Appendix 2: Survey

Operationalizing the Canadian Interprofessional Health Collaborative (CIHC) Care Competencies for Team Management of Polypharmacy in the Geriatric Population: A Modified Delphi Evaluation

Many older patients are using multiple medications that are sometimes no longer needed or that can result in side effects and drug interactions. This is called polypharmacy. Polypharmacy can contribute to negative outcomes for older patients, including falls, cognitive impairment and hospitalization. Health Care Providers (HCPs) often work in teams to help older people maintain their function and independence. To help us develop teams that are effective at minimizing and managing polypharmacy, we are surveying HCPs to determine the most critical tasks that they need to carry out for this purpose.

The following general role has been identified for HCPs who work together to manage polypharmacy in elderly patients:

The role of each health care provider in managing polypharmacy in the elderly is to determine if any of the patient's problems (e.g. signs, symptoms, complaints, concerns, that are undesirable, worrisome or harmful to the patient) within that provider's scope of practice are potentially:

• caused by his/her medications;

• better treated with a change in non-pharmacological approaches or pharmacological therapies

and then to work with the patient and his/her health care team to manage these problems with the goal of maximizing the patient's health while using the most appropriate combination of non-pharmacological approaches and pharmacological treatments.

Fulfilling this core role in an interprofessional manner requires each team member to be competent in a number of areas which have been defined by the CIHC. To tailor these competencies for the management of polypharmacy in the elderly, we undertook four focus group discussions with geriatric care team members to discuss their roles and responsibilities in this context in order to develop task statements.

The survey is organized in 2 main sections. Please complete the demographics section first. This will allow us to group answers by health care provider type. The survey items follow, organized by CIHC category.

Generate Unique Survey ID

In order to ensure your confidentiality, please generate a survey code using the following instructions. These same instructions will be used in future surveys to link responses over time:

1. What is the first letter of the city you were born in? _____

2. What day of the month were you born? _____

3. What is the second letter of your first name? _____

4. Combine your responses from questions 1-3. (eg. F23R) (This is your survey ID)

Demographics section

Please enter your email below

In order to provide you with a summary of group responses and your own priorities identified in the first survey, we are requesting that you provide us with your email below.

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[1] Canadian Interprofessional Health Collaborative (2010) A national interprofessional competency framework. University of British Columbia, Vancouver, BC. http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210r.pdf

Profession

○ Family physician

○ Family physician (Care of the Elderly trained)

○ Geriatrician

○ Pharmacist

○ Pharmacist (Certified Geriatric Pharmacist)

○ Occupational Therapist

○ Physiotherapist

○ Dietitian

○ Social Worker

○ Psychologist

○ Registered Practical Nurse

○ Registered Nurse

○ Nurse Practitioner

○ Recreation Therapist

○ Other:

Practice Setting

○ I am currently working as part of a geriatric team in a hospital setting

○ I am currently working in team-based practice in the community (e.g. an interprofessional primary care practice, an interprofessional geriatric team practice such as a geriatric day hospital)

○ I am currently working independently in the community but consider myself part of a community-based team because I collaborate regularly with other health care professionals caring for the elderly

○ I have worked in a geriatric team in the past but am currently not working in such a practice

Years of experience working with patients over 65

○ <4 years

○ 4-9 years

○ 10-14 years

○ 15-19 years

○ 20+ years

Academic experience (check all that apply)

○ I have or currently am teaching content related to geriatrics in a classroom setting

○ I have or currently am teaching content related to geriatrics in a clinical practice setting

○ I have published in the field of geriatric care

○ I have an academic appointment related to geriatrics

Did you participate in a focus group for the first phase of the study?

○ Yes

○ No

Survey Instructions

The survey consists of 63 items according to four CIHC categories. Items are preceded by the definition of each category.

Use the scale below to rate the criticality of each task to the well-being of patients (in terms of minimizing or managing polypharmacy) by **<u>you</u>** as a member of an interprofessional team. This will help us identify how critical each task is for each health care provider to perform well.

If the task were performed **<u>poorly or not at all by you</u>**, what would be the consequences in terms of harmful outcomes (e.g. complications, injury) associated with **<u>polypharmacy</u>**?

○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Serious or Severe harm   ○ Not responsible for this task

Role Clarification

To support interprofessional collaboration, it is important that Health Care Providers (HCPs) understand their own roles and the roles of other professions. Role clarification can be demonstrated by HCPs in a number of ways, including description of roles, recognition and respect for the diversity of roles and responsibilities, communication of roles, knowledge, skills and attitudes using appropriate language, accessing skills and knowledge of other HCPs through consultation, considering the roles of others when determining their own roles, and integrating roles and competencies seamlessly into models of service delivery.

If the following tasks were performed **<u>poorly or not at all by you</u>**, what would be the consequences in terms of harmful outcomes (eg. complications, injury) associated with **<u>polypharmacy</u>**?

1. Describing your own role, and recognizing and respecting the diversity of other health and social care roles, responsibilities, and competencies (with respect to polypharmacy management):

   a. ► Acknowledge elderly patients have differing needs and require the various perspectives of different providers and multiple approaches to their care

   ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

   b. ► Elicit and respect the patient's cultural beliefs related to healthcare delivery.

   ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

   c. Take or interpret a medical history appropriate to your scope of practice to assess:

	No harm	Little harm	Moderate level of harm	Severe harm	Not responsible for this task
i-Physical Status	○	○	○	○	○
ii-Mental Status	○	○	○	○	○
iii-Emotional Status	○	○	○	○	○
iv-Social Status	○	○	○	○	○
v-Clinical, diagnostic and laboratory data (e.g. CrCl, electrolytes, ECG)	○	○	○	○	○

   d. ► Document a list of medications a patient is currently taking or has taken recently

   ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

e. ► Assess a patient's current medications, along with medical history, to determine:

	No harm	Little harm	Moderate level of harm	Severe harm	Not responsible for this task
i-When a medication was started	○	○	○	○	○
ii-For what reason a medication was started and why it is being used now	○	○	○	○	○
iii-Whether a medication is necessary and effective	○	○	○	○	○
iv-Compliance of the patient with medications	○	○	○	○	○
v-Potential drug-related causes of symptoms	○	○	○	○	○
vi-Drug interactions	○	○	○	○	○
vii-Contraindications to medications	○	○	○	○	○

f. ► Question if a medication is still required for a condition

○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

g. ► Assess a patient's past medications, along with medical history, to determine previous experiences with medication effectiveness, safety and compliance

○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

h. ► Assess the effectiveness of non-pharmacological approaches that a patient has previously used or is using for a condition

○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

i. ► Consider whether controlled, monitored dose decreases or discontinuation of medications may be useful in optimizing the patient's health

○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

j. ► Consider whether other pharmacological treatments may be safer or more effective for a patient

○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

k. ► Monitor the safety and effectiveness of medication changes and progress of patient in achieving goals of care

○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

l. ► Consider whether non-pharmacological approaches that reduce reliance on medications may be useful in optimizing the patient's health

○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

m. ► Monitor the safety and effectiveness of changes in non-pharmacological approaches and progress of the patient in achieving goals of care

○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

2. Communicating roles, knowledge, skills, and attitudes using appropriate language (with respect to polypharmacy management):

   a. ► Modify communication techniques to accommodate patients experiencing temporary or permanent challenges in cognition

   ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

3. Accessing others' skills and knowledge appropriately through consultation (with respect to polypharmacy management):

   a. ► Recognize when additional expertise is required to appropriately manage a patient's polypharmacy issue

   ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

   b. ► eek consultation from a range of HCPs, both those that are part of the team and those that are not

   ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

   c. ► Refer to other HCPs where appropriate

   ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

   d. ► Receive formal interprofessional education to understand what other HCPs do

   ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

4. Considering the roles of others in determining their own professional and interprofessional roles (with regards to polypharmacy management):

   a. ► Acknowledge that scopes of practice may overlap when determining who assumes responsibility for specific aspects of a patient's care

   ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

   b. ► Distinguish which tasks and responsibilities to take on for a specific patient to manage polypharmacy

   ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

   c. ► Recognize roles other HCPs will take on to avoid duplication of effort and ensure comprehensive care

   ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

   d. ► Trust other HCPs to employ appropriate role/s in managing polypharmacy (i.e. HCPs will work within their scope and will do what their stated role is)

   ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

5. Integrating competencies/roles seamlessly into models of service delivery in the interprofessional management of polypharmacy:

   a. ► Document who is responsible for specific aspects of a patient's care

   ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

   b. ► Document plans, actions, follow-up and patient responses in a timely, effective manner so that all members of the health care team remain informed

   ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

Feedback: Please document any comment you have about the above tasks. Also, are there any additional tasks relating to role clarification and the management of polypharmacy that you feel should be addressed? If yes, please specify.

Patient/Family-Centred Care

Patient/family-centred care is an important consideration in interprofessional collaboration among Health Care Providers (HCPs). It empowers patients and ensures shared decision making by supporting the participation of patients and their families and community in service planning, implementation, and evaluation. Patient centred care is ensured through sharing information with the patient// family in a respectful and understandable way, the provision of appropriate education and support, and respectfully listening to the expressed needs of all parties in shaping and delivering care.

If the following tasks were performed poorly or not at all by you, what would be the consequences in terms of harmful outcomes (e.g. complications, injury) associated with polypharmacy?

1. Supporting the participation of patients and their families as integral partners (with respect to polypharmacy management):

   a. ► Negotiate and discuss realistic treatment goals/expectations with patient and/or family

      ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

   b. ► Involve the patient (and/or family) in planning and get their buy-in to care plan

      ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

   c. ► Elicit ongoing involvement of the patient (and/or family) throughout care process (e.g. modification of plans and goals)

      ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

   d. ► Involve the patient (and/or family) in monitoring and assessment

      ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

   e. ► Engage the patient (and/or family) to act as an information source for all HCPs involved in care

      ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

2. Sharing information with patients (or their family) in a respectful manner and in such a way that is understandable encourages discussion and enhances participation in decision-making and care (with respect to polypharmacy management):

   a. ► Ensure that patients have access to hearing aids, eye glasses or other aids that can help optimize their understanding of their care

      ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

   b. ► Accommodate for patient's cognitive or health literacy challenges when discussing their care with them

      ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

   c. ► Respect a patient's socioeconomic status when considering goal setting, treatment planning and discharge planning (e.g. access to care in the community)

      ○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

Feedback: Please document any comment you have about the above tasks. Also, are there any additional tasks relating to patient/ family centred care and the management of polypharmacy that you feel should be addressed? If yes, please specify.

Team functioning

Health Care Providers (HCPs) enable effective interprofessional collaboration through team functioning in a number of different ways, including: understanding the process of team development, developing a set of principles for working together that respects the ethical values of members, effectively facilitating discussions and interactions among team members, establishing and maintaining effective and healthy working relationships with learners/practitioners, patients/clients, and families (whether or not a formalized team exists) and respecting team ethics.

If the following tasks were performed poorly or not at all by you, what would be the consequences in terms of harmful outcomes (eg. complications, injury) associated with polypharmacy?

1. Ensuring optimal team functioning (with respect to polypharmacy management):

a. ► Coordinate care for a specific patient (i.e. communicate findings with other HCPs, monitor progress, and work together to achieve goals)

○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

b. ► Involve HCPs in the community where patient is to be discharged in order to ensure continuity of care and prevent recurrences of problems (e.g. liaise with community support networks and community HCPs on discharge)

○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

c. ► Consult appropriate HCPs (e.g. specialist) for advice on treatment

○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

d. ► Ensure your own accessibility to other healthcare team members

○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

e. ► Acknowledge that consistency in staffing for a particular patient will facilitate care

○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

f. ► Develop goals of care and treatment plan as a team

○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

g. ► Encourage input from every HCP involved in goal setting and treatment planning

○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

h. ► Understand the need to be flexible and adaptable in your own role (within scope of practice) for a specific patient

○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

i. ► Respect other team members' professional responsibilities (e.g. documentation needs, legal requirements for their college, scopes of practice)

○ No harm   ○ Little harm   ○ Moderate level of harm   ○ Severe harm   ○ Not responsible for this task

Feedback: Please document any comments you have about the above tasks. Also, are there any additional tasks relating to team functioning and the management of polypharmacy that you feel should be addressed? If yes, please specify.

Interprofessional Communication

In order for Health Care Providers (HCPs) from different professions to communicate effectively, they must be able to: establish team work communication principles, communicate to ensure common understanding of care decisions, actively listen to other team members including patients/families, and effectively use information and communication technology to improve interprofessional patient/-centred care.

If the following tasks were performed poorly or not at all by you, what would be the consequences in terms of harmful outcomes (e.g. complications, injury) associated with polypharmacy?

1. Communicating with healthcare team members and HCPs in the community (with respect to polypharmacy management):

a. ▶ Communicate changes in the patient's care plan, progress and new findings with regard to medications with other HCPs

○ No harm　　○ Little harm　　○ Moderate level of harm　　○ Severe harm　　○ Not responsible for this task

b. ▶ Communicate changes in the patient's care plan, progress and new findings with regard to non-pharmacological approaches with other HCPs

○ No harm　　○ Little harm　　○ Moderate level of harm　　○ Severe harm　　○ Not responsible for this task

c. ▶ Communicate changes in the patient's care plan, progress and new findings with regard to medications with HCPs in the community

○ No harm　　○ Little harm　　○ Moderate level of harm　　○ Severe harm　　○ Not responsible for this task

d. ▶ Conduct discharge planning (e.g. communication with CCAC, community pharmacy, private physiotherapy clinic, family MD)

○ No harm　　○ Little harm　　○ Moderate level of harm　　○ Severe harm　　○ Not responsible for this task

2. Communicating within the healthcare team using various techniques (with respect to polypharmacy management):

a. ▶ Communicate using formal tools (e.g. rounds, charting, electronic record, etc.)

○ No harm　　○ Little harm　　○ Moderate level of harm　　○ Severe harm　　○ Not responsible for this task

b. ▶ Communication using informal tools (e.g. phone calls, hallway discussion)

○ No harm　　○ Little harm　　○ Moderate level of harm　　○ Severe harm　　○ Not responsible for this task

c. ▶ Ensure ease of access to patient information such as care plan, treatment changes and progress notes (e.g. electronic medical record that can be accessed by multiple HCPs at once)

○ No harm　　○ Little harm　　○ Moderate level of harm　　○ Severe harm　　○ Not responsible for this task

3. Communicating information with HCPs in the community (with respect to polypharmacy management):

a. ▶ Communicate using formal tool(s) (e.g. standardized form or discharge summary)

○ No harm　　○ Little harm　　○ Moderate level of harm　　○ Severe harm　　○ Not responsible for this task

b. ▶ Communicate using informal tool(s) (e.g. phone call)

○ No harm　　○ Little harm　　○ Moderate level of harm　　○ Severe harm　　○ Not responsible for this task

4. Communicating with patients and families (with respect to polypharmacy management):

a. ▶ Ensure consistent messaging from all HCPs

○ No harm　　○ Little harm　　○ Moderate level of harm　　○ Severe harm　　○ Not responsible for this task

b. ▶ Have a primary team contact person for the patient/family

○ No harm　　○ Little harm　　○ Moderate level of harm　　○ Severe harm　　○ Not responsible for this task

c. ▶ Develop trust with patients and their families

○ No harm　　○ Little harm　　○ Moderate level of harm　　○ Severe harm　　○ Not responsible for this task

Feedback: Please document any comment you have about the above tasks. Also, are there any additional tasks relating to interprofessional communication and the management of polypharmacy that you feel should be addressed? If yes, please specify.