Healthcare teams

A practical framework for integration

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Background

Delivering integrated team care is a major priority for many countries. In Australia this is a component of the GP Super Clinic Program but it is also a focus of the broader primary care sector. Explicit consideration of human dynamics and team process is often absent from the move to integrated team care.

Objective

To provide a practical framework that will inform the development and evaluation of integrated healthcare teams.

Discussion

The Team Focused and Clinical Content Framework is an approach to building integrated teams. This has the potential to be used to monitor and evaluate team development and functioning. Both the framework and clinical pathways provide practical tools for clinics to address the need to build integration into teams.

Keywords: health services; integrated delivery of healthcare; community health services; patient care team

Health policy worldwide has made implementing integrated team based care a priority. In Australia this has been through the Enhanced Primary Care Program and the Super Clinic Program.[1] The United Kingdom has the Polyclinic program[2] and Ontario (Canada) has Family Health Teams.[3] Establishing integrated care clinics recognises the need for collaboration between professionals, agencies, providers and the people they serve, and poses a significant challenge to implement.[4] An example of meeting this challenge successfully is the effective implementation of multidisciplinary team care that has been effected in Australia by Aboriginal community health services.[5] Integrated care clinics aim to develop team care beyond simple co-location of healthcare providers, through implementing integrated practice together, rather than as a group of independent disciplines. The interdisciplinary function of teams works by members contributing from their own expertise to a team that shares information and works interdependently.[6]

There is a widespread expectation that integrated team care will improve patient outcomes, yet there have been few studies that test this assumption or explore which elements of team care are critical to producing better outcomes. Indeed, one of the key findings of a literature review by Naccarella et al[7] was that, 'no agreed upon definition of teamwork nor incentives to enable and support teamwork exists in the primary healthcare setting'.

There is some emerging evidence of improved outcomes with internal integration and teamwork[8] as well as evidence that integrated, coordinated multidisciplinary approaches can improve patient outcomes.[9–11] In a recent review of integrated primary care centres and polyclinics, Powell Davies et al[8] note that services will need to invest in team development and change management over time to build integrated team care.

The Team Focused and Clinical Content Framework

This framework (*Figure 1*) is based on key elements to improve integrating healthcare teams. It was developed by drawing on the analogy of crew resource management in aviation,[12] involving interpersonal communication, leadership and decision making and strategies for building

high performance teams.[13] By combining these sources, a practical framework to establish and monitor team practices was developed, which comprised the Team Focused and Clinical Content Framework (*Table 1*) and clinic pathways that highlight leadership styles.

Although there is no specific training for new clinics to achieve integrated team care, Australian based examples include those located in Cessnock (New South Wales) and Inala (Queensland),[14] and those that are communicated through networks such as the Australian Primary Care Collaboratives.[15] When a clinic establishes practices that result in improved outcomes, it then has the potential to become a model of best practice for other clinics to emulate.

What is the potential?

- Application of integrated team care practices may improve patient care
- Effective workforce development and therefore increased staff retention – this is good for teams, clinics and patients
- Capacity to build knowledge in demonstration clinics
- Provision of ongoing opportunities for new processes that will expand national knowledge.

Pathways for building integrated healthcare teams

The ideal pathway is underpinned by clear planning for a transition from the current practice to the future ideal. In the integrated team primary care model the team members are aware of what effective team care looks like and how to apply the principles to their own team environment. Team members in the ideal pathway are conscious of, and reflective about, the process of building an integrated team. Such a team will have an excellent chance of functioning at a high level of integration. However, planning alone is not enough, ongoing monitoring and reviews are crucially important.

The ideal pathway usually involves a clear team leader and uses a clear framework to establish and build mechanisms of communication, monitoring and evaluation to regularly refine team processes and functioning. It is hoped that this continuous attention to effective practices through interpersonal communication and team functioning would result in higher quality care and improved outcomes for patients and staff.

This ideal pathway is certainly not the norm and three common problems can occur:

- Initially, teams plan for building integrated team care but over time fail to invest in ongoing monitoring and review. These teams then become vulnerable through poor communication and integration that may lead to an increasing gap between ideal and actual clinic practices
- The 'ambivalent' team in which the mix of individuals with diverse motives for working in a new clinical setting may result in ad hoc leadership and inconsistent planning
- If there is no identified leader and no tangible planning, a negative, self interested or distracted leader may emerge who establishes the clinic with little investment in integrated teams.

Table 1. Team Focused and Clinical Content Framework

Part 1: Planning for success

Team planning at the outset to answer the following questions:

- Who makes up the team?
- What is the team's aim?
- What are the team's goals?
- What is the team's timeline?
- What are the roles and responsibilities of team members?
- How do roles and responsibilities work in practice?
- What are the reporting and monitoring mechanisms?

Consider allocating one half day with an external facilitator

Part 2: Two types of regular meetings

- Team monitoring meetings – focus on care of the team

  The appointment of a 'decision maker'[13] is made at each team meeting. This role rotates through all the professional and administrative staff to build an inclusive base. The decision maker serves as a meeting chair, maintains a focus on care of the team and its processes rather than clinical content, and makes a decision if there is a lack of consensus. The decision maker also keeps the minutes and disseminates a meeting summary to all team members within 2 working days of the meeting

  During each meeting, every team member may flag one item with both a description and a possible solution. The team either accepts or rejects the flagged item as pertinent to building the team. If rejected, the proposer must relinquish the item

  Consider holding these for 30 minutes every 2 weeks and varying the day of team meetings to accommodate members' different working hours
- Clinical content meeting – focus on team care

  This team monitors the effective delivery of team based clinical care. The meeting is informed by good clinical governance, as this should be a focus of every clinic. In some clinics it is explicit in the form of a committee and in others it is implicit

  The appointment of a 'decision maker' is made at each team meeting and functions as in the team monitoring meetings

  Any team member can flag a nonclinical item during the meeting to be dealt with at the subsequent team monitoring meeting. Consider limiting the description of the item to 1 minute

Clinical team to determine frequency and clinical content of these meetings

Part 3: Checklist for evaluating meetings

Six aspects of the framework

- What type of pathway is the clinic on?
- Does the team have a success orientation?
- What practices constitute indicators? (eg. efficient chronic disease management)
- Is there alignment between indicators and current practice?
- Are there potential new indicators?
- Has the clinic developed a process or indicator that should be shared externally?

Summary

Currently the process of building integrated team care, leadership and group dynamics, is often left to chance with very small odds that an 'inspirational leader' will emerge to take the helm of a clinic. Adopting the ideal pathway means taking control of the planning process to deliberately and consciously establish integrated teams. The ideal pathway works on both the content of a new model of care and the process through which the team becomes increasingly integrated.

A team that is becoming dysfunctional through one of the mechanisms described earlier can decide at any time to revisit its planning, refresh the team processes, and work with the key elements for establishing integration. Planning for change, clarifying observations and allowing space to air thoughts and feelings such as fear, criticism, and skepticism often reduces anxiety, builds certainty and confidence to function as a team, and develops a set of working relationships that are underpinned by a success oriented approach to maximise outcomes for patients and staff.

Key points

- A common hopeful, but false, assumption is that co-locating healthcare providers means integration of care.
- The Team Focused and Clinical Content Framework can be a practical tool for clinics to implement, monitor and evaluate team development and functioning (*Figure 1*).
- The practical approach of this framework enhances the transparency of building integrated teams within and across clinics.

Authors

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Conflict of interest: John Marley is a Director of Community Health Care, the trustee for the Cessnock Clinic.

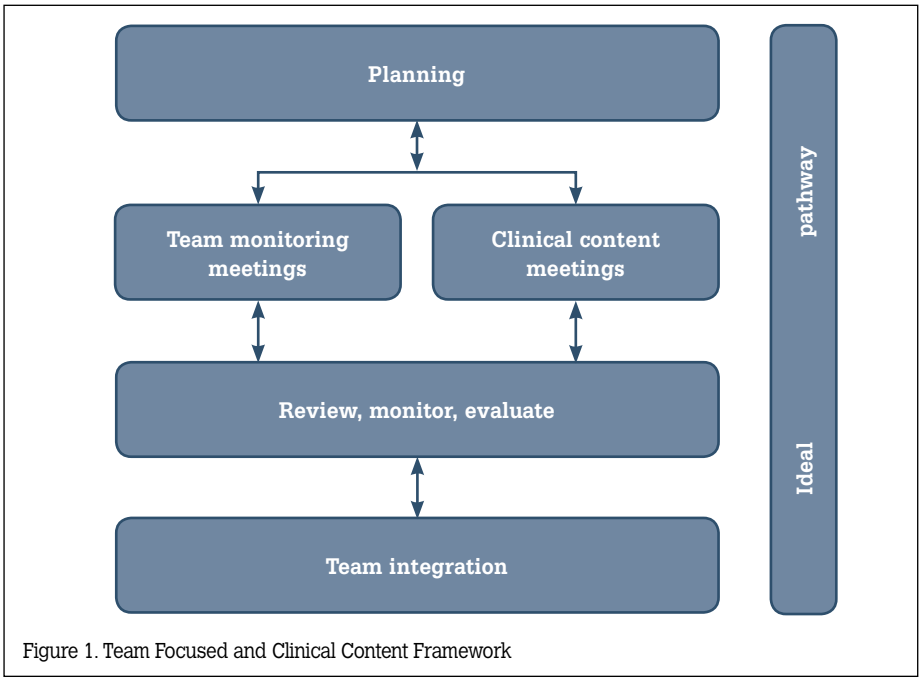

Figure 1. Team Focused and Clinical Content Framework

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