

## CAPC Quick Tips #5: Running Effective Interdisciplinary Team (IDT) Patient Care Meetings

Struggling with how to run your IDT meetings? Are you finding it hard to stay connected as a home-based team? Do your IDT meetings take too long? Making best use of everyone's time during the IDT meetings can make a big difference in ensuring person-centered care.

### Practical Tips and Lessons Learned from the Field

#### 1. Assess the Effectiveness of Your IDT Patient Care Meeting

- ☐ *Ask yourself and your teammates about the effectiveness of the IDT patient care meetings. Conduct an assessment to determine how effectively you and your team use the IDT meeting time. (See chart below.)*

IDT Meeting Effectiveness Assessment - Team Exercise	
<p><b>Instructions:</b> Using a scale of 1 to 5, with 1 being rarely and 5 being always, how often are the following statements true? Total up responses, discuss as a team, and prioritize ideas for improving.</p>	
<p><b>Average Score Key:</b>            0 – 25 ...Sound the alarm! You need to look at redesigning your meetings.            26 – 55 ...You have some good practices in place. Review areas that scored the lowest.            56 – 80 ...Keep up the good work! Identify 2-3 areas that the team wants to improve upon.</p>	
<p>___ We hold regular comprehensive IDT meetings (e.g. daily, 2-3 times per week, weekly)</p> <p>___ We hold daily quick patient rounds</p> <p>___ As a team, we have clarified the regular agenda for IDT meetings to ensure it meets everyone's expectations</p> <p>___ Everyone is aware of the structure of IDT patient care meetings and the rules of team respect and disagreement</p> <p>___ We rotate who runs the IDT meeting</p> <p>___ We start and end on time and everyone is aware of the start and end times</p> <p>___ We rotate the time keeper of the meeting, if necessary</p> <p>___ Everyone (e.g. all disciplines) have a voice or role in the meeting</p> <p>___ No one dominates the meeting</p>	<p>___ We usually stay on topic and get through our agenda</p> <p>___ We use a consistent process or outline when reviewing patients (rounding tool)</p> <p>___ We appropriately use the IDT to discuss complex or challenging cases</p> <p>___ We appropriately use the IDT to prioritize which patients should be seen and by whom</p> <p>___ It is clear who is responsible for each patient and what is needed by other team members</p> <p>___ By the end of the IDT meeting we are confident we are providing person-centered care and have successfully prioritized and deployed the team</p> <p>___ We have a dedicated meeting outside of IDT to honor patient deaths, for team support and health, and to conduct team business</p>

#### 2. Be Clear on the Purpose of the IDT Patient Care Meeting

- The main purpose should be to determine how the team can best meet patient needs.
- The meeting is an opportunity to ensure team cohesion and consistency in practice.
  - Attendance develops team chemistry and commitment to each other.
  - It is a forum to provide support for one another.
- Schedule separate time to address business, administrative, team processes or team health.
- The goal should be to make sure *the interdisciplinary care of the patient and the right person is seeing the right patient at the right time.*

### **3. Establish IDT Meeting Ground Rules and Consistent Processes**

- Require attendance (in person or video if possible).
- Establish regular meeting frequency (e.g. daily in the hospital).
- Start and end on time.
- Rotate the meeting leader and make sure everyone knows the functions of that role.
- Have a timekeeper separate from the leader.
- Make sure everyone has a voice and develop a meeting process to ensure all perspectives are appropriately heard (e.g. start with social work or chaplaincy needs first).
- Employ tactics to keep the meeting efficient:
  - Set time limits on patient updates or complex case discussions.
  - Use a rounding tool to consistently review patients during the meeting.
- When discussing patient lists and assessments, allow time for questions or issues to be discussed. Respect different perspectives and focus on providing constructive feedback.
- Establish ground rules for asking questions and commenting to avoid disruptions and interrupting each other.
- Establish clear triaging and prioritization processes so more time can be spent discussing patient needs, not who should see the patient.
- Establish clear roles for learners or those who rotate through the service. Make sure they have access to the patient lists or the rounding tool and are clear on how to dispose of confidential notes afterward.
- If you are unable to attend IDT, let others know ahead of time and confirm who you will check in with to follow up.
- Technology should not be a distraction; phones or computers should only be present if needed for the meeting. Mute phones and take urgent calls outside the meeting room.

### **4. Be Inclusive and Stay Connected**

- Address each other by first name to ensure everyone is truly sitting equally at the table.
- Consider a HIPAA compliant group text that allows for effective communication throughout the day as this minimizes the need to use IDT to catch up on cases.
- Use the IDT to help others understand what the team does every day by having others come and observe.
  - Examples of others to invite: senior leadership/"C-suite", case or care management, discharge planners, volunteers, community-partners

(note: be sure to be HIPAA compliant to protect patient information)

## 5. Considerations by Setting

- ❑ Hospital IDT:
  - There can be pressure to attend other's rounds (e.g. ICU rounds) or be readily available to referring providers on the units, but don't let those be an excuse for missing regular IDT meetings.
- ❑ Community-based IDT:
  - Meetings may have to be more than just IDT due to social isolation BUT be sure to separate patient care IDT from business and other essential meetings.
  - Try to meet face-to-face, but leverage technology as needed.
  - Make sure everyone is aware of community partnerships and resources.
  - In addition to IDT, schedule team building activities monthly to create team cohesion and camaraderie.

## Tools and Resources

*These tools and resources are available as a part of CAPC membership and can be accessed in CAPC Central by logging into [capc.org](http://capc.org).*

Virtual Office Hours	<b>Team Health /Wellness:</b> Small group calls with CAPC faculty to discuss challenges and ideas for addressing team health and wellness
National Seminar	<b>CAPC National Seminar:</b> Attend a session on team effectiveness and network with peers about ideas for running effective IDT meetings
Webinars & Quick Tips	<b>Improving Team Effectiveness:</b> Webinar series and Quick Tips on a range of team effectiveness topics such as clarifying roles, improving team health, and team communication

## Other Resources

1. Noreika D, Coyne P. *Implementing Palliative Care Interdisciplinary Teams: Consultative Versus Integrative Models*. Crit Care Nurs Clin North AM 2015 Sep 8; 27(3): 297-306.
2. Youngwerth J, Twaddle M. *Cultures of interdisciplinary teams: how to foster good dynamics*. J Palliat Med 2011;14(5):650–4.
3. Nancarrow S, Booth S, Ariss S, et al. *Ten principles of good interdisciplinary team work*. Hum Resour Health 2013;11:19.
4. Blackmore G, Persaud D. *Diagnosing and improving functioning in interdisciplinary health care teams*. Health Care Manag 2012;31(3):195–207.
5. National Consensus Project (NCP) Clinical Practice Guidelines for Quality Palliative Care. <https://www.nationalcoalitionhpc.org/>

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*CAPC's Program Development Quick Tips are designed to provide all members of palliative care teams with practical tips and resources for addressing specific issues related to designing, building, and growing a successful palliative care program. A full listing of available Quick Tips can be found in [CAPC Central](#) by searching for "quick tips."*