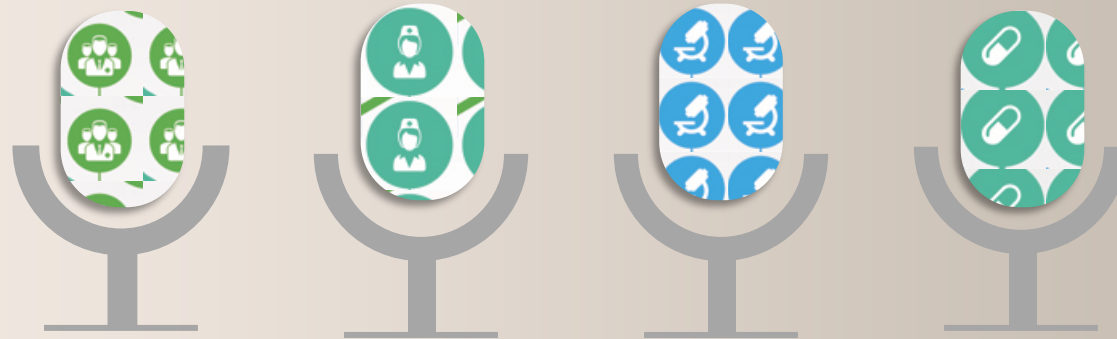Present and future Health
Challenges and responsibilities
for young people

SUMMER SCHOOL
LISBON, 3rd - 6th September 2015

Lisbon, 3rd September 2015

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TEAMWORK IN HEALTHCARE

responsibility, competence and cooperation

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CONTENTS

Introduction: Healthcare reality

- Science and professionalism

  - New techniques

  - New knowledge

  - The necessary emergency of new helping professions

  - The specialization of doctors and paramedics

FRAGMENTATION OF COMPETENCIES

Introduction: Healthcare reality

Fragmentation of care

" *The old doctor who used to cure all sorts of disease has completely disappeared...now there are only specialists ... If anything is wrong with your nose, they send you to Paris: there, they say, is a European specialist who cures noses. If you go to Paris, he'll look at your nose; I can only cure your right nostril, he'll tell you, for I don't cure the left nostril, that's not my speciality, but go to Vienna, there there's a specialist who will cure your left nostril.*"

in The Brothers Karamazov, Fyodor Dostoevsky
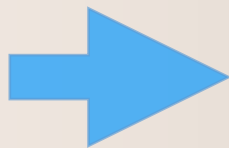
worse quality, greater costs

Care Fragmentation, Quality and Costs Among Chronically Ill Patients.
Am J Manag Care 2015

Healthcare reality

Changes in healthcare organization

- New models of organization integrated, a new management of professional competencies

- The patient act as an informed and indispensable partner in making therapeutic decisions

- The transversal functions involved in following up the patient can orient the patient to assume his or her responsibility within the health care system.

Healthcare reality

Changes in healthcare organization

- A network of relationships and interactions in the healthcare

  - Differences of skills, opinions, strengths, weaknesses and talents

The quality and efficacy of care are closely correlated to the quality of interpersonal relationships of the integrated team's different professional figures and the quality of their relationships with the patient.

Lemieux-Charles L., Mc Guire WL 2006
Morgan et al 2015; Mohr DC et al 2013

Healthcare reality

What professionalism means?
Royal College of Physicians 2005

- Medicine is a vocation in which a doctor's knowledge, clinical skills, and judgement are put in the service of protecting and restoring human well-being.
- This purpose is realized through a partnership between patient and doctor, one based on mutual respect, individual responsibility, and appropriate accountability.
- In their day-to-day practice, doctors are committed to: • integrity • compassion • altruism • continuous improvement • excellence
- <u>WORKING IN A PARTNERSHIP WITH MEMBERS OF THE WIDER HEALTHCARE TEAM</u>
- These values, which underpin the science and practice of medicine, form the basis for a moral contract between the medical profession and society.

INCREASING INTERDEPENDENCE
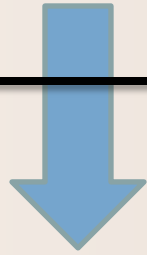
| Independent parallel practice | Consultation / Referral | Interdependence Co-provision of Care |
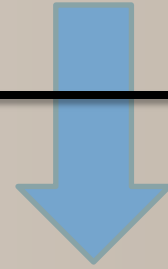
Health needs complex

Skills of several health professionals

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Healthcare reality
TEAMWORK

- interdisciplinary teamwork as a key strategy in healthcare renewal

- little evidence of the most effective way to deliver interdisciplinary team work (multifactorial nature of team work, setting of care, service organization, individual relationships and management structures)

- in healthcare delivery teams rarely incorporate different professions and occupations, patients and families

1 TEAMWORK definition(s)

employers and workers might consider effective teamwork an asset

- "a dynamic process involving two or more health professionals with complementary backgrounds and skills, sharing common health goals and exercising concerted physical and mental effort in assessing, planning, or evaluating patient care."

- ≠ collaboration

The necessity of interdisciplinary teamwork

TEAMWORK the necessity of interdisciplinary teamwork

1. **Aging population** and more complex needs associated with chronic diseases

TEAMWORK the necessity of interdisciplinary teamwork

1. Complexity of skills and knowledge required
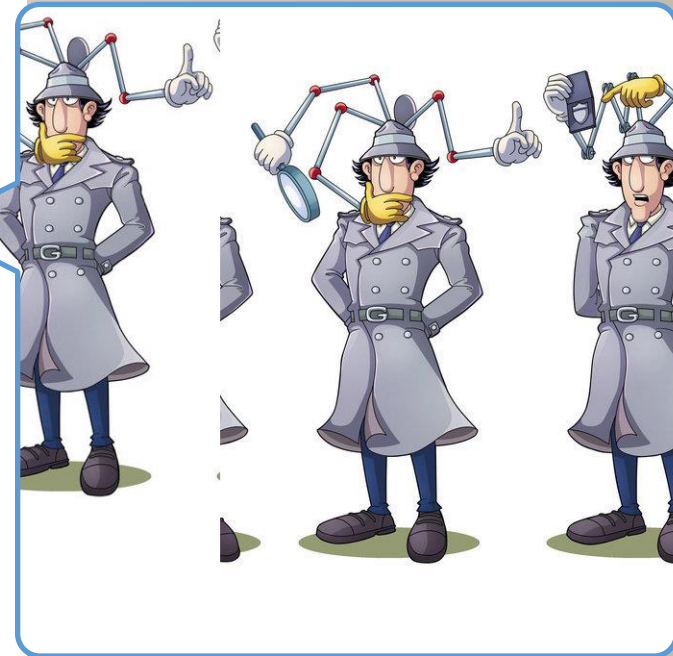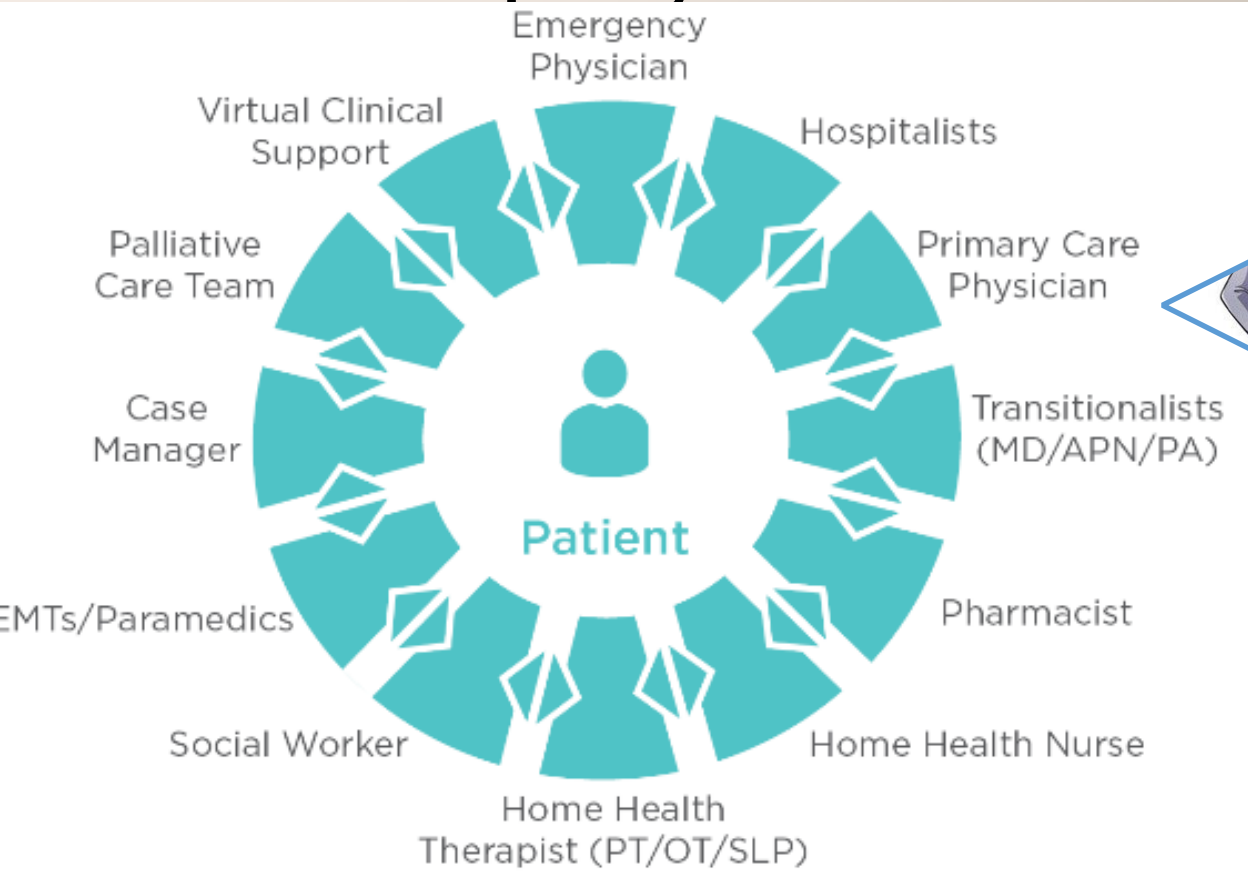
1 TEAMWORK the necessity of interdisciplinary teamwork

1. **Specialization and a fragmentation of disciplinary knowledge**

TEAMWORK the necessity of interdisciplinary teamwork

3.   current emphasis in many countries' policy documents and development of shared learning

4.   pursuit of continuity of care within the move towards continuous quality improvement

TEAMWORK outside of healthcare

- High Reliability Organizations (HRO)

  - work at risk with the potential to generate large-scale damage, but they achieve a balance between effectiveness, efficiency and security

Crew Resources Management (CRM)

- minimization of errors through teamwork, awareness of potencial risk and continuos improvement

- communication and coordination

- flexibility, adaptability, resistance to stress, cohesion, retention and morale
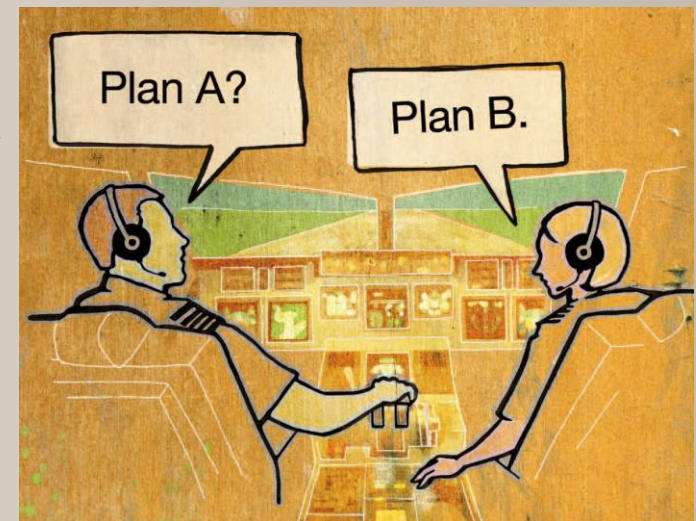
TEAMWORK outside of healthcare

Table 1. Medical Team Training (MTT) Project Options*			
MTT Project Option	**Application**	**Example Unit/Service**	**Example Frequency**
1. Preoperative Briefings & Postoperative Debriefings in the OR[†]	Brief preop meeting in the OR suite guided by checklist with all surgical team members present. Debriefing is held at the conclusion of the procedure before patient leaves room.	General surgery	**% of general surgery (or single surgeon) cases with briefing and debriefing**
2. Interdisciplinary Patient-Centered Briefings (Rounds)	Professionals from different disciplines meet at the patient's bedside for establishing or up-dating the plan of care. Patient and family member are included.	Surgical ICU	**One or two days per week**
3. Interdisciplinary Administrative Briefings	Professionals from different disciplines meet for managing resources and problem solving in clinical units.	OR nursing, surgical services, and SPD meet to anticipate needs of surgical procedures in the following week.	**Weekly**
4. Standardized Patient Hand-offs	Implement standardized patient hand-offs guided by a checklist template (e.g., SBAR).	1. RN-to-RN change of shift 2. RN-to-MD change in patient condition 3. RN-to-RN patient transfer from OR to ICU, OR to PACU 4. MD-to-MD on call/patient transfer	**Variable**
5. Code Team Members Debriefing Code Events	Code Team members meet to discuss code event for purpose of learning and quality improvement.	Debriefing within 24 hours of code event	**% of code events with debriefing**
6. VA Strategic Nap Program[‡]	Implement strategic napping under controlled VA study.	ICU nursing staff employing strategic napping during break periods	**Variable**

TEAMWORK advantages

- way to improve quality of care for the patient through improved efficiency and a happier and healthier workforce

  - **M**orbi-mortality

  - **Quality of care and patient safety**

  - **S**atisfaction on the delivery of services

  - Reduce staff shortages and stress and burnout

  - **C**ommunication, coordination and partnership

  - Clarity on the role of all health providers

  - Better response processes of determinants of health

  - Effective use of health resources

TEAMWORK obstacles

- hierarchical culture of healthcare

- entrenched attitudes about scopes of practice, professional "turf" and historical power structures

- malpractice legislation: person approach and"culture of blame"versus system approach and "safety culture"

- no financial incentives that tie funding to collaboration and teamwork effort

- shortage of some health professionals: "pressure-cooker" workplace environment

TEAMWORK obstacles

- CHSRF (Canadian Health Services Research Foundation)

"What factors have underpinned success in implementing collaborative practice?"

- **Leadership**, people who can drive change management processes

- **Clarity regarding roles** on the part of all team members

- **Trust, respect, value, and being valued**

- **Cultural readiness** within the workplace

- **Lack of time** to bring people together to reflect and to change

- Insufficient inter-professional **education**

- Few links between **individual goals**

- Absence of efforts to **capture evidence for success** and communicate this to key stakeholders

sharing of technical premises, but above all, of ethical perspectives

focus

THE PATIENT
at the center and an active part of the care process

Principles of effective teamwork

- **LEADERSHIP**

Challenge the process, inspire a shared vision, enable others to act, model the way and encourage the heart...

Spirituality and effective leaders
Strack 2002

CRITICAL ROLE IN SAFER PATIENT CARE
West and Dawson 2012

Principles of effective teamwork

- Good leaders and followers must co-exist

Play is everyone's business

Principles of effective teamwork

- Mindset and Responsibility

Syn-Ergy

- The responsibilities of professionals working as a team include not only activities they deliver because of their specialized skills or knowledge

- … but also the resulting from their teammates, including managing the conflicts that may result (Dave, 2005)

Integration of primary health services: being put together does not mean they will work together

INTERPROFESSIONAL PRACTICE

SIMPLY NOT ON THE AGENDA

Lawn S. 2014

Principles of effective teamwork

- New education!

  - Incorporating the philosophy of interprofessional collaboration in the preclinical and clinical years of the medical schools

  - Sharing interprofessional student education and placement

  - On going professional development programs to learn about communication and collaboration:

Learning education

Principles of effective teamwork: Communication

- ### Communication failures

13.5% of 1983 cases where patients had died within four days of hospital admission

National Confidential Enquiry into Patient Outcome and Death, 2009

13% of patient safety events in General Practice and in Surgical team

Makeham M. 2008 and Mazzocco K. 2009

44% of adverse outcomes in pediatrics

Hain P. Review 2007

Principles of effective teamwork: Communication

- **<u>Patient safety and human factors</u>**
  - Tools are still emerging that have the potential to reduce risk, aligned to these areas:

    - communication

    - <u>leadership</u>

    - <u>safety culture</u>

    - <u>stress and fatigue</u>

    - <u>teamwork</u>

    - <u>work environment</u>

Principles of effective teamwork: Communication

- **<u>With co-workers</u>**

- Poor communication
  Pressures of time
  Difficulty in accessing colleagues
  Difficult relationships
  Shift work and cross cover
  Poor documentation
  Not legible medical record

- Disagreements

- You must share all relevant information with colleagues involved in your patients' care within and outside the team

  (referral letters, checklists, model such as SBAR, check-back, technology systems…)

- You have an obligation to act in the patient's best interests and you should treat your colleague with respect and dignity.

General Medical Council

Good medical practice

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4 Principles of effective teamwork: Communication

- **<u>With co-workers</u>**

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- Honest
- Open   *
- Direct   *
- Pragmatic
- Coherent

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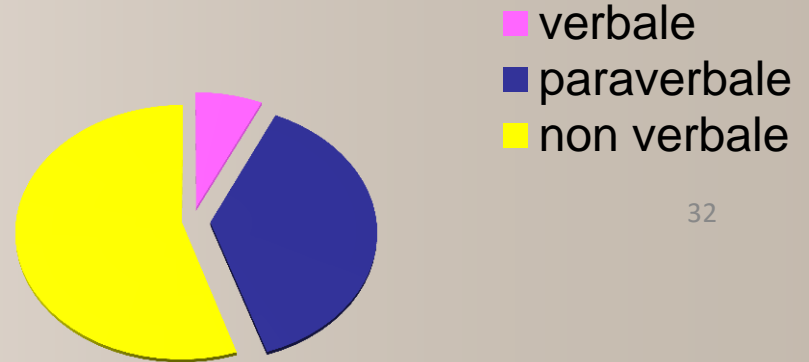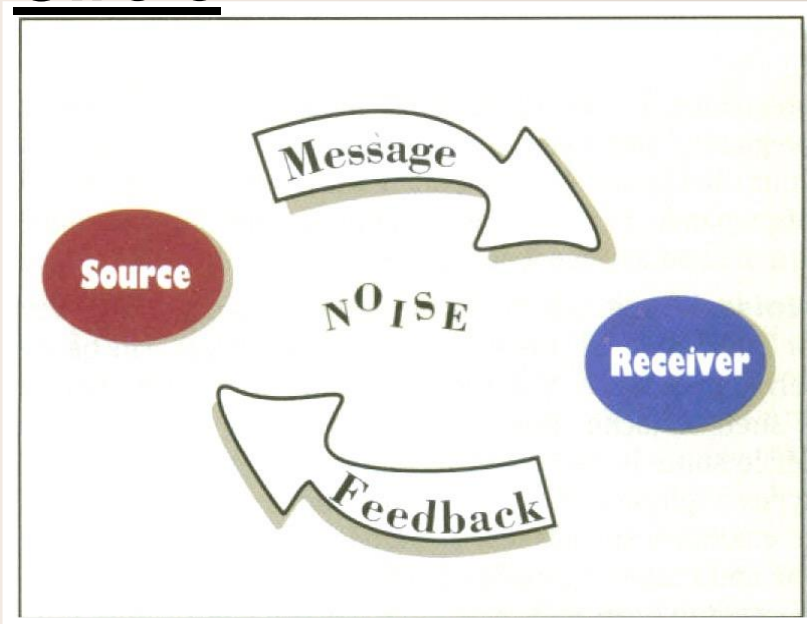- Giving report
- Writing report
- <u>Collaborative discussion</u>

</div>

Bolkhour BG, 2006

*   ASSERTIVE:
who are firm and stand by principles while still showing respect for others

4 Principles of effective teamwork: Communication

- **<u>With co-workers: The Communication Circle</u>**

Involves an exchange of messages through verbal and nonverbal means.

verbale
paraverbale
non verbale

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4 Principles of effective teamwork: Communication
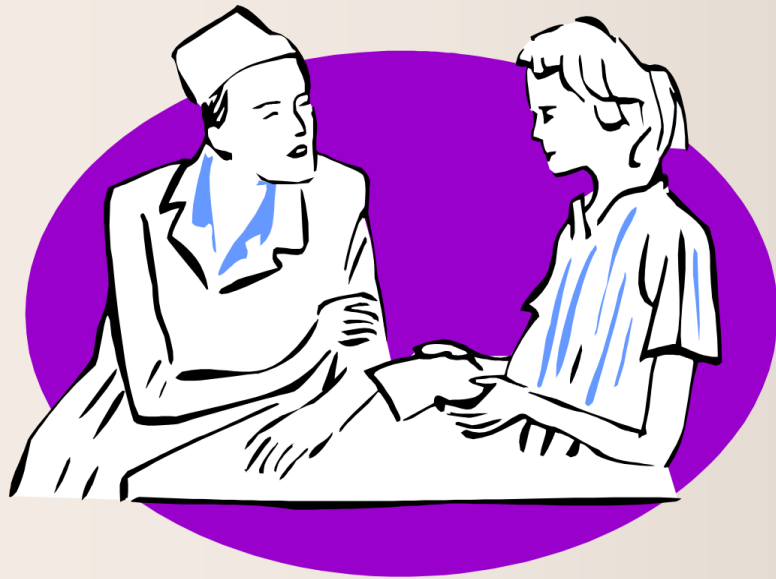
Good relationship

equal dignity as persons

⬇

mutual respect

Working human interactions should be open to change, novelty, and re-construction as well as to **interference from non technicians**, but who may possess practical wisdom that can enrich our professional expertise (Rotta M. 2007)

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4 Principles of effective teamwork: Dealing with Conflict

- Do not "feed into" others' negative attitudes

- Be personable and supportive

- Refrain from passing judgments

- Do not gossip

- Do not jump to conclusions

The basic human needs to survive, with a minimum of well-being, for identity and freedom to choice are non negotiable (Galtung J.)

TEAMWORK IN HEALTHCARE

L'épidémiologie au carrefour des relations interdisciplinaires et interpersonnelles

Relationships of the professional type are made and unmade in time, according to each one's interests and according to the underlying challenges these relationships are faced with.
If we "swim against the current", relationships built on love among people can acquire "a taste of eternity". Ties of any kind, even professional ties, are much stronger and resistant to all difficulties if they are born out of love.

Mesli M. Farouk
Laboratoire de Biostatistique et d'Epidémiologie
Faculté de Médecine Oran Algérie

COMMUNICATION AND

RELATIONSHIPS IN MEDICINE:

Rome, February 16-17, 2007