

An iceberg floating in the ocean. The tip of the iceberg is visible above the water surface, while the much larger, submerged part is visible below. The sky is blue with light clouds, and the water is a deep blue.

International empirical study on Inter-professional collaboration

Health Forum 2019
Bunkyo Gakuin University

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Research Questions

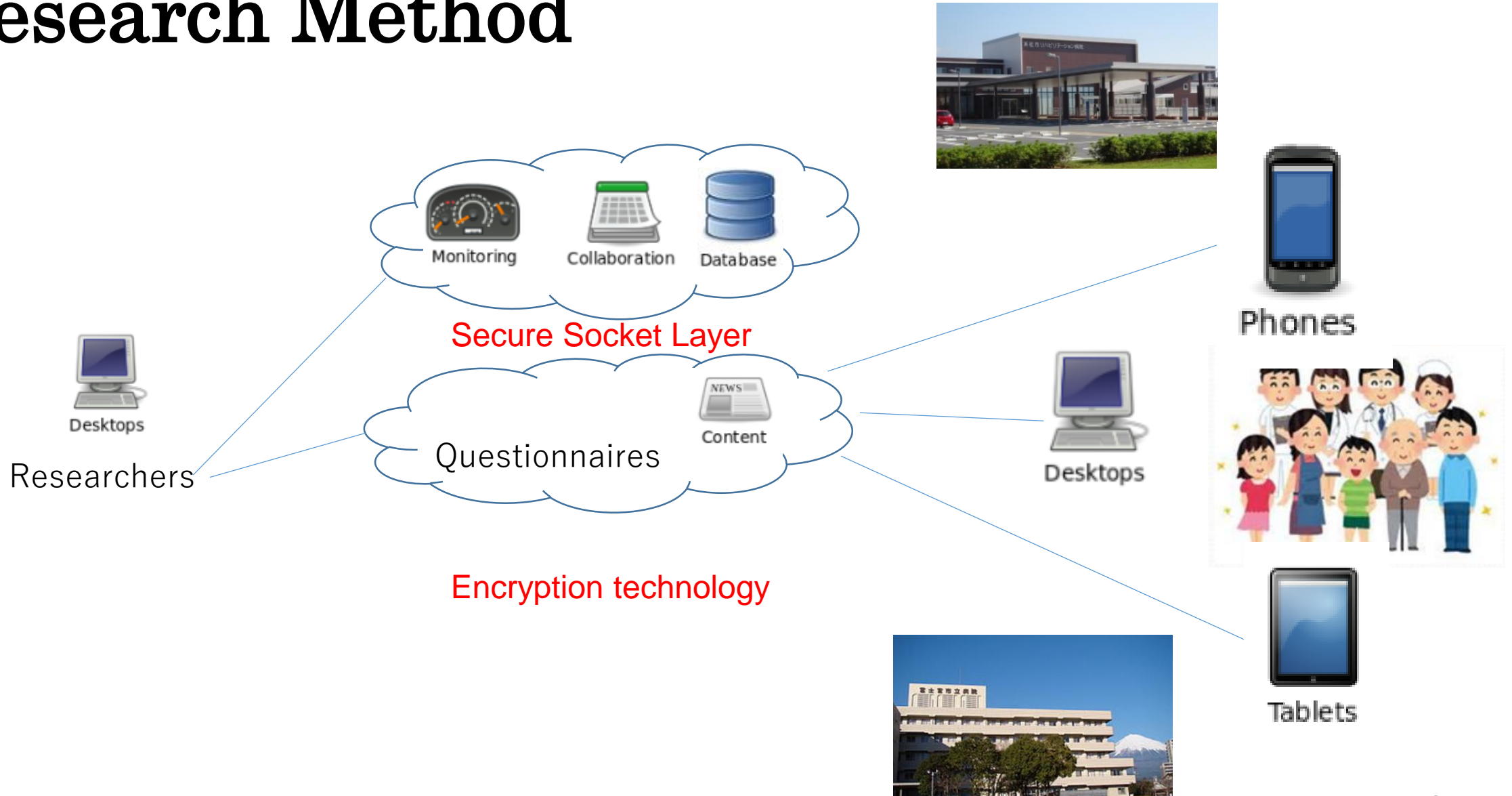
#1: Everybody says IPC is important, **BUT** what are the **driving factors** and **blocking factors** for IPC?

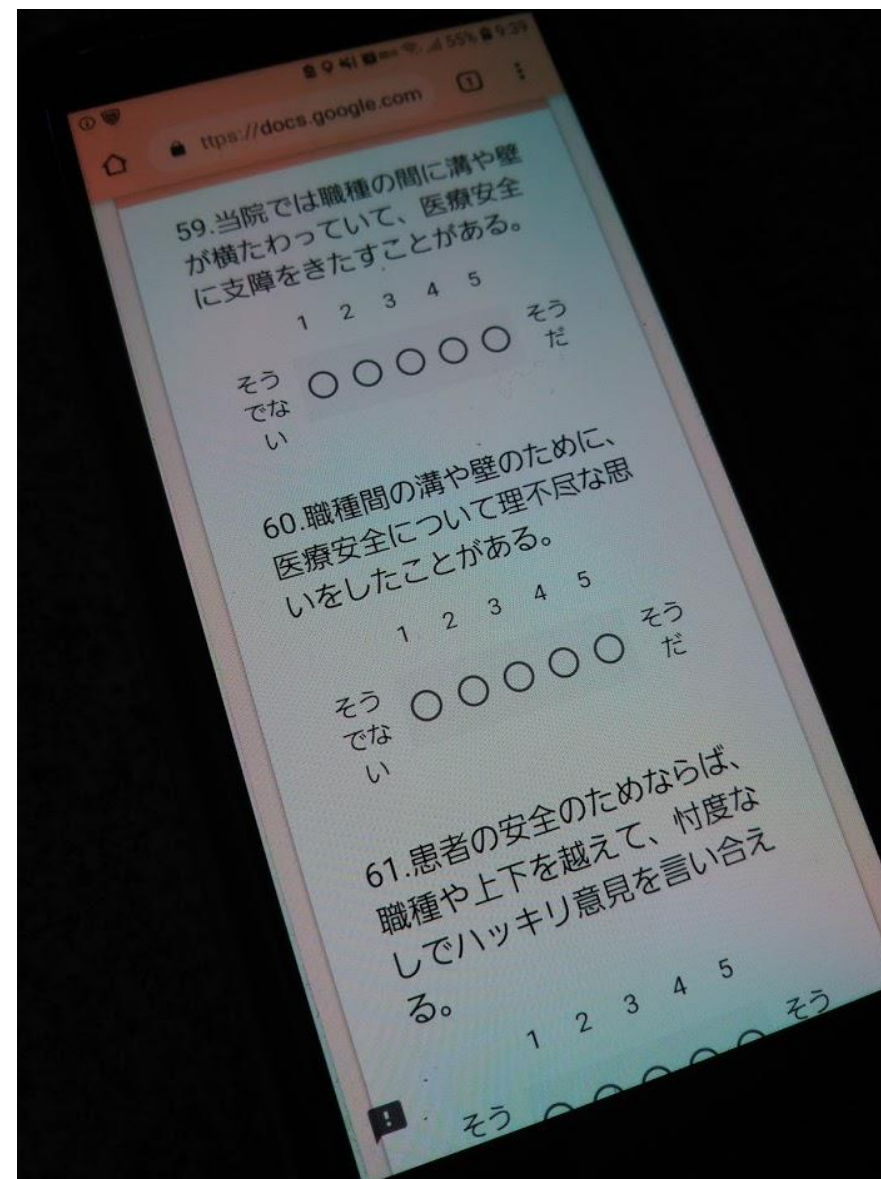
#2: What **human factors** contribute to IPC?

#3: Reimbursement system is strongly giving financial incentives for **organizing** IPC teams nationwide. As such all the hospitals and community care systems are rushing into IPC team. **BUT** are IPC teams **really effective** in improving **patient safety** and **health services quality**?

#4: The research & policy community should have **evidences** if they want to justify the importance of IPC.

Informatics: Cloud Computing as a Research Method





Research Partners

- 倉敷中央病院 Kurashiki General Hospital (1166 beds)
- 浜松市リハビリテーション病院 Hamamatsu Rehab. Hospital (225 beds)
- 富士宮市立病院 Fujinomiya City Hospital (350 beds)
- 聖隷三方原病院 Seirei Mikatahara Hospital (934 beds)

International (inter-professional) team

JAPAN



Katsumi, Bunkyo
Gakuin University
Hiro, Tokyo
University of
Information
Sciences



CANADA



Dr. Dawn Prentice



FINLAND

Dr. Paul Lillrank
Aalto University



Grant-in-Aid from JSPS



Project/Area Number	19K10491
Research Category	Grant-in-Aid for Scientific Research (C)
Allocation Type	Multi-year Fund
Section	一般
Review Section	Basic Section 58010:Medical management and medical sociology-related
Research Institution	Tokyo University of Information Sciences
Principal Investigator	松下 博宣 東京情報大学, 看護学部, 教授 (70591949)
Project Period (FY)	2019-04-01 – 2022-03-31
Project Status	Adopted(Fiscal Year 2019)
Budget Amount *help	¥4,030,000 (Direct Cost : ¥3,100,000、 Indirect Cost : ¥930,000) Fiscal Year 2021 : ¥1,820,000 (Direct Cost : ¥1,400,000、 Indirect Cost : ¥420,000) Fiscal Year 2020 : ¥390,000 (Direct Cost : ¥300,000、 Indirect Cost : ¥90,000) Fiscal Year 2019 : ¥1,820,000 (Direct Cost : ¥1,400,000、 Indirect Cost : ¥420,000)

Fujinomiya City Hospital

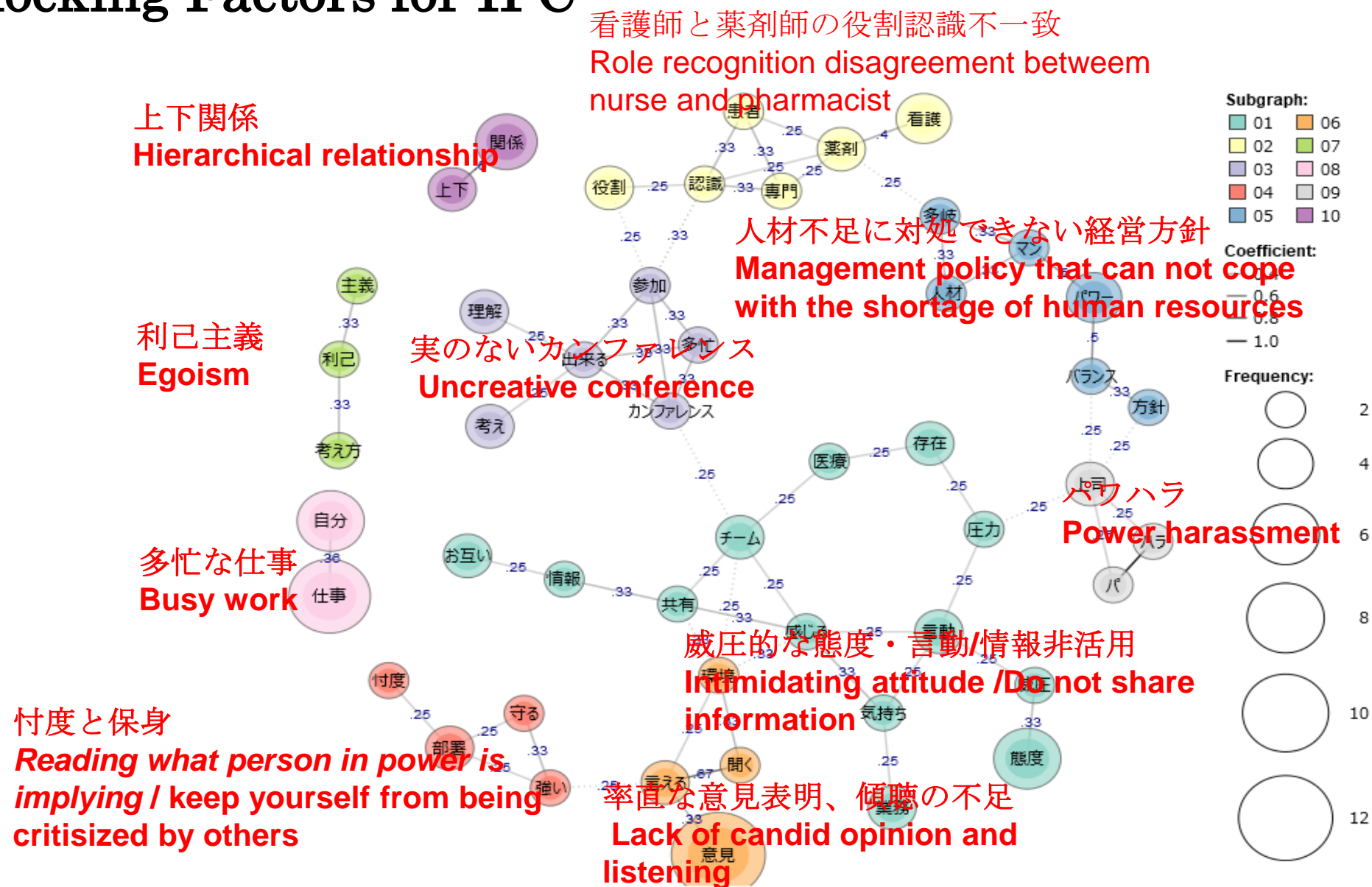
- Implemented **“IPC Climate Survey”** for all the employees (full and part-time, all the professionals encompassing 22 qualified professions)
- Questionnaires included AITCS, AITCS-II, degree of happiness, **free comment** and personal attributes.
- Performed **word co-occurrence network analysis** covering the obtained text data of the free comments in order to quantitatively measure **inter-subjective perception** of **blocking and driving factors** for IPC.

Blocking Factors in Climate

- IPCを阻むのはどのようなことでしょうか。What is it like blocking IPC? Please write your opinion freely.

192 sentences including 1409 words are provided by 164 employees (physician, nurse, pharmacist, OT, PT, technologists and 16 professionals)

Blocking Factors for IPC



Driving Factors in Climate

- IPCをより一層促進するためには、なにが必要となると思いますか。What do you think is needed to further promote IPC?
- 170 sentences including 1469 words were provided by 178 employees.

Driving Factors for IPC

医師、薬剤師、看護師の協働
Collaboration of doctors, pharmacists and nurses

思いの共有
Sharing thoughts

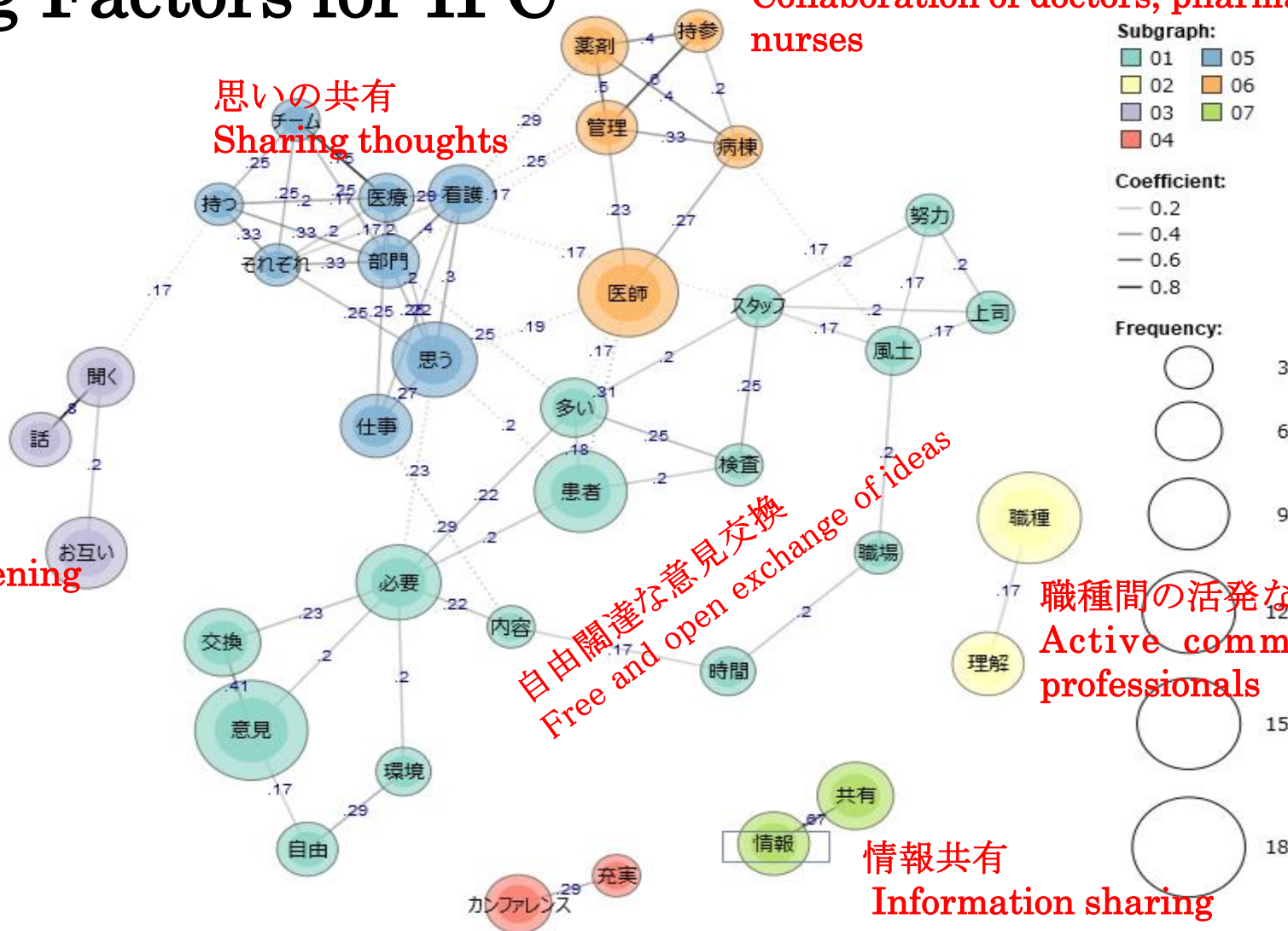
相互傾聴
Mutual listening

自由闊達な意見交換
Free and open exchange of ideas

職種間の活発なやりとり
Active communication between professionals

情報共有
Information sharing

充実した多職種カンファレンス
Rich multi-functional conference

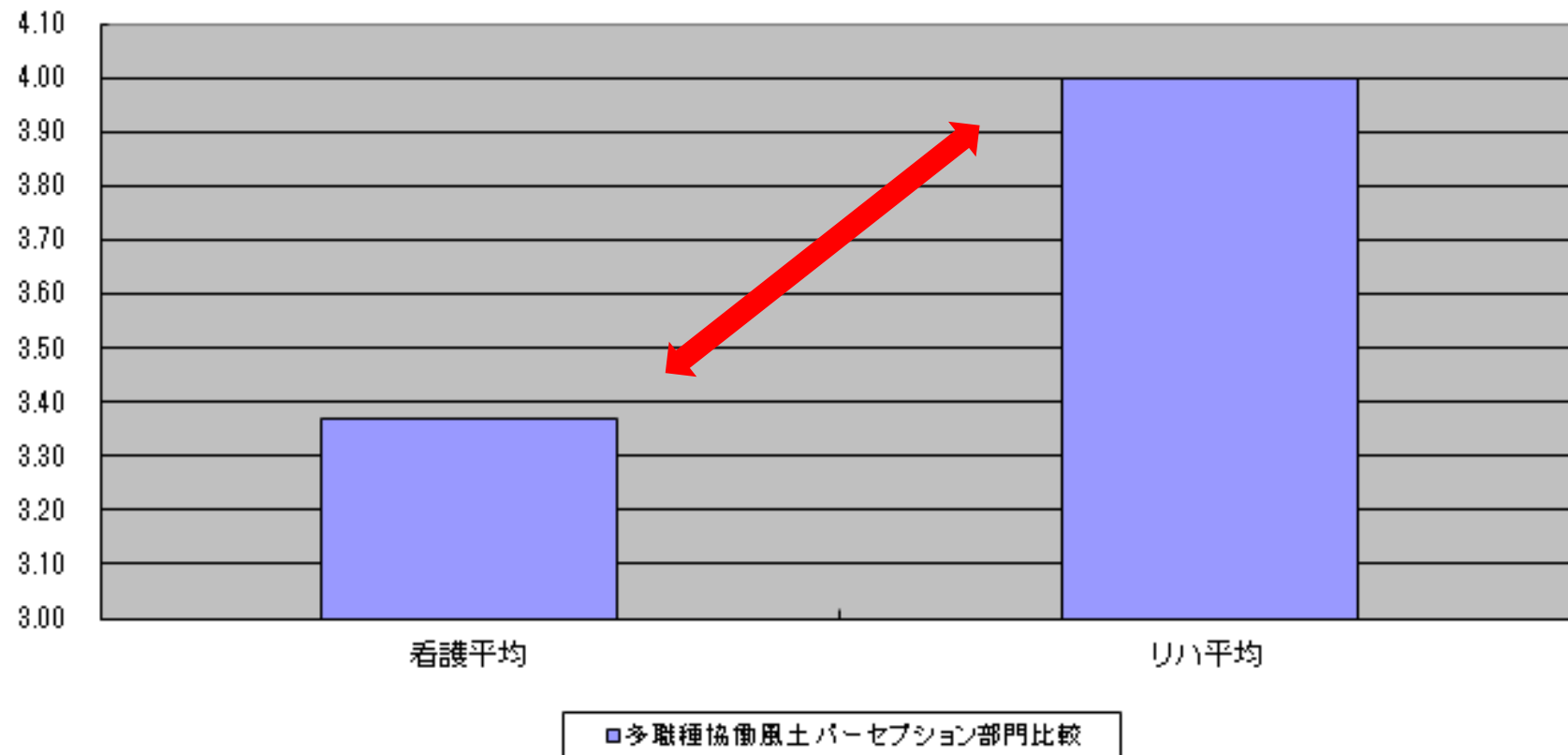


1. Establish agreements on goals for each patient we care for 私の職場では患者個人のケア目標について合意がとられている。
2. Are committed to the goals set out by the team チームが設定した目標に深く関与している。
3. Include patients in setting goals for their care 患者目標を設定するときは患者を巻き込んでいる。
4. Listen to the wishes of their patients when determining the process of care chosen by the team 私が所属するチームはケアプロセスを決めるときに患者の要望に耳を傾けている。
5. Meet and discuss patient care on a regular basis 常時患者ケアについてミーティングを行い話し合いをしている。
6. Would agree that there is support from the organization for teamwork 病院からチーム活動の支援はあると思う。
7. Coordinate health and social services (e.g. financial, occupation, housing, connections with community, spiritual) based upon patient care needs 患者ニーズに基づいて、健康やソーシャルサービス（家計、仕事、住まい、地域とのつながり、スピリチュアル）に関わる調整をしている。

Comparison between nurses and OT/PT

Ave. AITCS-II Score

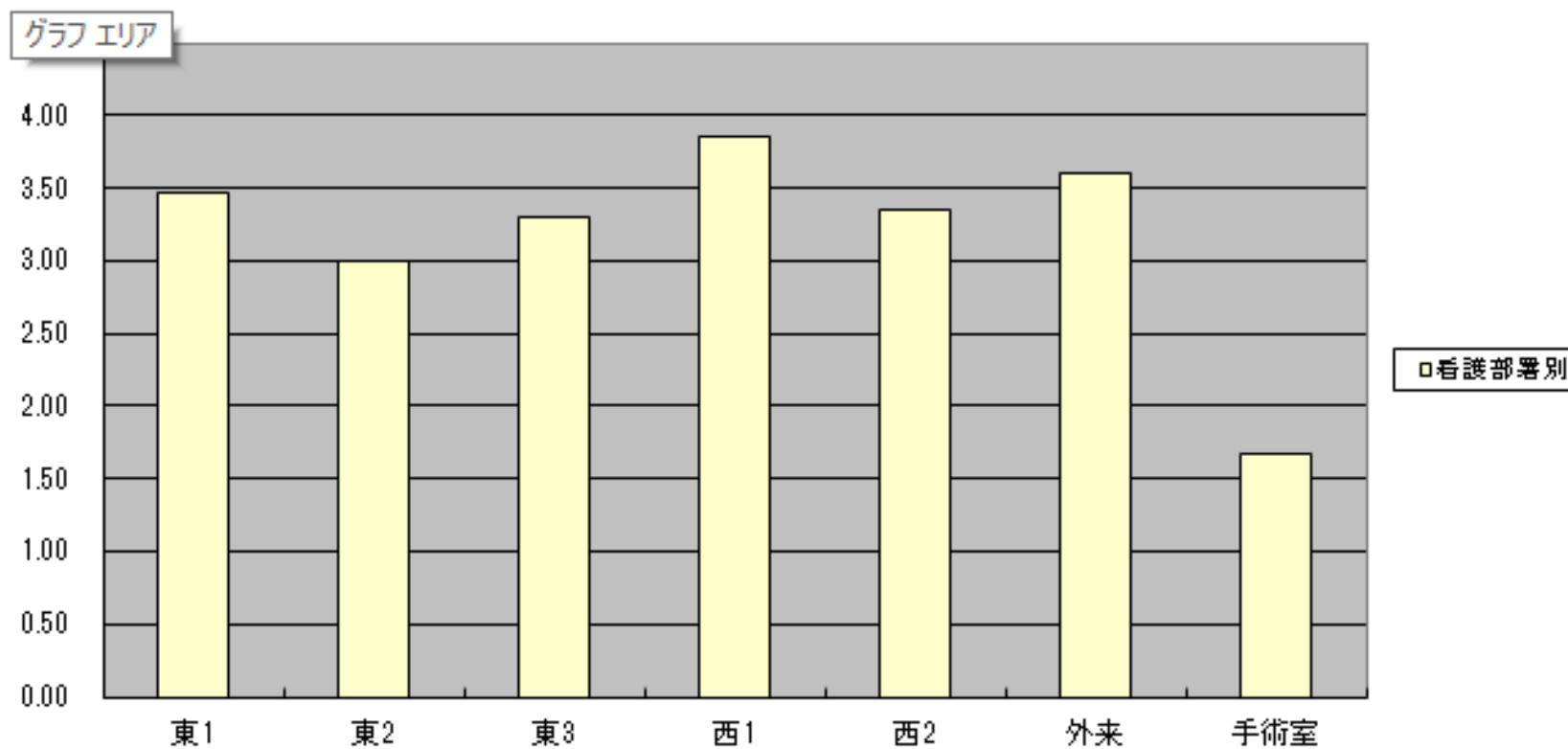
多職種協働風土パーセプション部門比較



Comparison between wards

Ave. AITCS-II Score

看護部署別



Conclusions

- As a research questionnaire ATCS-II is useful to compare the perception of various units and professionals, etc...
- AITCS identifies “superficial” functional requisite, as such it could be used widely.
- In order to identify blocking and driving factors, we should look at inter-subjective perception embedded deeply in the organizational climate and cultural layers.

結論 Conclusions

医療の質、安全
Quality, Safety

多職種連携の機能要件
Functional Requisite

能力行動特性 Competencies

Assessment of Inter-professional
Team Collaboration Scale (AITCS)

多職種連携

Inter-professional Collaboration

組織風土

Organizational Climate

促進要因
Driving Factors

阻害要因
Blocking Factors

縦割りの専門性
Silos

教育
Education

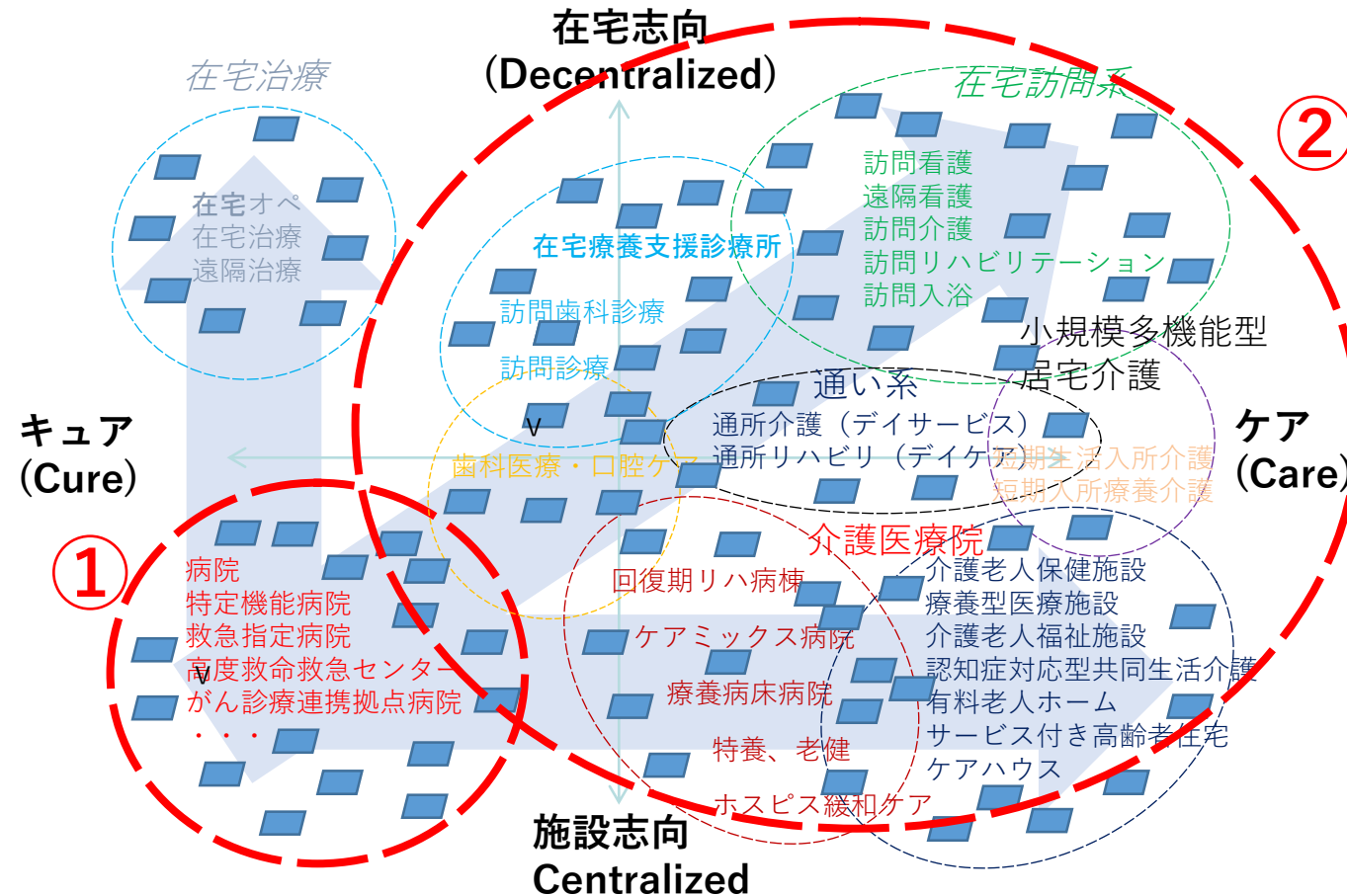
経営スタイル
Management Style

伝統
Tradition

文化 Culture

今後の研究 (1) : 地域における多職種連携

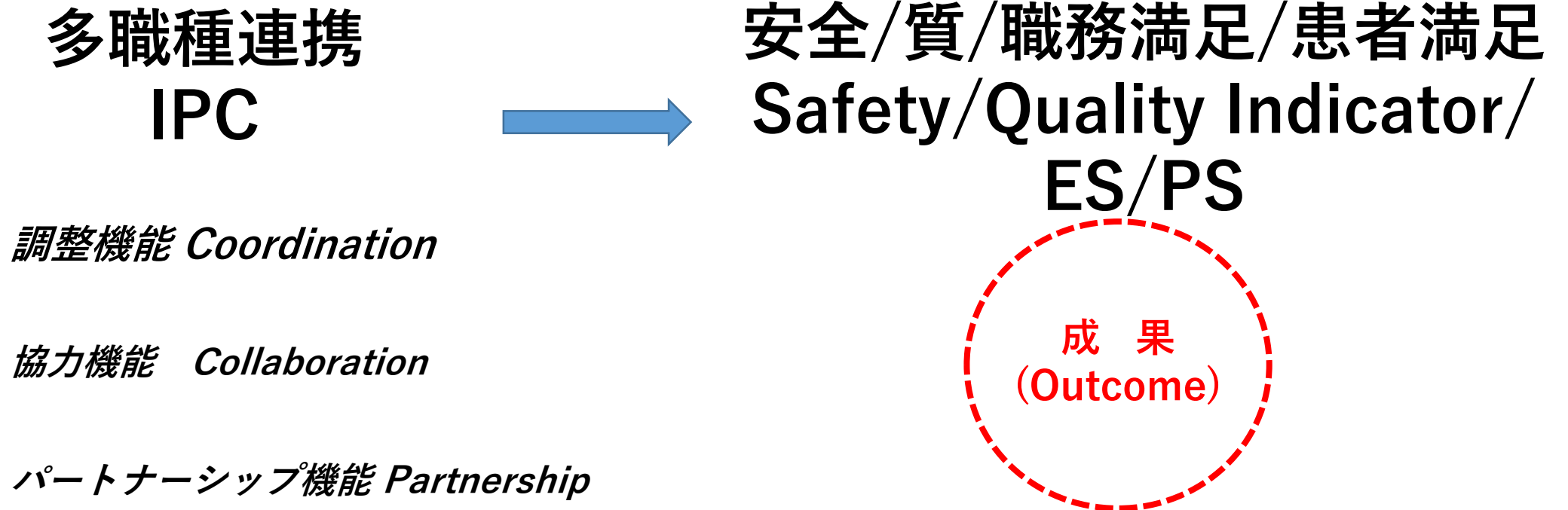
Future research (1) : Community-based Inter-professional Collaboration



引用：松下博宣（2017）：医療看護イノベーション.メディカ出版. p150.

今後の研究(2)：IPCと医療安全、医療の質との因果関係/相関関係の実証

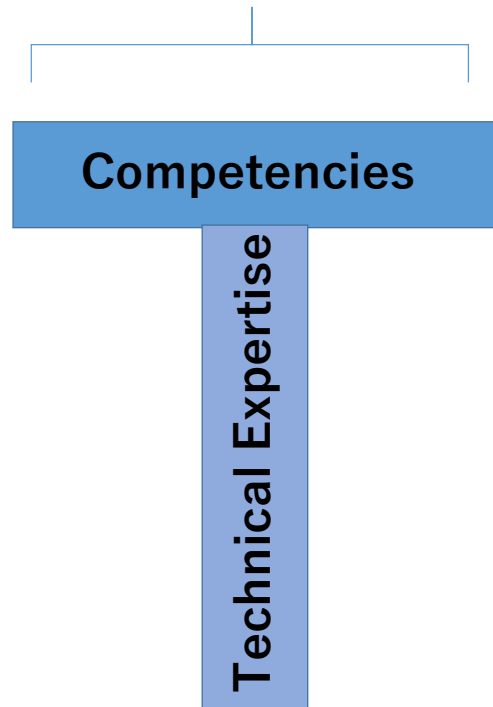
Future research (2) : Empirical study of relations between IPC and Safety/Quality Indicators using AITCS II



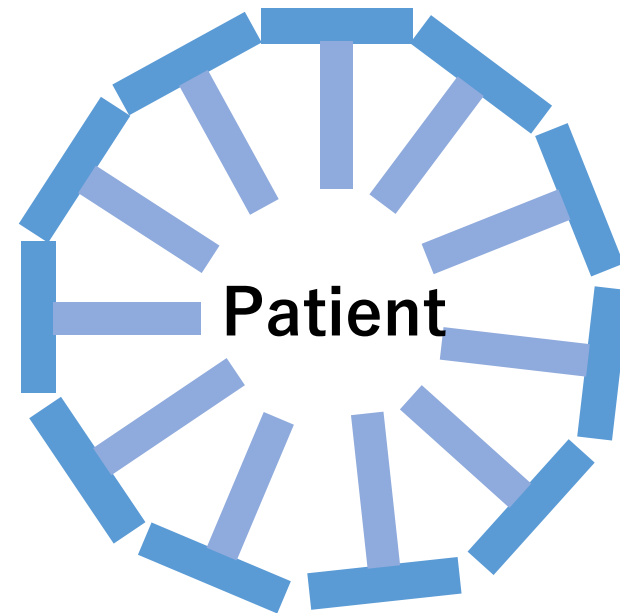
継続研究(3)：多職種連携を推進するコンピテンシーは？

On Going Research(3)：Empirical study to identify competencies that can facilitate IPC

Soft skills, non-technical skills?



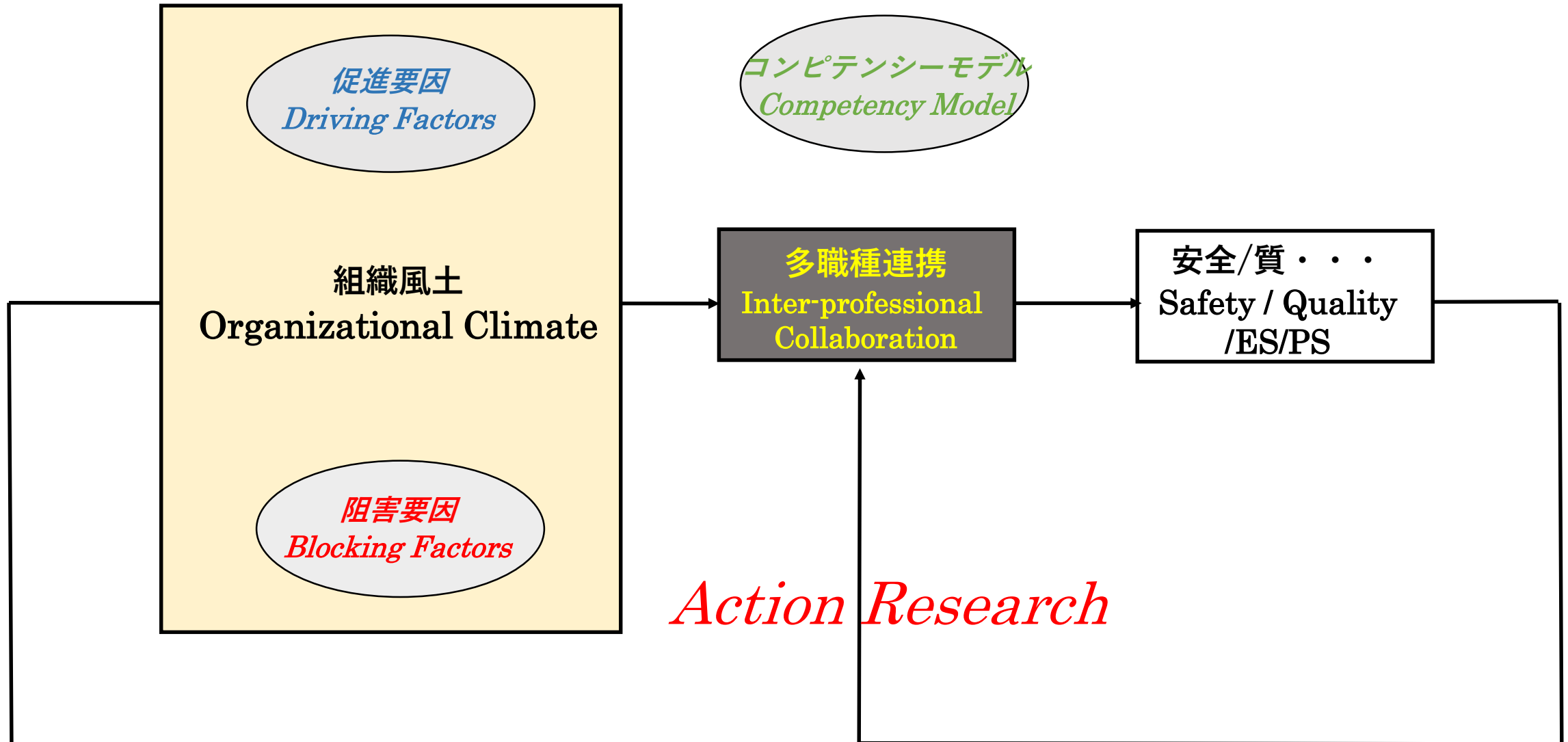
T-shaped Professional



Inter-professional & Patient-centered
Team organized by T-shaped Professionals

今後の研究(4)：多職種連携を推進するダブルループ経験学習モデルの開発 ～多職種連携の科学～

Future Research (4) Design Double-loop Horizontal/Experiential Learning Model that can Facilitate IPC



Thank you...

