



# Multiprofessional working: quality care needs collaboration

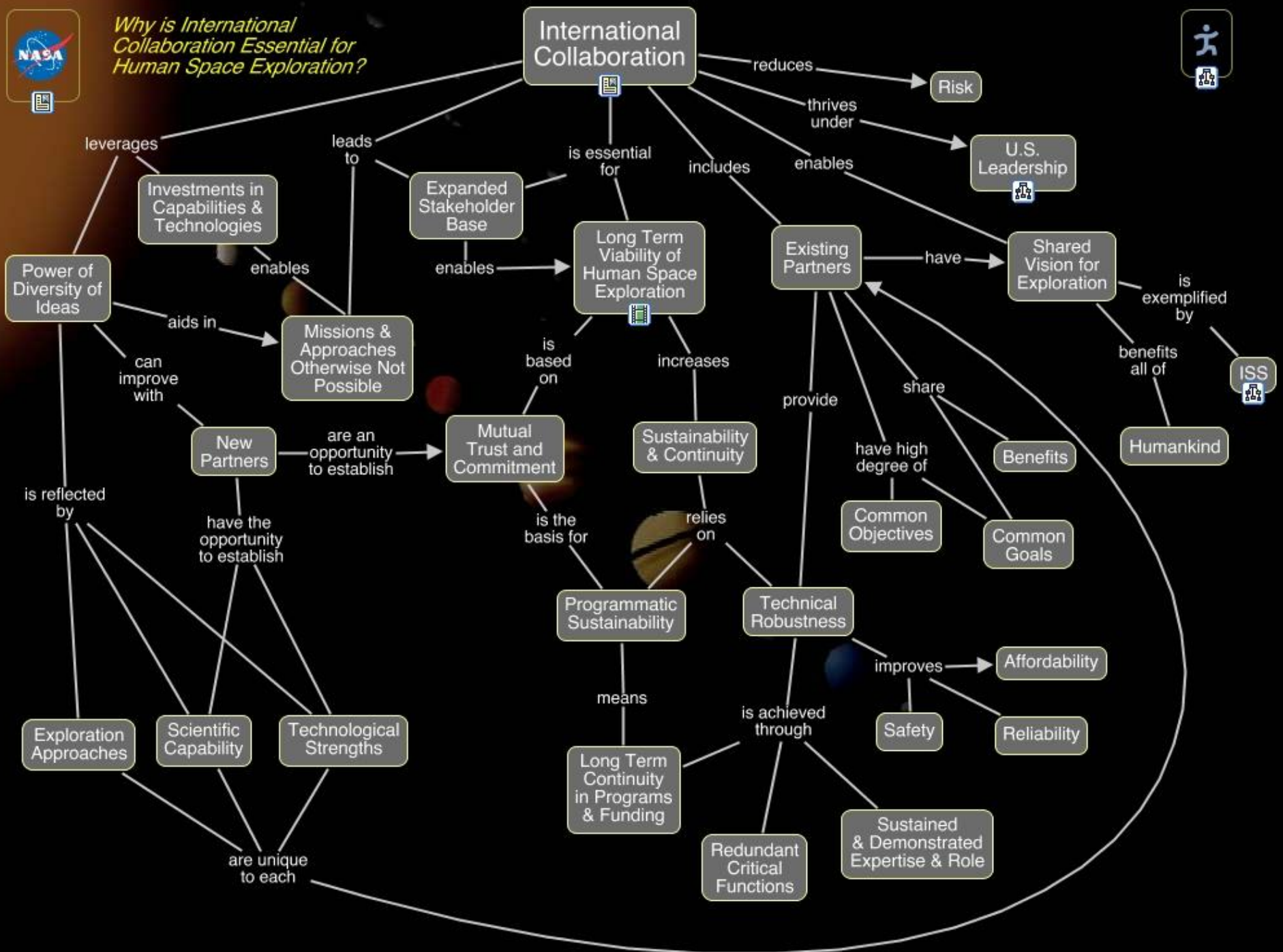
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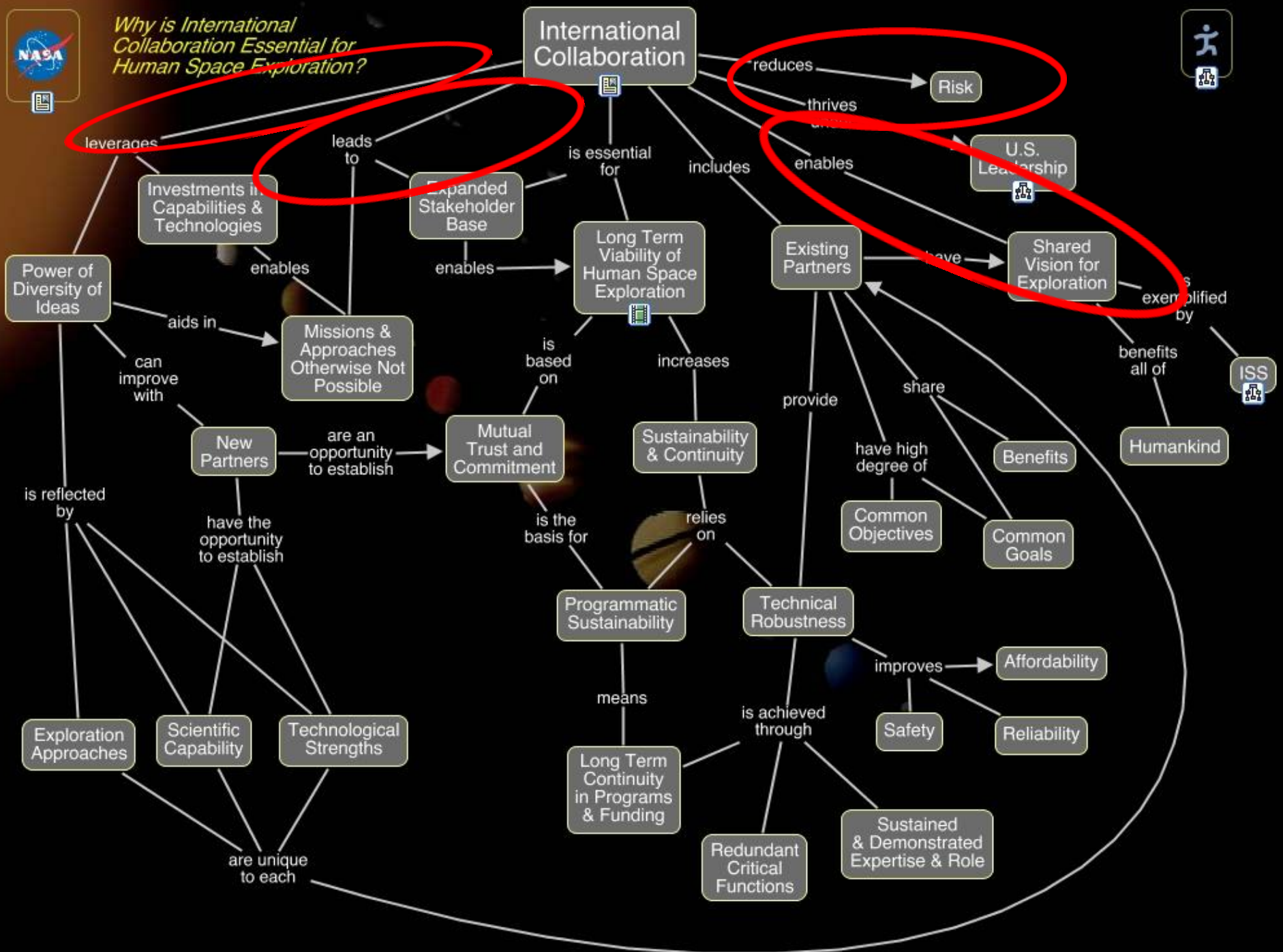


# Why is International Collaboration Essential for Human Space Exploration?





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Multidisciplinary  
Collaboration

*Leads to*

*Reduces*

*includes*

*Based on*

Building capacity

Influencing  
politics

Using excellence

Risk

Respecting  
capacity

Developing optimal  
models

Increase  
expertise

*Leads to*

Optimal  
Patient care

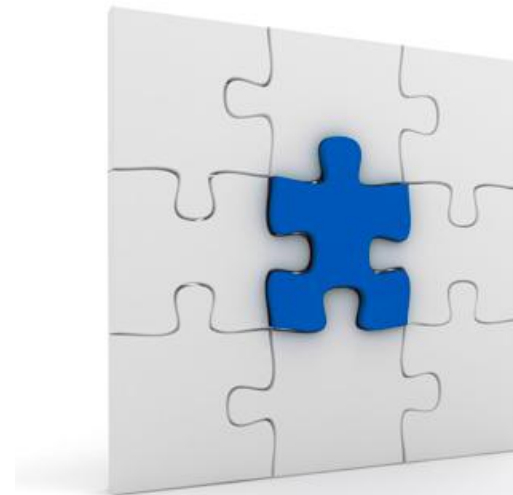
# Multidisciplinary team

- Utilize the skills and experience of individuals from different disciplines, with each discipline approaching the problem from their own perspective



# Interdisciplinary team

- Interdisciplinary team approaches integrate separate discipline approaches into a single consultation/product



# Possible drivers for multidisciplinary collaboration

- Increased demand from 'users' and 'clients'
  - Patient centered in stead of organization centered care



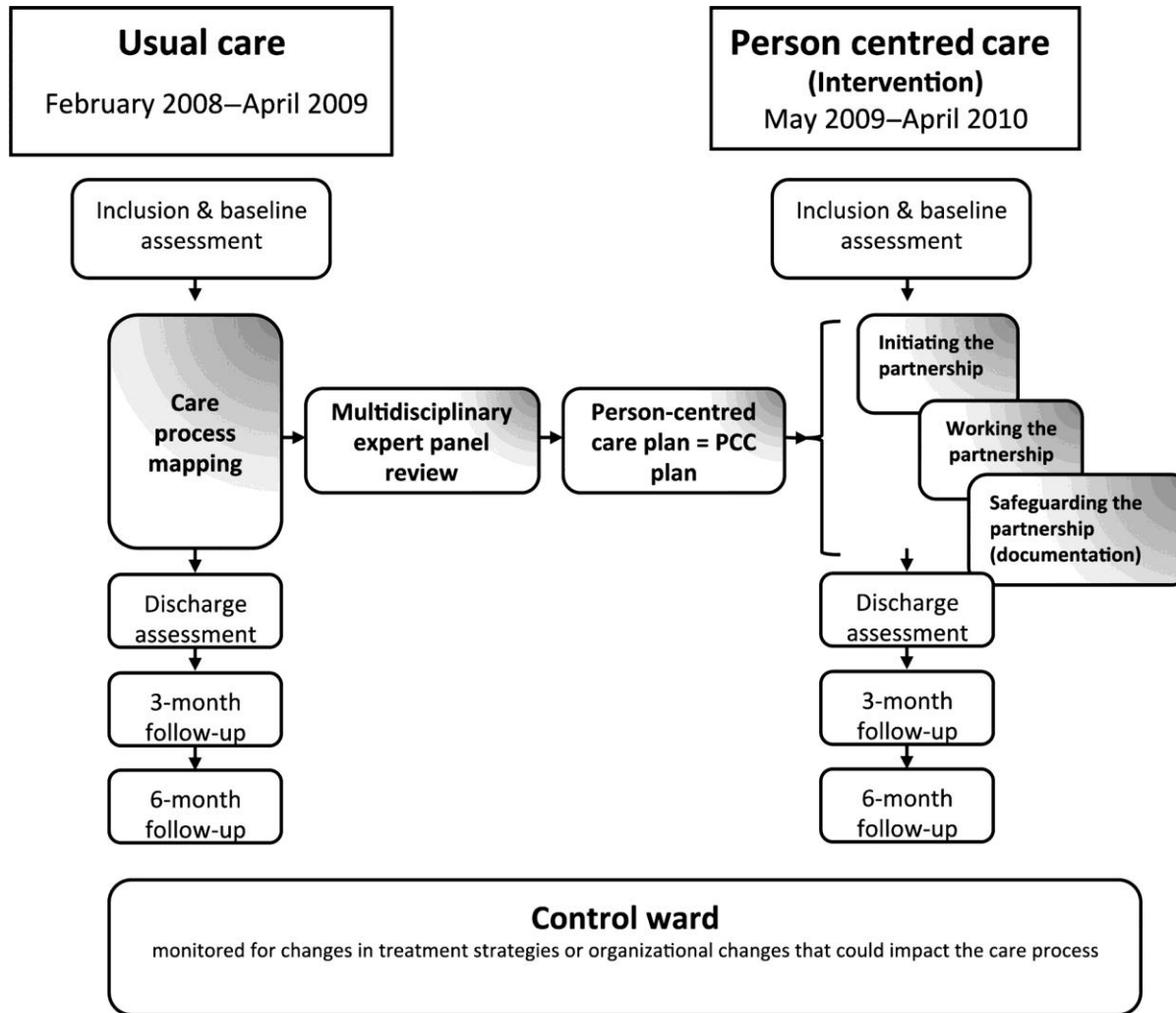
## Effects of person-centred care in patients with chronic heart failure: the PCC-HF study

Inger Ekman<sup>1,2</sup>, Axel Wolf<sup>1\*</sup>, Lars-Eric Olsson<sup>1</sup>, Charles Taft<sup>1</sup>, Kerstin Dudas<sup>1</sup>, Maria Schaufelberger<sup>3</sup>, and Karl Swedberg<sup>2,3</sup>

<sup>1</sup>Institute of Health and Care Sciences, Sahlgrenska Academy, University of Gothenburg, Box 457, Gothenburg 40530, Sweden; <sup>2</sup>Centre for Person-Centred Care (GPCC), University of Gothenburg, Gothenburg, Sweden; and <sup>3</sup>Department of Emergency and Cardiovascular Medicine, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden

Received 28 February 2011; revised 14 July 2011; accepted 2 August 2011

# Study design, data-collection illustrated by white boxes.



Ekman I et al. Eur Heart J 2011;eurheartj.ehr306

# Possible drivers for multidisciplinary collaboration

- Increased demand from 'users' and 'clients'
  - Patient centered in stead of organization centered care
- Increased demand from funding agencies
  - EU proposals

# EU consortium

- Partners with complementary aspects of the research will make a stronger consortium than partners who are too similar and may even find themselves competing.
- Diversity will help to ensure that the necessary enabling technologies are available and that the results of the research are taken forward into application.
- .

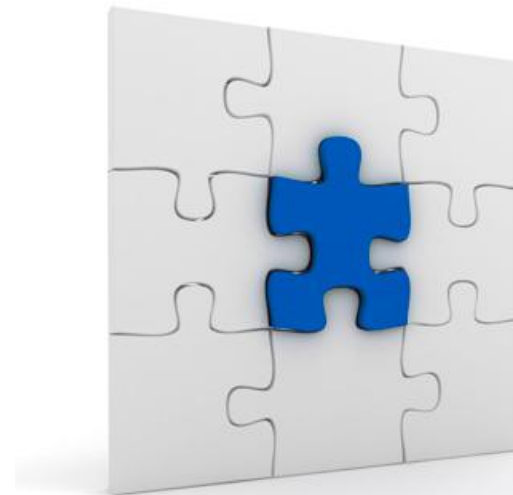


# Possible drivers for multidisciplinary collaboration

- Increased demand from 'users' and 'clients'
  - Patient centered in stead of organization centered care
- Increased demand from funding agencies
  - Eu proposals
- 'Forced' organizational structures
  - E.g. HF clinics in cardiac rehabilitation?
  - Dyspnea clinic (cardiac and pulmonology)
- Increased overlap and interest in disciplines
  - Nursing, dieticians, psychology

# Interdisciplinary team

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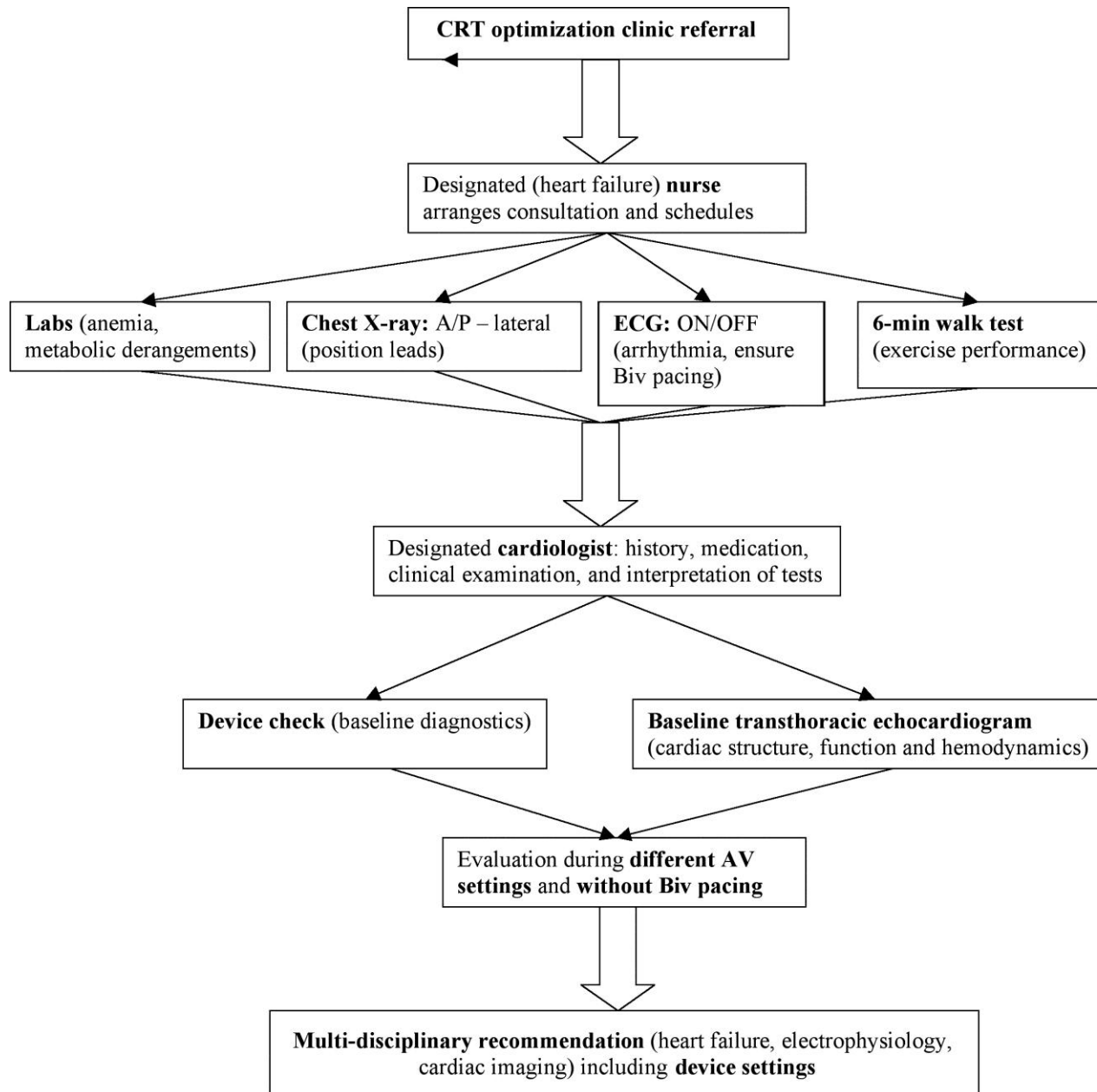


The London EUROACTION team, illustrating prevention as a team effort. From left: Susan Connolly (consultant cardiologist), Jenny Jones (physiotherapist), Catriona Jennigs (nurse co-ordinator), Kornelia Kotseva (consultant cardiologist), Anny Holden (physical activity specialist) and Alison Mead (dietitian).

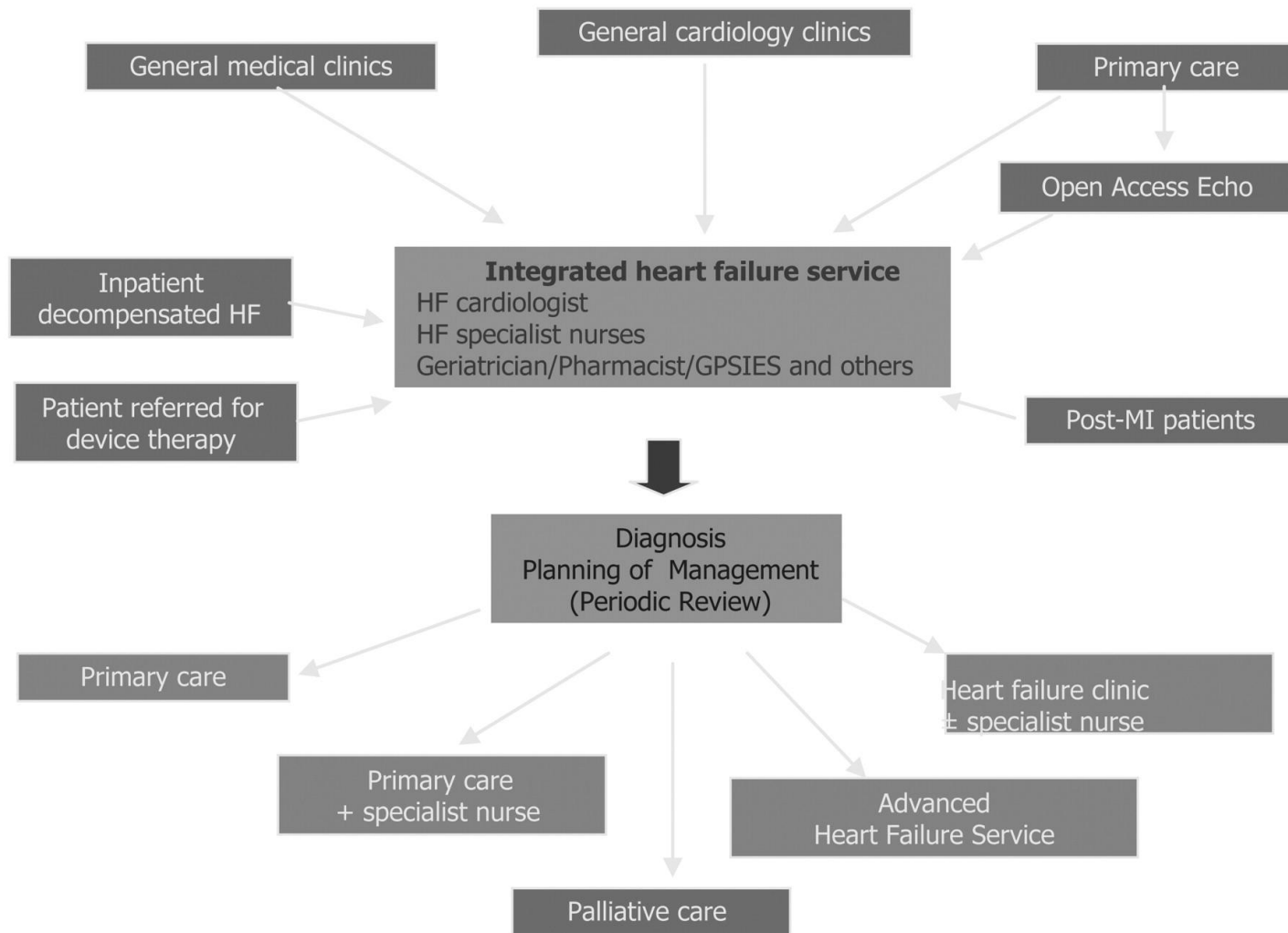


# Possible drivers for multidisciplinary collaboration

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  - Patient centered in stead of organisation centred care
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- 'Forced' organizational structures
  - E.g. HF clinics in cardiac rehabilitation?
- Increased overlap and interest in disciplines
  - Nursing, dieticians, psychology
- Specific expertise or equipment needed
  - HF and CRT care
- .



# A schematic view of an integrated heart failure service (permission from Theresa McDonagh, British Society for Heart Failure).



McDonagh T A et al. Eur J Heart Fail 2011;13:235-241

# Door-to-Balloon Time: Performance Improvement in the Multidisciplinary Treatment of Myocardial Infarction

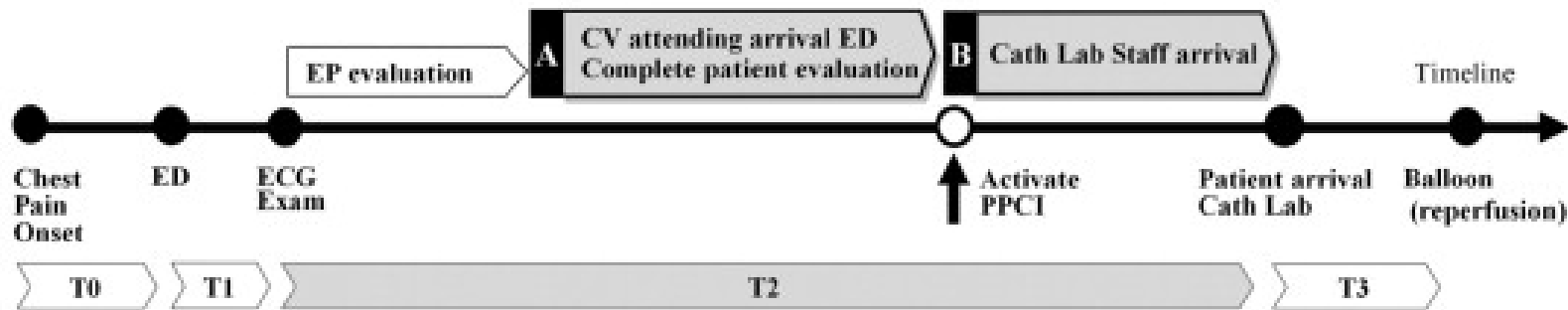
*J. Mark Peterman, Soren Bisgaard*

**Abstract:** The treatment of ST-elevation myocardial infarction with primary percutaneous coronary intervention is a time-sensitive process, with outcomes correlated with the speed with which the healthcare team can make the diagnosis, start preliminary treatment, and successfully perform the intervention. This requires multidisciplinary teamwork involving Emergency Medical Services, Emergency Medicine and Nursing, the cardiac catheterization laboratory team, and interventional cardiology. The success of effectively delivering treatment is enhanced through focused analysis of key steps within the care process to identify systems problems and implement quality improvement initiatives. This article reviews the process whereby our institution achieved top decile performance in this multidisciplinary treatment.

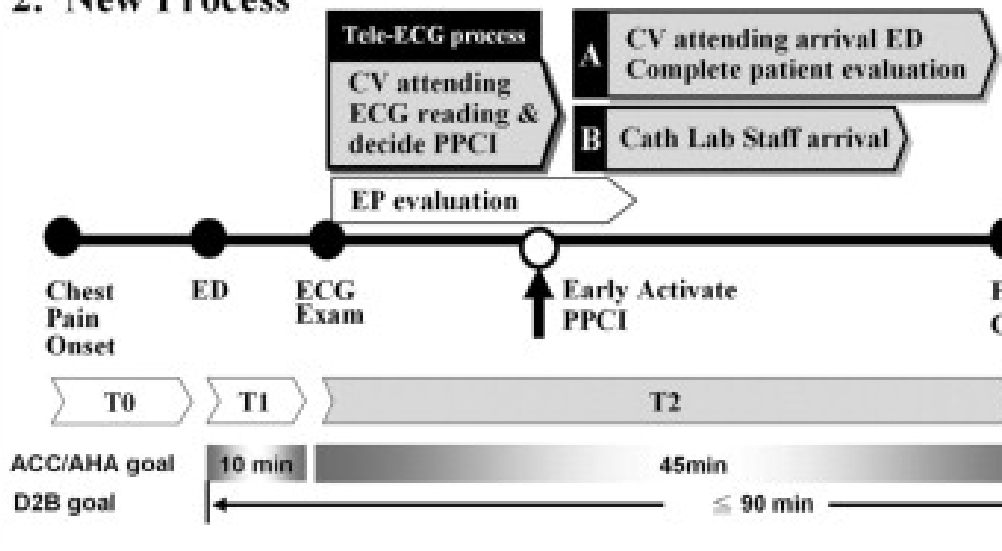
Emergency Medicine and Nursing, the cardiac catheterization laboratory team, and interventional cardiologists (IC). However, where available with proficient systems and experienced staff, Primary PCI is the preferred treatment, resulting in superior patient outcomes in terms of mortality, cardiac function, and quality of life (Keeley, Boura, & Grines, 2003).

Hospitals with Primary PCI capability must provide this service in timely yet expert fashion. Door-to-balloon time (D2B), the time interval from the patient first entering the ER door until a balloon or device is deployed in the blocked coronary artery to reestablish flow, is

# 1. Conventional Process



# 2. New Process



# Multidisciplinary team as an orchestra



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# Multidisciplinary team as an orchestra

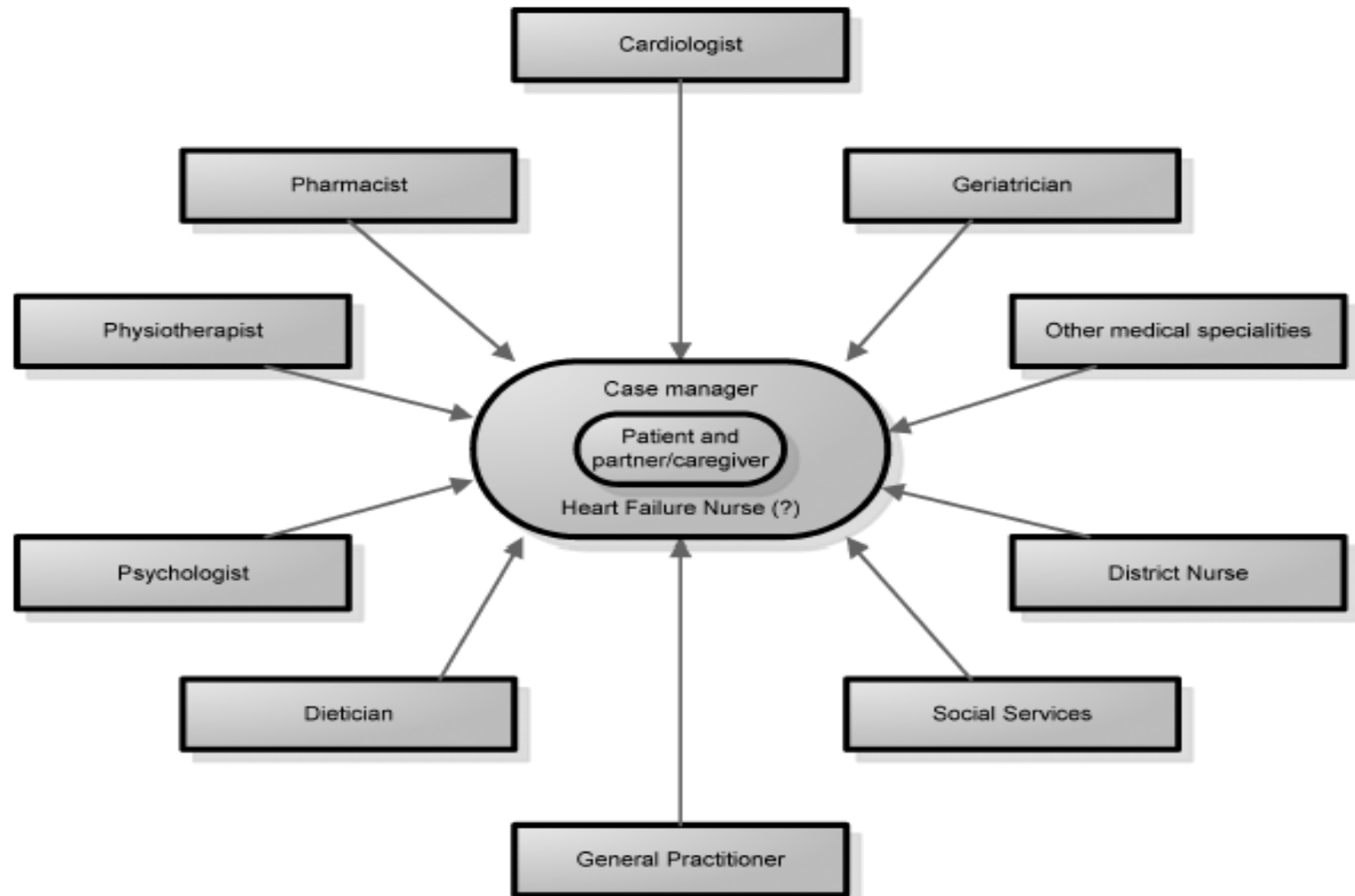
- The goal: the concert
- Members of the orchestra
- Playing together in tune

The image shows a musical score for a piece in 4/4 time, marked "Sostenuto". The score is written in treble clef and consists of eight staves of music. The first staff begins with a whole rest, followed by a series of quarter notes. The second staff starts at measure 6 and features a melodic line with a "cresc..." marking. The third staff, starting at measure 10, includes a trill ("tr") and a "mf" dynamic marking. The fourth staff, starting at measure 13, shows a complex rhythmic pattern with "mp" and "mf" markings. The fifth staff, starting at measure 16, features a "f" dynamic marking. The sixth staff, starting at measure 19, has a "mf" marking. The seventh and eighth staves continue the melodic and rhythmic development of the piece.

# Concert



# 'Optimal' HF Management?



**FIGURE 3.** *Proposed heart failure management.*

# What Works In Chronic Care Management: The Case Of Heart Failure

Multidisciplinary provider teams with in-person communication lead to fewer hospital readmissions for people with heart failure.

by **Julie Sochalski, Tiny Jaarsma, Harlan M. Krumholz, Ann Laramee, John J.V. McMurray, Mary D. Naylor, Michael W. Rich, Barbara Riegel, and Simon Stewart**

**ABSTRACT:** The evidence base of what works in chronic care management programs is underdeveloped. To fill the gap, we pooled and reanalyzed data from ten randomized clinical trials of heart failure care management programs to discern how program delivery methods contribute to patient outcomes. We found that patients enrolled in programs using multi-

## Percentage Reduction In All-Cause Hospital Readmissions And Hospital Readmission Days Per Month Associated With Delivery Personnel And Method Of Communication In Chronic Care Management Programs

	Percent reduction in readmissions per month	Percent reduction in readmission days per month
Delivery personnel		
Single heart failure expert	0.9	2.6
Multidisciplinary team	2.9****	6.4****
Method of communication		
Telephonic	0.4	1.5
In-person	2.5****	5.7****
Delivery + communication		
Single expert + telephonic	0.4	1.5
Single expert + in-person	1.8 <sup>a</sup>	4.3 <sup>b</sup>
Team + in-person	2.9****	6.4****

**SOURCE:** Authors' analysis.

**NOTES:** Figures in the exhibit represent authors' conversion of log-transformed regression coefficients from linear mixed-model regressions adjusted for age, sex, history of hypertension, prior heart attack, and original trial. Routine care patients are the reference group in each comparison. N = 2,028.

<sup>a</sup>  $p = 0.05$ .

<sup>b</sup>  $p = 0.06$ .

\*\*\*\*  $p < 0.001$

# Multidisciplinary team as an orchestra

- The goal: the concert
- **Members of the orchestra**
- Playing together in tune

Sostenuto

*p*

*cresc...*

*tr*

*mf*

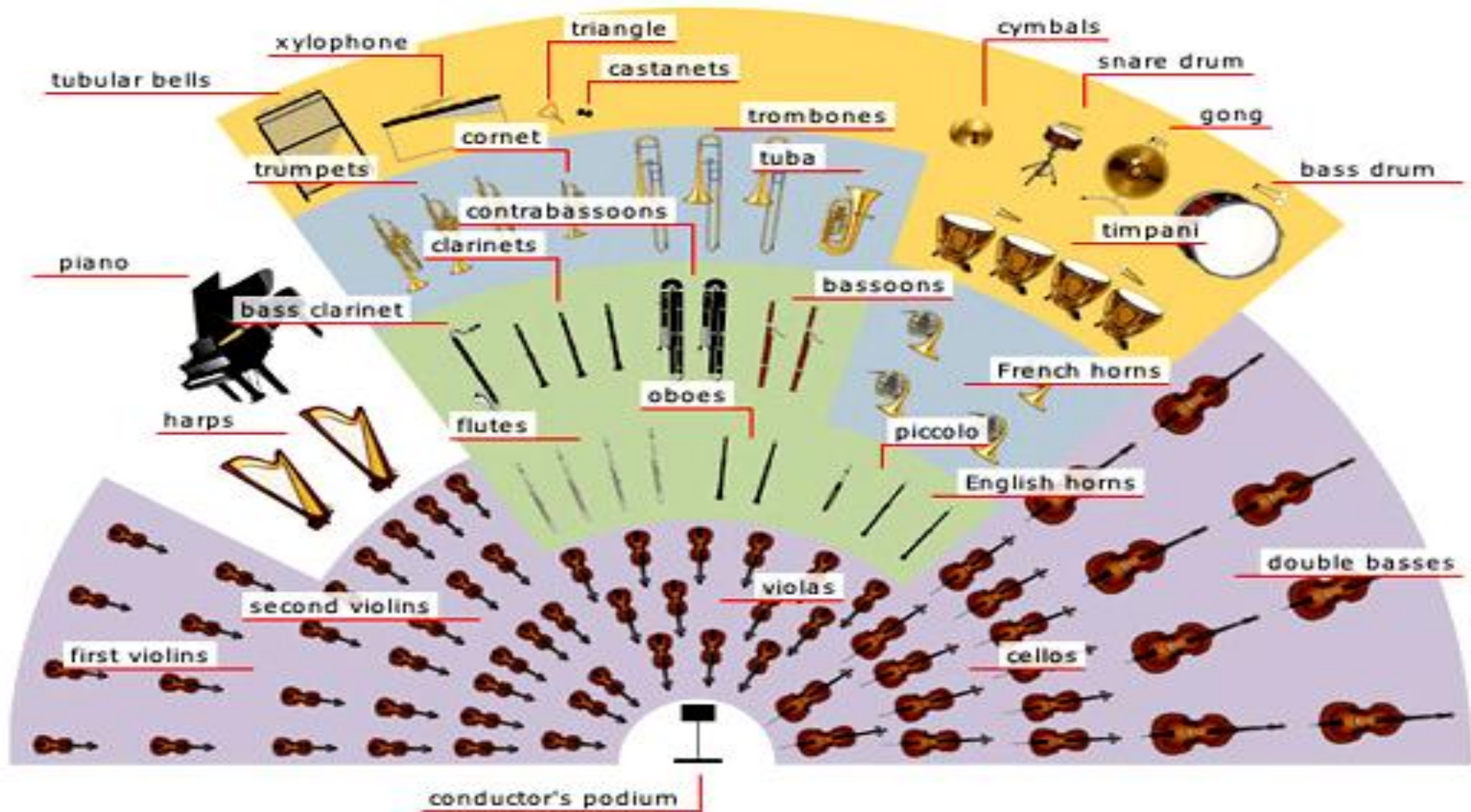
*mp* *mf*

*f* *mp*

*mf*

*mf*

# The members



woodwind family



brass family



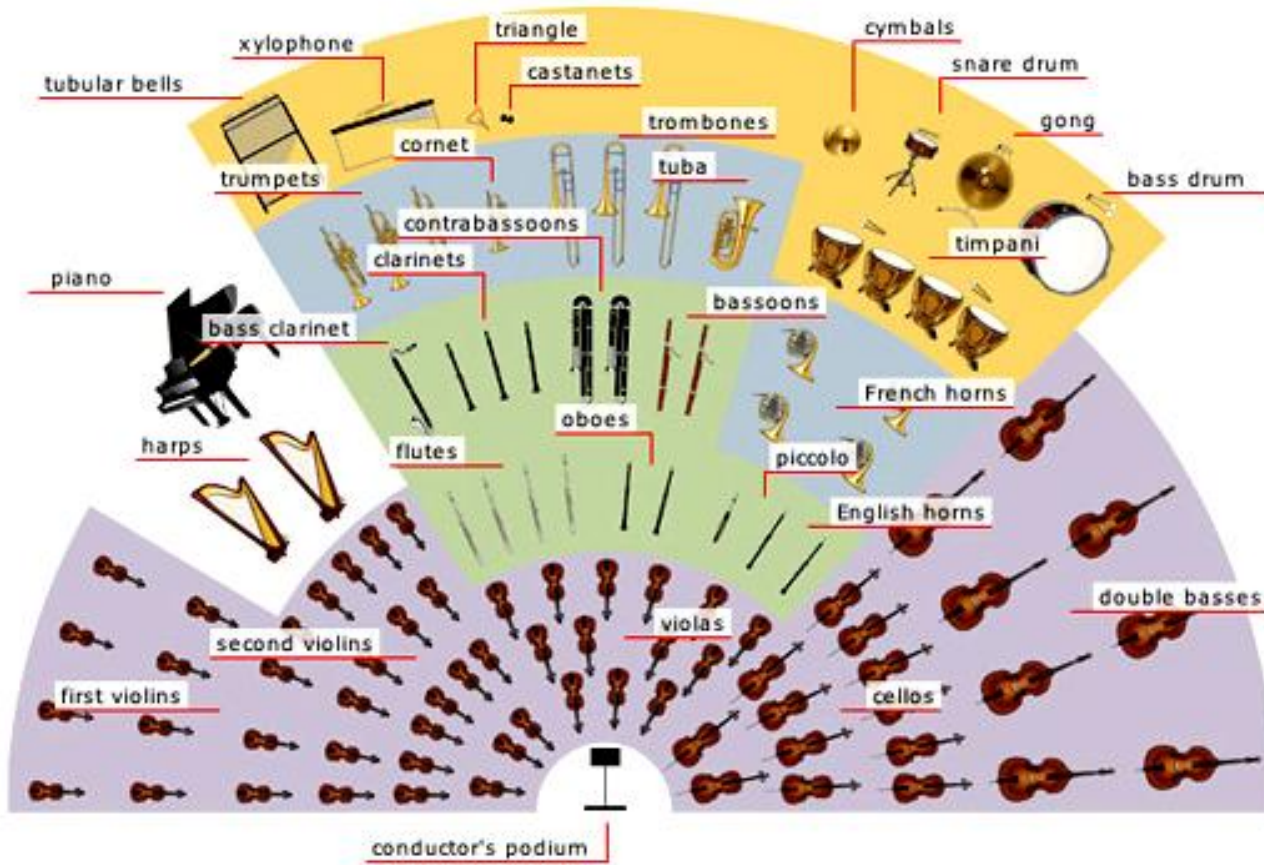
percussion instruments



violin family

# The members

- Cardiologist
- Nurses
- Physiotherapist
- Psychologist
- The patient
- Family
- Paramedics
- Hospital
- Rehab
- Home
- Primary care



‘One but we are not the same’



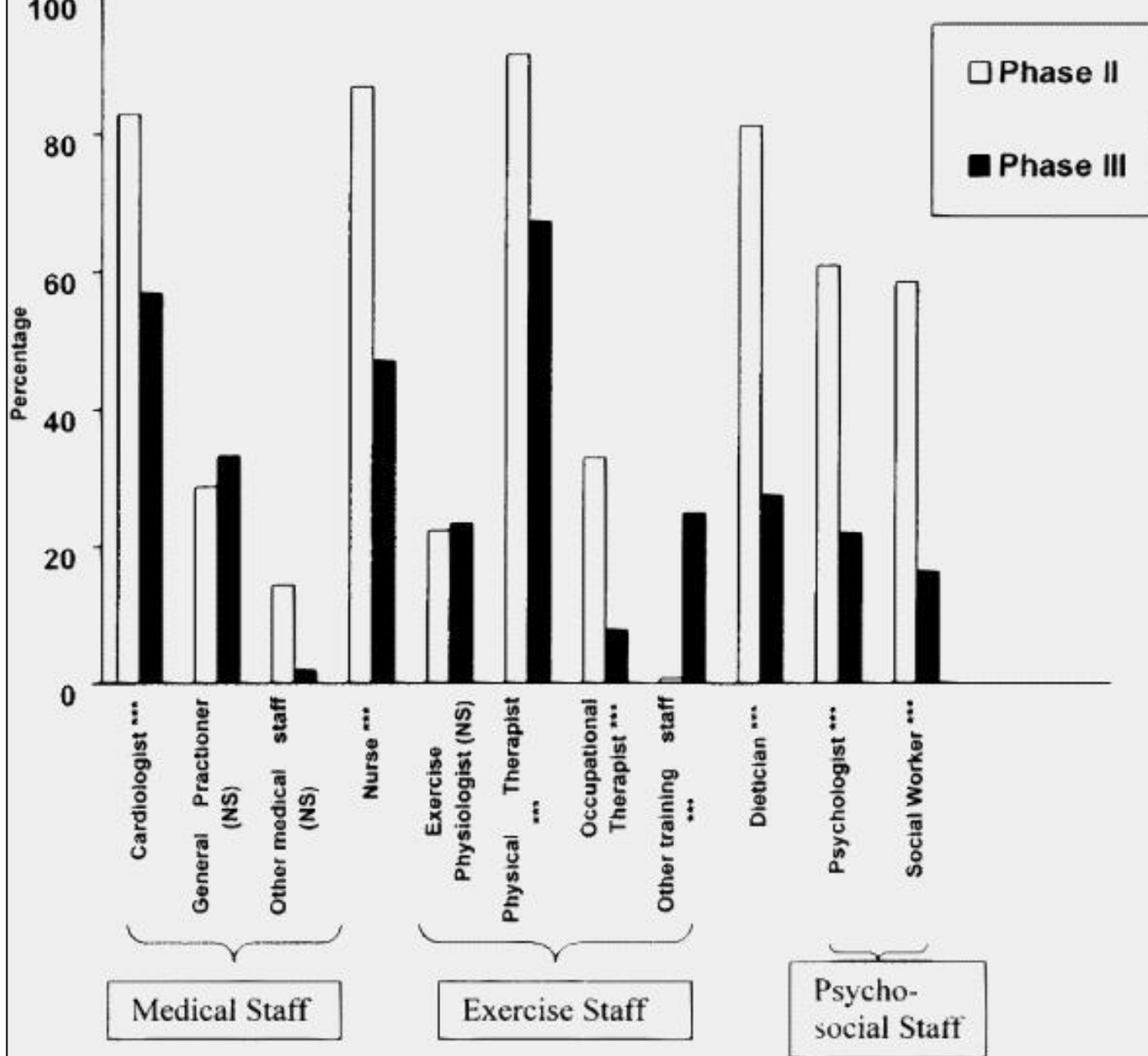
➤ Partnership

➤ Which partner do you need for this project? For this service?



# Which members are needed

- Compose team based on need
- Strengths – Weakness – opportunity – threat (SWOT)
- Seeking Excellence outside yourself or your team
- What (who) do we miss
- Be open and critical (restrictive)



**A Representative Study of Cardiac Rehabilitation Activities in European Union Member States: THE CARINEX SURVEY.**

Vanhees, Luc; McGee, Hannah; Dugmore, L; Schepers, Dirk; van Daele, Patrick





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# Multidisciplinary team as an orchestra

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- **Playing together in tune**

The image shows a musical score for a piece in 4/4 time, marked "Sostenuto". The score is written in treble clef and consists of eight staves of music. The first staff begins with a whole rest, followed by a series of quarter notes: G4, A4, B4, C5, B4, A4, G4. The dynamic marking *p* (piano) is placed below the first note of this sequence. The second staff continues with eighth notes: G4, A4, B4, C5, B4, A4, G4, F4, E4, D4, C4. The dynamic marking *cresc...* (crescendo) is placed below the final notes. The third staff features a trill on G4, followed by a series of eighth notes: A4, B4, C5, B4, A4, G4, F4, E4, D4, C4. The dynamic marking *mf* (mezzo-forte) is placed below the first note. The fourth staff contains a series of sixteenth notes: G4, A4, B4, C5, B4, A4, G4, F4, E4, D4, C4, B3, A3, G3, F3, E3, D3, C3. The dynamic marking *mp* (mezzo-piano) is placed below the first note, and *mf* is placed below the final notes. The fifth staff begins with a series of quarter notes: G4, A4, B4, C5, B4, A4, G4, F4, E4, D4, C4. The dynamic marking *f* (forte) is placed below the first note, and *mp* is placed below the final notes. The sixth staff features a series of eighth notes: G4, A4, B4, C5, B4, A4, G4, F4, E4, D4, C4. The dynamic marking *mf* is placed below the first note. The seventh staff contains a series of eighth notes: G4, A4, B4, C5, B4, A4, G4, F4, E4, D4, C4. The dynamic marking *mf* is placed below the first note. The eighth staff features a series of eighth notes: G4, A4, B4, C5, B4, A4, G4, F4, E4, D4, C4. The dynamic marking *mf* is placed below the first note.

# Playing in tune: collaboration and respect

## Expectations and acceptance

- Different disciplines have different qualities to deliver
- Get to know and be clear on what they can provide
- Who brings (and takes) what (e.g. funding, personnel)
  
- Rules and expectations
- Communication



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Not everybody want to join:



# To summarize Multidisciplinary team

- Define and work toward the common goal
- Pick the members carefully
- Respect, accept and enjoy differences



Multidisciplinary  
Collaboration

*Leads to*

*Reduces*

*includes*

*Based on*

Building capacity

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Using excellence

Risk

Respecting  
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Developing optimal  
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