

Interdisciplinary Team (IDT) – It's More Than a Meeting

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Workshop Handout

Educational Objectives:

1. Define the optimal interdisciplinary care team structure for hospice and palliative care that reflects the experiences of those we serve.
2. Critique examples of organizational culture and how it can support or detract from optimal interdisciplinary practice.
3. Complete a team/agency assessment of interdisciplinary practice.
4. Discuss and outline ways to create organizational culture and systems that value and support all members of the interdisciplinary team.

Exercise:

Participating in team meeting as a *Team Member*

What is/was your experience? _____

What are/were your greatest frustrations? _____

What do/did you enjoy the most? _____

What are/were your expectations? _____

Met? _____ Unmet? _____

Participating in team meeting as a *Team Facilitator*

I have never been a facilitator _____ Reasons why I believe this has not occurred _____

What is/was your experience? _____

What are/were your greatest frustrations? _____

What do/did you enjoy the most? _____

What are/were your expectations?
 Of Myself _____

Of Others _____

I. Focus on Patient/Family Needs and Goals

Disease Focus	Experience Focus
Diagnosis of disease & related symptoms	
Curing of disease focused goals	
Treatment of disease & symptoms	
Evaluate if they met our goals	

Focus on Their Experience

- Alleviation of patient/caregiver suffering
- Life/relationship self-determined completion & closure
- Bereavement support for caregivers

THE HOSPICE EXPERIENCE MODEL

1. Illness, Caregiving, Dying & Bereavement are Unique, Personal Experiences

- ❖ Choice
- ❖ Advocacy
- ❖ Compassion
- ❖ Dignity
- ❖ Respect

2. The experience of life & relationship closure through dynamic, related dimensions

- ❖ Five Dimensions
 - Physical
 - Functional
 - Interpersonal
 - Well-being (Intrapersonal)
 - Spiritual

Interdisciplinary Team Collaboration Model

1. Have the primary team member (which is any discipline – the one most involved) begin by ***telling the story of who this patient/family are and were before the disease.***
 - a. IE: Mr. & Mrs. Johnson who have been married for 55 years and never without each other for more than a day. They lived in this town, were very active in community events as volunteers, and have raised three children who live out of state.
 - b. IE: Mr. Smith has been a bachelor all his life. He was an elementary school teacher for the past 25 years, being awarded the “Teacher of the Year” three times. His mother lives in the next town and they have been very close, with Mr. Smith being her primary support. She can live alone but needs help with shopping, travel, and transportation to doctor, etc.
2. Then ask all of the disciplines who have been involved to identify patient/family goals by asking:

“What are the patient’s and family’s goals, wishes, needs at this time – as they define them?” “How do they answer our question about what is most important to them?”
3. The next question to pose is to ask all the disciplines who are involved with their care,

“What is happening in this situation that is helping and/or hindering this patient and family from reaching their goals, wishes, needs?”
 - a. Each discipline then has the opportunity to share what they see happening focusing on the patient/family strengths and challenges. All disciplines involved should have an opportunity to participate. No issue, problem or opportunity is owned by any discipline because they belong to the patient/family. All disciplines can address and work on all dimensions (physical, functional, interpersonal, well-being, and spiritual).
 - b. Collaborate on how the team can provide choices and options for the patient/family to help support their strengths, and deal with their challenges.
 - c. Define specific ways **all** disciplines can support the patient/family experiences related to all dimensions (physical, functional, interpersonal, well-being, spiritual).

4. Evaluation of effectiveness of care plan is based ***on whether or not the patient and family have been able to accomplish what is most important to them, meet, finish their end-of-life goals, wishes, and needs focusing on the patient/family experiences around life and relationship completion and closure.***

II. Who Sits At the Team Table?

Exercise:

Discipline	X	Present	Not Present	Comments
Attending Physician				
Team Secretary				
Patient				
Family/Caregiver				
Team Manager				
Therapists – PT, OT, Speech				
RN's				
LVN's/ LPN's				
Home Health Aides				
Medical Records				
Pharmacist				
Social Workers				
Music Therapists				
Counselors				
Bereavement Counselors				
Chaplains				
Homemaker				
Medical Director				
Team Physician				
Volunteer Coordinator				
Volunteers				

Difference between Multidisciplinary and Interdisciplinary Teams

Purpose and Goal of IDT Meetings:

- The purpose of the team meeting is to develop an interdisciplinary plan of care that meets the evolving needs and goals expressed by the patient and family.
- Utilize the unique skills and knowledge of all the individuals on the team.
- A meeting which supports service excellence for patients & families.

III. Inclusive Environment Where Everyone Has a Voice

Coordinated Care:

- Unique feature of hospice
- No one discipline solely responsible for caring for all quality of life domains
- Each discipline contributes
 - Creation of plan of care
 - Suggesting interventions
 - Establishing goals as identified by p/f
 - Identify, refer & utilize allied professionals

It Takes A Village

Exercise:

Creating An Environment that Values Interdisciplinary Collaboration

What percentage of time do the following disciplines talk during your team meetings? (Not counting the side conversations!)

The total must add up to 100%.

____%	Patient or Family
____%	Nurses
____%	Social Worker/Counselor
____%	Chaplain
____%	Physician
____%	Nursing Assistant
____%	Volunteer Coordinator
____%	Volunteers
____%	Team Secretary/Assistant
____%	Team Leader/Coordinator
____%	Pharmacist
____%	Other discipline – please indicate
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100 %	Total

What is hindering full team participation?

What can be done to foster full team participation?

Draw the Communication Sequencing at your Team meeting:

Facilitating Team Involvement – Questions to ask to facilitate engagement

IDT Format

- Planning during team is for the next two weeks, not a review of what has happened in the past.
- Use a clip board that allows for anyone from the team to add patients to be discussed. The person who puts the name on the board initiates the discussion.
- Develop an agenda that carries over from week to week. Include a scheduled 15 minute break during the 2 ½ - 3 hour meeting.
- Split the census in two and discuss the patients every other week, unless issues requires that the discussion occur on this week.
- Schedule a separate support team meeting/activity during the month.

IDT Tasks – Which becomes an Agenda

- Welcome & Introductions
- Reflection - Inspiration
- Announcements (written, newsletter)
- Deaths
- Bereavement report – deaths in last 30 days – BV Plan of Care
- Discharges & Transfers Out
- New Admits & Transfers In
- Continuous Care
- Respite
- Inpatient Hospice and Hospitalizations
- Palliative care or supportive care
- Recertifications (today – for signature only – discussion should have occurred over the past 4 – 5 weeks)
- Recertifications planning (4 weeks from today)
- Case Planning (signed up to discuss)
- Outcomes

Honoring the Hospice IDT Meeting:

The Hospice Interdisciplinary Team Meeting is a time to connect with teammates, be creative, learn from the experiences of others, share your thoughts, honor the thoughts of others, and collaborate to make a positive difference in the lives of patients, families and the communities we serve. Honor this time, make it meaningful and embrace its power.

To prepare for this event, consider these helpful steps.

1. Review your cases prior to the IDT meeting. Be prepared to contribute to the conversation.
2. Prepare to be present. Eat, drink plenty of fluids, use the restroom and clear your mind before the IDT meeting.
3. Be on time. Demonstrate respect for your time and the time of others.
4. Set phones, pages and alarms on silent mode. Distractions destroy dialogue.
5. Remember, the team gathers around a table that is level. We are all equal when it comes to advocating for the patients, families and communities we serve.
6. Actively listen to what others are saying. Give others time to speak and complete their thoughts. You may learn something.
7. No sidebar conversations. If something needs to be said, share it with the entire team.
8. Open your mind to the thoughts and words of others.
9. Learn to agree to disagree respectfully.
10. Share your wisdom.