
CONFERENCE ABSTRACT

INTERVZP - Interprofessional collaboration in Advance Care Planning: examining support needs across disciplines and settings

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

Tinne Smets^{1,2,3}, Anneloes Bork³, Christine De Cafmeyer³, Peter Pype^{2,3}

1: Dept of Family Medicine & Chronic Care, Vrije Universiteit Brussel, Belgium

2: Dept of Public Health & Primary Care, Universiteit Gent, Belgium

3: Palliatieve Zorg Vlaanderen, Belgium

Background: Although advance care planning (ACP) can improve goal-oriented and goal-concordant care, it requires substantial interprofessional collaboration to ensure up-to-date information from patients and families is passed along across the care trajectory of the patient. The often-complex care trajectories of patients who would benefit most from ACP, as well as our fragmented care systems is hindering this.

Aim: We aimed to explore how to better support a variety of professionals across care levels to improve advance care planning in their settings by exploring barriers related to ACP specifically, their support needs as well as potential strategies for improvement.

Methods: We have carried out a targeted literature review in PubMed searching academic literature on advance care planning, chronic care or palliative care and interprofessional/multidisciplinary collaboration (and education); expert interviews with educators and trainers in interprofessional collaboration in healthcare (ie medicine, nursing, social work, obstetrics); and 3 semi-structured stakeholder workshops with a variety of professionals working in nursing homes, hospitals, and the home setting. Project progress and deliverables were safeguarded by an advisory group comprising users and stakeholders from various professional, policy, and umbrella organizations.

Results: Fifteen published studies were included; 12 experts and 20 professionals participated. Various factors were found to hinder interprofessional collaboration in ACP: personal factors (eg. discipline: support staff, as opposed to registered nursing staff report higher, needs related to integration on the interdisciplinary team), interprofessional (eg. lack of clarity and appreciation of other's roles), organizational (eg. no one taking the lead), interorganizational (eg. team fluidity/temporary teams) and system factors (eg. no unified electronic system). We formulated potential learning objectives that were triangulated with and complementary to existing general frameworks in interprofessional education (ie. IPEC, 5 bouwstenen IPSIG, Canmeds, EIPEN). We have visualized the patient journey of three case studies (in a hospital, nursing home and home setting) to graphically demonstrate how integrated care transitions between professionals, organizations and care levels can be improved and how (comprising tips and trigger questions that might stimulate professionals to share and receive the relevant information with and from others).

Smets: INTERVZP - Interprofessional collaboration in Advance Care Planning: examining support needs across disciplines and settings

Next steps: Learning objectives can be easily integrated into existing education for health and social care professionals and is informative for subsequent interprofessional training development. Tools are currently being developed to support educators in doing this.