Welcome to the latest edition of the Jefferson Interprofessional Education and Care Newsletter. In our past newsletter we described a meeting that took place February 2011 that previewed the core competencies presented by IPEC. We are pleased to announce that TJU has adopted four IPE core competencies for Interprofessional Collaborative Practice, they are; Values/Ethics- Respect the unique cultures, values, roles/responsibilities and expertise of other health professionals; Roles/Responsibilities- Explain the roles and responsibilities of other health/healthcare providers and how the team works together to provide care; Interprofessional Communication- Work to ensure common understanding of information, treatment, and health/healthcare decisions by listening actively, communicating effectively, encouraging ideas and opinions of other team members and expressing one’s knowledge and opinions with confidence clarity and respect; Team and Teamwork- Reflect on the attributes of highly functioning teams and demonstrate the responsibilities and practices of effective team member(s).

We are also excited to announce that a National Coordinating Center for Interprofessional Education and Collaborative Practice (CC-IPECP) has been established at the University of Minnesota’s Academic Health Center and will provide national leadership in the field of interprofessional education and collaborative practice among health professionals. The Center, is directed by Barbara Brandt, PhD, and is funded by HRSA for $800,000 annually for five years, with four national foundations – the Josiah Macy Jr. Foundation, Robert Wood Johnson Foundation, John A. Hartford Foundation and Gordon and Betty Moore Foundation pledging an additional $8.6 million over five years for interprofessional education and health care transformation. The CC-IPECP’s overarching goal will be to transform how health care is being delivered in the United States by creating a bridge between health profession education and practice; with the ultimate goal of creating systems and programs that will lower health care costs, enhance quality and improve health care delivery. JCIPE has already been asked to engage in a national dialogue describing interprofessional education and collaborative practices activities being implemented at TJU and is looking forward to many new and exciting collaborative opportunities in the future with the newly formed CC-IPECP.

Please enjoy the articles in this edition of the newsletter that describes many of the new and innovative projects happening at TJU.

Elizabeth Speakman EdD, RN, ANEF
Christine A. Arenson, MD
Editors
Immediate use sterilization, also known as flash sterilization, is an expedited sterilization process used for surgical equipment needed in emergent clinical situations. Immediate use sterilization is a procedure used by Operating Room staff members to sterilize instrumentation on an as needed or just in time basis when instruments needed for a particular case are not immediately available or become contaminated in the course of the case. If instrumentation is not sterilized appropriately, the patient’s safety is possibly put at risk from the potential of surgical site infections. No specific literature data directly correlates immediate use sterilization with surgical site infection. However, eliminating this variable enables infection control to focus prevention efforts elsewhere.

Immediate use sterilization can be misused or over utilized to compensate for lack of adequate inventory, inefficiencies in sterilization workflow or for staff convenience. It is a process deemed by the Joint Commission, to be fully documented, monitored closely and avoided when possible.

In July 2010, Thomas Jefferson University Hospital, Inc. recognized the need to reduce the utilization of immediate use sterilization. Expected benefits of decreasing the rate included:
- advancing quality and safety for patients,
- improving regulatory compliance,
- improving operational efficiencies,
- improving staff and physician satisfaction,
- decreasing operating room (OR) turnaround time, and potentially reducing the risk of surgical site infections.

To reduce the rate, Jefferson charged an interprofessional team consisting of Six Sigma Belts, and clinical experts including, Infection Control, Operating Room staff, and Sterile Processing. The team was comprised of staff members who were identified as stakeholders in the process by leadership. The initial challenge for the project was to establish a recognized method to define and capture the immediate use sterilization rate among its many operating rooms and procedural areas.

Upon standardization of the methodology, a baseline immediate use sterilization rate of 15.65% was calculated for TJUH, Inc. This meant that an average of 15.65% of the Operating Room cases had instrumentation that was sterilized by the immediate use sterilization process in a four month period. Based upon the six sigma methodology, the goal was to decrease immediate use sterilization by 90% to a 3.6 sigma level and ultimately an immediate use rate of <1.565%. Taking into consideration further reduction opportunities that require capital expenditure, the Project Sponsors set the goal to <5% for this project to be considered a success.

The interprofessional team worked through the five phases of Six Sigma methodology: Define, Measure, Analyze, Improve and Control (DMAIC). The methodology focuses on quality measurement, processes for continuous improvement, and enabling culture change. The culture change, or people side of change, is often the most challenging and critical component of an organization’s transformation. For this project, this was also true. The process was comprised of staff from two areas of the perioperative division - operating room and sterile processing. While the staff in these areas was dependent on each other, there was no forum to discuss the current process or identify opportunities for improvement. A requirement for project participation was to meet weekly as a team for a minimum of two hours. During these meetings, the belt facilitators ensured that every voice was heard and that every idea was considered.

Six Sigma is rooted in statistical analysis because it is data-driven and is a strict approach that drives process improvements through statistical measurements and analysis. This approach led to objectively viewing opportunities for improvement and enabling potential solutions to be created by all team members from the analysis completed of the entire process.

This approach also takes time, effort and a strong collaborative team. Through their dedication and collaboration, this interprofessional team achieved the following success:
- Standardization of the immediate use sterilization log across campuses
Standardization of the rate calculation across campuses
Establishment of base rate for the Jefferson organization
Establishment of the express cycle for the main surgical locations
Revision of policies – immediate use sterilization, express cycle
Staff education
Improved collaboration between sterile processing/case cart and the operating rooms through daily huddles
Identified immediate use instruments sterilized a high percentage of time
Identified resources to secure purchasing of highest immediate use sterilized items
Compliance and regulatory benefits
Reduced exposure to possible non-sterile instruments
Possible dollar savings from time saved in immediate use sterilization for OR nurses
Removal of dirty decontamination from clean OR

By October, 2011, the team had reduced the immediate use rate to 2.8%, an 82% reduction from the established base rate. Recent analysis shows the team sustaining the improvement, reporting 2.7% for December, 2012. Beyond standardizing immediate use sterilization and the rate across campuses, the project’s greatest success was in improving teamwork, collaboration and respect among the various stakeholders. This collaborative effort continues and, along with greatly reduced immediate use rates, will be the true legacy of the project among the various stakeholders.

Immediate Use Sterilization Team: Beth-Ann Schauer, MBA, PMP, SSGB; Lori Szymonowicz, CPAM, SSGB, Preci Varghese, PharmD, SSBB, Kevin Plews, BS, BSN, CCRN, SSGB, Richard Webster RN, MSN; Phyllis Flomenberg MD; John Ervin, RN, BSN, MBA; Diane Wolk MSN, RN, CNOR; Kenneth Szajde; Lizzanne Mason, BSN, RN; Joanne Grace MS, RN, CNOR; Eleanor Kelly MS, RN, CNOR; Ronald McMonagle; Theodore Wheeler, BS; Bryan Esham; Dennis Kosar

Health Mentors Program
What Health Mentors love about Jefferson:

“Being a Health Mentor is a form of consciousness-raising about my relatively rare disease, so that a few of our rising generation of healthcare providers will know more about it. Being a Health Mentor is one of the few things I can do to produce some positive value out of chronic illness. It’s also a way for me to ‘give back’ for some of the terrific care I have received.”

“I have enjoyed working with the team. They were all so professional, mature and most of her they had great listening skills. They were wonderful and such an asset to Jefferson Health Care. Thank you for the opportunity to be with them and to know them.”

“I would like to extend my thanks to you and the team of young professionals who I mentored over the last 2 years. I have seen them mature and start to understand the relationship that it is required to treat a patient as a whole and not in pieces. This is a great program for future Health Care professional.”

“You are able to express yourself in a comfortable setting of a group of students that are interested in what your experiences [are], good or bad, and they can ask questions about them. That I am able to volunteer freely and knowing I can give to the students’ experiences of myself that will be a helpful foundation for their future.”

“I enjoy the energy of my young team, and watching them figure out how to work together as a team. I have been pleased that our encounters feel like more than just another assignment – that we all have something to teach one another.”
Feelings of frustration, loss, and exhaustion are common among healthcare workers. Students placed among new experiences and in a dependent learning role are not shielded from these emotions but often experience them differently from other members of the healthcare team. In addition to the systematic and individual support available through TJUH, for the past year and a half Jeff-CHAT (Compassion, Humanism, Altruism, Trust) has provided a forum for students to discuss and reflect on difficult emotions and situations.

Jeff-CHAT is modeled after the Schwartz Center Rounds, which “offer healthcare providers a regularly scheduled time during their fast-paced work lives to openly and honestly discuss social and emotional issues that arise in caring for patients” (www.theschwartzcenter.org). Studies have shown that regular attendance to these rounds increases compassion, improves teamwork, and protects burnout among healthcare workers.

Jeff-CHAT, is in its second year and provides a student-run, student-only monthly rounds venue. The rounds are centered on a topic, such as “Putting compassion to the test” or “Feelings of failure when things don’t work.” Three student panelists from medicine, nursing, physical therapy (PT), occupational therapy (OT), pharmacy and social work start the rounds by presenting a short, personal experience relating to the topic. Each panelist brings his or her own perspective in examining the different facets of the issue. The discussion is subsequently opened to the entire audience for the remainder of the rounds.

The feedback has been overwhelmingly positive from receptive participatory audiences. The rounds were initially expected to encourage students to share and discuss personal experiences and feelings, but comments have often focused on students’ increased awareness that we and our specialty are not alone. OT and nursing students alike face supervisors with whom they’ve disagreed over patients, and medical and PT students both know the powerlessness of watching a patient’s condition decline. The shared experiences help students not only accept and balance their own feelings, but also to acknowledge and relate to those of other team members.

Ultimately, we hope that Jeff-CHAT will become more fully integrated into health professions training, with support from students, faculty, and administrators throughout Thomas Jefferson University. This is the first program for students in the country, and the hope is that the positive student reception and, eventually noticeable impact on student careers and well-being, will encourage other universities to provide a similar interdisciplinary forum.
Upcoming Faculty and Staff Development Programs

**Interprofessional Geriatric Education and Practice Institute**

Solving Challenges in Dementia Care  
Date: Tuesday, June 4, 2013  
Time: 7:30am-12pm  
Location: Dorrance H. Hamilton Building, 1001 Locust Street, PA  
Registration is **FREE for this knowledge-based program**; link will be available on the Eastern Pennsylvania-Delaware Geriatric Education Center ‘s website in May.  
Registration Link: http://epadgec.jefferson.edu/dementia.cfm

For more information, please contact Tarae Waddell-Terry, MS, institute coordinator (Assistant Director, Eastern Pennsylvania-Delaware Geriatric Education Center) at tarae.waddell@jefferson.edu.

**Eastern Pennsylvania-Delaware Geriatric Education Center : Interprofessional Geriatric Practice Program Overview**

The advanced practice certificate in Interprofessional Geriatric Practice provides healthcare practitioners, such as clinical educators or supervisors and current faculty, with knowledge and practice in interprofessional education principles, current geriatric theory and practice and andragogy. Students will experience interprofessional collaboration in geriatrics and education/training methods for implementation into curricula and training programs. This certificate prepares the student to incorporate interprofessional education into current courses. It prepares health educators to develop future innovative interprofessional geriatric health care courses and clinical training experiences.

For more information about the certificate program, please visit [http://www.jefferson.edu/health_professions/occupational_therapy/programs/certificate_InterprofessionalGeriatricEducation.cfm](http://www.jefferson.edu/health_professions/occupational_therapy/programs/certificate_InterprofessionalGeriatricEducation.cfm)

or contact:

**Course Coordinator & Primary Instructor**

Stephen Kern, PhD  
Certificate Program Director  
[stephen.kern@jefferson.edu](mailto:stephen.kern@jefferson.edu)

**Registration**

Tarae Waddell-Terry, MS  
Assistant Director, Eastern Pennsylvania-Delaware Geriatric Education Center  
[tarae.waddell@jefferson.edu](mailto:tarae.waddell@jefferson.edu)

**Collaborating Across Borders (CAB IV)**

*An American-Canadian Dialogue on Interprofessional Health Education & Practice*, June 12 to 14, 2013, held in Vancouver, British Columbia. CAB IV is the fourth biennial Canada-United States joint conference that features the advancements of interprofessional health education, collaborative practice, leadership and policy in North America context. - and will be the largest interprofessional education meeting ever held.

Work of many Jeffersonians will be presented at CAB IV (five posters and 10 podium presentations). This includes but not limited to the Health Mentors Program, the Eastern Pennsylvania/Delaware Geriatric Education Center activities, innovative clinical skills/team-based training models, and our robust evaluation data. For more information, visit CAB IV website: [http://www.cabiv.ca/index.php](http://www.cabiv.ca/index.php).
Jefferson InterProfessional Education Center is pleased to invite manuscript submissions for the Interprofessional Education and Care Newsletter. This is a peer reviewed bi-annual publication produced by JCIPE for faculty, health professionals and learners from diverse fields and backgrounds.

It provides a forum to disseminate current information and innovative projects advancing interprofessional education, evaluation, research and practice in order to further this mission.

NEWSLETTER TOPICS
Manuscripts for the Interprofessional Education and Care Newsletter should highlight initiatives that are representative of collaborative interprofessional education and care and/or evaluation projects. The newsletter strongly encourages manuscripts that address exciting new innovations and rigorous evaluation for integrated models of education or care/collaborative practice.

For example, topics could include:
- Innovative interprofessional education projects
- Strategies to implement innovative collaborative practice projects
- Trends in interprofessional education and/or care/collaborative practice
- Systems or policies influencing interprofessional education and/or care/collaborative practice
- Collaborative models of care
- Interprofessional strategies for improving patient safety
- Interprofessional strategies for enhancing patient-centered care
- Evaluation of interprofessional education or care/collaborative practice
- Other interprofessional education and care activities

Manuscripts should be 500-600 words. For author guidelines or more information, visit: http://jeffline.jefferson.edu/jcipe/newsletter/. 