

Interprofessional Collaboration in Long-Term Care

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Outline

- What interprofessional care looks like in LTC
- Benefits of interprofessional care
- Case study application

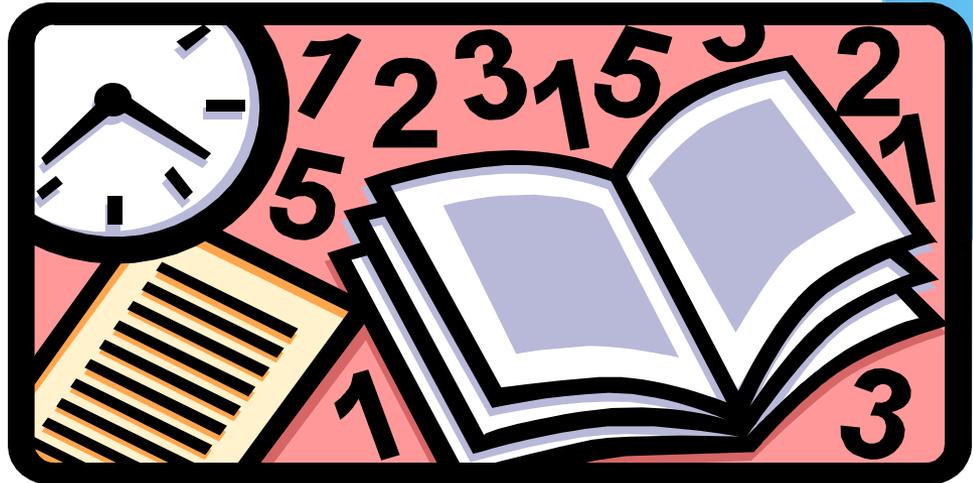
Care of the elderly

- Uncertainty
- Variability
- Instability

(Leppa, 2004)

The Clinical Decision-making Conundrum

- Most people hope that situations have right answers
- Unfortunately, in the real clinical world, the right answers are seldom evident



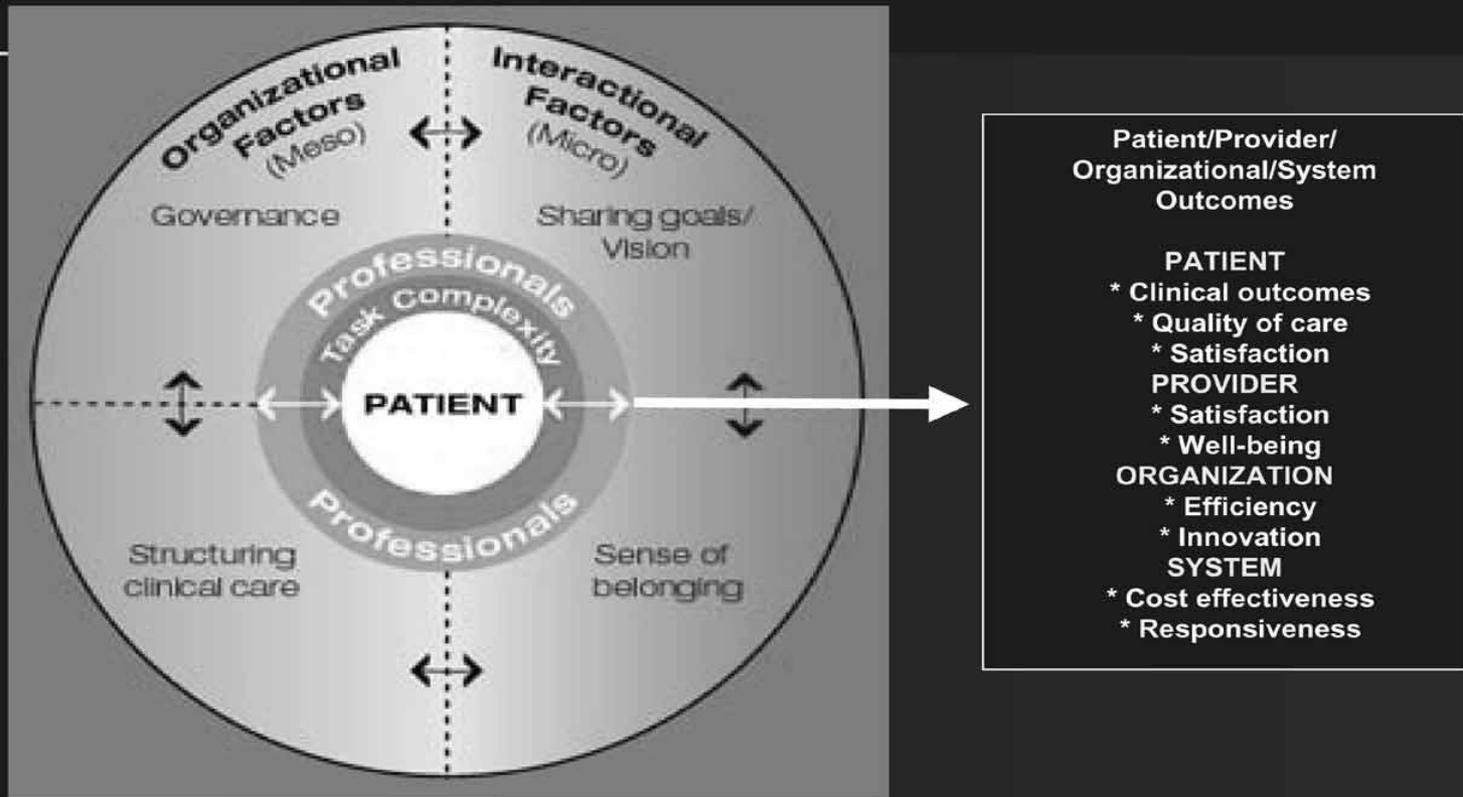
Characteristics of Interprofessional Collaborations

- Client-centred
- Comprehensive
- Cohesive thinking
- Continuous dialogue
- Consensus agreement on approaches to care
(D'Amour & Oandasan, 2005)

Interprofessional Collaborative Patient-centred Practice Model

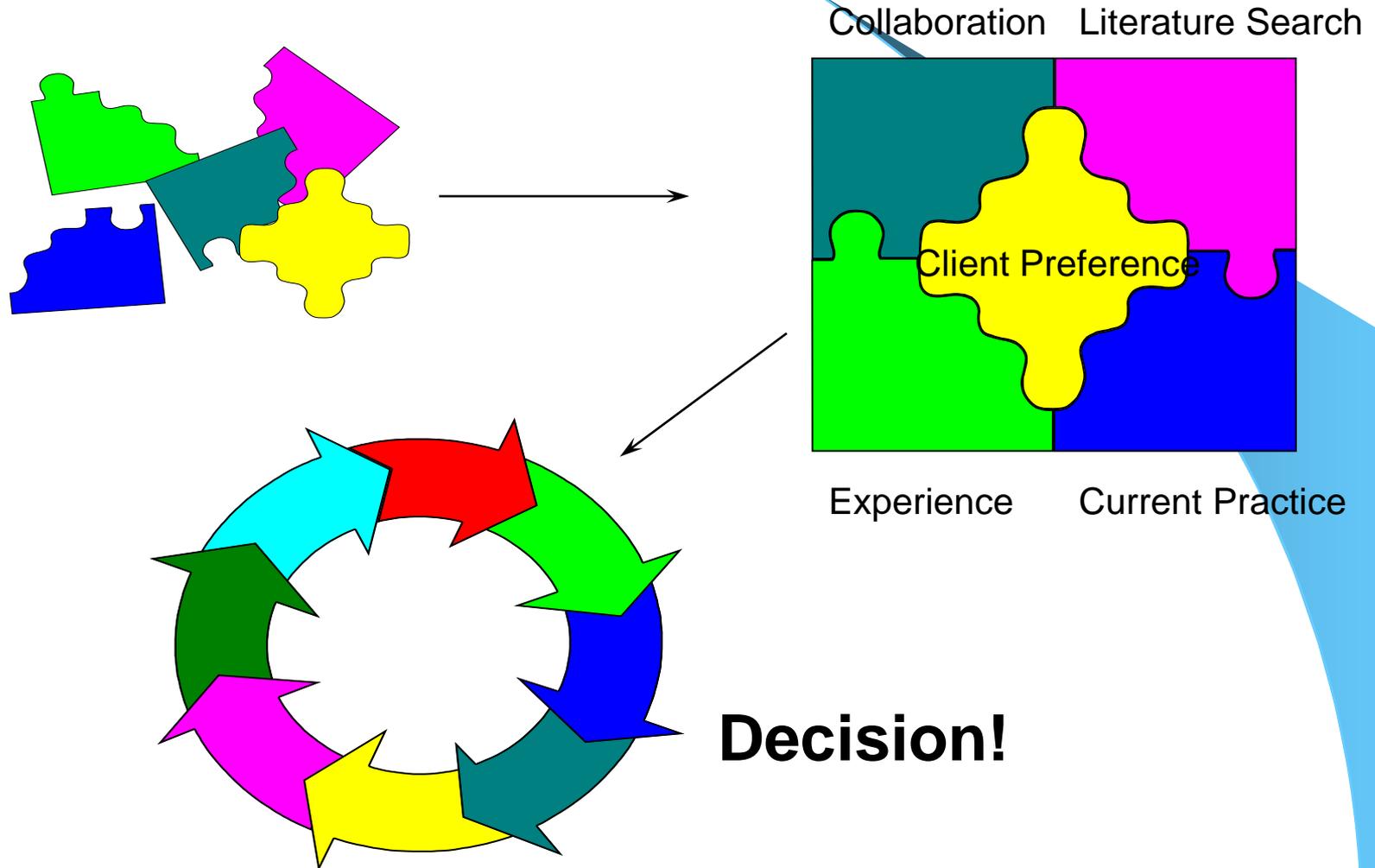
D'Amour & Oandasan, 2004

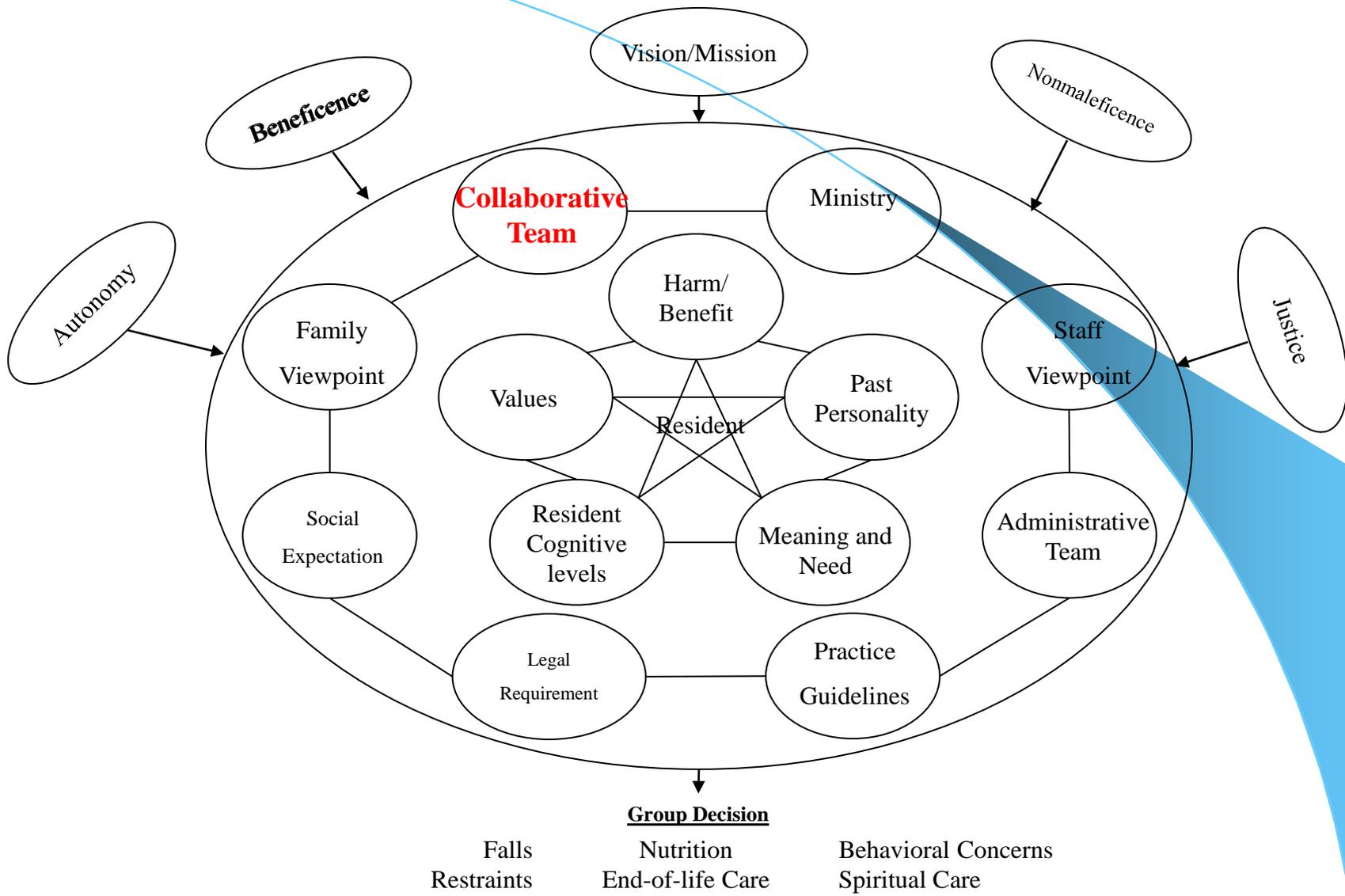
Collaborative Practice Process and Outcomes



D'Amour & Oandasan, 2004

Interprofessional Decision-making





Nonlinear decision-making map/schema

Interprofessional Collaboration

Organizational Benefits:

- Support organization's values, vision, mission, and goals
 - Competitive advantage
 - Investment in the viability of the organization over time
 - Attraction and retention of quality staff
 - Provides an environment that supports quality care through:
 - Team asking questions related to the most appropriate care
 - Planning, implementing, and evaluating care based on knowledge, resources, and clinical wisdom, and AN
- INTERPROFESSIONAL LENS**

Interprofessional Collaboration

Clinical Perspective & Benefits:

- Team can magnify positive elements of practice environments through inquiry and advocacy
- Streamlines existing work and provides opportunities for new initiatives
- Emphasizes team vs. individual problem-solving
- Enhances resident/family satisfaction
- Staff satisfaction

Interprofessional Decision-making of Clinical Teams

- Dialogue and discussion of all available pieces of evidence through multiple professional lenses
- Includes discussion of all types of knowledge, all ways of knowing:
 - Literature, experience, opinion of external resources, policy, practice guidelines
- Places in context of the real clinical case
- Settles ambiguity
- Builds consensus



Case Study

- Mrs. Ruby W.
- Daughter – substitute decision-maker
- Son – out of country; intermittently involved
- Advanced dementia Stage 7 FAST scale
- Aspiration pneumonia X 2
- Decubitus ulcer

Case Study Cont'd

- End-of-life care issues
 - Concern from point-of-care staff that family would be uncertain at time of death despite much discussed and agreed upon plan
 - What to do?

Unpacking Successful Verbal Intervention in the Family Context

1. **Validating** the family/person's reality and emotional state.
2. **Joining** in with that family/person's reality and listening to their/her/his individual and shared perspectives.
3. **Reframing** is then easier and works best with individual members who have anxiety about an illness or family situation.
4. **Identifying Goal & Tailored Strategies** may finally be possible without dismissing/extinguishing the family's original emotional response. The goal is resolution and transition, not "telling the family how to be or what to do."

"Ms. X, it seems like you and your family are very concerned about your mother's condition and that you are under a lot of pressure right now."

"Can you tell us more about your feelings about this situation?"

"Ms. X, it sounds like you are worried that Ruby's comfort will be compromised without XXX treatment. What are your goals for her care?"

"Can we consider the impending transition and clarify to each other our hopes, goals, and objectives?" (Specific tailored strategies build out of these)