

# 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

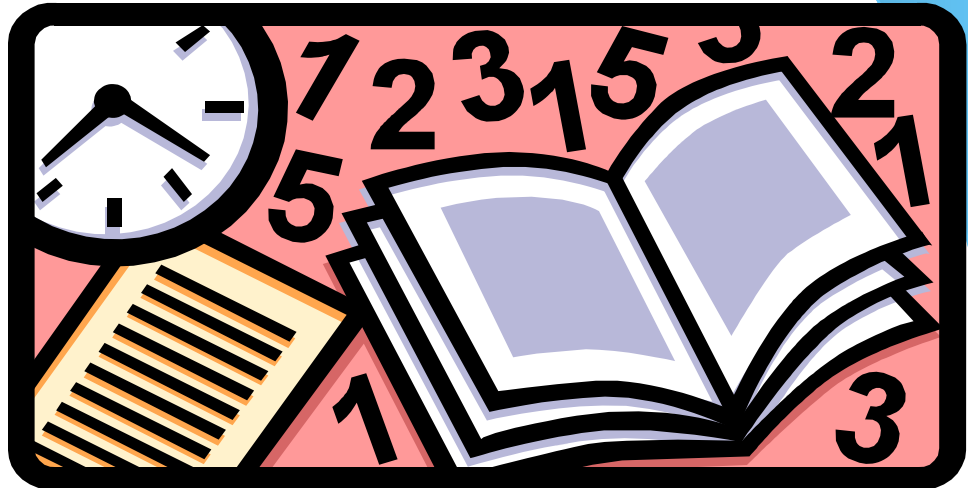
# Care of the elderly

- 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



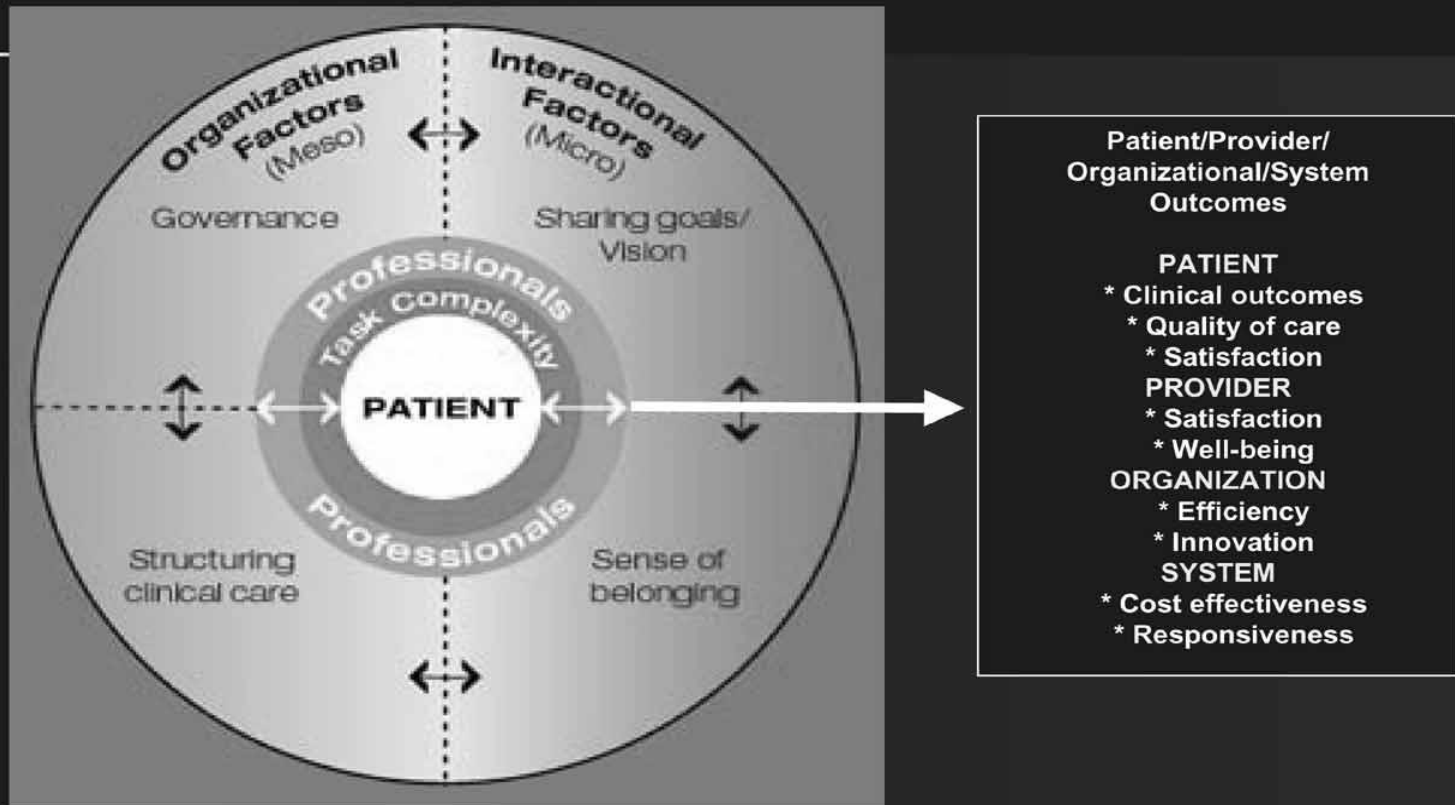
# Characteristics of Interprofessional Collaborations

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

# Interprofessional Collaborative Patient-centred Practice Model

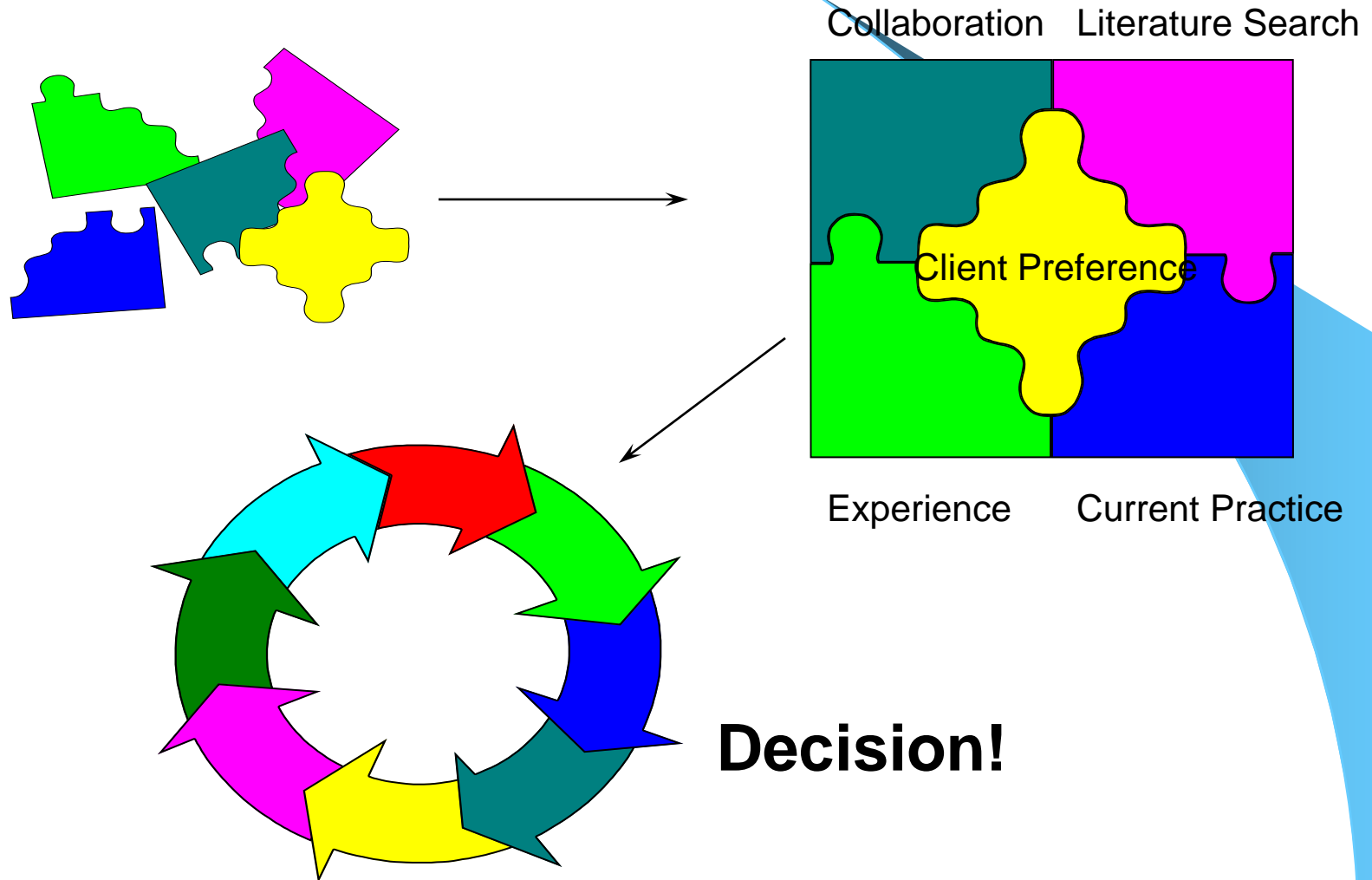
D'Amour & Oandasan, 2004

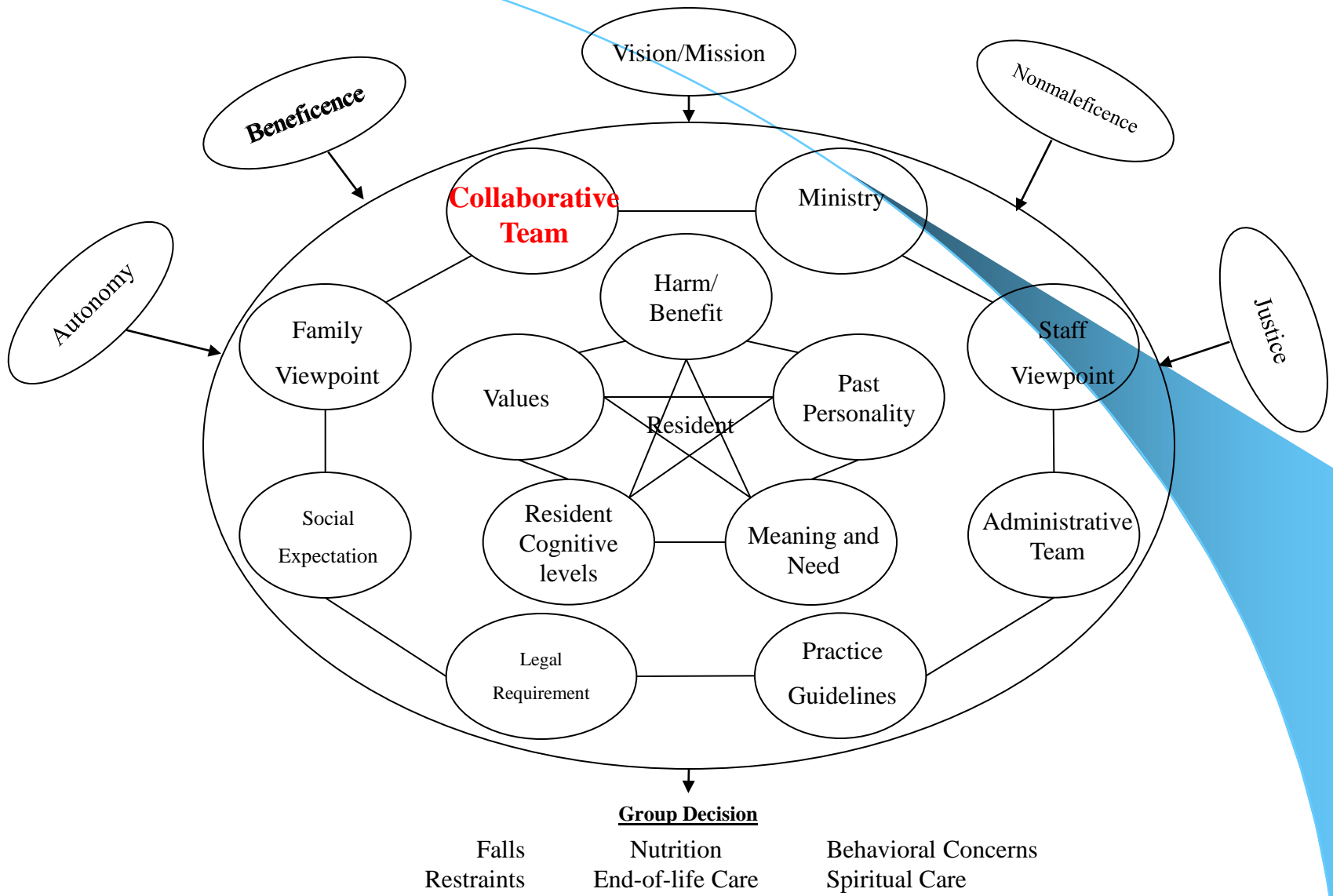
## Collaborative Practice Process and Outcomes



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)*