screened by librarians using Covidence.

SEARCH LIMITS

- English-language
- Published within the last 10 years

DATABASES SEARCHED

- Medline – index of peer reviewed articles across health sciences and medicine.
- Embase – index of biomed and pharmacological peer reviewed journal articles.
- Emcare – index of nursing, allied health, critical-care medicine and more.
- PsycINFO – index of psychiatry and psychology journal articles and more.
- Cochrane Library – collection of databases containing high-quality independent evidence.
- ProQuest Nursing & Allied Health – scholarly journals, theses, and books for nursing & AH.
- UpToDate & BMJ Best Practice – synthesised evidence for patient care.
- Grey literature – Google, Google Scholar, Trip database, Biomed Central Proceedings.

SEARCH TERMS

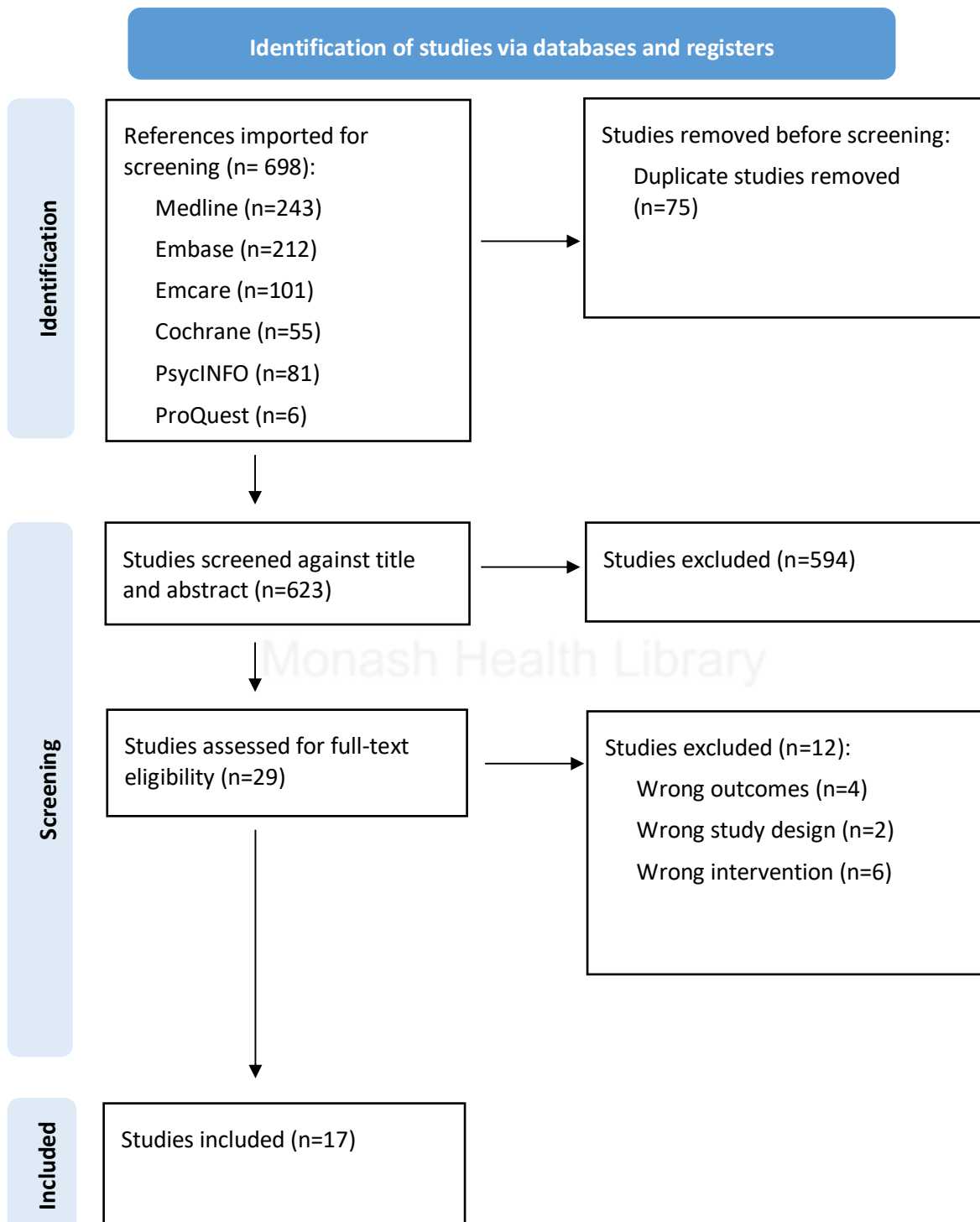| Concept	MeSH headings	Keywords
Ward leadership team		Ward(s); Clinic(s); Local(ised)(ized); Decentral(ised)(ized) [within 3 words of] Govern(ance)(ing); Leader(s)(ship) Accountable care unit(s)
Multidisciplinary teams	Interprofessional relations; Interdisciplinary communication; Patient care team	Multi(-)disciplinary team; Tran(-)disciplinary team; Inter(-)professional healthcare team; Inter(-)professional team; Inter(-)disciplinary team; Collaborative care team

MEDLINE SEARCH STRATEGY

Ovid MEDLINE(R) ALL <1946 to January 02, 2024>

1   ((ward* or clinic* or local* or decentral*) adj3 (govern* or leader*)).ti,ab.
2   accountable care unit*.ti,ab.
3   1 or 2
4   (multi?disciplinary team or trans?disciplinary team or inter?professional healthcare team or inter?professional team or inter?disciplinary team or collaborative care team).tw.
5   interprofessional relations/ or interdisciplinary communication/ or *patient care team/
6   4 or 5
7   3 and 6
8   limit 7 to last 10 years

PRISMA CHART

Identification of studies via databases and registers

Identification

References imported for screening (n= 698):

    Medline (n=243)

    Embase (n=212)

    Emcare (n=101)

    Cochrane (n=55)

    PsycINFO (n=81)

    ProQuest (n=6)

Studies removed before screening:

    Duplicate studies removed (n=75)

Screening

Studies screened against title and abstract (n=623)

Studies excluded (n=594)

Studies assessed for full-text eligibility (n=29)

Studies excluded (n=12):

    Wrong outcomes (n=4)

    Wrong study design (n=2)

    Wrong intervention (n=6)

Included

Studies included (n=17)