
POSTER ABSTRACT

Improving multidisciplinary collaboration – a case study from the Netherlands

19th International Conference on Integrated Care, San Sebastian, 01-03 April 2019

Manon Lette^{1,2}, Marijke Boorsma¹, Annerieke Stoop^{1,2,3}, Caroline Baan^{2,3}, Giel Nijpels¹, Simone de Bruin²

1: Amsterdam UMC, The Netherlands;

2: National Institute for Public Health and the Environment, The Netherlands;

3: University of Tilburg, The Netherlands

Introduction: In the northwest of the Netherlands, health and social care professionals have sought to structure and coordinate care and support for older people living at home with multiple health and social care needs. The region was selected as one of the case sites of a European project called SUSTAIN, which aimed to facilitate and evaluate improvements to established integrated care initiatives for older people living at home. By participating in the SUSTAIN project, local stakeholders collaborated with researchers to further improve their way of working. This case study describes the process and outcomes of the development and implementation of improvements, as well as the factors that influenced this improvement process. Insight into this process may provide valuable lessons that could be transferable to other integrated care initiatives

Methods: Using a participatory approach, guided by the Evidence Integration Triangle (Glasgow, 2012), local stakeholders defined and implemented a tailored intervention aimed at improving collaboration and communication between health and social care professionals. Researchers monitored and evaluated this improvement process. Multiple data sources were used, including the Team Climate Inventory (n=11), interviews with managers and professionals delivering health and social care (n=8), meeting minutes (n=10) and field notes.

Results and Discussion: The tailored intervention consisted of regular intervision meetings (i.e. meetings consisting of peer supervision and methodical discussion to reflect on professional development) as well as workplace visits. According to professionals, the intervention resulted in improved communication and collaboration. Facilitating factors included the safe and informal setting in which the meetings took place and the personal relationships that developed during the project. Managers also valued the intervention, although they voiced concerns about the scale and sustainability of the implementation. Issues such as staff shortages, time constraints and privacy regulations made it difficult to implement the intervention on a larger scale. In addition, lack of ownership and accountability among managers and different organizational cultures and interests hindered the improvement process. Still, this bottom-up participatory approach encouraged the development of trust, shared goals and a shared sense of urgency on the level of both managers and professionals.

Conclusions: A shared sense of urgency, personal relationships and trust on different organisational levels were important factors facilitating the improvement of an established integrated care initiative in the Netherlands.

Lessons Learned: This case study highlights that participatory approaches, in which interventions are co-created and tailored to local priorities and needs, can help in the development of shared goals and trust between stakeholders with competing interests.

Limitations: Our study sample is relatively small due to the limited number of participating stakeholders. Still, similar patterns were found in the different data sources. In addition, given the relatively short implementation period, we were not able to assess whether the improvement impacted older people's experiences with care and support.

Suggestions for further research: Further research may focus on the sustainability of improvements to established integrated care initiatives, and look into possibilities to scale up these improvement activities.

Keywords: participatory research; improvement; health and social care; mixed methods
