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Obstacles and challenges faced by multidisciplinary teams in small and medium-sized hospitals: a viewpoint from Japan

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INTRODUCTION

Today, multidisciplinary teams (MDTs) are considered an integral part of modern health care.[1, 2] In Japan, with the strong backing of medical societies and government policies, small and medium-sized hospitals (defined as hospitals with less than 200 beds, making up almost 70% of all hospitals; Figure 1) are also encouraged to establish MDTs in their efforts to promote patient safety and collaboration between health care professionals. However, due to the shortage of man-power and other resources, MDTs in small and medium-sized hospital often encounter many problems. In this short review, we will consider some of these

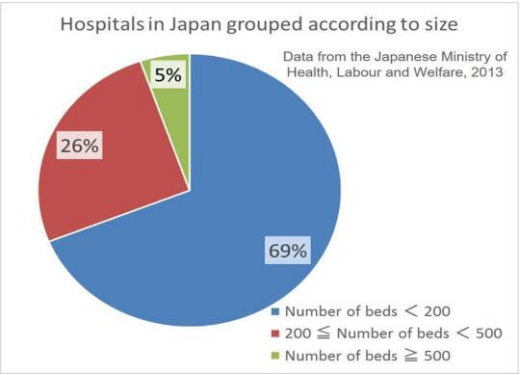

Figure 1. Hospitals In Japan Grouped According To Size (Number Of Beds).

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obstacles and challenges from a Japanese viewpoint, studying the present situation of MDTs in our hospital, a typical medium-sized hospital in Japan (Figure 2).

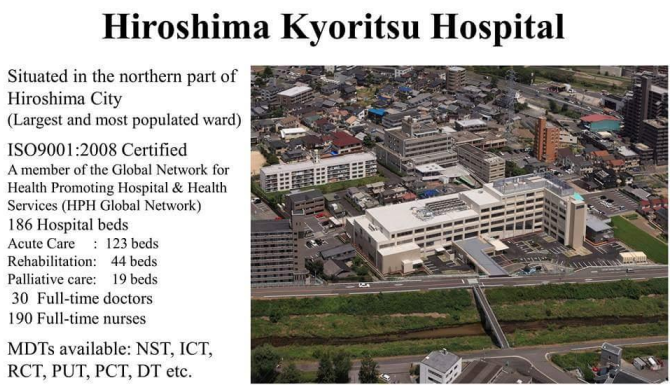

Figure 2. Profile Of a Typical Medium-Sized Hospital In Horishima, Japan.

The tremendous growth of MDTs in small and medium-sized hospitals

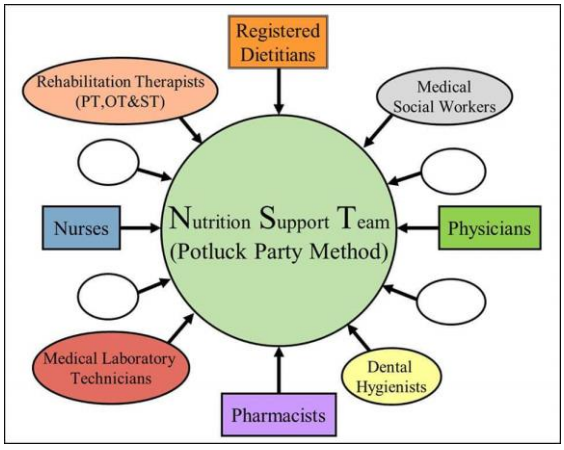

Figure 3. Diagram depicting the Potluck Party Method (PPM) used by various MDTs in Japan.

As shown in Figure 2, Hiroshima Kyoritsu Hospital is a medium-sized hospital located in the northern part of Hiroshima city and it caters for a population of roughly 250,000 people as a general hospital. MDTs in our hospital include a Nutrition Support Teams (NST), a Pressure Ulcer Prevention Team (PUT), a Respiratory Care Team (RCT), an Infection Control Team (ICT), a Dysphagia Care Team (DT) and a Palliative Care Team (PCT). Unlike MDTs developed in the U.S. or Europe during the early 70s, maintaining an exclusively independent team is not only too costly but also not feasible in most small and medium-sized hospitals of Japan.[3] Therefore, almost all (if not all) MDTs use the potluck party method (PPM) introduced by Professor Higashiguchi Takashi of Fujita Health University of Medicine in 1998. This simple method involves the cooperation of existing medical staff from different departments who participates either voluntarily or under direction of their supervisors to form the MDT (Figure 3). The potluck party method is inexpensive and has enabled the number of MDTs (for example, Nutrition Support Teams) to flourish in Japan during the past decade (Figures 4 and 5). As of October 2016, there were 1516 accredited NSTs (hospitals) by the Japanese Society of Parenteral and Enteral Nutrition and 869 accredited NSTs by the Japanese Council of Nutrition Therapy.

Obstacles and challenges faced by MDTs

The concept of inter-professional teamwork has receive much attention, and MDTs such as NSTs are recognized as an essential component of high quality healthcare.[4] However, because most MDTs operate using the PPM, integrative teamwork is not easy to achieve and team training may not be sufficient.[5, 6] There is the need to identify and address the obstacles as well as challenges faced by MDTs in small and medium-sized hospitals to improve the quality (and safety) of healthcare provided.[7]

Some of the obstacles and challenges identified in our hospital include:

1. Insufficient acknowledgement
2. Time management (allocation) of team members
3. Complacency and lack of motivation among team members
4. Inadequate evaluation of outcomes

Although the PPM has enabled MDTs to flourish in Japan, members of MDTs are often required to conduct their activities on a voluntary basis. Since these activities are not considered their core work, they may not receive sufficient acknowledgement or understanding from different levels of management. Team members may find it difficult to thrive in this situation and this will definitely not help improve the quality of team care given, since effective teams depends a lot on the effectiveness of each individual member.[8] There is a need to acknowledge the important of MDTs at all levels of the hospital management. Although there are financial incentives through government policies that promote the establishment of MDTs, hospital

management need to be aware that these teams exist to improve the overall healthcare provided by the hospital.

Due to the fact that MDTs are formed from healthcare professionals from different fields and that the number of these professionals are limited in small and medium-sized hospitals, it is not surprising that some medical staff will become members of more than one MDTs at any given time. A recent survey on members of our NST revealed that about 50% of team members were also involved in other MDTs and 30% stated that management does not allocate enough time for them to perform their NST-related duties. Time management for these members will pose a challenge to them as they have to allocate their time between different MDTs activities (frequent meetings and ward rounds etc.) A pharmacist who is involved in both the NST, ICT and PCT of our hospital will find it difficult to handle their MDT activities around their core pharmacist workload. Unfortunately, small and medium-sized hospital may not be able to employ enough medical staff to help improve situations such as these.

It would make sense for smaller sized hospital to establish MDTs according to their capacity but if that is not the case, situation may arise where teams exist just in name and members will not appreciate the significance of the MDTs that they belong to. Our survey showed that 67% of NST members believe they could improve their participation in the team while the remaining 33% felt satisfied with their current participation. However, about 42% of respondent also stated that the level of our NST needed improvement, which points to the gap between those who are satisfied with the status quo (or complacent) and those who would like to work harder but can't afford to because of insufficient time allocation. Lack of motivation may also occur if the MDT has a "super" member who seems to be proficient beyond his or her realm of expertise. Imagine a NST in which the physician seems to know more than the pharmacist (in terms of parenteral nutrition and various medications) and nutritionist (in terms of enteral nutrition and general clinical nutrition). The pharmacist and nutritionist will not be able to contribute to their MDTs in a full manner that will give the work satisfaction. This will lead to either a strong motivation to improve their expertise in their field beyond their MDT's "super" member or more often, remain complacent with their current situation of apparent incapacity. There are interventions to improve the effectiveness of MDTs and training to develop effective team leaders that can help manage these.[9]

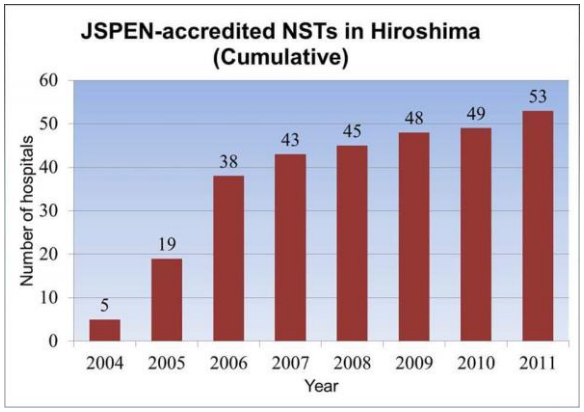

Figure 4. Number of Accredited Nutrition Support Teams In Hiroshima Prefecture.

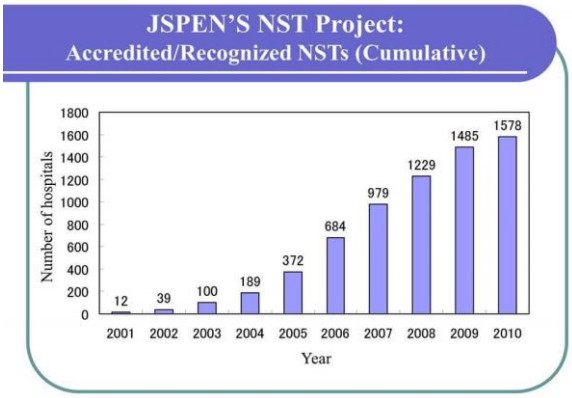

Figure 5. Number of Accredited Nutrition Support Teams In Japan.

Since most hospitals (including small and medium-sized) have MDTs, it would be difficult to accumulate data today comparing the clinical outcomes of hospital with MDTs against hospital without MDTs. Nevertheless, inadequate evaluation of clinical outcomes related to the work of MDTs will not only cause the decrease in motivation among team members but also withhold the much needed acknowledgement from top as well as mid-level management. The same survey conducted above also revealed that about 50% of team members were not sure whether their MDT-related work actually help improve the outcome of patients in our hospital (Figure 6). Although past studies have presented evidence backing the establishment of MDTs, there is also an urgent need to create a system that can evaluate and assess the validity of these teams on a regular basis. A MDT that does not improve patient outcome in any measurable way becomes obsolete and needs to be reorganized (perhaps into another MDT) to deal with a different need of the hospital it belongs to.

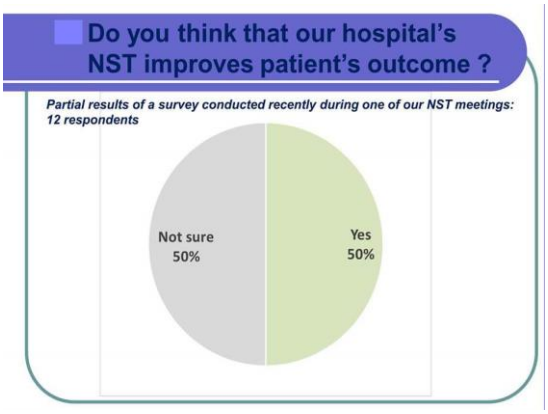

Figure 6. Partial Results From a Questionnaire Survey On Team Members Of Our Hospital's Nutrition Support Team.

CONCLUSION

Because these obstacles and challenges are interrelated, hospital management needs to be aware of them in order to assist their MDTs to thrive and contribute to the improvement of the quality of healthcare provided by each hospital. As a super-aging society with increasing healthcare cost, Japan needs MDTs that helps provide integrative healthcare and promotes patient safety in the hospital.

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