

# Interdisciplinary Care

## Using Your Team



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### KEYWORDS

- Interdisciplinary • Pediatric palliative care
- Children and youth with special health care needs • Medical home
- Continuity of care

### KEY POINTS

- The importance of interdisciplinary care and its basis as the composition of a mature team is broadly embraced.
- There is a growing body of evidence to support positive outcomes of inpatient/hospital-based pediatric palliative care involvement.
- With increased and earlier use of pediatric palliative care, the interdisciplinary pediatric palliative care team has a responsibility to broaden collaboration with outpatient and community-based supports so as to provide optimal care throughout life.
- Embracing team meetings to ensure shared understanding and a unified approach among disciplines can bridge challenges in the care team and improve the child's care process.
- Challenges within the interdisciplinary team itself, as part of the larger care team, can be anticipated and improved with a clear team philosophy and understanding of roles.

### CASE VIGNETTE

Justin's cancer has recently relapsed. With cure seeming unlikely, the focus of his care is more deliberately supporting quality of life. Despite incredible fatigue and intermittent pain, every day he gets up and goes to school on the bus with his friends, wanting no special treatment from his teachers. His symptoms, however, require diligent assessment and intervention. Justin's home care nurse is able to provide on-going consultation with the school nurse, his teacher, and principal with the back-up of Justin's oncologist, primary care pediatrician, and the palliative care team, so that he can finish the school year with his classmates. During an inpatient admission, his palliative care team is consulted to review his symptom management and supports. How can the team best work to ensure that Justin's care is consistent and optimal across all settings?

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## INTRODUCTION

Interdisciplinary care is a core value in palliative care and a foundation of quality practice.<sup>1,2</sup> It is an essential part of the team-based practice of palliative care, although the form it takes will vary based on limitations in available resources and local preferences. On another organizational level, interdisciplinary care is also an important part of caring for those children with complex conditions<sup>3</sup> and treatment courses receiving pediatric palliative care, where the palliative care team may be one of several involved, to ensure and optimize care in the many settings in which children may find themselves. Limitations to the evidence base with regard to outcomes from this approach stand in contrast to the fundamental confidence in its advantages.

Palliative care is appropriate and beneficial for most children with life-threatening illness for months, years, or their entire lifetime. The vast majority of children do not spend their entire lives inpatient, where robust palliative care services more typically exist. Therefore, pediatric palliative care as a medical subspecialty must confront its responsibility to expand its services and attitudes, and to meet the needs of children earlier and regardless of location. Based on best practice and trends, it should be recognized that with earlier implementation of interdisciplinary palliative care in a child's illness trajectory, interdisciplinary teamwork will expand and encompass more key players than just the traditional inpatient palliative care team.

To effect earlier involvement, a palliative care team may need to contribute to the environment of interdisciplinary collaboration by providing education about the communication needs of families with ill children, the symptom burden of potential patients, the nature of suffering, or improved outcomes with earlier involvement.<sup>4</sup> Another critical issue is promoting an understanding that cure-directed and palliative care are not mutually exclusive<sup>5</sup> in any of the settings in which a child might receive care, particularly with the assurances of concurrent care provided by the Patient Protection and Affordable Care Act of 2010 (discussed in the article by Sheetz and colleagues, elsewhere in this issue). The increasing incorporation of palliative care in the treatment of children who will benefit promises earlier conversations about goals of care, and the feeling among families of having more choices sooner in their child's care, in many settings.

## COMPOSITION OF THE INTERDISCIPLINARY TEAM

Virtually all literature related to palliative care standards stresses the importance of an interdisciplinary palliative care team structured around the child and family, equipped to address physical, psychosocial, emotional, practical, and spiritual needs of the child and family.<sup>6</sup> A truly holistic interdisciplinary approach will provide genuine coordination of care, starting at the time of diagnosis, across the continuum, during transitions, and facilitated by effective communication and case management.<sup>7</sup> Research on health care teams has concluded that diversity of participants predicts better discussions, adjustment to developments, and service delivery.<sup>8</sup>

The American Academy of Pediatrics recommends that mature palliative care teams include physicians, nurses, social workers, case managers, spiritual care providers, bereavement specialists, and child life specialists, and that all hospitals that frequently care for children with palliative care needs should have dedicated interdisciplinary teams for the provision of palliative care.<sup>6</sup> Simple distinctions between the expertise available on a palliative care team is outlined in [Table 1](#). Although these roles may seem separate, interdisciplinary collaboration by its nature may lead to overlap and the adoption of common methodologies so as to provide unified care, as is discussed later in this article.

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