Interdisciplinary Team: Walking the Walk

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Our Purpose

- To assess team function and prepare to change team processes in the end of life care setting
So, why are you here?

Today, you are here to accomplish the following:

- Will accurately distinguish between multidisciplinary and interdisciplinary models of care
- Will describe the functions of the different disciplines included in the hospice interdisciplinary team model
- Will identify common barriers to effective team function
- Will discuss strategies for preventing gaps in care
- Will identify the ways in which the hospice team is responsible for quality outcomes
No, really, why are you here?

- The objectives are intended to frame our discussion but the real reason you are here is much deeper!
- At the end of this session, please truly consider what you’d like to take back with you and if I did not provide you with that, ask THAT question!
MULTIDISCIPLINARY VS. INTERDISCIPLINARY TEAMS
Multidisciplinary model

- Two or more professionals working together to provide care to a patient or group of patients
- Boundaries exist that prevent the overlap of service delivery (the doctor, the nurse, the lab tech – each has a job)

Interdisciplinary model

- Two or more professionals working collaboratively across shared boundaries to achieve common goals with the patient or group of patients
- Boundaries are defined by areas of expertise rather than job description
Multidisciplinary model

- Each team member’s role is precisely determined, historically established and often hierarchical
- Multidisciplinary teams function very well in most health care settings – identify one

Interdisciplinary model

- Roles are determined based on the identified needs of the patient and driven by the development of the care
- Interdisciplinary teams work well in the hospice setting because of the collaborative nature of hospice
Multidisciplinary Model

PT/FAM

Physician

Patient Care Manager

Social Worker

Chaplain or Spiritual Care

Bereavement Coordinator

Volunteer Manager

RN

CNA

RN

CNA

RN

CNA

CNA

CNA

CNA

CNA

CNA

CNA
Collaborative Teamwork

- Collaborative teams function well because:
  - Team members must rely on the expertise of other team members
  - Team members share a commitment to quality outcomes and goals achievement
  - Team members value the contribution of each member independent of a hierarchy
  - A mechanism for good communication and feedback exists
Members of the Hospice IDT

Patient and Family/Caregiver

- Chaplain
- Nursing Assistant
- Volunteer
- Bereavement Counselor
- Social Worker
- Pt Care Manager/ RN Case Manager
- Physician
- Any other discipline
Why Interdisciplinary for Hospice?

- Dr. Cicely Saunders, founder of the modern hospice movement, developed this concept for hospice to ensure the primary domains of pain were addressed by the professionals delivering care to the dying.

- Those dimensions are:
  - PHYSICAL
  - EMOTIONAL
  - SPIRITUAL
  - SOCIAL
Role of the Team

- Each team member is responsible for assessing and addressing the four domains of pain as part of collaborating with the team – while respecting that each team member has particular expertise in a specific area.

- Both the team’s role and the roles of individual members are defined statutorily in the federal Conditions of Participation which govern hospice care.
“We ourselves feel that what we are doing is just a drop in the ocean. But the ocean would be less because of that missing drop.”
Members of the Hospice IDT

- Members of the Hospice IDT
- Patient and Family/Caregiver
- Any other discipline
- Pt Care Manager/RN Case Manager
- Physician (there are 2)
- Chaplain
- Nursing Assistant
- Volunteer
- Bereavement Counselor
- Social Worker
Members of the Hospice IDT

- Chaplain
- Nursing Assistant
- Volunteer
- Bereavement Counselor
- Social Worker
- Physician
- Pt Care Manager/RN Case Manager
- Any other discipline
Members of the Hospice IDT

- Chapter
- Nursing Assistant
- Nurse
- Volunteer
- Bereavement Counselor
- Social Worker
- Physician
- Pt Care Manager/RN Case Manager
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Planning and Delivering Care: The Basic Principles
BARRIERS TO EFFECTIVE TEAM FUNCTION IN HOSPICE
Common Barriers

- Poor Planning
- Poor Leadership
- “Team in Name Only” (TINO) syndrome
- Ineffective meetings
- Breakdown in Communication
- Unresolved conflicts among team members
- Poor preparation for meetings
Poor Planning
Poor Leadership
“TINO” Syndrome
Ineffective Meetings

Are you lonely ???
Don't like working on your own?
Hate making decisions?

Then call a MEETING !!

You can ....
SEE people
DRAW flowcharts
FEEL important
FORM subcommittees
IMPRESS your colleagues
MAKE meaningless recommendations
ALL on COMPANY TIME !!!!

MEETINGS ..... 
THE PRACTICAL ALTERNATIVE TO WORK.
Breakdown in Communication
3. Find x.

Here it is.
PREVENTING GAPS,
OVERCOMING BARRIERS
Preventing Gaps

- Use an agenda or other structured format
- Communication that is meaningful, respectful and purposeful
- Follow the KISS principle whenever possible
- Document what you PLAN to do, then document what you DID do
- Remember: It’s ALWAYS about the patient!
Overcoming Barriers
Overcoming Barriers

- Admit they exist! Remember the 12-step program methodology...
- Repeat the steps used in ADPIE in tackling barriers to team function
- Ignoring the issue will NOT make it go away (elephant in the room)
Overcoming Barriers

- Assess often – how do you measure team success?
  - Patient outcomes
    - Complaints
    - On call
    - Unscheduled visits
  - Quality indicators
    - Including pain/sx mgmt, falls, med errors, etc
  - Employee/team member satisfaction
    - Absenteeism
    - Turnover
    - “staff temperature”
QUALITY AND THE IDT
Quality

- The IDT is expressly responsible for quality patient outcomes in hospice care
  - The IDT must assess care delivery and services provided to meet the needs of patients and families at the end of life
  - The IDT must work together to address the four domains of pain and must include professional knowledge and skill in delivering care
- Quality Assessment and Process Improvement are an integral part of care planning, service delivery and overall satisfaction
Quality

- Only the patient and family can truly identify what “quality” means in the context of dying.
- You only get one opportunity to do it, much less to do it right.
- The IDT holds the key to developing a plan of care that meets the identified needs of the patient and family, that provides clinically sound care based on current science and medical principles and that is flexible to ensure new needs are addressed while resolved issues are monitored.
Quality

- External perspectives and measurements are important to helping the team see itself from more than one angle.
- A team that “breathes its own air” for too long can stagnate and come to believe that there is no external perspective of benefit.
- Measurements of quality can include patient or family satisfaction scores, post-care surveys, chart audits based on acceptable benchmarks and so on.
The 7-Step Meeting Process

- Just one example of a meeting process that can be utilized in any meeting in any organization to facilitate all that we’ve talked about today
- Agenda format and follow up are key elements – invites each team member to participate and provides structure that is inclusive
The 7-Step Meeting Process

- Develop/state objectives – why are you meeting?
- Assign roles: Timekeeper, Note-taker, Facilitator
- Discuss agenda items – bereavement? Patients? Recerts? Whatever you are discussing...
The 7-Step Meeting Process

- Review the notes – is everyone clear about what happened?
- Determine action items – what needs to be done next and who will do it?
- Identify when the next meeting will be
- Evaluate the meeting – what changes need to be made in the process?
Conclusions

- Interdisciplinary care is currently the best model for hospice teams as this model encourages a collaborative function versus silos of care.
- Every member of the IDT stands on equal ground.
- Barriers can develop but must be overcome.
- It really is all about the patient!
QUESTIONS?

What are your burning questions? The ones that keep you awake or give you heartburn? Did that question get answered in this presentation?
- GHPCO – www.ghpco.org
- Jennifer Hale –
  - jennifer@ghpco.org
  - 877-924-6073
- Other resources
  - www.caringinfo.org
  - www.nhpco.org
  - www.capc.org