

Background

Maine Medical Center (MMC) is pursuing excellence by the implementation of the Inter-professional Partnership to Advance Care and Education (iPACE) model

Mission Statement:

To develop innovative, interprofessional approaches to inpatient care that are patient centered, support ongoing quality improvement and educate the interprofessional team

iPACE Objectives

- Emphasize interprofessional collaboration and team learning
- Enhance patient and family centered care through improved communication
- Improve care transitions and care coordination
- Support clinical reasoning and promote reflection
- Promote and encourage a healthy work environment
- Encourage and support a culture of team ownership

Departments Involved

Care Management*	Rehabilitation*
Pharmacy*	Students*
Attending Physicians*	Cardiology
Residents*	Nursing*
Psychiatry	Research/CORE
Leadership	APPs
Spiritual Care	Finance
Nutrition	Nephrology

*those present daily; others consulted per request

Hypothesis

Pharmacy residents subjectively believe the iPACE model enhances education and patient care as compared to a traditional model of rounding

Materials and Methods

- Single center; Quality improvement; Survey analysis
- A Likert scale RedCap survey was created and dispersed electronically to 11 pharmacy residents who completed a rotation within the iPACE model from October 2017 - July 2019
- Anonymous data extracted from the survey was used to determine the direct impact the iPACE model has on the education of pharmacy residents and the level of care they feel they can provide to patients

Results of Pharmacy Resident Survey

	Strongly Agree	Agree	Undecided	Disagree*
The iPACE model allowed you to practice at the top of your license	54.5%	45.5%	-	-
Potential adverse effects to the patient were more likely to be avoided by the availability of a pharmacist on rounds in the iPACE model	45.5%	45.5%	9.1%	-
As a pharmacist on the iPACE team, you had an opportunity to make interventions to better patient care	63.6%	36.4%	-	-
There were more opportunities for pharmacist teaching in the iPACE model	63.6%	18.2%	9.1%	9.1%
Lack of communication was less of an issue on the iPACE model due to the integrated team approach	45.5%	45.5%	-	9.1%

	Strongly Agree	Agree	Undecided	Disagree*
Medication errors were less likely to be made due to the availability of a pharmacist on rounds in the iPACE model	72.7%	18.2%	-	9.1%
The opportunity to personally meet each patient being cared for by the iPACE team allowed for the ability to provide a higher level of patient care	72.7%	27.3%	-	-
As a pharmacist, you felt as though your personal time spent rounding on the iPACE model/with the iPACE team was valued	63.6%	36.4%	-	-
As a pharmacist, you felt as though the iPACE team viewed your opinions or recommendations with a high level of respect and trust	72.7%	18.2%	9.1%	-
You would recommend the iPACE model be used in other areas throughout the hospital	81.8%	9.1%	9.1%	-

*Strongly Disagree was removed from results table due to no responders selecting this option for any question

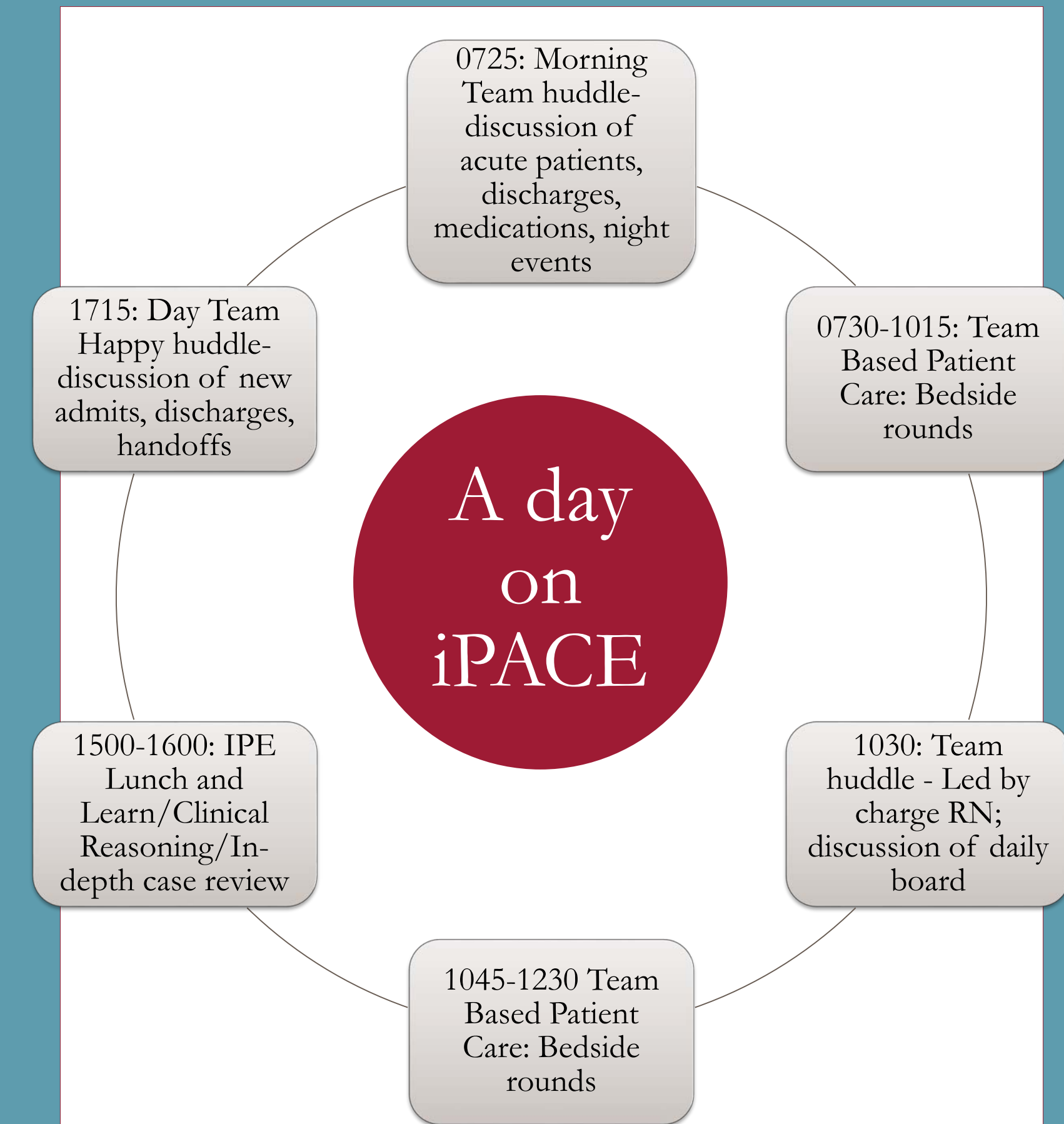
MMC Awarded \$1.8M Grant

- The American Medical Association (AMA) awarded Maine Medical Center a five-year \$1.8 million grant to transform resident training
- The current iPACE model on P2C will be used as a pilot for expansion
- MMC plans to incorporate team-based, interprofessional patient care into the resident clinical practice and education
- Proposal to expand the iPACE model across multiple other inpatient clinical floors and into outpatient settings
- Funding will be directed towards reforming the residency program, interprofessional development, decreased length of stay and costs for patients, and improving the patient experience as a whole while growing iPACE

iPACE



Interprofessional Partnership to Advance Care and Education



Conclusions

- All pharmacy residents (100%) agreed the iPACE model allowed them to practice at the top of their license, enhanced their ability to provide a higher level of patient care, and increased the opportunity for pharmacy interventions
- Almost all (91%) of residents felt that medication errors, potential adverse effects to the patient, and communication errors were less likely to occur
- Enhanced interprofessional teaching and consistency was acknowledged by 82% of residents
- The majority of pharmacy residents determined the iPACE model should be implemented throughout the institution

Limitations: traditional models were not surveyed separately; a cohort of eleven residents is small; potential for acquiescence bias

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