Multi disciplinary team working with elderly persons living in the community - a systematic literature review

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Aim

- Explore literature concerning the benefit of multidisciplinary team working with elderly persons living in the community

Research questions:
- How were teams organized?
- What type of intervention was beneficial?
- What factors influenced team work?
Why team for elderly persons?

• Frail elderly clients should be screened for rehabilitation potential (CGA)

• Team approach to geriatric rehabilitation should be interdisciplinary

Wells et al, 2003
Can teams have different approaches?
Webster 2002, Davis 1988

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**Uni disciplinary**

N

OT

PT

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**Intra disciplinary**

N

OT

PT

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**Multi disciplinary**

N

OT

PT

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**Inter disciplinary**

N

OT

PT

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**Trans disciplinary**

N + OT

+ PT

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Method

A systematic review of articles describing multidisciplinary team work with elderly persons with multiple diseases

- systematic literature search in 6 data bases
- 716 "hits", 106 examined, 37 included article
- Data extraction, data analysis

<table>
<thead>
<tr>
<th>Research design</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Action research, Case studie, Etnographic, Reconstruction of event</td>
<td>5</td>
</tr>
<tr>
<td>Experimentel RCT</td>
<td>13</td>
</tr>
<tr>
<td>Non-experimental</td>
<td>10</td>
</tr>
<tr>
<td>Practice description</td>
<td>9</td>
</tr>
</tbody>
</table>
WHAT?

Team intervention and outcome

HOW?

Factors that influence team work

WHO?

Team organization

WHERE?
Teams work in different contexts;
- acute hospitals
- primary care
- community care

Staffing of team can be varied; most frequent was Nurses, OTs and PTs

More than 20 different terms for “team” in 37 articles!
Team intervention and outcome – 10/13 RCT studies showed positive results

At Hospital
Multidisciplinary assessment combined with home intervention at discharge

In primary care
Continuous coordinated health services

In community care
Multi component home intervention program
Gitlin 2006
Significant outcomes in favour for intervention group

At hospital
- Functional capacity
- Selfpercieved health and life-satisfaction
- Fewer falls
- Shorter hospital stay
- Delayed need for readmission

In primary care
- Reduced deterioration of health and functional ability
- Improvement in daily life activities
- Increasing social activities
- Generell well-being and life-satisfaction

In community care
- Less difficulties in I-ADL
- Greater self-efficacy
- Less fear of falling
- Fewer home hazards
- Greater use of adaptive strategies
Factors that influence team work

- Mutual agreements promote team work
  - Care pathways, guidelines for joint documentation, care plans and discharge planning
  - Geriatric focus and approach, client involvement
Factors that influence team work

**Obstacles**

**Individual level**
- Different attitude and approach to team work
- Lack of engagement and knowledge

**Group/team level**
- Lack of integration and cooperation
- Gaps in communication and documentation

**Management / organisational level**
- Lack of engagement and responsibility for implementation
- Power, culture and values
- Local interests and resources
Factors that influence team work

- Possibilities
  - Awareness of communication
  - Close working relationships
  - Sharing of knowledge
  - Interdisciplinary team philosophy

- Measuring perceived team performance could offer insight for improved team performance

Temkin-Greener 2004
Conclusions

- Multi disciplinary home based intervention is beneficial both for the individual elderly person and for the society.

- Working in team is multifaceted and complex. It is important that the members in a team take responsibility to influence and develop the team work making it both effective and efficient.
Take home message!

• A multi disciplinary team needs to work inter disciplinary to the best of elderly persons rehabilitation

• Every team member need to take responsibility to share their unique knowledge in the team and contribute to developing team work and team process

Thank you!
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