

## **Interprofessional collaboration in palliative care – pilot testing of a communication tool developed in Public Health Centre Ljubljana**

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**Backgrounds:** Interprofessional collaboration is an important part of palliative care. Effective communication and exchange of information are essential for high quality of care. The aim of our research was to test the communication tool that we developed in a previous work for use in interdisciplinary palliative care at primary health care level.

**Methods:** The communication tool was developed in Public Health Centre Ljubljana. After six months of pilot implementation of the tool in five practices (one nursing home, one rural GP practice and three urban GP practices) the qualitative data about feedback were collected. During 10 semi-structured in-depth interviews with 5 GPs and 5 nurse's, different topics were addressed. Special focus was on the usefulness of this tool in practice within collaboration of different experts in different working levels around the patient. Thematic analysis was performed by two independent researchers.

**Results:** The average age of the participants was 43 years, two were men and eight were women. The interviews lasted from 30 minutes to 1.5 hours and were recorded, transcribed, and analysed thematically. All participants agreed to participate in the research. Within text coding, code categorization and tematization of findings were acquired four categories, which are: 1) systematic tool for more consistent treatment and better communication, 2) training and empowerment, 3) quality and safety and 4) digitalisation.

**Conclusion:** Effective palliative care requires good communication between all participants involved in care. Efficient communication makes the patients, and their relatives feel safe in their home environment and allows the patients to stay in their homes even when their disease advances. The tool we developed was evaluated as an efficient improvement in the interprofessional collaboration among different providers of home care for patients in palliative care.

### **Introduction**

The aging of European population and the prevalence of chronic diseases is for the primary health care team a challenge. Therefore, a successful inter-professional collaboration is a core element to ensure high quality patient care. Providing care for end-of-life patients through primary care enables more people to die at home and continuity of care has been shown to reduce the number of acute medical visits at the end of life (1, 2).

Palliative care requires health professionals from different disciplines to work together for the patient and family. Interprofessional collaboration it means to attention sharing, partnership, joint working (3). Inter-professional collaboration between family doctors and nurses is a decisive element of the quality in community-based palliative care can reduce errors, improve the quality of patient care, lower clinicians' stress level, and facilitate a positive working environment (4, 5). The findings from the nine studies suggested that interventions aimed at improving interprofessional collaboration through practice changes may slightly improve clinical process/efficiency and patient health outcomes compared to usual care or an alternative intervention (6). To provide high-quality care based on patients' and relatives' needs, interprofessional collaboration based on a shared view of the essence of palliative care is a prerequisite (7). End of life care involves a biomedical, emotional, and organisational aspects that requires interprofessional teamwork (8). The aim of our paper is to represent the communication tool that was developed for use in interdisciplinary palliative care at primary health care level.

### **Methods and participants**

The communication tool was developed in Public Health Centre Ljubljana. The tool for pilot study was designed through the Delphi study (9). After six months of pilot implementation of the tool in five practices (one nursing home, one rural GP practice and three urban GP practices), altogether 20 patients in all setting were included. The qualitative data about feedback were collected through 10 semi-structured in-depth interviews with 5 GPs and 5 nurses, where different topics were addressed. Special focus was on the usefulness of this tool in practice within collaboration of different experts in different working levels around the patient. Thematic analysis was performed by two independent researchers.

### **Results**

The average age of the participants was 43 years, two were men and eight were women. The interviews lasted from 30 minutes to 1.5 hours and were recorded. Within thematic analysis we identified 4 categories, 13 themes and 38 codes. The categories are 1) systematic tool for more consistent treatment and better communication, 2) training and empowerment, 3) quality and safety and 4) digitalisation.

### **Systematic tool for more consistent treatment and better communication**

The participants (8/10) agreed that the tool enable a quicker access to important information about the treatment of the patient.

*“Transparency of information, easier access to key information. High advantage for palliative care of patients at home, different doctors can quickly get key information in care of the patient, such as therapy, action plan in case of deterioration, patient's wishes...”*

*“The tool will also empower relatives with information. Well listed contacts....”*

*“The tool helped to ensure that relatives also knew where to turn, whom to ask -with help of doctor and existing therapy they already have had at home, I was able to solve the problem immediately.”*

### **Training and empowerment**

Most participants (9/10) thought that the steps for good interprofessional collaboration are evident, but for an effective use of the tool they would need some additional education.

*“The tool will also empower relatives with information and well listed contacts. It has great useful value for better interdisciplinary collaboration, but more education on palliative care and how to fill out the form would be needed.”*

### **Quality and safety**

In our research 7/10 participants agreed that the tool helps them to organizing advance care planning for the patient and the family.

*“Above all the tool enable more systematic, and interdisciplinary connectivity, this consequently results in better quality treatment of the patient and relatives (Unit of Care), faster treatment in emergency situations, because all relevant data are collected and immediately accessible.*

*“They (relatives) accepted the possibility of contact very well, they felt safer and cared by medical staff....”*

### **Digitalisation**

The digital form could enable immediate insight into the data. So, the treatment would be more effective and of higher quality, according to 6 participants.

*“The tool should be available in digital form so that the doctor and nurse can immediately see the data one or the other is entering. My suggestion would be, that the tool become part of our information system and.”*

### **Discussion**

One of the key components in palliative care is communication. Palliative care in Slovenia is arranged upon National plan. The communication among all who take care for patients in palliative care is present but is not always so fluent as necessary (10,11). Especially the communication and interprofessional collaboration on primary health care level enables that patients feel safe at home care and stay at home till the end of life (9,12-15). This fostered us to formulate the tool for use at primary health care level in paper and after the pilot testing in was also developed in e-form. In our development process we included emergency, family, and palliative physicians into the first phase of our research and involved community nurses into the tool-designing process (9). This pilot study on the tool developed based on prior Delphi research showed that tool enables transparent and easier access to key information, but additional knowledge is needed for its implementation (9). Above all the tool enable more systematic and interdisciplinary connectivity, and the patients have faster access for needed care and symptom control. Digital tool was assessed as the most appropriate. Last ten years telemedicine is gaining on the popularity and use, and especially today in the era of COVID-19

pandemic it is very useful approach also within palliative care. The data on telemedicine in palliative care are still limited but the evidence suggests that despite the challenges, there are numerous examples of good practice in relation on palliative home-based technology. E-health technologies can be an effective way to support communication among participants in the process of palliative care, as also suggested in our study (16-19). Efficient use of digital tools gives to the patients and to their relatives better control over some disease symptoms and help them manage their pain also through good connectedness with the clinicians (20-22). In a study conducted in Great Britain, the participants did not understand why out-of-hours providers could not access further information about their medical histories (23). Considering such information, our study is very important, as it focuses on improving information exchange between different professions and encourages patient centeredness.

### **Limitation of the study**

The limitation of pilot testing is that we did not include patients and their relatives although their view is important.

### **Conclusion**

Good provision of palliative care is a continuing clinical priority worldwide. Primary health care teams are key to delivery of care for patients with advanced chronic diseases during the last year of their life. Efficient communication among caregivers, palliative care patients and healthcare professionals enable that patents feel safe and stay at their homes. The tool for interprofessional collaboration and communication developed in Public Health Centre Ljubljana is assessed by users in pilot study as an efficient improvement. They stated that e- version is the most suitable and that tele-palliative care can add to the faster and effective interdisciplinary acting.

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