Links in the chain to effective discharge

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Direction of travel…

ICU admission

Effective discharge

Direction of travel…

Timely decision making

Communication

ICU admission

Effective discharge

Family partnership

Team work

Evidence …

Timely decision making

Communication

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Evidence … **Timely decision making**

- Delayed admission
- Delayed discharge
- Early intervention model - outreach/MET/ critical care without walls
- BUT requires different skill set [see Gillon et al 2012]
  - Unknown patients
  - Rapid assessment
  - Temporary team
  - Blurring of professional boundaries
- (generally) Accepted and assimilated into the workforce

Evidence …

Timely decision making

Communication

ICU admission

Effective discharge

Family partnership

Evidence … Communication

- Communication failures increase:
  - Patient harm
  - Length of stay
  - Resource use
  - Caregiver dissatisfaction and
  - Staff turnover
- Most ICU errors attributed to communication problems (Donchin 2003)
- Higher moral distress in critical care nurses associated with decreased professional collaboration (Hamric & Blackhall 2007)

Evidence …

Timely decision making

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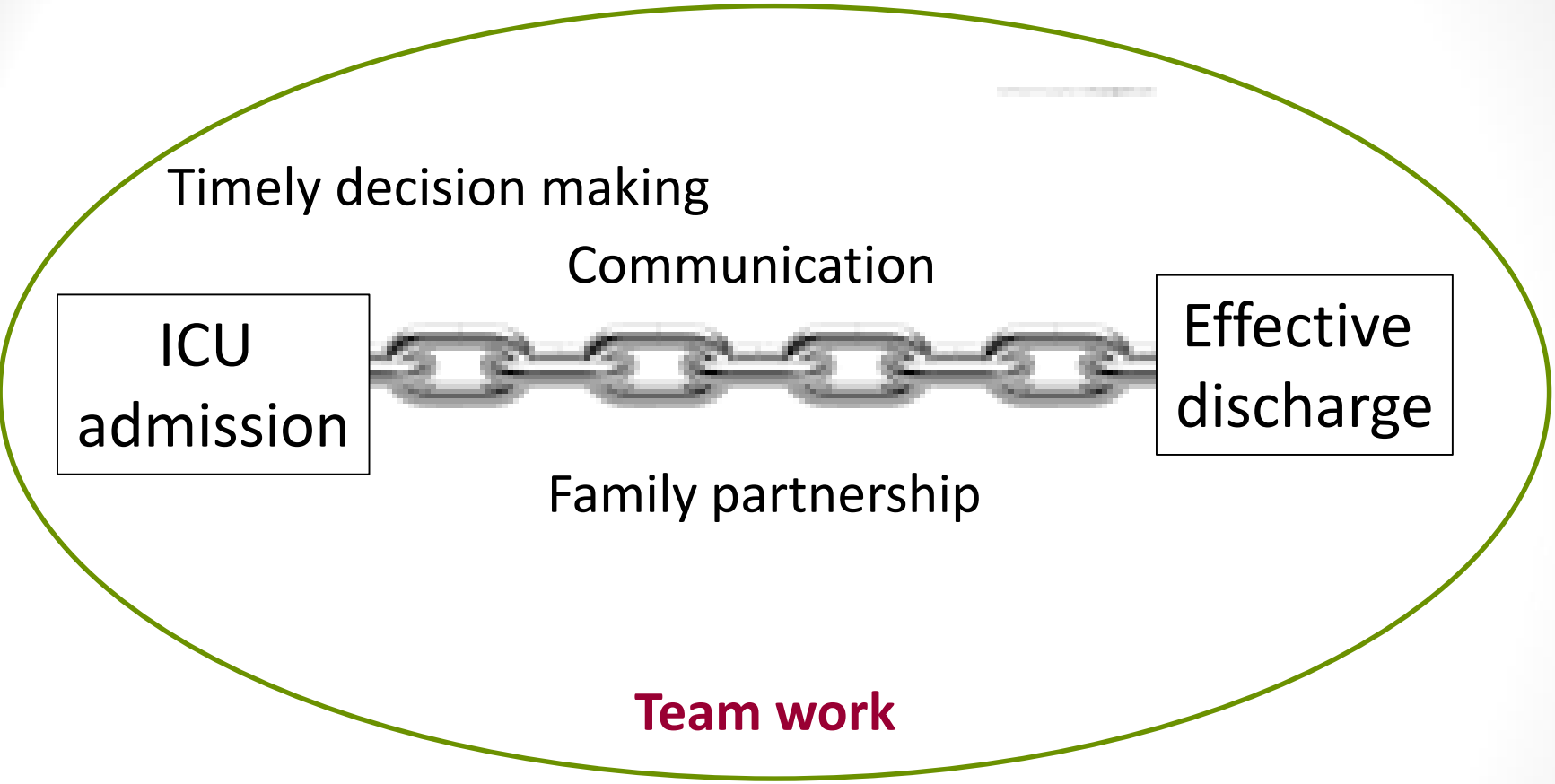
Evidence … **Family partnership**

- Family satisfaction (FS) - important marker of quality
- Satisfaction subsumed by loyalty "*would you recommend …?*"
- Many FS-ICU statements similar to CCFNI – needs/satisfaction
- SR found similar domains across FS surveys (Rothen et al 2010):
  - clinical care
  - information/communication/decision making
  - Hospital infrastructure

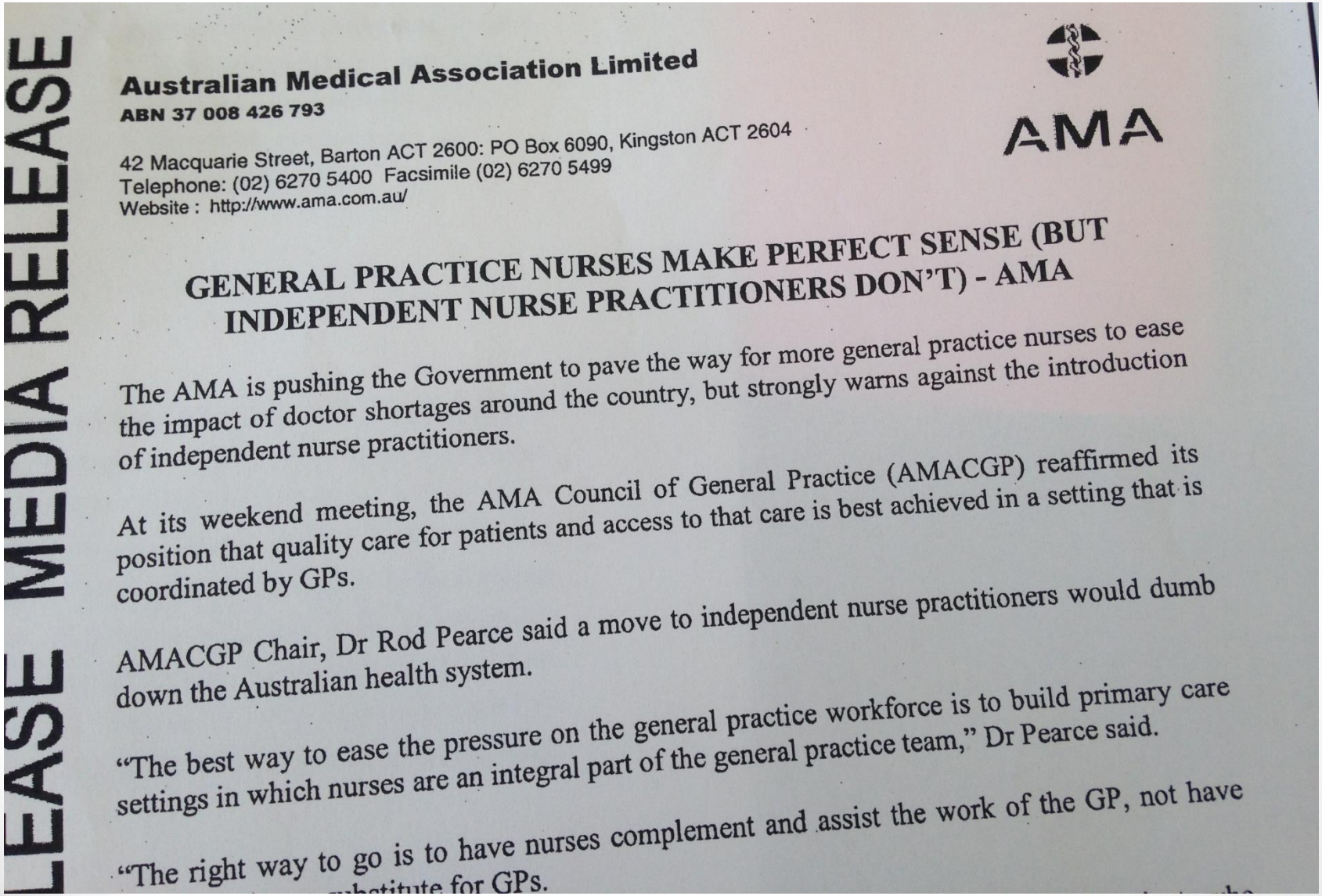
Evidence … Family partnership (contd)

- **FS more likely to be used for research studies than QI**
  - to measure outcomes from communication interventions (Scheunemann et al 2011)
  - SR: FS with EOLC several factors (e.g. communication) associated with ↑FS but few interventions actually ↑FS (Hinkle et al 2014)
- Family of non-survivors report higher FS (Wall et al 2007) although not predictive (Schwarzkopf et al 2013)
- Disagreement within family about care on admission predictor for ↓ FS (Hunziker et al 2012)
- **Key:** need to mediate between expectations and experience **and** to identify how it really was for the patient and family
- Qualitative comments useful to avoid complacency if FS scores are high



Embedded in processes……

CONTRAST .....



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AMA

GENERAL PRACTICE NURSES MAKE PERFECT SENSE (BUT INDEPENDENT NURSE PRACTITIONERS DON'T) - AMA

The AMA is pushing the Government to pave the way for more general practice nurses to ease the impact of doctor shortages around the country, but strongly warns against the introduction of independent nurse practitioners.

At its weekend meeting, the AMA Council of General Practice (AMACGP) reaffirmed its position that quality care for patients and access to that care is best achieved in a setting that is coordinated by GPs.

AMACGP Chair, Dr Rod Pearce said a move to independent nurse practitioners would dumb down the Australian health system.

"The best way to ease the pressure on the general practice workforce is to build primary care settings in which nurses are an integral part of the general practice team," Dr Pearce said.

"The right way to go is to have nurses complement and assist the work of the GP, not have

substitute for GPs.

Evidence … Team work

- Daily goals (Pronovost et al 2003)
  - Increase in residents and nurses understanding of daily goals
  - ICU LoS decreased
- Care bundles - team work in action…
  - Non-adherence not linked to strength of evidence (Ricart et al 2003)
  - Nurses reasons for non-adherence linked to lack of resources, patient discomfort, fear of AEs (Ricart et al 2003)
  - Needs achievable objectives (McMullen et al 2007)
  - Surviving sepsis: compliance with individual components higher than with bundle as a whole (Levy et al 2010)

Evidence ...Teamwork in education studies

- Difference in skills required for d-m: education has to be realistic = simulation (Gillon et al 2013)
- Examples of simulation studies to build teamwork:
  Rural hospital: whole hospital – simulation as an intervention to improve teamwork and pt care

  TULIPS: Does debrief training make a difference in interprofessional simulation?

Rural hospital

Rural Hospital: methods

- Knowledge test
- Three scenarios (respiratory distress, chest pain, shock) Range of information and uncertainty. Relevant to setting.
- Each participant took team leader role
- All scenarios video recorded
- Situation awareness, OSCE and TEAM scores recorded

TEAM Scale

Resuscitation 81 (2010) 446–452

Contents lists available at ScienceDirect

Resuscitation

journal homepage: www.elsevier.com/locate/resuscitation

Simulation and education

Rating medical emergency teamwork performance: Development of the Team Emergency Assessment Measure (TEAM)☆

Simon Cooper[a,*], Robyn Cant[a], Joanne Porter[a], Ken Sellick[a], George Somers[b], Leigh Kinsman[c], Debra Nestel[b]

11 items scored on a 5-point

'frequency of observation' scale

(*0 = 'Never / hardly ever' to 4 = 'Always / Nearly always'*)

plus a single 0-10 global rating item

TEAM Scale

1. The team leader let the team know what was expected of them through direction and command
2. The team leader maintained a global perspective
3. The team communicated effectively
4. The team worked together to complete tasks in a timely manner
5. The team acted with composure and control
6. The team morale was positive
7. The team adapted to changing situations
8. The team monitored and reassessed the situation
9. The team anticipated potential actions
10. The team prioritised tasks
11. The team followed approved standards / guidelines

Data Analysis - the story behind the scores….

Three data sources for team behaviour:

- TEAM scores
- Video footage
- Reflective interview during participant review of video

OSCE scores treated as context

Findings – the scores

- Respiratory scenario discriminatory (highest and lowest OSCE and TEAM scores)
- Technical and non-technical skills correlated for shock and respiratory distress scenarios
- Knowledge scores varied (mean 63%, range 27-100%), median score of 64%.
- Younger nurses with a greater number of working hours scored the highest ($p=0.001$).

Findings – the story

- More experienced staff less likely to ask for help
- Less experienced nurses with high knowledge scores stood back because of ‘hierarchy’
- High scoring teams:
  - TL directive
  - Listened to TMs; TMs able to contribute
- Lower scoring teams:
  - TL exhibited individual ‘coping’ behaviours and didn’t ask for help
  - TL not comfortable giving direction

TULIPS: Background

- Higher Education Academy grant: External partners: David Grant and Kirsty Forrest
- IPL improves attitudes to IPL and awareness of other professionals' roles. Simulation increasing used for IPL = IPS
- Integration of IPS → real world of practice
- IPS **debrief** = key learning opportunity

GOAL:

Develop best practice and guidance for debriefing IPS

TULIPS study

Phase 1 (n=20 teams)

IPS + debrief with IP faculty

Data collection

Range of quant measures

Observers used TEAM

Video capture: Simulation (n=40) & Debrief (n=38)

Systematic Review

How do models of debriefing impact on learning outcomes?

Intervention

Develop and implement debrief 'best practice' with IP faculty

Phase 2 (n=20 teams)

IPS + debrief with IP faculty

Thematic analysis

Challenges

- Role of observers **only in Ph 1**
- Contribution from med/ nursing students **mainly in Ph1**
- Reality of simulation **mainly in Ph 1**
- Structure **more in Ph 2**
- Poor clinical feedback **infrequent both Ph**

Best practice

More examples from video analysis in Phase 2:

- collaborates with students to summarise learning
- asks students about aspects of non-technical skills that they will change in future
- interaction between nursing and medical students throughout
- feedback emphasising important of team performance rather than blaming individuals
- summary with participants at the end done well
- really good discussion on team working and patient centred care.
- good discussion on the roles of nurses and medics on communicating with the patient. Allowed this dicussion to form.

Overall

- Debrief training had positive impact on facilitators
- Student attitudes to IPL sig higher after simulation exercises

NEXT

- External validation of DASH (debrief quality) by trained DASH raters
- Integration of quant and qual (video) data

Evidence ...Teamwork in education studies

- What outcomes matter?
  - Patient outcomes (proxy….): rural hospital (Kinsman et al 2012)
  - Nurse outcomes: retention, sickness, agency… (Churchill et al 2016)
  - Educational outcomes: improved knowledge, skill, attitudes BUT sustained???
  - Organisational outcomes: team climate, patient safety culture…

Challenges…..

Can team work education impact on patient management:

- ? Needs cultural/organisational change
- What is the tipping point?
- How to capture impact in cost-effective ways?
- Follow on impact from IPL …..
  - New grads across professions
  - Weekend teams
  - QI methods: +ve impact of run charts etc
- Selling simulation to an exhausted workforce….
- Convincing funders….. Research or usual practice

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Team work

Patient **is** safe

Patient **feels** safe

Evidence: **Teamwork for effective discharge**

Prior to transfer from ICU

- Transition from ICU can be improved for the patient and family by:
  - Providing relatives with information about the transfer (Choate and Stewart, 2002),
  - allowing the family to visit the ward before the patient is transferred,
  - providing information brochures (Linton *et al.,* 2008)
  - conducting ICU follow-up visits (Engström *et al*., 2008)

Evidence: **Teamwork for effective discharge**

The transfer

- Errors in the ICU transfer process have been reported (Perren et al 2008)
- Impact of transfer: pts transferred out of hrs more likely to die (Goldfrap & Rowan 2000, Priestap et al 2006)
- 40% of patients who were in ICU for > 7 days were not satisfied with the transfer planning and process (Haggstrom et al 2014)

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Formal/Informal Policy

CULTURE/accepted behaviours

Evidence: Impact of culture on retention

- Environment & workload important …
- 'Intention to quit' predicted by
  - high workload and low psychological safety (both $P \leq 0.009$)

[Schwarzkopf et al 2014]

- Ability to deal with shiftwork, support, professional development opportunities

[Van Dam et al 2013]

Professional culture

- Articulate values (what behaviours are expected and acceptable)
- Take positive steps to improve teamwork
- Consider using a diagnostic tool to examine team culture (e.g. Team Climate Inventory Anderson & West 1999)
- Conflict can be constructive; each party may have legitimate concerns (Breen et al 2001)

Questions?

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