Interdependence between inpatient specialist and outpatient generalist palliative care teams

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Background
Specialist palliative care services in the US have developed primarily within the hospital setting. As a result, many patients who receive specialist palliative care consultation in the hospital return to their generalist teams for follow up palliative care after discharge. Little is known about how these two teams interact at this time of transition.

Methods
Constructivist grounded theory methodology
Semi-structured interviews with 21 interdisciplinary members of inpatient specialist and outpatient generalist palliative care teams
Physicians, nurse practitioners, nurses, and social workers from both teams participated

Grounded theory development in progress
Teams function at differing levels of independence/interdependence which effects perceived outcomes

Acting independently
• Fragmented care
• Patient distress
• Professional distress

Acting as one team
• Coordinated care
• Patient trust
• Professional satisfaction

Level of interdependence of teams at any given time depends on conditions present

Conditions:
1. Knowing the other team
2. Communicating intentionally
3. Acknowledging the value of the other team with the patient

Preliminary conclusions
• When inpatient specialist palliative care teams and outpatient generalist palliative care teams know each other, communicate intentionally, and acknowledge the value of the other team with the patient, they practice interdependently as one team.

• This interdependence enhances the patient’s clinical care and trust in their team and the professionals’ satisfaction in their work.

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