

Type: Essay

Subject: INTERPROFESSIONAL COLLABORATION (IPC) AMONG HEALTH CARE PROFESSIONALS

Subject area: Nursing

Education Level: PhD Program

Length: 2 pages

Referencing style: APA

Preferred English: US English

School: Chamberlain University

Spacing Option: Double

ASSIGNMENT QUESTION: As a practice scholar, you are called to respond to a recurring medication administration error at your workplace setting and identify strategies to prevent future recurrence

through interprofessional collaborative practice. Your first step is to assemble the

interprofessional team. Consider the following.

- Who is on your team? What are the roles, responsibilities, and abilities of the team
- members?
- How will you work together? How will you determine accountability and task
- distribution? Identify ways to distribute and follow up on tasks among interprofessional
- team members.
- What strategies will you use to facilitate effective communication and collaboration?

The student post provides support from a minimum of at least three (3) sources which may include assigned readings, or weekly module content, or outside scholarly sources. The scholarly source when used is: 1) evidence-based, 2) scholarly in nature, 3) published within the last 5 years, and 4) an in-text citation. APA 7 TH EDITION PEER REVIEWED ARTICLES ONLY AT LEAST 3

Title: IPC and Medical Administration Errors

Name:

Institution:

Course:

Instructor:

Due Date:

Introduction

Interprofessional collaboration has been cited as one of the answers to dealing with better health outcomes for patients. For instance, IPC has been proven to lead to shorter hospital stays, lower incidence of errors, lower incidence of medical complications, and an improvement in the overall safety of patients. One of the commonest errors in health practice is medication administration errors, which refer to a variation between what medication a patient receives, and what the prescriber intended. These errors significantly compromise the health outcomes of patients and impinge on the healthcare provider's reputation (van der Veen et al, 2017).

IPC team on medical administration errors

Physicians issue medical interventions for patients. They are therefore necessary to have on the team, as well as nurses, who in many cases administer medication to admitted patients, on the physicians' directions. Health Information Management (HIM) personnel are also involved since they are tasked with codifying doctors' instructions, and the pharmacy staff, who issue the medication to patients or nurses for administration.

The first step of each member of the team will be to appreciate their roles and commit to using all mechanisms to individually avoid any errors. For instance, nursing staff must commit to ensuring that the medicine they administer is as per the doctors' instructions. Where there is room for doubt, they need to confirm first before administering the medication. The team members have a collective responsibility to set up and sustain a mechanism that surveils medical administration while pointing up evidence-based solutions to minimize the occurrence of such errors. The abilities of the team members are dictated by their qualifications, as well as the

team's adherence to current evidence, and the strength of a collaborative effort to curb an issue that is responsible for significant morbidity and mortality in patients.

How to collaborate

Hurlock-Chorostecki et al (2016) have identified effective communication and open knowledge sharing as being key to the creation and sustenance of effective interprofessional collaboration. The team will prioritize these two attributes while being keen to identify patient issues that have been caused by the issue at hand. Accountability will be determined by first having a clear assignment of all issues related to medication administration. The assignment of tasks will be based on the qualification of each individual, as well as pointers from current evidence on who is best suited to handle specific issues. Thereafter, each individual will be fully briefed on their roles for clarity and informed on what other individuals are expected to fulfill. This will enhance accountability. Regular team meetings will be arranged to enhance accountability amongst individuals. The system set up for surveillance and follow-up will be operationalized, with specific individuals being responsible for follow-up and reporting regularly.

Strategies to facilitate communication and collaboration

One of the first strategies to enhance communication will be thorough, if brief, training on effective communication skills that are key to the success of the IPC team. In the medium term, the team will focus on environmental restructuring, whose main aim will be to have a team that is more suited to informal or social communication. Clinical decision support systems will be key to enhancing collaboration (Dearholt & Dang, 2012). As such, all team members should undergo training to familiarize themselves with these systems. There should be a set of

operational guidelines to assist team members to collaborate and establish the nature of the collaboration. Collaboration should always be guided by the ultimate aim of bettering patient health outcomes (Chauhan et al, 2017).

References

- Chauhan, B., Jeyaraman, M., Mann, A., Lys, J., Skidmore, B., Sibley, K., Abou-Setta, A., & Zarychanski, R. (2017). Behavior change interventions and policies influencing primary healthcare professionals' practice—an overview of reviews. *Implementation Science*, 12(3).
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- Hurlock-Chorostecki, C., Soeren, M., MacMillan, K., Souraya, S., Donald, F., & Reeves, S. (2016). A qualitative study of nurse practitioner promotion of interprofessional care across institutional settings: Perspectives from different healthcare professionals. *International Journal of Nursing Sciences*, 3(1), 3-10.
- van der Veen, W., van der Bemt, P., Wouters, H., Bates, D., Twisk, J., Gier, J., Taxis, K., Duyvendak, M., Luttikhuis, K., Ros, J., Vasbinder, E., Atrafi, M., Brasse, B., & Mangelaars, I. (2017). Association between workarounds and medication administration errors in bar-code-assisted medication administration in hospitals. *A Scholarly Journal of Informatics in Health and Medicine*, 25(4), 385-392.