

INTERPROFESSIONAL TEAMWORK IN THE QUALITY OF CARE AT A TERTIARY PUBLIC HOSPITAL

Perceptions, barriers and facilitators

Presented by
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Personal motivation as a Frontline Healthcare professional



Quality, patient-centered care

Right



Almost right



Horribly wrong



A moment to reflect...



Healthcare

- Legislation
- Policy
- Standard practice

Refreshing memory with literature

Definitions

Quality: “health professional’s achieving optimal patient outcomes within their available resources (National Department of Health, April 2007)” [1].

Patient-centered care: “is a comprehensive approach to care which is responsive and organised around a patients’ health needs by health professionals” [2].

Refreshing memory with literature

Definitions

Complex health needs: an individual with a combination of interrelated health problems such as multiple chronic conditions, mental health issues, medication related problems, disability including social vulnerability [3].

Health: it is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity [4].

Interprofessional Teamwork: is a collaborative interaction among HPs in an IPT to provide quality, individualised care for patients [5].

Argument for “quality, patient-centered care”

YOU the patient



ADMITTED



HOSPITAL



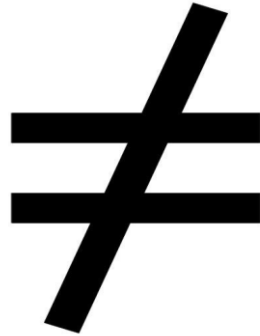
CRITICISM

VERDICT!

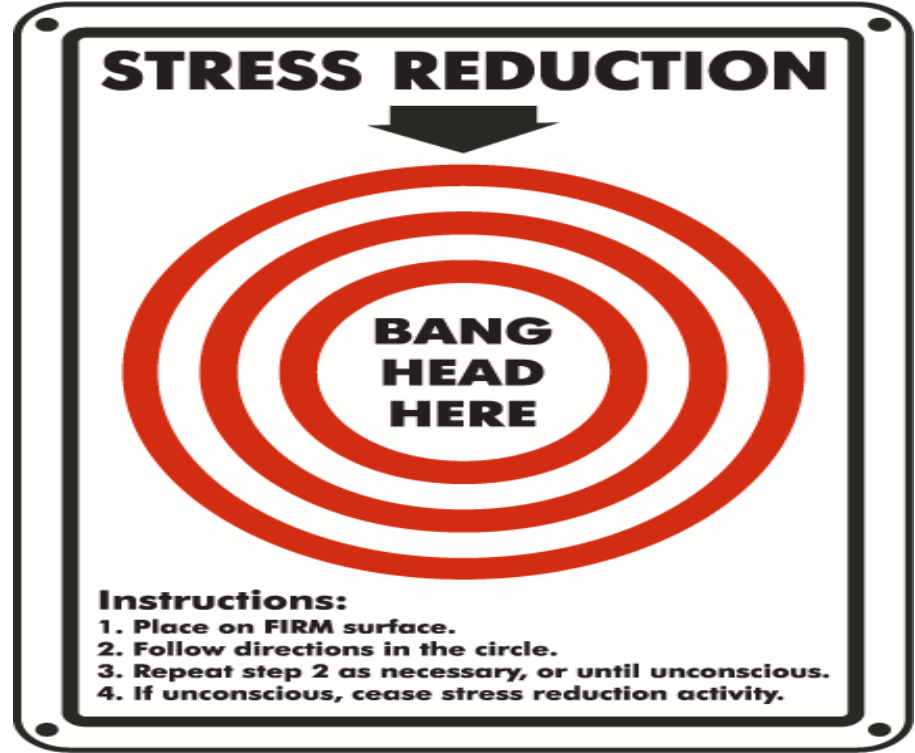
Legislation
Policy and
Standard
Practice



Do we accurately reflect what we profess in health legislation, policy and standard practice?



Research Intent



Research Intent



**INTERPROFESSIONAL TEAMWORK
APPROACH**

Aim & Objectives

1. To explore the perceptions health professionals to the concept of interprofessional teamwork
2. To explore the facilitators of working together interprofessionally
3. To explore the barriers of working together interprofessionally

Research setting

- Tertiary public sector hospital in Cape Town.
- Provide comprehensive health services to a large drainage area which includes individuals who have migrated for health services from other provinces.
- High patient turnover & admission rate.
- Often times teamwork reflects being disjointed.

Research population: n=14

Profession	FGD 1	FGD 2	FGD 3
Medicine & Surgery	1	1	1
Social Work	1	0	0
Registered Nurse	0	1	0
Registered Enrolled Nurse	1	0	1
Registered Assistant Nurse	1	0	0
Physiotherapy	1	0	0
Dietetics	1	0	1
Speech Therapy	0	2	1

Actively practicing frontline health professionals from the following departments

- Medicine and Surgery
- Department of Nursing
- Allied Health (DT, PT, ST, SW)

***Limitation**

Some departments opted to not take part in the research due to time constraints.

Research Methods

- Qualitative approach
- Data collected in the form 3 focus groups
- Representative of an atypical interprofessional team
- Used a semi-structured questionnaire to guide focus group discussions

Research Methods

- All ethical protocols observed.
- Analysed using Creswells analysis.

Research Findings

Major themes

1. Defining Teamwork (Perceptions of teamwork)
2. Approach to teamwork
3. Perceptions of interprofessional teamwork
4. Interprofessional teamwork culture
5. Barriers and facilitators of interprofessional teamwork

Research Findings

Defining Teamwork (Perceptions of teamwork)

“a team can consist of two people or it can consist of many people and often each person brings a different aspect to the playing field” [FGD3].

“to work together in order for the aim of what you are doing to be good (optimal) so that “the mission can go further” [FGD3]. (purpose)

Research Findings

1. Defining Teamwork (Perceptions of teamwork)

Teamwork is “very *important* because every person’s role forms part of the end result (health outcome) [FGD2]”

“*teamwork is working together to benefit the patient* [FGD2]”
identifying that “*the patient can heal faster if you are working as a team*” [FGD3]

Research Findings

1. Defining Teamwork (Perceptions of teamwork)

*“either make(s) things go **faster**, or to **make things possible that wouldn't be possible.**” [FGD3].*

*“it (teamwork) also makes your work **light** in a way” [FGD2].*

Research Findings

2. Approach to teamwork

*“definitely **differs** from ward to ward”*

*“**constantly adapting** (the teamwork approach) to the setting ...constantly realigning to who you’re (they were) working with” and “the situation within which you are working [FGD3]”.*

Research Findings

2. Approach to teamwork

“*there’s no clear picture* [FGD2]” of the teamwork approach used in the hospital.

“*It’s not very patient-centered...that’s not what we do*” [FGD2].

Research Findings

3. Perceptions of interprofessional teamwork

*“teamwork that’s within (between) professions, which means that each individual member is qualified or has a certain speciality or a certain field, which automatically indicates that they **bring something to the table that the other people in the team do not.** So it means that they wouldn’t be part of that team if it (their presence in the team) wasn’t of value. So interprofessional teamwork is (an) **interaction of knowledgeable people of relevant fields towards a common goal**”*

Research Findings

3. Perceptions of interprofessional teamwork

“*interprofessional teamwork is happening*” but there was a lack of confidence “*about the quality*” [FGD2].

Research Findings

4. Interprofessional teamwork culture

“*very good* [FGD1]”

“*different experiences in different surgical departments*” [FGD1].

Research Findings

5. Barriers and facilitators of interprofessional teamwork

Contextual and organisational factors

- High patient volumes
- Lack of human resources
- Time and space

Research Findings

5. Barriers and facilitators of interprofessional teamwork

Interprofessional teamwork process factors

- ❑ The referral process
- ❑ Knowledge of the roles and scope of practice of other professionals
- ❑ Goal setting

Research Findings

5. Barriers and facilitators of interprofessional teamwork

Interprofessional team member relationships

- Respect
- Relationship building
- Attitude
- Communication
- Communication technology
- Language diversity
- Organisational Hierarchy
- Professional jealousy

Conclusion

Several conclusions can be drawn from the findings.

- ❑ Recognised that quality, patient-centered care is not always delivered.
- ❑ They recognise that the conditions are not always favourable to achieve interprofessional teamwork where barriers exist.
- ❑ Health professionals do see and value the need for interprofessional teamwork in achieving quality, patient-centered care.

Recommendations

Health professionals:

- consider ethics and what we are trying to achieve in providing quality, patient-centered care and engage in building relationships with other health professionals.

Facility Managers/ Department Heads:

- Review whether your facilities approach to achieving quality patient-centered care is effective.
- Engage your frontline staff, they are often times better at understanding ground level processes and can suggest quality improvement initiatives.
- Create environments for interprofessional teamwork to be achieved (culture, policy and practice).

Recommendations

Academics

To ensure:

- that this principle of interprofessional teamwork, value thereof
- understanding the scopes of other professions


Is made foundational in the students understanding of quality, patient-centered care during their training.

- That social workers are also given adequate understanding in their training regarding issues pertaining to health to better gauge social needs.

Thank you for listening.

For more information or access to the original
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