Standardization of Best Practice Implementation within the Cardiac Intensive Care Unit by Identifying the Barriers and Enablers to Practice.

Schulich Heart Centre Innovation Fellowship

Natalie Madramootoo RN BScN
Dr. Brian Gilbert’s Cardiac Intensive Care Unit
Schulich Heart Centre
BEST PRACTICE OVERVIEW

Best Practice Guidelines (BPGs) were launched in 1999 by the Registered Nurses Association of Ontario in collaboration with the Ministry of Health & Long Term Care.

BPGs have become a BENCHMARK for clinical excellence at Sunnybrook Health Sciences Centre since 2012.

Sunnybrook Health Science Centre is noted as a Best Practice Spotlight Organization (BPSO).

8 Best Practice Guidelines currently implemented throughout the three campuses.
Best Practice Guidelines implemented at Sunnybrook Health Science Centre
Best Practice Guidelines

BPGs are systematically developed statements of recommended best practice based on:

- Current empirical evidence to guide effective patient care
- Designed to provide direction to practitioners in their practice
- To develop a universal standard of patient care
- To achieve excellence in care delivery
- To introduce an innovation to a clinical area

CONSIDERED NURSING GOLD STANDARDS OF CARE
State of Affairs

Expectations

Reality
Dr. Brian Gilbert`s Cardiac Intensive Care

• Level 2 Intensive Care Unit
• 16 bed facility
• Critical Care Registered Nurses
• STEMI Program for the Local Health Integration Network
• Interventional Cardiology/TAVI/Mitral Clip
• Cardiovascular Surgery Preparation/Stepdown
• Remote Telemetry
• Code Blue/ Code Omega Teams
Environmental Scan

- Varied states of implementation of the BPGs of foci
- Implementation gaps and lack of follow-up
- Leadership noted lack of compliance
- Clinicians questioned the usefulness of BPGs
- Clinicians were not aware of Corporate expectations
- Lack of congruency in clinician approach and integration into practice
- The introduction of the material was not consistent
- General disinterest
Person Centered Care Information Cessions:
Captured 69% of CICU staff

Smoking Cessation:
10% of SMOKERS HELPLINE referrals among the identified smokers who wanted to quit within a six month period

Quality Living & Dying:
New BPG within the CICU!
The aim…

MAKE BEST PRACTICE A LIVED EXPERIENCE IN THE CARDIAC INTENSIVE CARE UNIT!

Strategic implementation of Best Practice Guidelines
Promote knowledge translation
Specific to the needs of the unique care area
Based on the voice of the clinician
Provide Supports
Create sustainability
Make recommendations
Why Does Implementation Science Matter?
Process

Examine the evidence
Survey the audience
Understand the capacity
Determine the fit
Resource management
Strategic Implementation
Desired Outcomes

Proposed interventions, and implementation approaches are designed to be responsive to clinician needs.

Identify barriers/enablers to Knowledge Transfer

• Uptake of information
• Retention of information
• Support Systems
• Sustainability Measures
Theoretical Domains Framework

The **TDF** is an integrative *framework* developed from a synthesis of psychological theories as a vehicle to help apply *theoretical* approaches to interventions aimed at behavior change.
Knowledge
  — Aware of guidelines and evidence?

Skills
  — Sufficient training in techniques required?

Social/professional role and identity
  — Is the action part of what the actor sees as 'typical' of their profession?

Beliefs about capabilities
  — Confident in capacity to do the behaviour? What makes it easier or difficult?

Optimism
  — Is the actor generally optimistic that doing the behaviour will make a difference in the grand scheme of things?

Beliefs about consequences
  — What are the benefits and negative aspects of doing the behaviour?

Reinforcement
  — Does the behaviour lead to any personal or external reward when it is performed?

Intentions
  — How motivated is the actor to do this?

Goals
  — How much of a priority is this action compared to other competing demands?

Memory, attention and decision processes
  — Does the actor ever forget? Are there reminders in place?

Environmental context and resources
  — Are there sufficient resources to do the behaviour? If not, what is missing?

Social influences
  — Who influences the decision to perform the behaviour?

Emotion
  — Is performing the behaviour stressful?

Behavioural regulation
  — What does the actor personally do to ensure that they perform the behaviour?
Survey Design

Questions formulated from the domains of the TDF

• Acquired end user perspective to guide implementation.

• 26 out of 42 respondents

• 62% Response rate
CICU Huddles

Developed to enhance communication and patient safety

5-10 Minute Huddle every shift

BUILT IN FOCUS GROUPS!

- Give information on how groups of people think or feel about a particular topic
- Give greater insight into why certain opinions are held
- Help improve the planning and design of new programs
- Provide a means of evaluating existing programs
- Produce insights for developing strategies for outreach
- Focused on the Knowledge Domain
- 5 Huddles held, 7-10 attendees
Revelations

KNOWLEDGE
• More education tailored to the audience
• Succinct
• Model

REINFORCEMENT/ SUPPORT
• Real time supports
• Actionable items
• Recognition
Innovation

HeART of Conversation Series
Genesis

HeART of Conversation

Value, Impact and Art of having Conversations.

Explore the ‘WHY’ - Purpose

‘HOW’ - Method
What we sought to accomplish...

Interactive 1 hour guided conversation

- Implementation/ Education of 3 Best Practices.
- Learning and asking about goals, beliefs, values and concerns
- Acting & Sharing - Follow-through, share with inter-professional team.
- Reminder that care is intrinsic and recognize clinician purpose
- Reminder of Professional Responsibility
- Role- Playing
- Opportunity to contribute “Bright Ideas”
- Answering pertinent questions
- Fellowship and Reassurance
- Promotion of Best Practice Champions

May 24, 2018
Professional Responsibility

QUALITY BEGINS WITH ME

US!
PERSON CENTERED CARE

Person-Centred Care
- Patients and families are invited to share their perspectives about what’s most important to them
- Staff will listen, discuss and act as a team on what matters most

Why?
- Best possible care experiences and positive outcomes for patients and families
- Increased safety and improved quality of care

How?

1. Establish a Relationship
   CONNECT with compassion:
   Engage supportively, sincerely and with a smile.
   Start with introductions: say your name and role, describe what you will do together with the patient.
   Ask how the patient and family members want to be addressed.

2. Seek the Voice of the Patient
   LEARN about the person:
   - Today/right now, what’s most important to you?
   - Tell me about your goal, concern, worry, preference, values, care need.
   - What would you like to see happen?
   - What would help?

3. Embed the Voice of the Patient
   SHARE & ACT as a team
   Discuss what’s important to the patient and work with the interprofessional team and health care partners across the continuum of care.
   Document the patient story.
   Take action and see it through.
### Conversation Questions

Ask Questions according to tool and record on the tool, using the patient or family’s words as much as possible.

<table>
<thead>
<tr>
<th>Patient #</th>
<th>Seeking and Embedding the Voice of the Patient</th>
<th>Key Theme(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Thinking back over the course of your time with us:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When staff came to see you, how often did they introduce themselves?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often did staff explore with you what was important to you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often did staff work with you to act on what was important to you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>We want to treat you with compassion and kindness. How often did that happen?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is one thing we could do to improve the care we are providing?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SMOKING CESSATION

Brief intervention for smoking cessation

Remember 3A:

Ask
- Ask all patients about their smoking status.
- "Have you used any form of tobacco in the past 6 months?"

Advise
- Personalize the benefits.
- "You probably already know the risks involved with smoking, but I cannot stress enough how important it is to quit. It's not always easy to do, but I can help you."

Act
- "I understand quitting or reducing smoking - and staying quit - can be hard but it's easier if you have help."
- Initiate referral to smoking cessation service - Smokers' Helpline.
3 A’s
ASK
ADVISE
ACT

WHAT’S NEW?
ADVANCE CARE PLANNING

GOALS OF CARE

- Identify or confirm SDM
- Discuss:
  - values, beliefs
  - a person’s concept of a good life or quality of life
  - perceptions of benefits, burdens
  - acceptable trade-offs

- What is most important to the person (goals)?
- Are there previous conversations (e.g. ACP) that help define the person’s goals for care now?
- How do these goals fit with available treatment options?

- Look for prior capable wishes that apply to the decision to be made (e.g. from ACP or POA document)
- Informed consent process
- Incorporates patient values into the decision making process

Capable Patient

Capable Patient or their SDM
ADVANCE CARE PLANNING CONVERSATIONS
Continuing the conversation...

Quality Conversation Boards

A quality conversation is a weekly, 15 minute team huddle with the purpose of regularly discussing and acting on quality and safety opportunities on the unit.

- **Problem Solving**
  - Staff can discuss concerns about their unit and their performance data to brainstorm and problem solve together as an interprofessional team.

- **Team building**
  - Opportunity for teams to work together, get involved and celebrate their successes.
QUALITY CONVERSATION BOARDS
Continuing the conversation...
Results

- **Person Centered Care Information Cessions:**
  - Captured 100% of CICU Staff*
  - **Smoking Cessation:**
  - 79% of CICU Staff received new education**
- **Quality Living & Dying:**
  - 36% of CICU Staff informed of Advanced Care Planning

*100% of CICU staff educated on PCC due to Accreditation.
**Smoking Cessation - Corporate roll out was prior to the HeART of Conversation.
Sustainability

- BEST PRACTICE CHAMPIONSHIP
- HEART OF CONVERSATIONS
  - CICU HUDDLES
- UPTAKE OF CONCEPT INTO PERSON CENTERED CARE WORKING GROUP
- QUALITY CONVERSATION BOARD
  - PATIENT CONVERSATIONS
Evaluation

Completed in CICU huddles real time feedback to improve/tweak delivery

- Engaged staff
- Encouraged to share opinions and provide solutions
- Increased use of resources
- Promoted value
- Inspiring new ideas
- An increased understanding of applicability to practice
- Building capacity within the unit, various roles
- Increased collaboration
- Understanding where to seek information
- Information is not just numbers anymore.
Considerations

- 100% of CICU staff educated on PCC due to Accreditation.
- Smoking Cessation - Corporate roll out was prior to the HeART of Conversation.
- Became inter-professional in nature.

*Chief recommendation:*

- Use Conversations as a strategy to embed the voice of the end user into the implementation process of BPGs.
- This will inform and guide the iterative process in an effort to standardize BPG implementation.
To Promote…

SAFE  EFFECTIVE  EFFICIENT

and PROVIDED WITH...

COMPASSION  QUALITY CULTURE  PARTNERS
Inspiration

“Innovation is not only the creation of new ideas but also the mobilization of existing ones.”

- Dr. Danielle Martin
Keynote Speaker
2018 Innovations Expo
Acknowledgements

This project was supported by Schulich Heart Centre with special thanks to:

Susan Michaud  Director of Operations
MaLou Galapin  Patient Care Manager & Mentor
Lisa Di Prospero  Director of PBRI & Mentor
Laura Rashleigh  Profession Lead of Nursing & Mentor
Sara Morrassaei  Project Manager
Isabella Cheng  Person Centered Care Lead
The Nursing Body of the Dr. Brian Gilbert Intensive Care Unit!

The Best Practice Champions:
Jackie Hutchinson- Smoking Cessation
Lucy Wong - Person Centred Care
Sandra Soares/ Nicole Cabbacang- Quality Living & Dying
Any Questions?