Interprofessional Collaboration in Long-Term Care

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Alan Taniguchi, MD, Associate Professor, School of Medicine, McMaster University, Hamilton, Ontario
Lori Schindel Martin, RN, PhD, Associate Professor, Daphne Cockwell School of Nursing, Ryerson University, Toronto, Ontario
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 Decision-making

- Collaboration
- Literature Search
- Client Preference
- Experience
- Current Practice

Decision!
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.
   “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.”

2. **Joining** in with that family/person’s reality and listening to their/her/his individual and shared perspectives.
   “Can you tell us more about your feelings about this situation?”

3. **Reframing** is then easier and works best with individual members who have anxiety about an illness or family 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?”

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