Burdett Trust for Nursing

OXFORD BROOKES UNIVERSITY

‘*Doing the Best we Can*,’ Registered Nurses’ Experiences and Perceptions of Patient Safety in Intensive Care during COVID-19

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Thank you…..

- Funded by Burdett Trust for Nurses
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  - Nicki Credland, University of Hull
  - Karin Gerber, Royal Berkshire Hospital
- Participants

Introduction

- COVID-19
- Increased demand for intensive care
- Shortage of specialist ICU nurses
- Tiered staffing strategies
- Challenges to safe delivery of care

Background

Critically ill patients with COVID-19 are very sick

- Bergman et al. 2021

Increase Nursing Activity Scores

- Bruyneel et al. 2021

High Workloads leads to missed nursing care

- Griffiths et al. 2018

Missed nursing care reported

- Fernando-Castillo et al. 2021; Bergman et al. 2021

Missed nursing care increases patient mortality

- Ball et al. 2018

Increased moral distress and mental ill health

- Ezzat et al. 2021

Aim

- To explore intensive care and redeployed nurses' experiences and perceptions of patient safety in intensive care during the COVID-19 pandemic.

Objectives

- To identify:
  - Patient safety issues encountered
  - Any factors perceived to optimise or inhibit the delivery of safe patient care
  - Any strategies perceived to improve patient safety

Research Question

- "What are registered nurses' experiences and perceptions of patient safety in intensive care during COVID-19?"

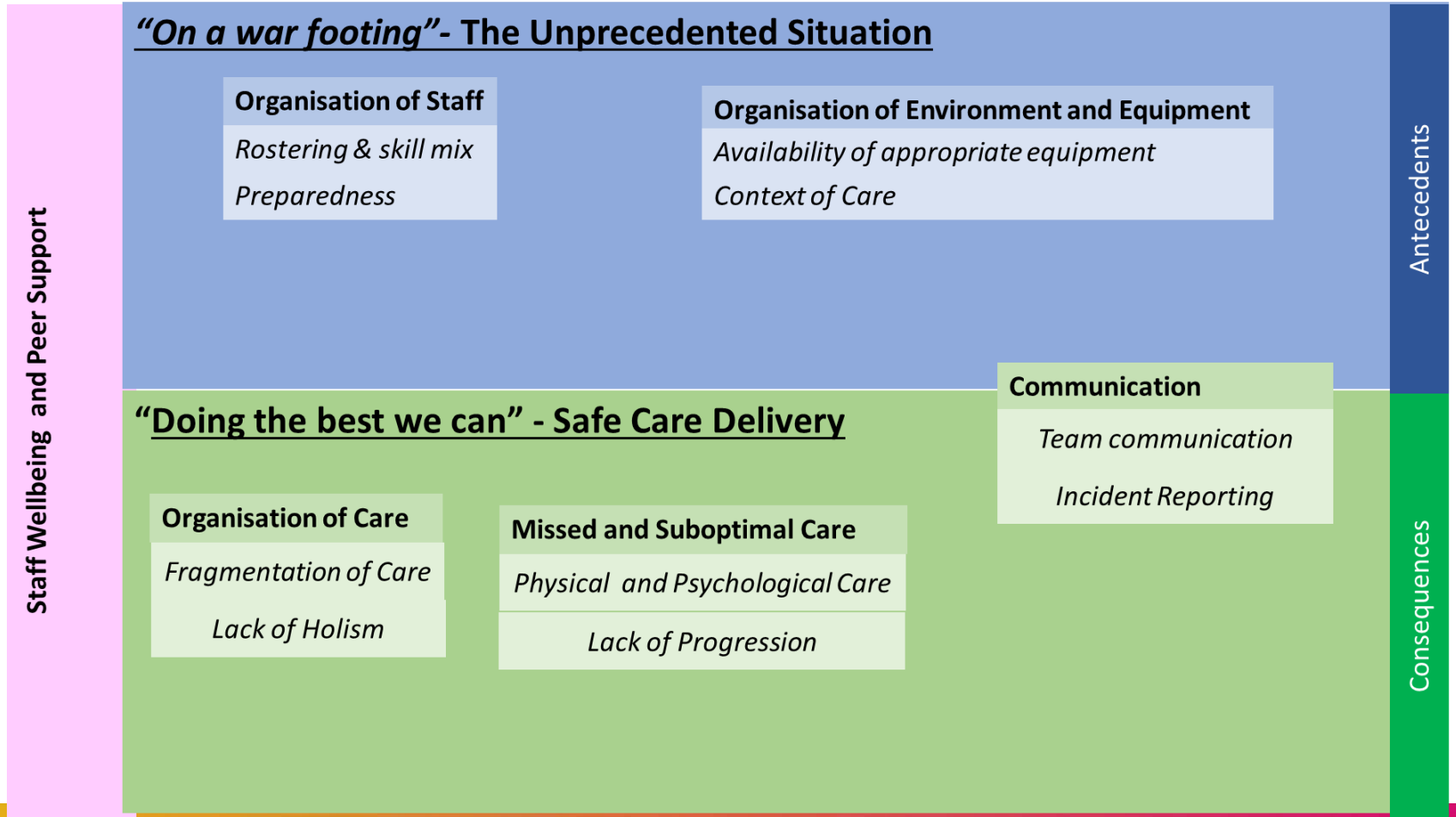
Design and Data Collection

- Qualitative interview design informed by constructivism.
- Semi-structured interviews were conducted and audio-recorded with 19 registered nurses who worked in intensive care during the COVID-19 pandemic.
- Interviews took place between May and July 2021.
- Interviews were transcribed verbatim and thematically analysed utilising Braun and Clarke’s (2021) framework

Participant's Demographics

	Band	Years since qualifying	NHS region	Re-deployed?	Normal job role
1	7 (senior)	16	Southwest		ICU nurse
2	8A (senior)	34	Northwest		ICU nurse
3	7 (senior)	27	Midlands		ICU nurse
4	7 (senior)	26	Northwest	Yes	Nurse Analyst
5	7 (senior)	27	East of England	Yes	Nurse Lecturer
6	6 (junior)	15	London		ICU nurse
7	6 (junior)	24	Southwest		ICU nurse
8	6 (junior)	14	Southeast	Yes	Ward nurse
9	7 (senior)	25	Southwest		ICU nurse
10	7 (senior)	25	East of England	Yes	Children's nurse
11	6 (junior)	31	Northwest	Yes	Nurse educator
12	5 (junior)	6	Southeast		ICU nurse
13	8A (senior)	27	Southeast	Yes	Academic
14	5 (junior)	5	Southeast		ICU nurse
15	6 (junior)	21	Northwest		ICU nurse
16	7 (senior)	16	Southeast	Yes	Research nurse
17	8A (senior)	9	Southeast		ICU nurse
18	8 (senior)	20	South Central	Yes	Resuscitation nurse
19	5 (junior)	6	East of England		ICU nurse

Findings


Staff Wellbeing and Peer Support
"On a war footing"- The Unprecedented Situation
Organisation of Staff
Rostering & skill mix
Preparedness
Organisation of Environment and Equipment
Availability of appropriate equipment
Context of Care
Antecedents
"Doing the best we can" - Safe Care Delivery
Communication
Team communication
Incident Reporting
Organisation of Care
Fragmentation of Care
Lack of Holism
Missed and Suboptimal Care
Physical and Psychological Care
Lack of Progression
Consequences

On a war footing- the unprecedented situation

Organisation of Staff

"they were having to kind of spread out the staff …to have some kind of semblance of safety on each shift."
(P18 RD)

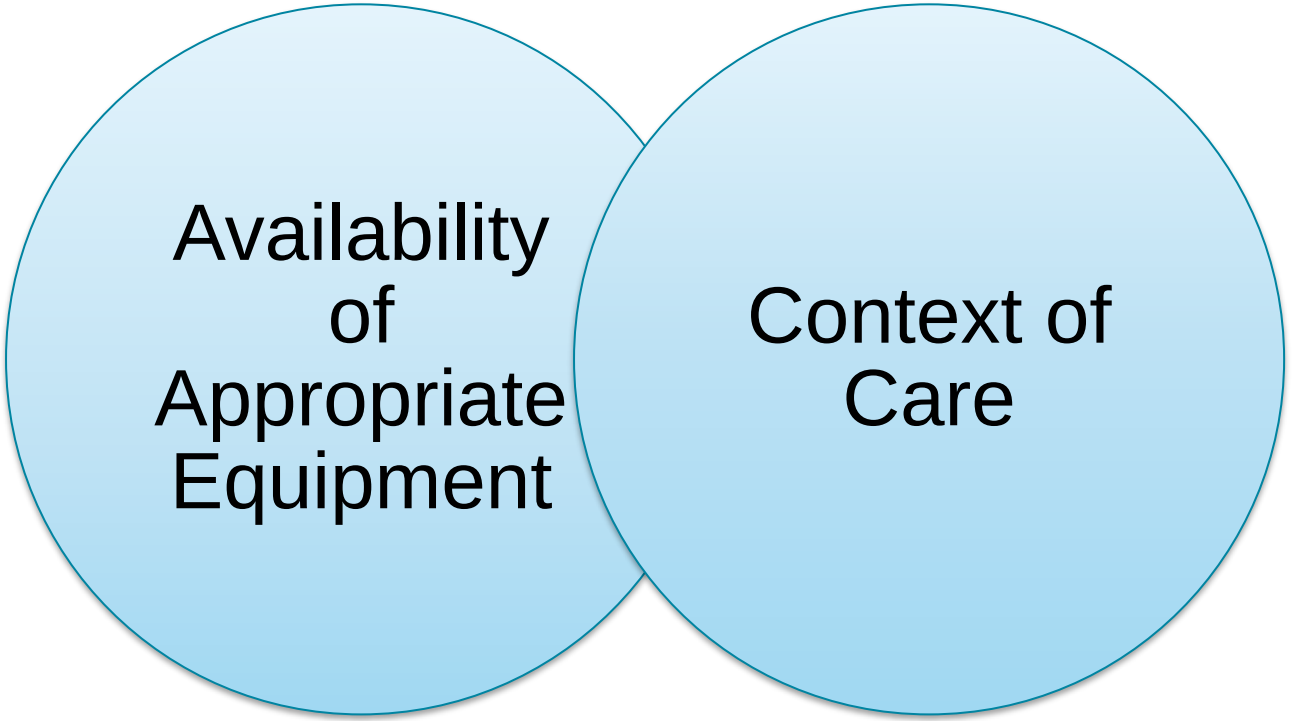
Rostering and Skill Mix

"you're just trying to firefight for the shift and hope that you get them through"
(P14 ICU)

Preparedness

On a war footing- the unprecedented situation

Organisation of Environment and Equipment



Doing the Best We Can – Safe Care Delivery

Organisation of Care

Fragmentation of Care

Lack of Holism

"We weren't able to provide an adequate level of care for these patients who were so extremely sick and unstable… and holistic care we did the bare minimum but there was no holistic care."

(P4 ICU).

Doing the Best We Can – Safe Care Delivery

Missed and Suboptimal Care

- Physical Care
- Psychological and family care
- Lack of progression

God knows what will become of the patients with all the things they do in follow up, you know the trauma and … rehaby stuff"
(P16 ICU)

Communication

Team Communication

"So, because of space, we then started having a handover in the hospital corridor, with people walking up and down. So there was only so much that could be said, which is not a lot, and so all you had was you're in bed three. No other information…" (P14 ICU)

"So it was kind of stuff happened, bad things happened, but it was almost kind of seen as routine, almost as inevitable with COVID because of the circumstances we were working in. So I think patient safety incidents just didn't get raised as frequently during that time…didn't get acknowledged, didn't get flagged, kind of accepted as normal and everyone just carried on." (P2 ICU)

Incident Reporting

Discussion Unique Study Findings

Unique Findings

- Registered nurses have a holistic and long-term appreciation of the impact on patient safety as a result of the missed and sub-optimal care in intensive care

- Dilution of skill mix and the fragmentation of care was perceived to lead to a reduction in the quality of care delivered and increased adverse events and risk of harms which were not consistently formally reported

Implications

- Patient Safety strategies
- ICU work force modelling
- Models of care

Thank you for listening

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