

Role Clarity for a Highly Effective Interdisciplinary Team

Kaitlyn Bender, MS, RN, CHPN

Stephanie DePiano, MSW, LCSW, ACHP-SW

Amy Frieman, MD, MBA, FAAHPM



Hackensack
Meridian Health

Center to
Advance
Palliative Care™

capc

Join us for upcoming CAPC events

- Upcoming **Improving Team Effectiveness** Series Events:
 - **Team Communication:**
 - Monday, April 30, 2018 | 2:00 PM ET

- Other Upcoming Webinars:
 - **Hospices as Providers of Community-Based Palliative Care: Demystifying the Differences**
 - Thursday, April 12, 2018 | 2:00 PM ET

- Virtual Office Hours:
 - **Measurement for Community-Based Palliative Care with J Brian Cassel, PhD**
March 23, 2018 at 12:00 pm ET
 - **Hospital Palliative Care Program Design 101 with Andrew E. Esch, MD, MBA**
March 27, 2018 at 12:00 pm ET
 - **Improving Team Effectiveness with Andrew E. Esch, MD, MBA and Tom Gualtieri-Reed, MBA**
March 27, 2018 at 2:00 pm ET

Role Clarity for a Highly Effective Interdisciplinary Team

Kaitlyn Bender, MS, RN, CHPN

Stephanie DePiano, MSW, LCSW, ACHP-SW

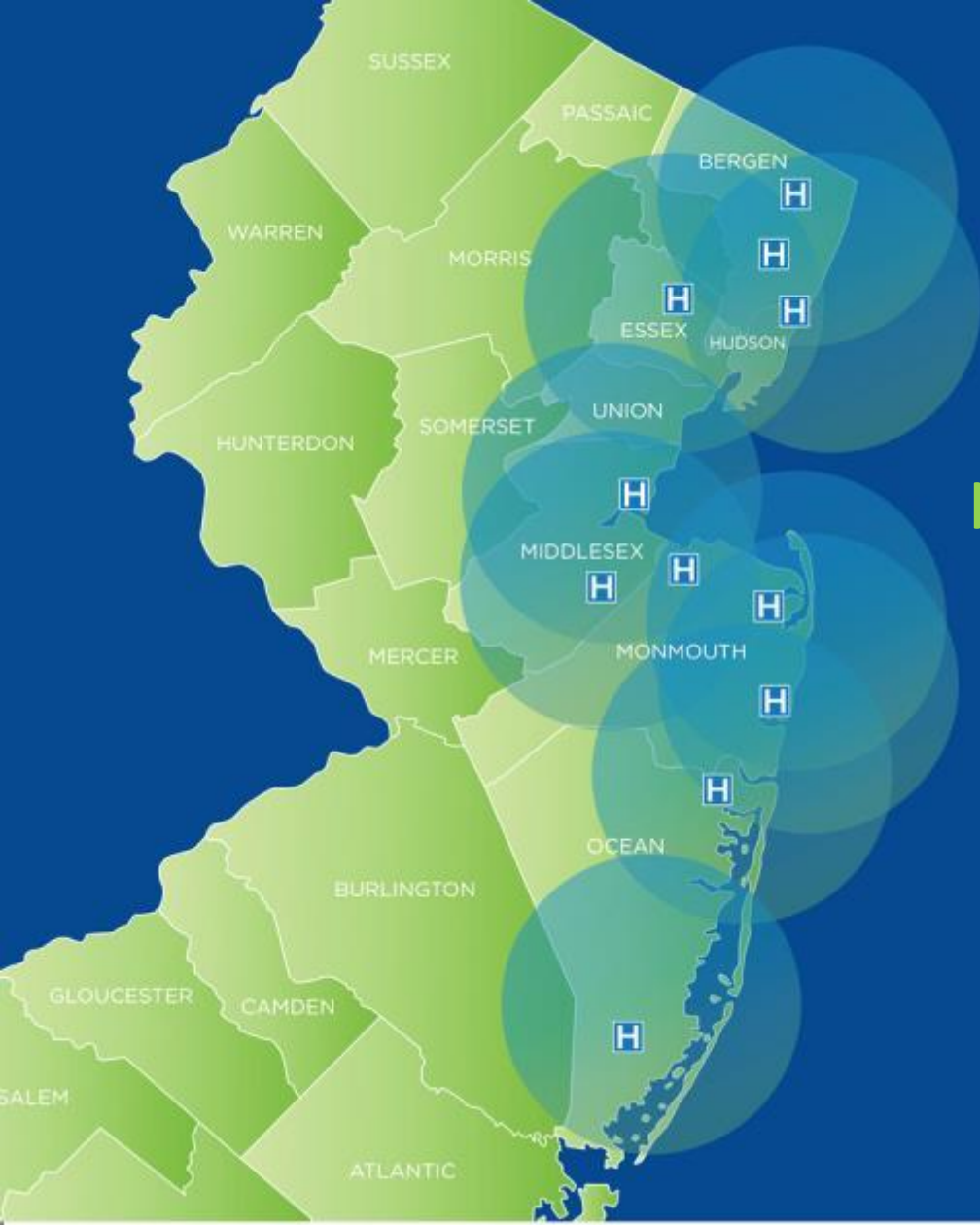
Amy Frieman, MD, MBA, FAAHPM



Palliative Care Requires an Interdisciplinary Team

Specific training and certification

- Manage refractory pain and other physical symptoms
- Alleviate spiritual distress
- Manage complex depression, anxiety, grief, existential distress
- Assist with conflict resolution
- Communicate goals and values
- Provide empathic presence
- Foster hope



Hackensack Meridian *Health*

Navigational Key

- ↔ Discharges and Transitions of Care
- ➔ Quality Initiatives

Palliative Care Database

- Continuous reporting analysis
- Performance Improvement
- Standardization of assessments and care
- Initial, follow-up, psychosocial, spiritual, and family conferences

Palliative Care Service

Home-Based Program

- Serious Chronic or Advanced Illness, homebound
- Interventions: symptom management, ACP, psychosocial and spiritual support
- Team approach: NP, RN, SW, Chaplain, MD oversight
- Seen across continuum

Inpatient

- Any of LMH's 7 Acute Care Hospitals
- Physician Order
- IDT Team: MD, NP, SW, Chaplain
- Daily care until discharge or transition

Skilled Nursing Facility

- Any of MH's 5 SNFs and 1 ALF
- Physician Order
- IDT Team: NP, SW, Chaplain, MD oversight
- Consultative service

Outpatient Practice

- Various locations "without walls" (e.g., CHF and cancer clinics)
- No referral required:
- MD, NP, SW, Chaplain

Audience Participation

→ What roles are represented on this call? **(check all that apply)**

- A. Physician
- B. APRN
- C. RN/Clinical Coordinator
- D. Social Worker
- E. Chaplain
- F. Pharmacist
- G. Administration
- H. Other

Our Interdisciplinary Team

→ Program Leadership

- Clinical
- Administrative

→ Administrative staff

- Schedulers
- Outcomes
- Marketing

→ Clinical staff

- Physicians
- Nurses (advanced practice and RN)
- Social workers (masters level)
- Chaplains

Leadership Sets the Tone

- Establishes a culture of “we” not “I”
- No hierarchy on the team
- Individual skill set of each discipline is recognized as integral to team

ROLE DELINEATION

Palliative Care Physician

- Provides direct patient care
- Provides clinical oversight
- Participates in weekly interdisciplinary team meeting
- Provides daily, real-time clinical guidance and recommendations to team

Palliative Care APRN

- Conducts initial and follow-up medical assessments
- Prescribes for active symptom management
- Performs medication reconciliation and education
- Completes Practitioner Orders for Life-Sustaining Treatment (POLST)
- Provides on-call coverage

Palliative Care RN

- Performs many of the same responsibilities as APN with key differences:
- Symptom manages in coordination with APN, PCP, or specialist
 - Educates about the POLST, but does not complete
 - Primarily responsible for follow-up visits

Triage/Enrollment RN

- Triages patient and family medical questions during business hours
- Addresses concerns and communicates with specific team members as needed
- Assists with follow up on prior authorizations, hospice orders, durable medical equipment, or sending/receiving chart notes
- Screens referrals for program appropriateness
- Provides community education

Palliative Care Social Worker

- Completes initial and follow-up assessments
- Addresses depression, anxiety and other areas of psychological distress
 - Provides psychotherapy if licensed to do so
 - Teaches coping skills
- Addresses social determinants
 - Food, shelter, assistance with ADLs, prescription assistance, utility assistance

Palliative Care Social Worker

- Connects patients and families with resources
 - Financial and supportive programs
- Provides caregiver support
 - Support groups
 - Counseling to address caregiver strain and burden
- Offers patient/family anticipatory grief counseling

Palliative Care Chaplain

- Provides spiritual support through a non-denominational approach
- Utilizes specific religious comfort measures when appropriate
- Provides culturally sensitive care in regards to religious preferences at end of life

Audience Participation

True or False:

→ My program is missing elements of the interdisciplinary team.

A. True

B. False

Filling in the Gaps

- Many programs lack various members of the IDT
 - Small hospital
 - Funding issues (payer source matters)
- Creative staffing
 - Shared positions with hospice/oncology
 - Community resources
 - Telehealth opportunities
- Flexibility in role definition

OVERLAPPING ROLES AND RESPONSIBILITIES

Concurrent Activities

- Perspectives from multiple disciplines allows for holistic care
- Reinforcement from all members of team
 - Advance care planning and goals of care
 - Coordination with patients' physicians and outside agencies
 - Patient and family support and education

Team Approach to Advance Care Planning

- Establishes trust
- Provides clinical picture of disease process and progression
- Identifies what is important to patient
- Assists patients in understanding specific interventions (videos, handouts)

FOSTERING TEAM SUCCESS

Audience Participation

True or False:

→ I have experienced a poorly functioning team.

A. True

B. False

Potential Challenges to Team Interactions

- Overly defined roles and responsibilities
- Unclear expectations
- Lack of flexibility
- Personality conflict

Attributes of a Successful Team

- Shared decision making
- Respect for skill set of each discipline
- Communication
- Team support
- Addressing issues as a team

Integrating Team & Avoiding Duplicative Efforts

- Goal is for team members to work at top of licensure
- Equitable responsibility and accountability
- Clear treatment plan established, documented, and communicated frequently
- Referrals to and from all disciplines
- Collaboration improves when roles clearly defined

Fostering a High Functioning Team

- All members are encouraged to:
 - Certify in hospice and palliative care
 - Attend national conferences
 - Join committees that speak to specific interests
 - Work on independent projects of interest
- Formal and informal support system
 - Compassion Fatigue Day
 - Ongoing education on self care
 - Address moral distress

Awareness of Role Perception

→ How individuals perceive their roles versus the perceptions of others

- Confidence
- Comfort
- Expectations
- Education

Impact of Informal Roles

- Roles affecting team dynamics
 - Caregiver
 - Comedian
 - Intellectual
 - Pessimist
- Occasional need for formal acknowledgement
- Patients are diverse and have distinct needs
 - Respond differently to different personalities and communication styles
 - Need for the utilization of unique skills

Case example: JS

- 73 year-old male with metastatic lung cancer
- Diagnosed 2015, underwent right lobe wedge resection, multiple rounds of chemotherapy and radiation
- Worsening shortness of breath, abdominal pain, nausea
- New metastases to bone and liver
- Lives with his wife, estranged from adult son who lives far away
- Experiencing financial and spiritual distress

Defining Roles

→ APN

- Completes full history and physical
- Provides prescriptions for pain and nausea
- Completes POLST form with patient
- Schedules RN to follow up on new medications

→ RN

- Reviews efficacy of all medications added by APN
- Recommends adding anxiolytic
- Provides emotional support and education on disease progression
- Relays concerns of high anxiety to SW and Chaplain

Defining Roles

→ Social Worker

- Provides psychotherapy and emotional support for patient and wife
- Determines anxiety stems in part from strained relationship with son
- Helps patient apply for several community assistance programs

→ Chaplain

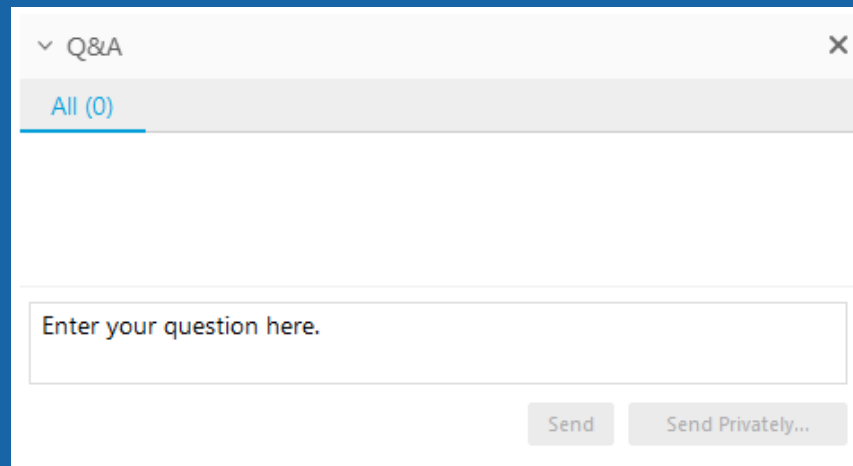
- Performs a life review with patient to promote self worth and maintain a sense of dignity
- Provides spiritual support for specific concerns patient has as not able to attend church

Lessons Learned

- Roles defined, but flexible
- Appreciation and utilization of each clinician's skills and abilities
- Shared responsibility and accountability
- Constant and detailed communication

Questions?

Please type your question into the questions pane on your WebEx control panel.



The image shows a screenshot of the WebEx Q&A interface. At the top, there is a header with a dropdown arrow and the text "Q&A" and a close button "X". Below the header is a tab labeled "All (0)". The main area is a large empty space. At the bottom, there is a text input field with the placeholder text "Enter your question here." and two buttons: "Send" and "Send Privately...".

Improving Team Effectiveness Series

- Keep the conversation going in the *Improving Team Effectiveness* virtual office hours. Next session is **March 27, 2018 at 2 pm**. Register on capc.org or CAPC Central Virtual Office Hours pages.
- CAPC Monograph: “Strategies for Maximizing the Health/Function of Palliative Care Teams”
- Join us for upcoming webinars on other Team Effectiveness topics:
 - **Team Communication** on *4/30/18 at 2 pm EST*

- Check out our new *Quick Tips* on the [Improving Team Effectiveness page](#) in CAPC Central

Quick Tips: Improving Team Effectiveness

capc Center to Advance Palliative Care

CAPC Quick Tips #1: Hiring New Team Members

Having a hard time finding qualified staff? In a rush to hire, do you sometimes overlook whether or not someone will be a good fit for the team? A new team member can bring wonderful energy and new skills, or create conflict and be disruptive to the rest of the team. Read on to learn how to hire for a stable, high-performing team.

Practical Tips and Lessons Learned from the Field

1. **Be clear on what is needed in the position, and make sure the entire team is aware of the position's purpose and role.** This will help not only in screening for candidates, but also with current team members who can help find good candidates.
2. **Make sure there is clear funding and support from administration.** Candidates have a lot of options and are more likely to choose a program that has demonstrated stability and commitment from the organization.
3. **Develop a plan for marketing the position.** What is distinct about your organization, the region, or this role? Why would someone take this position? Where will you post the job? Who can help you recruit? Human resources, professional recruiters, the palliative care team, and networking with other palliative care colleagues can all be helpful.

Register for all upcoming events at:
www.capc.org/providers/webinars-and-virtual-office-hours/

capc Center to Advance Palliative Care