Poster Abstract

A framework for interprofessional collaboration in case management

Yves Couturier, *University of sherbrooke, Canada*

Dominique Gagnon, *University of sherbrooke, Canada*

Julie Daviau, *Centre de santé et de service sociaux-Institut universitaire**, Canada*

Maxime Guillette, *University of sherbrooke, Canada*

Correspondence to: *Yves Couturier,* University of sherbrooke, Canada, *E-mail:* yves.couturier@usherbrooke.ca

Abstract

Introduction: In Québec, case management usually takes the form of a multidisciplinary team that includes social workers, nurses, and occupational therapists. The team we studied utilizes a hybrid type of case management (1), in which each case manager, in addition to the tasks related to his role as case manager, intervenes in his area of competence. For example, a nurse working as a case manager can also change bandages on minor wounds while doing home visit. However, this raises the question of how far the nurse should go. This situation poses a problem not only in terms of workload distribution between the professionals forming the team, but also in regards to the articulation of the intervention made by these professionals with the work done by others actors in the health care network.

Short description of practice change implemented: At the organizational level, the development of a culture of interprofessional collaboration (3) requires, among other things, a collaborative leadership, a dispute resolution mechanism, and a clarification strategy regarding the roles played by all the professionals concerned (2). In this perspective, a number of researchers and case manager clinical supervisors drew up jointly a framework for interprofessional collaboration in the context of case management (4).

Aim and theory of change: Using a developmental evaluation approach (5), we made three surveys with the three groups of professional forming the case management team (n=45), four co-development meetings with all the team members, and three interviews with the team clinical supervisors.

Targeted population and stakeholders : The goal of the framework is, first of all, to insure the clinical supervision and administration of the case management team and the hosting and supervision of trainees, and also to make administrative decisions regarding the links between the case management team and teams from different disciplines acting as partners of the case managers.

Timeline: The completion of the project took 18 months.

Highlights: The framework helped to identify explicitly the activities from different disciplinary fields that case managers have to perform and the principles for referring a given case to health care professionals working outside case management. On this subject, one finds the principle that involves taking into consideration the effects of the intervention on the case manager's capacity of being pro-active. In this way, the framework allows for punctual disciplinary intervention, prevents sustained disciplinary intervention from happening, and recognizes the necessity of using clinical judgment for intermediary situations.

To this end, the framework recognizes the role played by the clinical supervision in the joint elaboration of a clinical jurisprudence concerning reasons for referring a case to professionals from different specialities in the health care system.

Comments on sustainability: The framework that has been elaborated now constitutes one of the managerial tools which are used both by the case management team and the institution.

Comments on transferability: This framework developed into a guide for structuring the utilization of case management in the different contexts in which his implementation is more recent and has become part of a proven toolbox.

Conclusions: The elaboration of a framework for interprofessional collaboration in case management helps to facilitate the integration of the case management team to the local health care system.

Discussion: However, other models of case management face the problem consisting in the referring of specific cases to professionals from different specialities in complex health care systems. Consequently, this framework will have to be adapted to the characteristics of these systems.

Lessons learned: For this type of framework, the utilization of a co-development strategy helps to increase its acceptance among the various stakeholders.

Keywords

case management; interprofessional collaboration; team management

References

1. Tourigny, A. Durand, P. J., Bonin, L., Hébert, R., & Rochette, L. Intégrer les services pour le maintien de l'autonomie des personnes. Dans R. Hébert, A. Tourigny, & M. Gagnon (Eds.), Évaluation de l'efficacité d'un réseau de services intégrés pour les personnes âgées vulnérables. Québec: Edisem ; 2004. p. 57-78.

2. Couturier, Y., Gagnon, D., Belzile, L., & Salles, M. (Eds.) La coordination en gérontologie. Montréal: Presses de l'Université de Montréal. 2013.

3. Référentiel national de compétences en matière d'interprofessionnalisme / Consortium pancanadien pour l'interprofessionnalisme en santé. Consortium pancanadien pour l'interprofessionnalisme en santé. Document électronique. Retrieved [October 13, 2014] 2010. Available from http://www.cihc.ca/resources/publications

4. Daviau, J., Couturier, Y., & Gagnon, D. (Eds) La gestion de cas. Cadre de référence. Sherbrooke: Centre de santé et de services sociaux-Institut universitaire de gériatrie de Sherbrooke. 2014.

5. Fagen, M.C., Redman, S. D., Stacks, J., Barrett, V., Thullen, B., Altenor, S., & Neiger, B. L. Developmental evaluation: Building innovations in complex environments. Health Promotion Practice, 2011:12(5); 645-650.

PowerPoint presentation

http://integratedcarefoundation.org/resource/icic15-presentations