Working in harmony doesn't happen by accident

By Julie E. Williamson

Interdepartmental communication and team collaboration are essential to the success of any seniors housing community and its delivery of quality care. It's also one of an operator's greatest challenges.

Silos, which can be so damaging to organizations, are especially prevalent in health care. Different professions and areas of expertise often lead to disparate priorities and opinions. Beyond that, limited resources - especially time - sometimes push staff to limit interdepartmental communication and work independently, in the confines of their own discipline. It's an all-too common scenario that can hinder informed decision-making and jeopardize resident care.

"If staff are in separate silos, they will lack understanding of challenges and opportunities to promote collaborative teamwork and person-centered service," says Stella Hatchiffe, RN, MSc, CPHQ, manager of professional education for the Mather Lifeways Institute on Aging.

Hard data underscores the notion that ineffective communication among health care professionals is a top cause of medical errors and patient harm. Statistics compiled by The Joint Commission reveal that communication failures lie at the root of more than 70% of sentinel events.

Education and targeted teambuilding methods are a first line of defense for providers aiming to unify departments and teams. Staff "huddles," where a representative from each department or discipline come together daily to discuss challenges, best practices and care plan changes, is one often-effective approach.

Juniper Communities, an assisted living, memory care and skilled nursing provider, created focused communication-building programs to enhance resident and staff experience. Each quarter, interdisciplinary representatives - including those from dietary, activities and marketing - come together via telephone to plan programs and share their ideas for their communities.

"We've also developed our Care Transitions initiative, which brings our director and leadership teams together," says Diane Byrne, VP of Program Development, Training & Operational Oversight for Juniper Communities. "We also use an onboarding process, where new associates are assigned a mentor to help guide them."

Deborah Rosenthal Zemel, MSW, director of Chai Point Senior Living in Milwaukee, has seen firsthand the power of teamwork and its impact on resident care. "Sometimes, housekeeping and laundry staff are the first to notice when something is going on with a resident. We need to rely on their information and instincts so we can proactively address any issues or changing needs of the resident."

Employee shadowing is another effective way to promote greater appreciation and collaboration. An example might be where a social worker spends the day with a CNA, Hatchiffe explains. "Shadow days across disciplines enhance understanding of each other's daily contributions, role responsibilities and how they can communicate collaboratively with one another to promote high quality service."

TOP REASONS DEPARTMENTS DON'T SHARE

Communication breakdown comes in many forms and multiple reasons can be to blame. Here are some of the most common contributors, according to authors from the Denver Health Medical Center study "Improving Patient Safety through Providing Communication Strategy Enhancements."

1. Care providers often have their own disciplinary view of what the patient needs, with each provider prioritizing the activities in which he or she acts independently.

2. Healthcare facilities have historically had a hierarchical organizational structure, with significant power distances between or across healthcare professionals. This frequently leads to a culture of inhibition and restraint in communication.

3. Cultural differences - as well as differences in education and training among professions often result in different communication styles and methods that render communication ineffective.

The full report may be accessed from the Agency for Healthcare Research & Quality website (www.ahrq.org).