

Collaboration: Get better care, go home sooner, live longer

By Leah Curtin, RN, ScD(h), FAAN



IN APRIL 2015, *Critical Care Nurse* published an article about the correlation between nurse-physician collaboration and positive patient outcomes. When nurses and physicians collaborate, it produces measurable results in critical care. Specifically, researchers examined 5 years of data on nurses' perceptions of work relationships with physicians in four intensive care units (ICUs), focusing on ventilator-associated pneumonia and central line-associated bloodstream infections. They found that nurse-physician collaboration was related significantly to decreases in both infections.

This is the most recent in a long line of studies on nurse-physician relationships and patient outcomes. As early as 1887, in an address at Johns Hopkins Hospital, famed physician Sir William Osler stated, "The trained nurse has become one of the great blessings of humanity, taking a place beside the physician and the priest, and not inferior to either in her mission."

A 1986 study associated with the development of the Acute Physiology and Chronic Health Evaluation II (APACHE II), a severity-adjusted classification and risk prediction system for critical care, identified collaboration as having an important positive impact on ICU patient outcomes. In this study of 13 hospitals, physicians and nurses independently reported their perceived level of collaboration with each other. The variation in mortality among the hospitals ranged from 41% below what the APACHE II predicted to 58% higher than it predicted after adjustment for patient case mix and severity of illness. Knaus and colleagues found these differences related to the interaction and communication between nurses and physicians. Why? Because effective nurse-physician communication results in consistent and coordinated responses to complex patient-care problems.

The APACHE III methodology, first published in 1991, examined data from 42 ICUs in 40 hospitals, identifying factors contributing to superior risk-adjusted outcomes. As with APACHE II, these hospitals had a wide variation in outcomes, ranging from 33% lower to 25% higher than predicted mortality. Caregiver

interaction (a concept that includes communication, coordination, problem solving, and conflict management) was significantly related to a shorter risk-adjusted length of stay. Other studies have examined the connection between collaborative nurse-physician relationships and patient outcomes. They provide strong evidence that a collaborative approach to care has a positive impact on quality of care, resource utilization, and ICU costs.

Courtesy, communication, and mutual respect all make for a great workplace—and for great work. In our business, that means patients get better care, go home sooner, and live longer. That's as good a reason as can be found to focus on workplace relationships.

Leah Curtin

Leah Curtin, RN, ScD(h), FAAN
Executive Editor, Professional Outreach
American Nurse Today

Selected references

- Baggs JG, Schmitt MH, Mushlin AI, et al. Association between nurse-physician collaboration and patient outcomes in three intensive care units. *Crit Care Med*. 1999;27(9):1991-8.
- Boev C, Xia Y. Nurse-physician collaboration and hospital-acquired infections in critical care. *Crit Care Nurse*. 2015;35(2):66-72.
- Kaye J, Ashline V, Erickson D, et al. Critical care bug team: a multidisciplinary approach to reducing ventilator-associated pneumonia. *Am J Infect Control*. 2000;28(2):197-201.
- Knaus WA, Draper EA, Wagner DP, Zimmerman JE. An evaluation of outcome from intensive care in major medical centers. *Ann Intern Med*. 1986;104(3):410-8.
- Knaus WA, Wagner DP, Draper EA, et al. The APACHE III prognostic system. Risk prediction of hospital mortality for critically ill hospitalized adults. *Chest*. 1991;100(6):1619-36.
- Malila FM, Von Reuden KT. The impact of collaboration on patient outcomes. *J Clin Syst Manag*. 2002;4(5):10-12, 18.
- Shortell SM, Zimmerman JE, Rousseau DM, et al. The performance of intensive care units: does good management make a difference? *Med Care*. 1994;32(5):508-25.
- Young MP, Gooder VJ, Oltermann MH, et al. The impact of a multidisciplinary approach on caring for ventilator-dependent patients. *Int J Qual Health Care*. 1998;10(1):15-26.