
CONFERENCE ABSTRACT

What supports interdisciplinary teamwork during ward rounds to deliver person-centred care?

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Introduction: Integrated care is supported by teams with transparent communication processes, good strong leadership, and common goals to deliver person-centred care. Ward rounds are a setting where effective teamwork facilitates safe treatment planning and care delivery. The study aim is to explore characteristics of interdisciplinary teams that support person-centred care during ward rounds.

Methods: The study was conducted in a teaching hospital in metropolitan Sydney, Australia. A survey was administered to frontline clinicians working in two medical and two rehabilitation wards. Questions were developed from research literature and the industry experience of the study team. Multichoice and free text questions targeted enablers and challenges to effective teamwork, and exemplars of positive teamwork. Descriptive and thematic analyses were conducted.

Results: Seventy-seven clinicians participated (93% response rate - 34% from acute medical and 66% from rehabilitation specialties). Nursing represented 60% of participants, allied health clinicians 26%, and medical officers 14%. Findings across the two specialties were similar. Participants reported:

Enablers of teamwork: The three most commonly nominated enablers were: effective communication, a shared understanding of patient goals, and the clinical roles within the team. The greatest difference between the specialties was the use of a medically-led model: 40% of medical officers from rehabilitation nominated this as an enabler compared to none from acute medicine. No additional enablers were nominated by clinicians

Challenges to teamwork: The three most frequently nominated challenges were: ineffective interdisciplinary communication; individual personalities; lack of understanding about roles and responsibilities. Additional challenges were nominated in the free text section. These were grouped into three themes: time pressures, interdisciplinary team communication, and team morale. Second, disagreements in treatment planning. Third, a lack of leadership from senior team members.

Positive experiences of teamwork: There was consistency between clinicians' experiences. Themes were: a specific plan that was communicated clearly; feeling valued; understanding interdisciplinary roles and expectations; a defined and effective leader; and patient-focused care.

Walton; What supports interdisciplinary teamwork during ward rounds to deliver person-centred care?

Discussions: Team characteristics that support person-centred interdisciplinary ward rounds are common across all health disciplines. To ensure safe planning with patients during ward rounds, teams must first be able to work together to communicate effectively. Understanding one another's roles and responsibilities ensures the right people at the right time are contributing and planning during rounds. Feeling valued empowers people to speak freely in a ward round, which facilitates patient safety.

Conclusions: Ward rounds require interdisciplinary teams to come together for the common goal of planning safe, quality care. Commonalities in enablers and challenges between intra- and interdisciplinary teams and specialties suggest teamwork characteristics are interchangeable across ward settings. Building resilient teams through shared values, leadership, respect, and confidence can support integrated person-centred care within the ward round environment.

Lessons learned: Commonalities in enablers and challenges between intra- and interdisciplinary teams and specialties suggest teamwork characteristics are interchangeable across ward settings.

Limitations: The study was at single site which is an exemplar of other acute care settings.

Suggestions for future research: Exploring the delivery of person-centred care during other processes such as education rounds would identify any commonalities.