Backup Behavior:

How Multidisciplinary Cross-Functional Teams Can Support Patients with Incurable Cancer

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The Campaign to Conquer Cancer

Learning Objectives

After reviewing this material, the participant should be able to:

- list examples of backup behavior (BUB) in the outpatient supportive care of patients with incurable cancer
- describe when BUB may benefit team performance and patient outcomes (recognizing possibly inherent risks)
- summarize key structures/processes that enable (or disable) backup functions
- articulate potential implications of backup mechanisms on provider, patient and caregiver experience

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Outline

- Situating backup behavior (BUB) as a team concept
  - (De)constructing BUB
    - Recognizing BUB: palliative scenario
      - Integrating BUB in outpatient cancer care
        - Exploring BUB: open reflection
          - Summarizing BUB

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Backup Behavior (BUB)

- core to traditional "Big 5"
- among range of team supportive/self-managing processes
- "*discretionary provision of assistance by one team member to another, when there is an identifiable need*"

For **teams**:
BUB allows the right care to be delivered at the right time, by the right provider (skilled & available).

For **patients**:
BUB allows care to be received as needed.

Porter et al, J Appl Psychol 2003 Rousseau et al, GOM 2010 Salas et al, Small Group Res 2005

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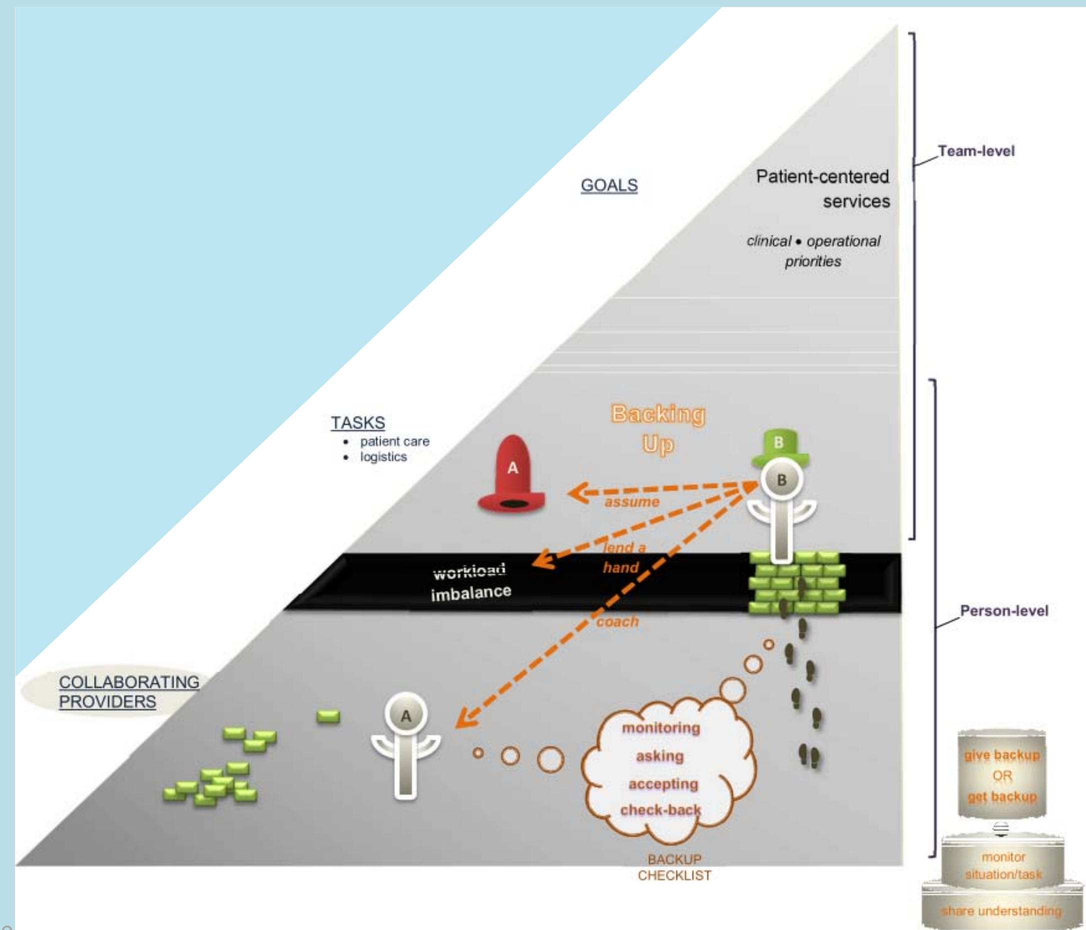
BUB Mechanics

Among team members:

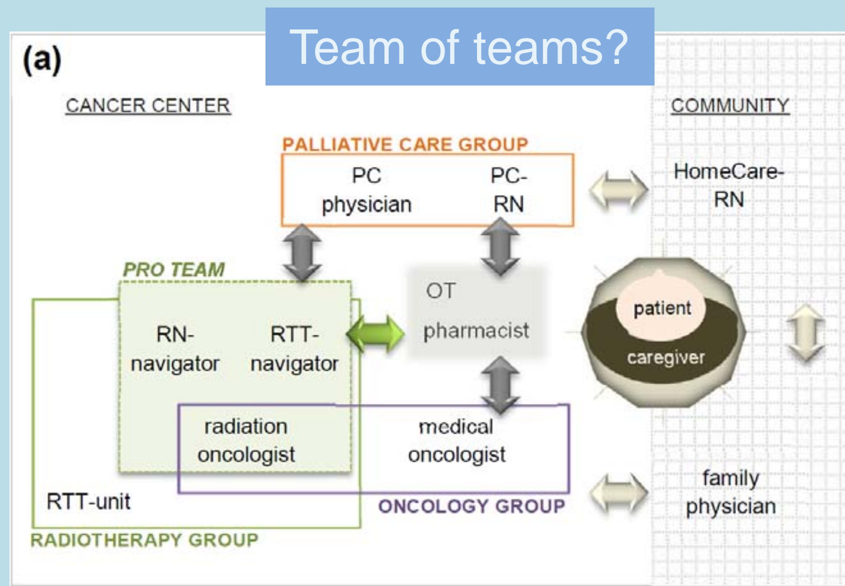
- legitimate need for assistance
  - o need recognized
  - o possibility of assistance (and consequences) considered
- assistance is realizable/desirable
  - o offer/request formulated (could be implicit)
  - o assistance accepted
- timely/tangible assistance delivered
- need is (verifiably) met



Costa et al, J Work Organ Psy 2014 Porter et al, J Appl Psychol 20

Scenario

Team of teams?



includes model integrating palliative radiotherapy and symptom management

- 56 year old, rural home
- newly diagnosed, symptomatic (bone pain) metastatic renal cancer
- first visit:
  - comprehensive symptom/function screening
  - RT consult/planning/treatment
  - stat analgesics/Rx optimization
  - sling-fitting
  - education/information

Huang et al, JCO 2015 suppl (abstr 156)

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BUB in Action: Good

Actionable		Team Process - Backup Behavior				
Task	**Function**	**Giving Backup**	**Getting Backup**	**Mechanism**	**Intended Outcome**	**Outcome Achieved**
seeing the delayed patient (as lead-in to full screening, assessment, clinic orientation, etc.)	patient care logistics	RTT-navigator	RN-navigator	explicit: • RN-navigator notified/ debriefed RTT (and registration clerk) implicit: • standing agreement among navigators to cross-cover when clinic overloaded	• RN and the other patient are not interrupted • patient does not have to wait until RN available • subsequent appointments not delayed further	Yes

"Where's the nurse who talked to me on the phone?"

-- patient

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BUB in Action: Bad

Actionable		Team Process - Backup Behavior				
Task	**Function**	**Giving Backup**	**Getting Backup**	**Mechanism**	**Intended Outcome**	**Outcome Achieved**
counselling on opioid use and managing side effects	patient care	pharmacist	RO RN-navigator	implicit: • opportune timing • task not yet completed (or flagged as owned) by anyone else on the team	• reduces redundancy and potentially conflicting messages from various providers, as long as pharmacist clearly communicates and documents what was discussed • frees RO/RN-navigator to complete other tasks	No — blurred roles (and lack of explicit communication) may have contributed to • misidentified bowel routine of choice, which later required correction

"Why is she backtracking on her recommendation?"

-- patient

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BUB in Action: Bad

Actionable		Team Process - Backup Behavior				
Task	Function	Giving Backup	Getting Backup	Mechanism	Intended Outcome	Outcome Achieved
calling/faxing in the analgesic order to the community pharmacy when anticipating long clinic visit and delayed arrival home		------------------------//-------------------------			• could have enabled an earlier start on the new opioid regimen, and potentially earlier symptom control • could have prevented additional anxiety and logistical burden (backing up patient/caregiver) • could have helped to promote medication adherence (if prescription on hand at arrival home)	

"They made me stay there all day, then we tried to rush back home but the pharmacy was closed already!"

-- patient

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BUB in Action: Ugly

Actionable		Team Process - Backup Behavior				
Task	**Function**	**Giving Backup**	**Getting Backup**	**Mechanism**	**Intended Outcome**	**Outcome Achieved**
printing relevant electronic chart documents from multiple unlinked systems prior to patient/ RO arrival	logistics	RN-navigator	RO	implicit: • RN anticipated that RO would have limited time with patient • RN presumed what information RO would want to review	• facilitates more efficient flow in clinic when access to electronic information is slow and/or clinician availability is limited	+/- inadvertent miss of outside bloodwork (from 1 month ago) may have contributed to delayed consideration/ recognition of clinical hypercalcemia

"I met a busload of professionals who said they would work together to help me, but I still feel terrible!"

-- patient

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BUB: At 10,000 Feet

Why not?

- requires/promotes team adaptability
- inherently supports team efficiency
- aligns with patient-centered care goals
- well-suited to task-based care
- may be especially relevant at care transition points
- ? means to enact ASCO/AAHPM guidance on integrating high-quality primary palliative care into routine cancer care

Bickel et al, JCO 2015 suppl (abstr 108) Bilodeau et al, Can Oncol Nurs J 2015 Salas et al, Small Group Res 2005

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BUB: In the Trenches

Only if?

- no burdensome work of communication/coordination
- providers primed: tools, time, training
  - may be difficult in highly dynamic environments
  - ? naturally occurring or self-reinforcing under optimal conditions
  - task context important too
- tangible outcomes for providers and patients
  - does not erode safety

Duimering et al, JBAM 2007 Funke et al, Hum Factors 2012 Porter et al, Small Group Res 2010 Salas et al, Small Group Res 2005

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Backing Up: What About the Patient?

- sparse literature: ? provider roles ? team-patient interactions
- ? specificity to those with complex needs that transcend care settings or disciplinary boundaries

'Working as a team is worthy if it puts the patient's needs first'

'Do explain how the team works together: cancer care is different and up to this point, the patient may have experienced one-dimensional health care'

'Exploration of the teamwork concept with patients can help address any traditional expectations they may have'

Bilodeau et al, Can Oncol Nurs J 2015 Biver et al, Rech Soins Infirm 2000 Davison, TPM 2004 Oishi et al, Palliat Med 2010

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Conclusions

- Teammates back each other up to advance team functions
- BUB prerequisites shared mental model
  mutual performance monitoring
- BUB can occur across care functions/settings
  - ? particular applicability in supportive cancer care
- Unresolved issues merit attention
  - implementation: optimal BUB
  - research: outcomes, patient acceptability

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