Disclosure of Commercial Interests

I have commercial interest in Functional Pathways:
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Integrating Your Interdisciplinary Team For Resident Outcomes

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Why IDT?

With lengths of stay shortening and acuity rising, it is imperative that organizations have strong interdisciplinary teams. Interdisciplinary team work is increasingly prevalent, supported by policies and practices that bring care closer to the patient and challenge traditional professional boundaries. To date, there has been a great deal of emphasis on the processes of team work, and in some cases, outcomes. The communication among the IDT can significantly improve resident outcomes and facility efficiencies. This session will explore strategies for effective IDT meetings, who should participate in these meetings and what should be discussed. We will examine how often these meetings should occur and what errors often happen during IDT meetings. This session will explore quantitative and qualitative strategies and measures to ensure the best practices

Today's Objectives

- Define interdisciplinary team (IDT)
- Identify roles of IDT members
- Explore trends changing the way the IDT functions
- Describe goals and structure of IDT Conference
- Discuss efficient ways to manage IDT Conference
- Identify possible pitfalls of IDT

Definition

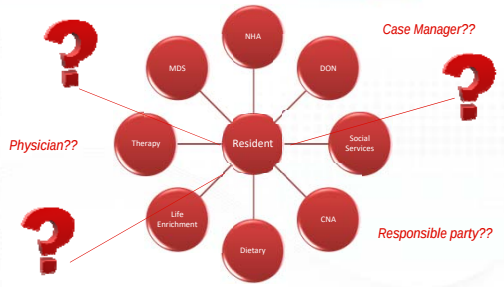
Google

What is IDT Care

- Coordinated, collaborative, independent delivery of care
- Focuses on issues best addressed by interdisciplinary teams
- Provided by a group of care givers with various backgrounds sharing common resident-care goals
- Relies on coordination, communication and shared responsibility

Roles

Who is on your IDT



Teamwork Advantages

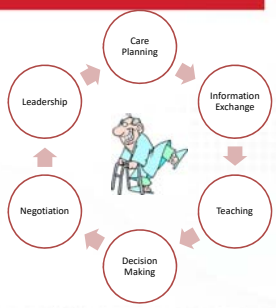
For organizations

- More efficient care delivery
- Maximize resources
- Increase preventative care
- Continuous quality improvement
- Develops cross-functionality for team members

For residents

- Improved care
- Integrated care
- Empowerment in decision-making
- Time efficiency
- Better outcomes

Key Aspects of Communication



Industry Trends

Why is your IDT important

- Health Care Reform brought about Integrated Health Care
- Collaboration and communication among the team caring for resident
- Manage the health and well-being of residents
- Team approach
- Cross-functional communication gives us the ability to validate RUG levels based on clinical outcomes
- Outcomes are also expected to be used to benchmark the performance of health care providers, potentially allowing payers to link reimbursement to evidence of the effectiveness of their treatment

Pressure for Enhanced Teamwork

- Healthcare System
  - Organizational Changes: mergers, acquisitions, closings
  - Financial Changes: incentives, reimbursement models
  - Priorities: shorter length of stay, out-patient services, home-based services

Enhanced Teamwork

- Cost effective care models
  - Hospice
  - Visiting Nurse
  - Day treatment
- Emphasis on health promotion
- Emphasis on disease prevention
- Community based services

Goals & Structure

What to Track

What outcomes do you expect? What are you tracking?

- Length of stay
- Diagnosis
- Physician
- Referral Source
- Discharge location
- Planned or Unplanned discharges

Process

- Timely identification of patients in need of services, discharge planning starts at the time of admission to facility
- Referral to appropriate team member(s) who has a high level of expertise in the area(s) of health and social interventions needed
- Assessment by the IDT to determine the individual's strengths, challenges, prognosis, functional status, goals, and needs for specific services and resources
- Development of a plan that identifies short/long-term patient-centered goals, support systems, interdisciplinary collaboration and use of appropriate resources

Expectations

- Identification, procurement, and coordination of services and resources
- Provision for ongoing evaluation of the individual's progress; including revisions and updates, throughout the entire continuum of care
- Advocacy for the most appropriate, cost-effective, evidence-based services to assure quality of care and attainment of appropriate goals
- Promotion of the individual's self advocacy skills to achieve maximum self sufficiency: Individualized care

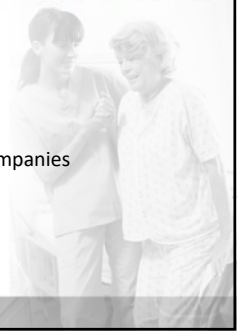
Expectations

- Have a basic understanding of the existing disease process
- Have routine times to contact patient and review progress / interview
- Assist the patient in meeting goals toward optimal function
- Facilitate communication during team meetings
- Patient advocate between all care providers

Handoff is Essential

- Care transitions can be particularly difficult for elderly residents. During and after transitions, residents are more likely to experience complications and require acute care. It is important to monitor patients closely and put precautions in place to help prevent transition-related issues. This can include doing things like revising transfer forms and working with hospitals to improve procedures for communicating information prior to transitions.

Outcomes Communication



- Patient
- Families/ POA
- Physicians
- Referral Sources
- Managed Care/ Insurance Companies
- ACO's

Tools For Success

Tools To Help With The Process

- Follow your agenda
- Stick to day/time
- Tracking your progress
  - Bed board
  - Hand-outs
  - Projector
  - Computer
- COMMUNICATE

Bed Board

Rm 101	Rm 102	Rm 103	Rm 104	Rm 105
• Admit date • Therapy end date • Cardio Appt • Flu Vac	• Wound • Podiatry • Home eval • Payor change	• MCD app • Dialysis transport • Care plan meeting	• U/A • Room change • Fall Risk • Restorative	• Empty • Ready for move in

Handouts

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Name	Payer	Dx	RUG	Days Left	Hosp Days	100th day	Ability		MIT2		PT	OT	ST	NN	Ins Ver	M D nts	Comments
							1	30	1	30							
Smith, T	MC/Comm	905.3 late eff of fx of neck of femur			5/27/5/30	9/6	X		X		X	X	X	X	x		
Jones, B	MC/TRNS AM	995.91 Sepsis			5/29-6/1	9/8	X		X		x	x	X	X	X		
Hammer, MC	MC/ TRNS AM	480 Bronco pn			5/30-6/3	9/10	X		X		x	X		X	X		
Evans, B	MC/ MD	428 CHF				9/9	X		X		x	x	X	X			
Oldman, J	MC/AARP	428 CHF			5/19-7	8/30	X		x		x	x	X	X			
Fox, IM	MC/AARP	486 Pn			5/3-5/13	8/26	X		X		X	X	x	X			
Hunter, L	MC/Arth	897.0 traum amp of leg			6/4-6/11						X	X		X			

Computer and Projector

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- Designate a note taker
- Allows for team to see

Obstacles/Challenges

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Challenges

- Too Many Meetings
- Logistics
- Staying on track
- Differences in communication styles
- Different disciplinary perspectives
- Excuses
- Absent team members
- Distractions

You Can Do It

- Stay calm
- Keep on track
- Know the expectations
- Train your team
- Be prepared to evolve

Questions / Comments?


Thank you
Functional Pathways
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