

POSTER ABSTRACT

Healthcare professionals' experiences of interprofessional collaboration during palliative patients' transfer of care setting: a focus group study

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Introduction: Transferring palliative patients between care settings hospital, hospital's palliative care unit, home and nursing home, is challenging and often hampers integrated care. These transfers are common due to the complexity of palliative care, demographic changes increased prevalence of multimorbidity and higher life expectancy and social changes more people living alone. As a result, transfers require efficient and effective collaboration in order to provide good quality of care.

This study is part of a larger research project on integrated care for palliative patients, in a regional palliative care network in Belgium.

The study aim was:

- to explore healthcare professionals' experiences of interprofessional collaboration
- to explore their perceived factors influencing the continuity of care during palliative patients' transfer of care setting.

Methods: Nine focus group discussions were held, with various professionals GPs, nurses, specialists, psychologists, dieticians, social workers, coordinators. N: 53 from different palliative care settings. Constant comparative analysis was used.

Results: Knowing each other personally positively influenced the interprofessional collaboration. Perceptions of hierarchy negatively influenced the interprofessional collaboration, within and between the settings.

Timely and sufficient information flow between all professionals involved was considered fundamental. A perceived barrier for interprofessional collaboration was the lack of a shared electronic health record. Efficient multi-disciplinary team meetings with shared care goals were regarded essential, though often lacking.

Participants reported that specialists informed the patients on disease stage and prognosis late and insufficiently. This hampered open communication on end-of-life decisions and impeded a timely transfer to the home situation or the palliative care unit.

The complexity of patient's case interfered with the hospitalization length and timely organizing optimal home care the moment of discharge. When transfer to a nursing home was deemed necessary, waiting lists negatively influenced the continuity of care

Discussion: Our research shows that several clinical, organisational and service aspects of care at micro-, meso- and macro-level can be improved.

At micro-level: insufficient open and timely communication towards the patient, hampers other healthcare professionals' involvement. Together with absence of shared care goals, this negatively influences a timely referral to other settings.

At meso-level: the current electronic health record system does not provide enough opportunities to share and exchange information for professionals involved, within and between the different care settings.

At macro-level: continuity of care is hampered when appropriate supply of services lack: e.g., when referral to a nursing home is needed.

Conclusions and lessons learned: Doctors should be trained more in bad news delivery and shared decision making. Interprofessional education modules may enhance collaboration and the discussing of shared care goals.

Policy makers should invest in sufficient supply of palliative care services and the development of an electronic health record system to provide efficient and effective information transfers between settings.

Limitations: We focused on only 1 palliative care network, therefore we are careful to generalize our results.

Suggestions for future research: Interventions aiming to improve integrated care within the region will be evaluated.

Keywords: interprofessional collaboration; palliative patient; transfer of care setting; integrated care; focus group study
