



Interprofessional Collaboration enhances the patient experience and safety

Each patient who visits a hospital hopes to have a positive outcome but sometimes that does not happen. Regardless of the outcome, patients and their families should be entitled to a favourable patient experience. Each patient belongs in the centre of a circle of care. Unfortunately, more than 250,000 people develop a Healthcare Associated Infection (HAI) each year. When many healthcare professionals are the strong links that form that circle of care, HAIs can be greatly reduced.

The first responders, Emergency Management Services and the triage team in an Emergency Department, form the initial links when they use Routine Practices with every patient or Additional Precautions, based on the patient's signs, symptoms and previous medical history, to prevent the transmission of infectious agents or antibiotic resistant organisms. A patient who presents with query meningitis should not only be put in Droplet Precautions immediately, but it is crucial that the information about the Additional Precautions be communicated to all other healthcare workers (HCW) involved in the patient's care. Who might those be? Physicians and nurses performing the hands-on care, porters transferring the patient for a diagnostic procedure, the respiratory therapists assisting in the intubation or the customer support services who are required to clean a body fluid spill on the floor. When there is collaboration between the professions, the risk of transmission to HCWs, patients and their visitors in the vicinity is minimized. The circle widens when the laboratory staff process the cerebrospinal fluid and issue reports within the expected turn-around time so that the public health department can be notified and prophylaxis given to those outside of the hospital who may have been exposed.

Simultaneously, there may be renovations to the hospital taking place. Collaboration between the Infection Prevention and Control Practitioners (ICPs), engineering department, contractors, plumbers, and professionals in other trades needs to take place. Education and recommendations about measures that have to be implemented to protect vulnerable patients from microorganisms, e.g. *Aspergillus* spp. and other fungal spores found on dust particles, and *Legionella* spp. in the cooling towers, documented to be implicated in causing infections during construction activities, needs to be shared with all involved in the project and other professionals working in the vicinity. Then there needs to be strict adherence to the recommendations. Professions working in or around the construction area have to be empowered and collaborate in dealing with breaches in processes.

One often thinks that the directors and leaders function in the boardrooms. However, when there is visibility of collaboration between the executive branch and the other professions in even one of the basic elements of preventing the transmission of infectious agents, i.e. hand hygiene, the rates of compliance increase. When a volunteer is not intimidated to remind a surgeon that one of the four moments for hand hygiene was missed, and the reminder is graciously accepted, that's interprofessional collaboration working to prevent HAIs.

As air travel becomes more accessible, hospitals are likely to be challenged with a wider variety of emerging infectious diseases. Ebola and the Middle Eastern Respiratory Syndrome-Coronavirus (MERS-CoV) are recent examples. Many clinical educators collaborated with ICPs and other professions in ensuring that front-line staff were confident when caring for potentially infected patients. Knowing the correct process for the safe donning and doffing of

personal protective equipment helped to relieve the anxiety felt by many HCWs. But without the logistics team on board ensuring that the recommended equipment and adequate supplies were available, the anxiety level would have remained high.

ICPs collaborate with facilities across the continuum of care. For instance, a pediatric unit has specific concerns. As soon as children feel better they are anxious to get out of bed. Patients, their siblings, and visitors head for the play areas. Child life specialists are constantly engaged in activities, some of which are relatively easy to deal with, e.g. the disinfection of toys between users, separation of dirty and clean toys into different boxes. Other activities need the collaboration between professions with two different safety concerns ... helmets necessary for patients on riding toys, for the prevention of head injuries, in juxtaposition to the concerns for the transmission of lice between kids who share the helmets.

Outbreaks, though dreaded, illustrate the best aspects in a multidisciplinary collaborative approach. Let's examine the scenario where nurses report new respiratory symptoms in a few patients, physicians order nasopharyngeal swabs and the laboratory reports Influenza A virus. Based on established criteria, an outbreak is confirmed and a multidisciplinary committee is immediately set into motion to conduct a comprehensive and timely investigation of appropriate control measures. Collaboration between the ICPs, Public Relations, Pharmacy, Employee Health and Wellness, Public Health, nursing, physicians, Customer Support, and Hospital Administration ensures that adequate resources are available and information is communicated between facilities.

When the circle of care is tightly woven by interprofessional collaboration, each patient actually has a positive experience that is safe and effective. ❖