Enhancing the effectiveness of interdisciplinary team working: costs and outcomes (SDO 08/1819/214)

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Overview

• Our team
• Background to the ‘EEICC’ project and how it came about
• What we had hoped to achieve
• How we worked with you
• Your reflections and experiences
• Did it make a difference?
The research team

Professor Pamela Enderby (rehabilitation) U Sheffield
Tony Smith (organisational development) SHU
Dr Steven Ariss (sociologist) U Sheffield
Andrew Booth (health informatics) U Sheffield
Professor Mike Campbell (statistician) U Sheffield
Professor Stuart Parker (geriatrician) U Sheffield
Ron Akehurst (health economist) U Sheffield
Anna Moran (HSR) Charles Sturt University
Adele Blinston (admin) U Sheffield
Background and context

• Previous research (SDO 08/1519/95)
  – Large variations in staffing models
  – Variations in costs and outcomes
  – Potential to improve outcomes, and enhance interdisciplinary team working through an evidence based approach
Aim

To enhance the effectiveness of interdisciplinary team working and examine whether this is related to outcomes (patient, staff and service).
Action research framework

1. Data gathering, analysis and initial diagnosis
   - Secondary analysis
   - 3 literature reviews

2. Identifying critical features
   - Development of IMT

3. Planning and negotiating interventions
   - Search conferences
   - Evaluate current situation
   - Desired future state
   - Action planning

4. Taking action
   - Action learning sets to support agreed changes

5. Analysis and evaluation
   - Final search conference
   - Analyse evaluation data
   - Dissemination and feedback
Step 1. Data gathering development and diagnosis

Step 2. Develop Interdisciplinary Management Tool (IMT)

1. Secondary analysis of previous data
2. Three literature reviews
3. Framework development
4. Framework population (reflective exercises)
5. Peer review and piloting
3 literature reviews

1. Concept analysis of typology of interdisciplinary practice
2. Systematic review of workforce implementation tools
3. Review of process and outcome information from RCTs of interdisciplinary team working
Key findings from the 3 reviews

1. Thylefor’s model of multi / inter / trans professional working.
2. Content analysis of workforce change tools – structure for IMT. Little evaluation of each.
3. Systematic review of IDT working (93 papers): few studies link team processes with patient outcomes.
The IMT Evidence Document

Evidence and exercises

– Factors affecting interdisciplinary team performance
  • Eg motivation, job satisfaction, career development opportunities

– Team level factors affecting performance
  • Eg size, integration, team meetings

– Leadership
  • Eg clarity of leadership, styles of leadership
3 components to the Interdisciplinary Management Tool (Mk1)

- IMT booklet
- Action learning sets
- Outcome measures: patients, staff, service
Step 3. Planning and negotiating the intervention

• ‘Search evaluation conference’
  – Evaluate current situation
  – Desired future states
  – Options for change
  – Action planning and task delegation
Step 4. Taking action

- Ongoing support – Action learning sets
  - Action learning sets with teams: full day, followed by 3 half day events in 6 months.
  - Trained facilitators supported ALS with teams.
  - Data collection pre : post intervention to capture effect on patients, staff and the service.
  - Data fed back to teams iteratively as part of process.
Collect Patient Data
Severity of complaint, wellbeing and satisfaction (referral & discharge), Care Received (type, length),

Baseline Data
Staffing, Structure, Leadership, Team Dynamics

Implement IMT
Service Evaluation
Service Development Activities
Evaluate impact

Post-Intervention Data
Staffing, Structure, Leadership, Team Dynamics

3 Month
6 Month Intervention
3 Month
Step 5: Analysis and evaluation

What did we want to know?

• Implementation of the IMT... how did teams use it?
• Impact of the IMT... did it make a difference to patients, staff and teams?
• Feedback on processes... could we do it differently?
Participants (Patients)

$n = 12$ teams (1 dropout)
6215 patients
Staff participants (n=253)

Staff types

- Other
- Social care worker
- Support worker
- Speech and language therapist
- Social worker
- Secretary/admin
- Psychologist
- Physiotherapist
- Occupational therapist
- Nurse
- Dietician

Valid Percent
Implementation: Issues and actions identified by teams

1. CPD, rotation and career progression (n=139 issues, 10 actions)
2. Facilities, resources, staffing and procedures, admin (n=82 issues, 5 actions)
3. Patient treatment, communication, capacity and outcomes (n=81 issues, 8 actions)
4. Communication and relationships: internal (n=75 issues, 16 actions)
5. Clarity of vision, uncertainty, changes to service (n=72 issues, 9 actions)
6. Communication and relationships: external (n=48 issues, 8 actions)
7. Joint working (n=16 issues, 5 actions)
8. Management and leadership structures (n=15 issues, 2 actions)
9. Roles and skill mix (n=15 issues, 5 actions)
10. Morale and motivation (n=6 issues, 3 actions)
Examples of actions

• **CPD**: Journal clubs, lunch time speakers

• **Outcomes**: Piloting and implementing use of outcome measures

• **Internal communication**: Clinical coordinator role, team meetings, issues box

• **External communication**: Active marketing of service

• **Clarity of vision**: working groups to establish referral criteria
Impact of the IMT

• Qualitative feedback: Action learning set reports (n=44); team feedback (n=44), focus groups, interviews

• Patient outcomes
  – EQ-5D
  – Therapy Outcome Measure
  – Patient Satisfaction

• Staff outcomes
  – Workforce Dynamics Questionnaire

• Service outcomes
  – Discharge destination
  – Length of Stay
Team outcomes (n=84)

Lower scores indicate a worse outcome

*p<0.05
Impact on staff (n=84)

Lower scores indicate a worse outcome
*p<0.05
Did the IMT impact on patient outcomes?
Impact

• Team integration
  – *We make time now to do more joint reviews and spend time in the office... We listen to each others’ opinions and each others’ opinions are valued.*

• Focus on goals and outcomes
  – *The goal planning I always thought was quite helpful in the study... It’s quite helpful when we know what we’re aiming for.*
  – *Our discharge is now a lot tighter and we’ve got a better record*
Impact

• Capacity to be a better team member
  – Individuals within the teams could see that they themselves could be good integrated team members of a new team in the future of their new job.

• Communication
  – It has taught us... How important it is to listen to each other... It gets very difficult sometimes when you become such a close working team, your identity tends to become a little bit lost... But we’ve all learnt from each other’s roles
• **Communication**
  
  – *It has taught us... How important it is to listen to each other... It gets very difficult sometimes when you become such a close working team, your identity tends to become a little bit lost... But we’ve all learnt from each other’s roles*

• **Leadership**
  
  – *It has helped me as a manager... it’s opened things up and allowed us to become closer... as a team.*
**Issues**
- No privacy
- Relying on email when team is large
- Not addressing issues promptly
- Gaining information 'from above'

**Actions**
- Feedback to service managers
- Honesty box
- Improving meeting structure and accessibility
- Introducing a coordinator

**Impact**
- Improved team working
- Improved team working scores
- Changes to structure / use of team meetings

**Barriers**
- Space
- Staff unable to attend meetings
- New IT system
Processes of implementation

• Positives
  – Benefits of facilitation
  – Flexibility of approach
  – Clear understanding of future actions
  – Information
  – Insights into the process of change
  – Engagement with teams and iterative feedback

• Negatives
  – Time away from patient care
  – Paperwork
  – Disappointment if goals not achieved
  – Prescribed timings of ALS
Conclusions

• The IMT tool is a way of bringing together different types of knowledge to implement an evidence based approach which has local applicability to the needs and requirements of the team

• The IMT is a flexible, change based intervention that effectively helps team to reflect on their priorities, and to act on them

• Intermediate care teams focus on service delivery and spend little time on reflection as a team

• The IMT process enhances team cohesion, but may be at expense of incoming team members

• The IMT can alter the ‘internal’ functioning of a team, but it is more difficult to influence external factors.
Further information

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