Team Communication

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Bon Secours Health System

Richmond, Virginia

May 17, 2018

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Palliative Care™

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→ **Upcoming Improving Team Effectiveness Series Events:**
  - **Improving Team Effectiveness with Andrew E. Esch, MD, MBA and Tom Gualtieri-Reed, MBA**
    - May 29, 2018 at 2:00 pm ET

→ **Upcoming Webinars:**
  - **EHR Strategies for the Palliative Care Team: A Town Hall Discussion**
    - Wednesday, May 23, 2018 | 1:30 PM ET

→ **Virtual Office Hours:**
  - **Billing and RVUs in Hospital-Based Palliative Care with Julie Pipke, CPC**
    - May 18, 2018 at 11:00 am ET
  - **Ask Dr. Diane Meier: Open Topics with Diane Meier, MD, FACP**
    - May 22, 2018 at 12:30 pm ET

Register at www.capc.org/providers/webinars-and-virtual-office-hours/

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Objectives

→ Understand factors that can lead to poor or ineffective communication for an interdisciplinary team (IDT)

→ Identify communication skills, tools, and practices that can be implemented by a busy palliative care team

→ Describe practical methods for improving communication in home, clinic, and hospital-based settings

Presentation Outline

→ Introduction

→ Importance / Outcomes of Effective Communication

→ Definition & Degrees of Collaboration

→ Key Elements of Effective Communication

→ Case 1 – Amy Holtz

→ Case 2 – Julie Edwards

→ Case 3 – Diane Pelkey

→ Top 10 Practical Team Communication Tips

→ Conclusion

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Introduction
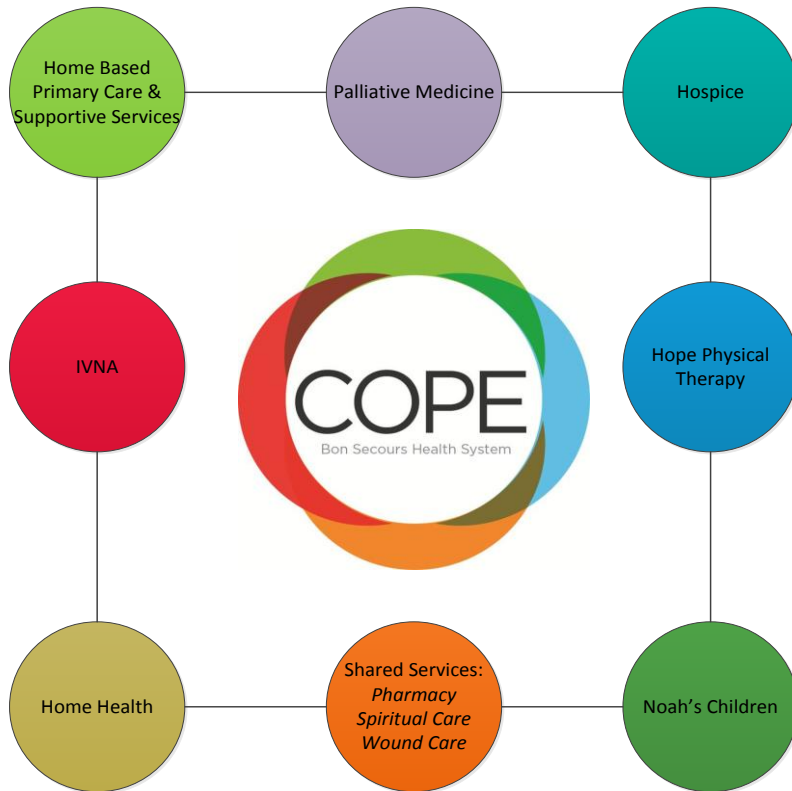
→ Bon Secours Health System

  – Merging with Mercy Health

→ Matrix of markets, hospitals, practices, community-based programs

→ Continuum of Palliative Excellence (COPE)

Importance of Effective Communication

Palliative Medicine

➔ Over 30 staff members

➔ Over 4000 IP consults/year at 4 facilities

➔ Over 2000 OP visits/year at 3 office locations plus community

Challenges

➔ Layers of administration

➔ Multiple integrated programs

➔ Care provided in many settings

➔ Multiple disciplines engaged in care

➔ Change is ongoing

Outcomes of Effective Communication

→ Improved information flow

→ More effective interventions

→ Improved safety

→ Enhanced employee morale

→ Increased patient and family satisfaction

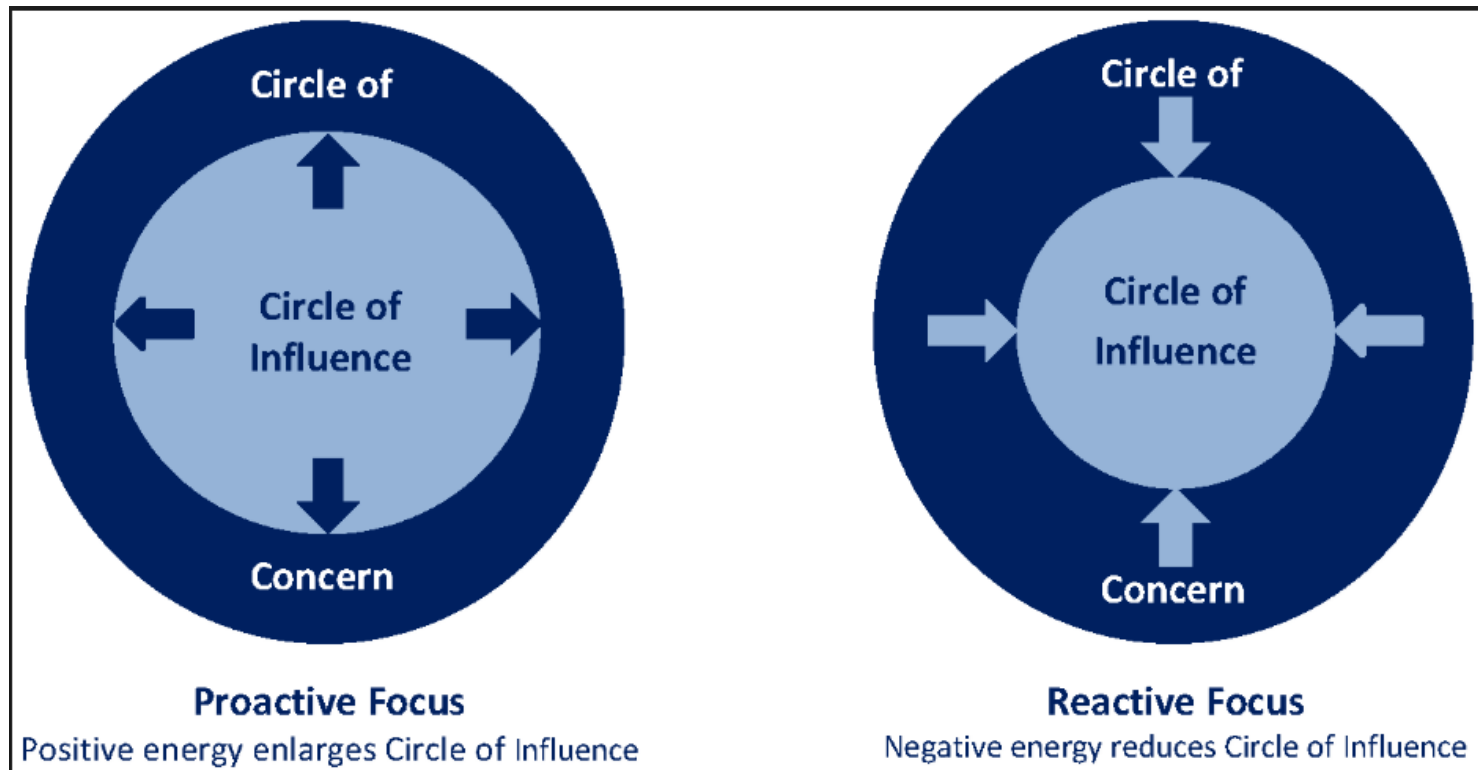→ Decreased length of stay

→ Improved quality

Degrees of Disciplinary Collaboration

Pan

Trans

Inter

Multi

Para

Uni

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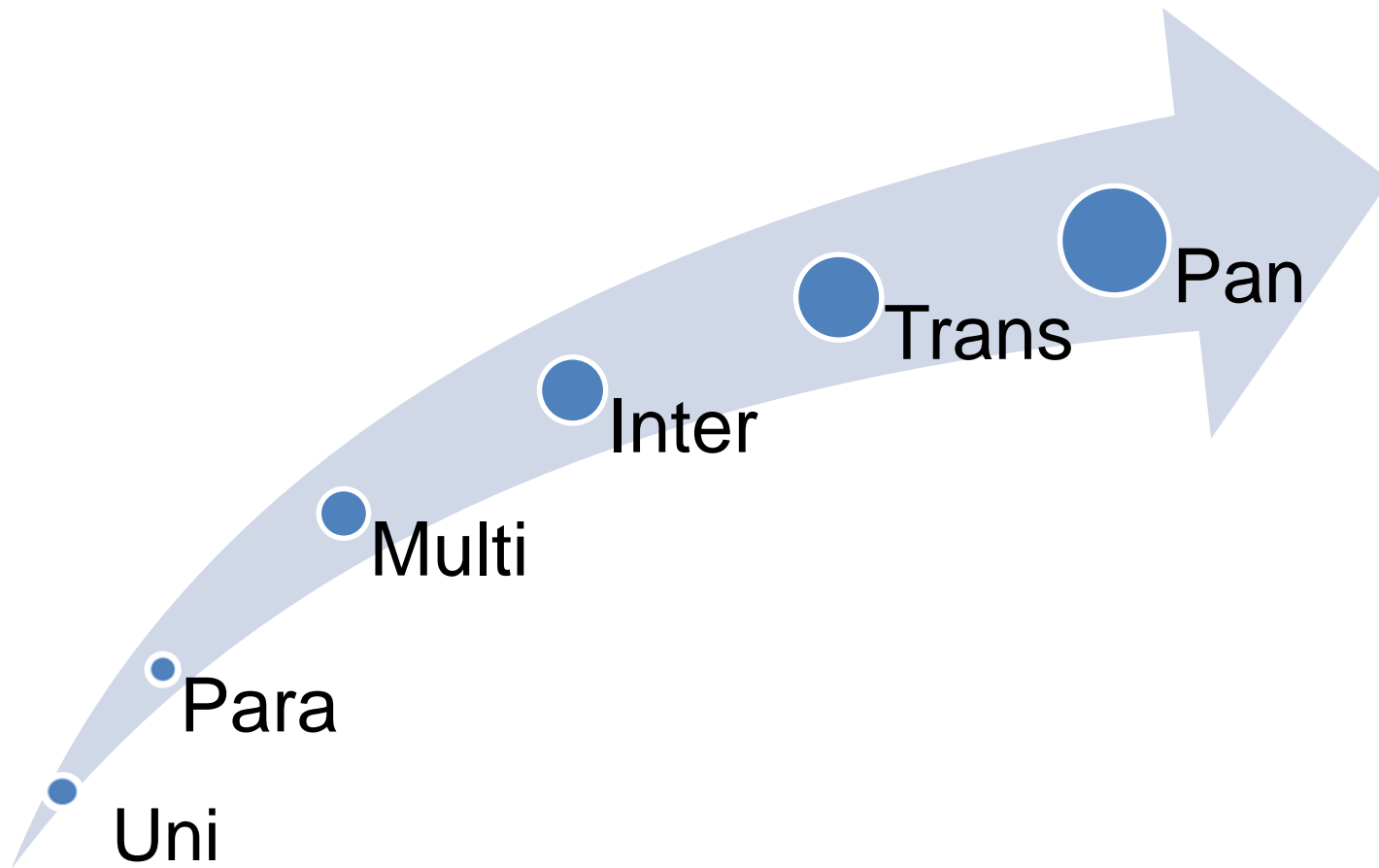
Degrees of Disciplinary Collaboration

→ **Uni:** Tasks carried out by individual disciplines without awareness/interest

→ **Para:** Tasks carried out by individual disciplines with awareness/interest but without coordination

→ **Multi:** Tasks carried out by individual disciplines with awareness, interest, and coordination towards common goals

→ **Inter:** Tasks carried out by individual disciplines that act as an interdependent group to carry out common goals

→ **Trans:** Evolution of inter-disciplinary team where flexible disciplinary boundaries and deep trust allow synergistic work; results in high level of patient care and job satisfaction

→ **Pan:** Common goal unites members and individual disciplines not emphasized or prioritized as tasks divided according to preferences, ability and workload; training is highly interdisciplinary

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Definition & Degrees of Collaboration

Proactive Focus — Positive energy enlarges Circle of Influence

Reactive Focus — Negative energy reduces Circle of Influence

POLL: Where is your Palliative Care Team in their Degree of Disciplinary Collaboration?

A. Uni-disciplinary

B. Para-disciplinary

C. Multi-disciplinary

D. Inter-disciplinary

E. Trans-disciplinary

F. Pan-disciplinary

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Elements of Effective Communication

Leadership

→ Effective communication from team leadership must exist to set communication expectations, model effective communication, teach/instruct on communication principles, and intervene when communication standards not met or are destruction to team wellness

Elements

→ Trust

→ Respect & Empathy

→ Empowerment

→ Recognition

→ Inclusion

→ Transparency

→ Fairness

→ Predictability

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Case # 1

→ Your inpatient palliative medicine team is overwhelmed with the consult volume due to a recent hospital initiative for reducing readmission for congestive heart failure patients.

→ As a result, the team has adopted a "divide and conquer" approach to meet the heightened need. The chaplain has requested several times for the team to re-institute their daily IDT rounds, but the physician states, "There's just too much to do!"

→ Additionally, another staff member has recently received a complaint for their abrupt response towards a consulting provider.

Problems

→ Team reverting to para-disciplinary approach vs. inter-disciplinary or trans-disciplinary

→ Disengagement among team members and burnout

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Interventions

→ Address effectiveness of IDT

→ Engage each team member

→ Recognize and address signs of burnout

→ Seek support from leadership as needed

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Resolution

→ The team decided to move their IDT to lunch hour each day; IDT became a priority and each team member engaged in the process

→ The team was proactive about recognizing the signs of burnout; escalated to leadership when needed for intervention and support

References

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Case # 2

→ A new licensed clinical social worker who previously worked for a large hospice, is hired for an outpatient role as part of a multi-faceted Palliative Medicine program.

→ The SW's onboarding and training occurred mostly in the outpatient setting with limited exposure to the inpatient social workers.

→ After 3 months, she feels disconnected in this new role, despite regular communication with the outpatient physicians and nurses. She even contemplates leaving.

Problem

→ Lack of Intra-Disciplinary Communication & Mentorship

Intervention: Mentor Model

→ A mentor model for training new social workers can:

- Enhance communication
- Foster inclusion

→ It can also aide in:

- Self-confidence
- Staff retention
- Increased satisfaction
- Achievement

Reference: *"Toward Mentoring in Palliative Social Work: A Narrative Review of Mentoring Programs in Social Work"*

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Intervention: Intra-Disciplinary Meetings

The Power of 2 (or more)

When there are 2 or more social workers working under the same Palliative program, monthly meetings offer many benefits:

1. Bond with colleagues
2. Case review of complicated patients
3. Resource sharing
4. Understand similarities and differences between teams under the Palliative umbrella
5. Explore effects of working with people with serious illness day in and day out
6. Attend to burnout and self-care

Communicating topics can empower new and experienced staff.

Some ideas:

➔ Role of the Social Worker in Palliative Medicine

➔ Burnout: symptoms and solutions

➔ How and where to network outside of your agency

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Defining Roles in Palliative Care

→ <u>Intra-disciplinary</u> leading to enhanced <u>Inter-disciplinary</u> Team Communication

→ As a team, communicate and create a definition for the role of your discipline in order to avoid assumptions and misunderstandings from other disciplines

→ Communicate how your profession is perceived, not only by other disciplines, but by patients, and how to improve perceptions

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Burnout and the Benefits of Networking

Burnout Awareness

Awareness: There is a high correlation between having *high death anxiety* and *burnout* as a Hospice (or Palliative) social worker.

https://www.tandfonline.com/doi/full/10.1080/15524256.2014.938891

Top 3 ways of managing burnout:

1. "…talking with family, friends, or significant others for support"

2. "participating in recreation/hobbies/exercise; and

3. "taking vacations"

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4846384/

Networking

The NASW top 5 reasons to network:

1. Opportunity

2. Exposure

3. Contacts and Relationships

4. Finding Common Ground

5. Learning

http://www.naswnc.org/?page=A13

_____

Communicating and exploring pertinent topics within a discipline can bring colleagues together, avoid isolation, and fortify the desire and willingness to continue in the position.

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Case Resolution

With the agency's improvement of communication through a mentor model for on-boarding, plus initiation of intra-disciplinary meetings, the new social worker experienced:

→ Increased self-confidence

→ Opportunities for pertinent topics of discussion

→ Awareness of self and other team social workers

→ Uncovering of issues leading to burnout and isolation on the job

→ A new desire and willingness to continue in the position

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Case # 3

→ A Palliative Care patient has been seeing a provider in the office setting. Over the last month, the patient has gotten weaker and it is harder for her to come to the office.

→ The Palliative Home RN has been seeing her in her home. However, she continues to see her Oncologist and receive testing and treatment outside the home.

→ The inter-disciplinary team questions if we are appropriately using our home resources for this patient. The team is at odds about this issue.

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Problem

→ Some team members felt that there should be clear guidelines regarding providing care in the home
  - Team efficiency
  - Reduce burnout
  - Patient / family equality in care

→ Some team members felt there were many reasons to continue care in the home even when the patient continued to see other specialists
  - Assessing home environment / caregivers
  - Trust
  - Continuation of care
  - Recognition and intervention in crisis

→ The team was having difficulty communicating to reach a resolution

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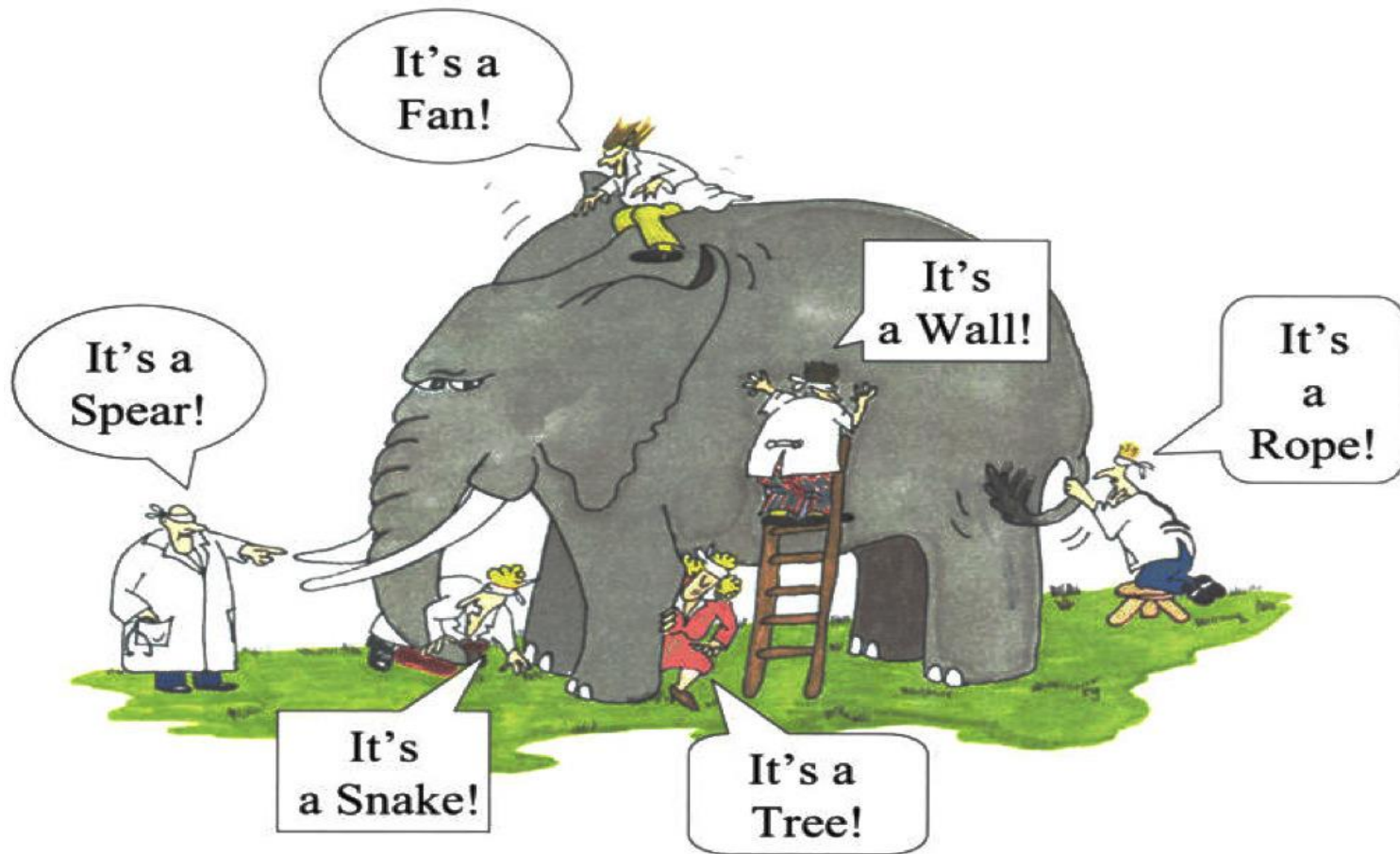
Intervention: Collective Decision Making

→ With collective decision making, the team will begin to build healthier and more coordinated relationships that benefit all patients being cared for by the team

→ This type of discussion will provide more knowledge and experience to all team members. Some may have information that is not known to all members on the team

→ Different perspectives can enhance the treatment plan

→ Conflict can be constructive when handled appropriately

→ When concerns are shared in a respective fashion the team grows and becomes stronger thus being able to provide better patient care

Resolution

→ The conversation was facilitated between team members: common team goals for patient centered care were identified

→ The home-based RN was able to identify her reasons for continuing home visits in this case

→ Other team members were able to express their concerns regarding continued home visits

→ A collection decision was made after a facilitated discussion

→ All team members felt valued and heard

→ **A new process was added to IDT for decision making around continued home visits for patients who are not homebound**

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→ Nancarrow, S. A., Booth, A., Ariss, S., Smith, T., Enderby, P., & Roots, A. (2013). Ten principles of good interdisciplinary team work. *Human Resources for Health*, *11*, 19.

→ O'Connor, M., & Fisher, C. (2011). Exploring the Dynamics of Interdisciplinary Palliative Care Teams in Providing Psychosocial Care: "Everybody Thinks that Everybody Can Do It and They Can't". *Journal of Palliative Medicine*. https://doi.org/10.1089/jpm.2010.0229

Top 10 Practical Communication Tips

10. Define Expectations

→ Create clear job descriptions, competencies, guidelines that help develop and contribute to a highly functioning team

→ Example: Inpatient Consultation Guidelines; On-Call Guidelines

9. Recognize problems as process problems not people problems

→ "Often team members perceive problems with goal and role conflicts as personality conflicts or interpersonal communication problems. Problems with roles can include role overload, or role ambiguity"

→ Example: Evolution of a new Outpatient/Community Practice

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Top 10 Practical Communication Tips

8. Provide workload transparency

→ Make workload transparent across settings to avoid assumptions and allow the team to support each other

→ Example: daily email with consult and visit volume

7. Enhance Face to Face (and Verbal) Connections

→ Example: Team meetings, Discipline specific meetings, Clinical rotation to work with other team members; MD-MD observations; Verbal versus text/email communication

Top 10 Practical Communication Tips

6. Address conflicts as they occur

➔ Ensure validation of emotion, search for the underlying cause (role clarity; lack of perceived fairness in workload; burnout)

➔ Example: email venting; anger outbursts; interpersonal team conflict

5. Encourage direct communication when conflicts arise

➔ Triangulation is a manipulation tactic where one person will not communicate directly with another person, instead using a third person to relay communication to the second, thus forming a triangle.

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Top 10 Practical Communication Tips

4. Invigorate recognition

➔ Recognize and Celebrate Often!

➔ Examples: Every team meeting begins with recognition; Letters of gratitude shared; Administration recognizes special "days/weeks/months" related to work

3. Develop Leadership

➔ Everyone is a leader of something!

➔ Example: Site specific leaders; Discipline specific leaders; Disease specific leaders etc…

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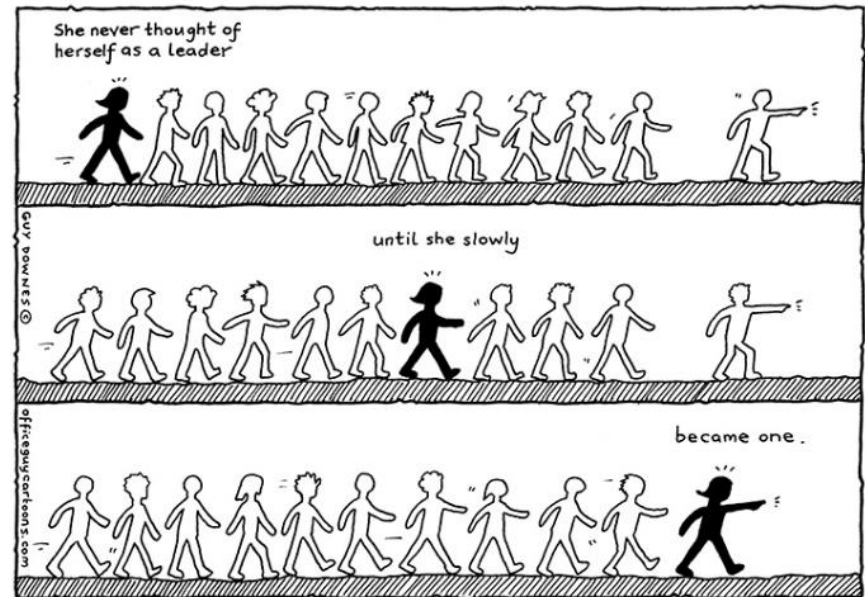
Top 10 Practical Communication Tips

2. Collaborate to Create Team Goals

➔ Example: Annual meeting reviewing "Where we are and where we are going…"

1. Create and Maintain a Positive Environment

➔ Show / encourage gratitude

➔ Recognize and address situations & personalities that foster negativity

OVERCOMING PESSIMISM SEMINAR SATURDAY 9 to 3

"It probably wouldn't work."

Conclusion

→ Understand factors that can lead to poor or ineffective communication for an IDT

→ Identify communication skills, tools, and practices that can be implemented by a busy palliative care team

→ Describe practical methods for improving communication in home, clinic, and hospital-based settings

References

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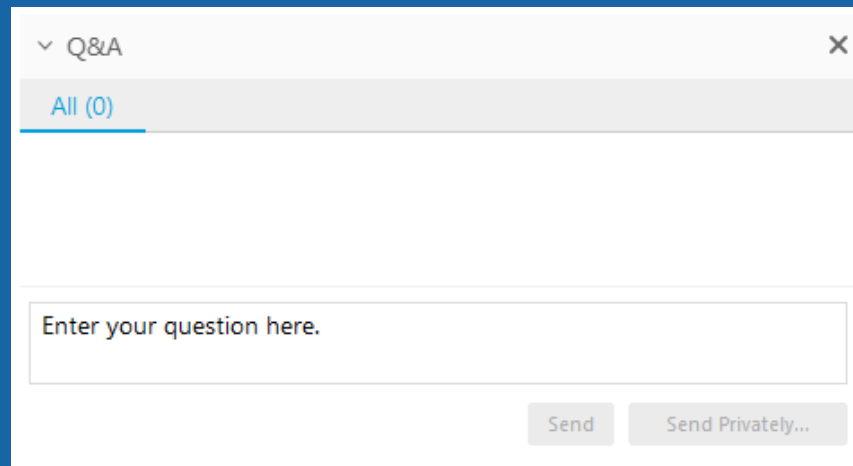
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Questions?

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

Improving Team Effectiveness Series

→ Check out our new *Quick Tips* on the Improving Team Effectiveness page in CAPC Central

→ Keep the conversation going in the *Improving Team Effectiveness* virtual office hours. Next session is **May 29, 2018 at 2pm**. Register on capc.org or CAPC Central Virtual Office Hours pages.

→ CAPC Monograph: "Strategies for Maximizing the Health/Function of Palliative Care Teams"

Quick Tips: **Improving Team Effectiveness**

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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/

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