



Transdisciplinary care in the emergency department: A qualitative analysis



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ABSTRACT

In response to increasing demands some emergency departments have introduced transdisciplinary care coordination teams. Such teams comprise staff from multiple disciplines who are trained to perform roles outside their usual scope of practice. This study aimed to critically evaluate the patient, carer and ED staff perceptions of the transdisciplinary model of care in an emergency department in a Melbourne metropolitan hospital.

The evaluation of the transdisciplinary team involved interviews with patients and carers who have received the transdisciplinary team services, and focus groups with emergency nursing and transdisciplinary team staff.

Analysis of the data revealed that the transdisciplinary model provided an essential service, where staff members were capable of delivering care across all disciplines. The ability to perform comprehensive patient assessments ensured safe discharge, with follow-up services in place. The existence of this team was seen to free up time for the emergency nursing staff, enabling them to see other patients, and improving department efficiency while providing quality care and increasing staff satisfaction.

This study identified several important factors which contributed to the success of the transdisciplinary team, which was well integrated into the larger emergency department team.

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1. Introduction

Health care systems and administrators have been required to respond to mounting demands on emergency departments (EDs). The increasing number of patient presentations, access block and limited resources has resulted in overcrowding and decreasing patient satisfaction (Forero et al., 2011). Several initiatives have been implemented to address these issues, including waiting room nurses (Innes et al., 2015), streaming, rapid assessment teams, short stay units and care coordination programmes (Crawford et al., 2014). Care coordination teams are typically multidisciplinary, and aim to decrease admissions (Peter et al., 2011), waiting times, and access block

in the emergency department (ED), by preventing unnecessary admissions and readmissions, and providing safe and effective discharge (Corbett et al., 2005; Moss et al., 2002).

Transdisciplinary teams are a unique way of drawing together the skills of different disciplines. In a multidisciplinary team, individuals from varied disciplines work in parallel to perform discipline-specific assessment, planning and delivery of care to address common goals (Rosenfield, 1992; Smart and Smith, 2013). Within the multidisciplinary model, discipline boundaries are evident, with each member adhering to the roles and responsibilities of their discipline (Stepans et al., 2002). Multidisciplinary teams are common in EDs. Interdisciplinary teams also work together to address common goals, sharing communication, but still working from a disciplinary-specific basis (Dyer, 2003; Rosenfield, 1992). By comparison, transdisciplinary teams cross the boundaries of disciplines (Rosenfield, 1992). "Members of the team share knowledge, skills and responsibilities" (Dyer, 2003, p. 187), completing training in other disciplines, and thereby increasing each team member's scope of

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practice (Batorowicz and Shepherd, 2008; Cartmill et al., 2011; Dyer, 2003; Stepans et al., 2002) and flexibility in workload (Dyer, 2003). The transdisciplinary skills of team members allow them to provide whichever services and skills are required at any given time. This is an important advantage of the transdisciplinary team model, as it avoids the delays associated with waiting for multiple specialised assessments (King et al., 2009).

2. Background

A transdisciplinary care coordination team consisting of emergency nurses, physiotherapists, social workers, and occupational therapists was introduced in the ED of a large outer metropolitan hospital in Melbourne, Australia in 2001. Each transdisciplinary team member completed 20 competencies to increase their educational preparedness to extend the services and care they could provide, effectively enabling them to provide health services which may typically reside within a different discipline (Goonan, 2011; Rosenfield, 1992). For example, skills which are traditionally the domain of nurses, such as wound care and medication management, are within the skill set of all team members, just as gait aids and mobility assessments (usually the domain of physiotherapists) are performed by all team members. This transdisciplinary care model allows a single member of the transdisciplinary team to autonomously assess and manage a multitude of patient presentations, thereby expediting patient flow through the ED.

The scope of practice for transdisciplinary team members is broad, including physical, cognitive and social assessments, fitting splints, developing care plans, referrals to internal and external services, and providing care after discharge. It is estimated that more than 40% of patients who are treated by the transdisciplinary team have complex needs and chronic illnesses such as heart disease, respiratory conditions, diabetes, and renal impairment (Goonan, 2011). Patients can be referred to the transdisciplinary team by any ED staff member or community service such as aged care facility staff or the ambulance service. A typical patient care episode will include medical review, emergency nursing care, and assessment and intervention by a transdisciplinary team member to resolve social or physical issues. The service is available from 0730 to 2230 seven days a week, and the transdisciplinary team treats approximately 400 patients per month in the ED studied (7% of the ED patient population).

The use of transdisciplinary teams has been described in paediatric disability units (Stepans et al., 2002), rehabilitation (Cartmill et al., 2011; Reilly, 2001), obstetrics (Smart and Smith, 2013), and palliative care (Daly and Matzel, 2013). The perceptions of staff working within the transdisciplinary team have been examined (Batorowicz and Shepherd, 2008; Cartmill et al., 2011); however there is a paucity of research examining the perceptions of patients who receive transdisciplinary services and their carers. It is hypothesised that the transdisciplinary team provides care which meets the needs of patients and carers, however no formal evaluation has been published, and no literature was identified evaluating similar teams in other EDs. This study aimed to critically evaluate patient, carer and ED staff perceptions of the transdisciplinary model of care in the emergency department.

3. Method

A qualitative approach was used in this exploratory descriptive study, which utilised focus groups and interviews to gather data (Taylor and Francis, 2013). The setting for the study was the ED of a large tertiary hospital in Melbourne, Australia. Interviews were conducted with patients and carers who had received transdisciplinary team services. Carers included relatives or friends who supported the patient during their ED visit. Focus groups were conducted with ED and transdisciplinary team staff. All participants

were provided with participant information and consent form and provided voluntary written consent prior to participation. All interviews and focus groups were conducted by experienced emergency nurses and researchers from within the research team.

3.1. Focus group

Following ethics approval (CF13/975–2013000463), two focus groups (FG) were conducted with emergency nurses working in the ED (FG1 $n = 8$; FG2 $n = 7$) and one focus group was conducted with staff working within the transdisciplinary team (FG3 $n = 5$). All nursing staff employed within the ED were invited to participate in the nursing focus groups, which were held on hospital grounds. The nursing focus groups were 48 minutes and 56 minutes duration respectively. All transdisciplinary team members were invited to participate in the transdisciplinary focus group, which was also held on hospital grounds to increase convenience to participants. There were two physiotherapists, two occupational therapists and one social worker in the transdisciplinary staff focus group, which was 52 minutes in duration.

The structure of the focus groups was similar, however the questions varied slightly to suit the participants. Emergency nurses were asked to describe the typical patient presentations the transdisciplinary team cared for; the benefits and limitations of working with the transdisciplinary team; and any obstacles they encountered working with the transdisciplinary team. The staff members from the transdisciplinary team were questioned about the typical patient presentations they cared for; the training they received; the benefits and limitations of the transdisciplinary team; and the obstacles they encountered when facilitating the early discharge of a patient.

3.2. Interviews

Patients and carers who had received the transdisciplinary team services between April and November 2013 were invited to participate in an interview together. Transdisciplinary team staff who were external to the research group recruited participants, and provided details to the interviewer of those who were willing to participate. The interviewer was an emergency nurse who did not work in the hospital. Semi-structured interviews were conducted with each pair of participants. The use of semi-structured interviews was deemed the most appropriate option to explore the topic under consideration. This approach was chosen because it allowed for the participants to speak about their experiences and detail their personal stories (Taylor and Francis, 2013). Eleven interviews were conducted with patients and their carers. Interviews ranged from 19 to 43 minutes in duration, with an average of 36 minutes each. The interview started with the participants describing their ED visit. The direction of the interview was determined by what the participants said, some questions explored: the information the participants received; anything about their care they were not happy with; and how well the staff communicated with them.

3.3. Data analysis

Interviews and focus groups were audio-recorded and then transcribed verbatim. Each transcript was analysed separately, then analysed as a population group (patients and carers, emergency nurses, transdisciplinary team participants). Inductive content analysis (Moretti et al., 2011) was used to analyse each transcript. Transcripts were manually coded (labelled for meaning) (Graneheim and Lundman, 2004), and as coding continued, related codes were recognised and represented collectively as themes. Development of themes involves interpretation of the underlying (inferred) meaning of the data (Graneheim and Lundman, 2004). Once each

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