

Running Effective Interdisciplinary Team (IDT) Meetings

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April 30, 2018

Join us for upcoming CAPC events

- Upcoming **Improving Team Effectiveness** Series Events:
 - **Team Communication:**
 - Thursday, May 17, 2018 | 1:30 PM ET

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

- Virtual Office Hours:
 - **Planning for Community-Based Care: Getting Started with Jeanne Twohig, MPA**
 - May 2, 2018 at 12:30 pm ET
 - **Improving Team Effectiveness with Andrew E. Esch, MD, MBA and Tom Gualtieri-Reed, MBA**
 - May 29, 2018 at 2:00 pm ET

Running Effective Interdisciplinary Team (IDT) Meetings

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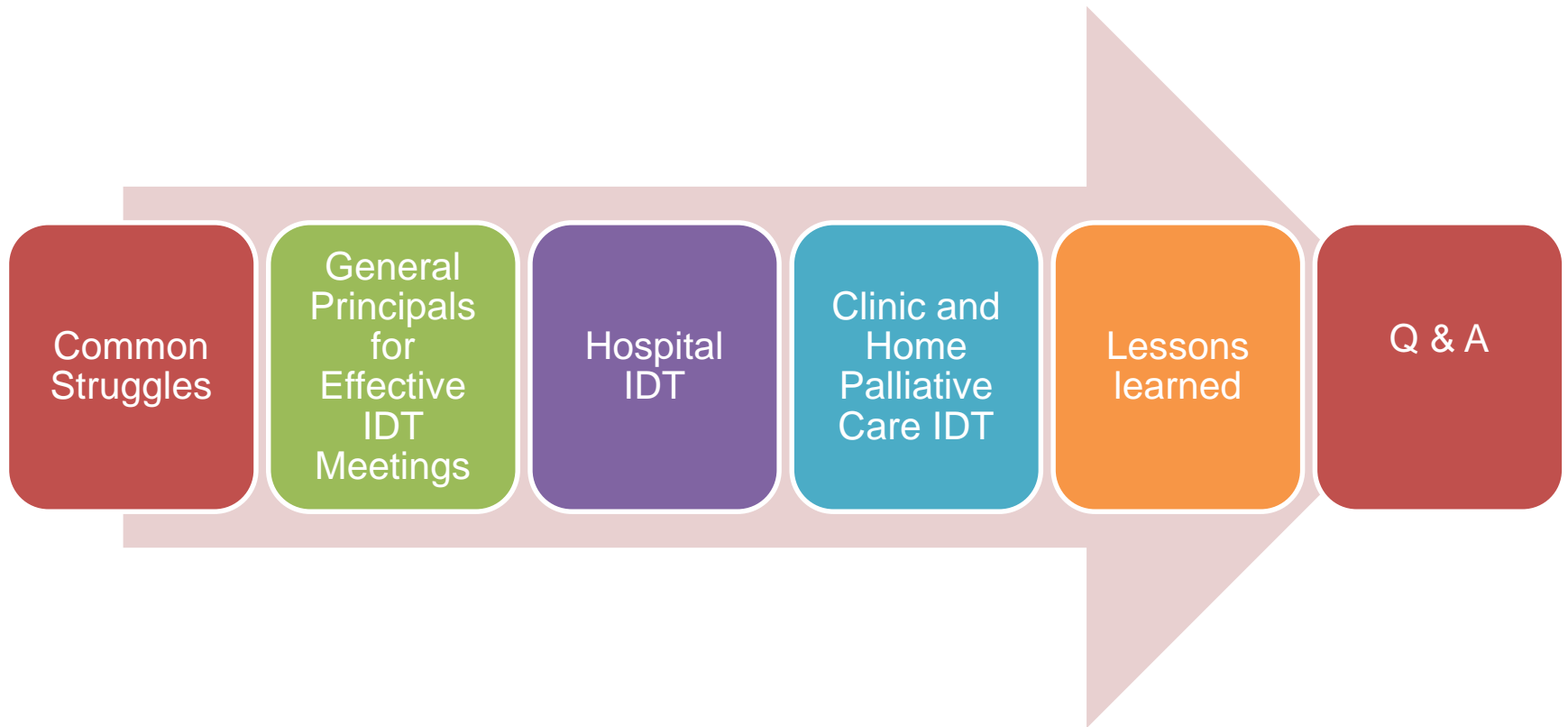
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Objectives

- Describe common struggles during IDT meetings
- Identify key principles and best practices
- Develop strategies for connectedness, inclusion and efficiency

Webinar Map



Common Struggles

- IDT meetings are long and seem to take forever
- Poor attendance of team members
- Some members talk too much, some members not at all
- Ownership - “My patient, your patient”
- No consistency in patient presentation

General Principles for Effective IDT Meetings

- Be efficient
- Be inclusive
- Use a Rounding Tool
- Attendance must be mandatory
- Democratic process is essential

Purpose of IDT meetings

- Quality patient care
- Team cohesion
- Team support
- GET THE RIGHT PERSON WITH THE RIGHT SKILLS IN FRONT OF THE RIGHT PATIENTS EVERY DAY

Attendance

- All team members are important to patient care, therefore everyone needs to be there
- Attendance develops team chemistry and commitment to each other
- A forum to provide support for one another
- You are NOT too busy for IDT meetings
 - Discipline for missing IDT meetings

Democracy is Essential

- Everyone has important things to contribute
- Promote IDT team
 - Everyone leads meetings
- Develop strategies to avoid DD (doctor domination)
 - Everyone has an equal voice on every patient

Be Efficient

- Set a start and stop time for meetings
- Stay true to the rounding tool
- Develop a triage system
- Spend less time on less acute patients
- Talk about your personal life over lunch or after work

Be Inclusive

- Avoid "my patient, your patient"
- Invite other specialty team providers or disciplines
 - Pharmacy, pediatrics, addiction services
- Invite C-suite members
- Invite healing art therapists
- Invite volunteers
- Basically, if a person wants to come and can help the patients – let them

Rounding Tool

- The idea is to get the right person from your team in front of the right patient on the right day
- For details of one sample
 - [CAPC Clinical Rounding Tool](#)

Rounding Tool Example

- Patient name and age
 - Pertinent Medical Hx
 - Pertinent Current Hospitalization Events
 - Pertinent Psychosocial Hx
 - Reason for Consult
 - Symptom management
 - Goals of Care
 - Support/Counseling/Education
 - Advance Care Planning
 - Surrogate Decision Maker
 - Advance Directives
 - Code Status
 - Probable Disposition
- Brief and concise assessment, outcomes and plan.
 - What are the patient/family needs today?
 - What is plan for today?
 - What is plan to collaborate with consulting physician/clinician
 - Patient/family acuity for visits and by whom
 - see daily
 - see 2-3/week
 - see PRN,
 - monitor via Case Management
 - chart review

Rounding Tool

- Best tool is one the team agrees on or creates together
- Can also be simple
 - Where were we on admission
 - Where are we today
 - Where do we plan on going
- KEY to efficiency
 - Every patient presented the same way
 - Everyone on team should be involved in developing the tool

HOSPITAL IDT MEETINGS

Special Considerations

- Usually high volume
- Long lists, short bench
- Distractions/opportunity costs (ICU rounds, CM rounds)
- Handoffs

Hospital IDT Meetings

- Clarifying purpose of meeting
- Use of a rounding tool
 - Co-created by all disciplines
- Sharing leadership of the meeting by rotation
- Ground rules of meetings
- Rule for Visitors

Using A Rounding Tool

- Keeps team on “same page”
- Keeps meeting efficient
- When developed by the team, everyone feels good about using it
- We are all trained and approach care from different perspectives – this should be a tool that everyone is comfortable with

Share Leadership

- Give everyone regular opportunities to lead meetings
- Provide a rounded perspective of the patient and family
- This helps avoid Doctor Domination

Set Ground Rules

- Set time limits (overall start and stop)
- No missing IDT meetings
- Start off meeting with particular patients that need time due to complexity or care
- No interrupting – except by team leader
- No judgments
- Careful use of humor
- Get in, get out, get seeing patients

Visitors

- Need to educate team on comments
 - Would it be okay to see comments in the paper?
- Great way to educate colleagues
- Great way to show C-suite the breadth of what you do
- Extend your team
 - Or do you already have enough resources?

PALLIATIVE IDT MEETINGS FOR CLINIC AND HOME BASED PALLIATIVE CARE

Special Considerations

- Social Isolation
- Technology vs. time investment to be F2F
- Balancing efficiency against need

Clinic and Home Based IDT Meetings

- Clarifying purpose of meeting
 - Often has multiple purposes
- Bringing everyone to the table
 - In person
 - Via technology
- Respect for time

Clinic and Home Based IDT

- Reason for consult
- Function of patient
- Family support
- Other resources
 - hospice, home health
 - aging services, nutrition, respite services
- Plan of care
- Next visit

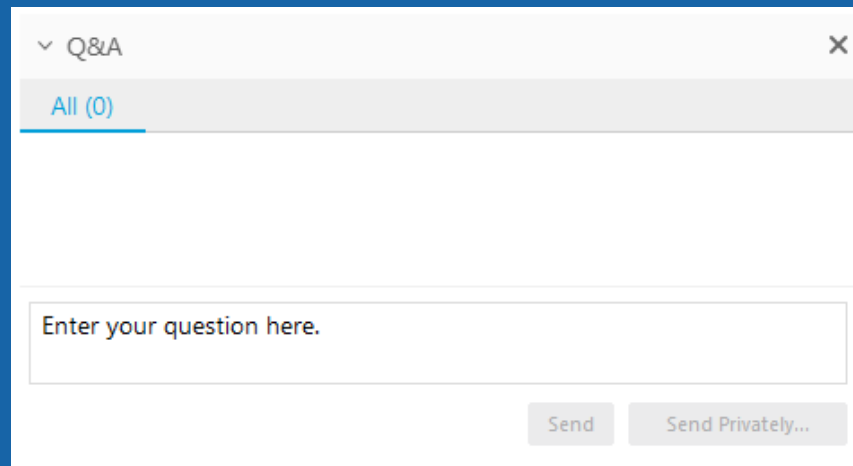
IDT Meetings

Reassess Process

- What is working and what is not?
- How to change?
- Keep business meetings separate from patient care meetings

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 **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”

→ Join us for upcoming webinars on other Team Effectiveness topics:

- **Team Communication** on 5/17/18 at 1:30pm 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/

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