Teamwork is something that most of us understand intuitively. The American Heritage Dictionary defines teamwork as “a cooperative effort by the members of a group or team to achieve a common goal.” It is likely that we would all verbalize our own definition somewhat differently, but the meaning and feeling would probably be similar. Examples of successful teamwork abound, including the best sports teams, accomplishments of charitable organizations, and many business endeavors. Certainly, the US Army has done as much as anyone for promoting a consciousness of teamwork within our culture. But how does teamwork relate to hospitalists, critical care nurses, and hospital medicine? How does it impact the care of our patients? And how does teamwork affect the systems of care within a hospital, and our role in it?

Hospitals have traditionally been places where departments of professionals have had their own ways of functioning, frequently in isolation and without the understanding of, or cooperation with, other departments—and without the presence of the team quarterback—the admitting physician. The result has often been the delivery of fragmented, inefficient, costly and potentially harmful care. Today, however, there are new technologies, new tools, and new opportunities for the collaborative delivery of hospital care. Driving the development of this collaborative care are hospitalists, physicians whose primary focus is the care of hospitalized patients. Because hospitalists are always present in the hospital, they are in the position to be the natural team leaders responsible for overseeing the systems of hospital care. Their success, however, will depend on their ability to effectively foster and coordinate a spirit of teamwork, collaboration, and coordination between nursing, respiratory care, pharmacy, rehabilitation services, case management, social service, and many other disciplines.

Developing effective systems to overcome the “old” patterns of care will be among the most difficult challenges.

There are already good clinical examples of how teamwork improves the care of hospitalized patients. The Hospitalist/Orthopedics Team, a collaboration between hospitalists and orthopedic surgeons at the Mayo Clinic, has demon-
strated improved efficiency and quality for patients undergoing total joint replacements (J. Huddleston, unpublished data, 2003). In critical care, when patients receiving mechanical ventilation are managed by a multidisciplinary team that proactively oversees the weaning process using standardized protocols, patients are consistently extubated in nearly 2 days less time as compared to the traditional process. And the care of geriatric patients has been markedly improved through the implementation of teams of professionals focused on the acute care of elderly patients. There are many other examples, but the underlying theme is that teamwork clearly strengthens our ability to provide higher quality, more efficient care.

A factor of major importance to hospitalists and nurses is the value placed on teamwork by key healthcare stakeholders. The Joint Commission on the Accreditation of Healthcare Organizations is a strong proponent of teamwork. Their focus is on coordination of care and the support of healthcare professionals for each other: “Teams whose members have experience working together know each other’s strengths and weaknesses, can better support each other and compensate for each other—even under extreme stress and fatigue conditions.” According to the Joint Commission on the Accreditation of Healthcare Organizations, teamwork is essential for optimizing quality and safety in the care of hospitalized patients. The Institute for Healthcare Improvement also recognizes the importance of teamwork. In their book, Crossing the Quality Chasm: A New Health System for the 21st Century, teamwork is cited as essential in caring for patients with complex problems. They strongly conclude that “effective working teams must be created and maintained.”

Thus, the hospital of the future will be more dependent than ever upon effective and efficient teamwork to coordinate care. As the president of the Society of Hospital Medicine, I am strongly committed to supporting and promoting the culture of teamwork within the hospital environment. The essence of this teamwork will be a collaborative environment in which hospitalists, nurses, and others work and share in the process and systems of care. There are numerous ways that hospitalists support this concept. First, because a hospitalist is on site and involved in day-to-day activities, he or she gets to know the staff and can develop the kind of collegial relationships that lead to trust and respect for each and every member of the coordinating team of professionals. Second, because the hospitalist spends so much time in the hospital, he or she understands the systems and protocols that support patient care activities within the hospital. Hospitalists also take a leadership role in the development of new and improved systems of patient care. Finally, because hospitalists are constantly on site, they improve the team’s ability to respond rapidly to patient crises, improving continuity of care and clinical outcomes. By being on site, by being an integral part of the hospital team, and by knowing and helping to improve the system, hospitalists are reviving the “collaborative” model of patient care.

Although the concept of hospitalists may still be relatively new in some parts of the country, I am thrilled to report that nearly all of the country’s leading academic hospitals—including the Mayo and Cleveland Clinics; Harvard’s Brigham and Beth Israel Hospitals; the Hospitals of the Universities of California (San Francisco), Chicago, Pennsylvania, and Michigan; many regional and community hospitals such as Ball Memorial Hospital, Indiana; and the Children’s Hospitals in Philadelphia, Cincinnati, and Boston—have embraced hospital medicine.

In addition, if there was ever any doubt about the value we bring, a growing vault of research has yielded strong clinical evidence that hospitalists help:

- reduce patient lengths of stay,
- reduce hospital costs,
- decrease mortality rates,
- improve the overall efficiency of care for hospitalized patients,
- enhance quality of care,
- improve clinical outcomes, and
- augment patient satisfaction.

I like to believe these kinds of results are as much a reflection of the collaborative spirit with which we deliver care as they are anything else.

In the coming months and years, the Society of Hospital Medicine will work hard to build upon our initial successes by focusing on the effectiveness of hospitalists to function as team members and leaders. Our success in this endeavor will depend upon our ability to work with hospital-based, critical care nurses. The leadership of the Society of Hospital Medicine will work with the leadership of the American Association of Critical-Care Nurses to continue to build the relationships between hospitalists and critical care nurses. With success, we will all ensure that our value to the healthcare system overall will increase. We look forward to sharing that success.
with each and every member of the American Association of Critical-Care Nurses.

References
