The Webinar will begin at

11:30 a.m. CDT
An Empirically Developed Toolkit to Diagnose and Improve Interprofessional Collaboration and Patient/Family Member Involvement in Intensive Care Settings

Wednesday, May 25th
Moderator & Presenter

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Presenters

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An Empirically Developed Toolkit to Diagnose & Improve Interprofessional Collaboration & Patient/Family Member Involvement in Intensive Care Settings

Scott Reeves, PhD
Simon Kitto, PhD
Overview

1. Background
2. Research Study
3. ICU Toolkit
4. Next steps
Background
Effective interprofessional collaboration (IPC) can reduce duplication, restrict error, improve safety & quality of care.

Growing acknowledgment of local cultures (e.g. professional behaviours, attitudes) impede IPC efforts.

Tools/interventions to promote IPC traditionally overlook cultural factors – focus on ‘technical fixes’.
Aims

1. Explore ethnographically the nature of IPC & patient/family involvement in North America ICUs

2. Develop an empirically-based diagnostics tool to help ICUs assess IPC and patient/family involvement

3. Develop an intervention package to strengthen IPC and patient/family involvement
Methods

Ethnographic approach

Observations, informal and formal
Interviews, documents

Comparative approach

8 sites, 2 countries

Duration

2 years
Study Sites

Year 1: Urban, research vs. teaching hospitals
   San Francisco (n=2); Baltimore (n=2)

Year 2: Suburban, community hospitals
   Pittsburgh (n=1); Duluth (n=1)
   Comparator: Toronto (n=2)
Data Collection

Observations

• Over 1,000 hours of observation

Interviews

• 80 clinician interviews
• 37 patient & family member interviews
Framework (Sensitizing Concepts)

Figure 4.1 A framework for understanding interprofessional teamwork.

Reeves et al. 2010
Data Analysis

Year 1

Directed content analysis per ICU
Use of sensitizing concepts (teamwork framework)
Patterns within/across sites

Year 2

Continued analysis/synthesis
Tool development
Tool development

Stage 1 activities

- Critique of previous tools (e.g. CUSP)
- Re-analysis of data
- Knowledge translation principles

Stage 2 & 3 activities

- Development of preliminary tools for review
- Feedback, revision, further refinement
Toolkit: key focus

Sociological-based approach
  • Theory and data

Assessment of local context:
  • Relational factors
  • Processual factors
  • Organizational factors
Expert Validation

Process (stage 4)

Clinicians, leaders, educators, researchers (n=10)
Step 1: General discussion
Step 2: Anonymous survey

Results

A high degree of consensus: addresses key ICU issues usable, highly implementable
Authors: Scott Reeves; Simon Kitto; Janet Alexanian, Rachel E. Grant
# PURPOSE

## Defining & Improving Patient Family Involvement in the ICU

**Description:** Tool 1 helps ICU staff identify discrepancies in how different family members define family involvement. Tool 1 also allows frontline staff to explore their assumptions about family involvement.

**Impact:** Allows family members to communicate their desired level of involvement in daily care.

**Assessment:**
- Family record activity
- HCP reflection cards

**Interventions:**
- Patient Family Involvement Workshop

**Evaluation:**
- Various

## Defining & Improving Interprofessional Collaboration in the ICU

**Description:** Tool 2 allows for the identification of discrepancies in how healthcare professionals understand IPC and others’ roles on the healthcare team.

**Impact:** An understanding of your ICU will allow for the adaptation and implementation of effective interventions to improve patient care.

**Assessment:**
- Interviews
- Structured observations

**Interventions:**
- Interprofessional Collaboration Workshop

**Evaluation:**
- Various

## Identifying & Addressing Interprofessional Issues that Affect Care Delivery

**Description:** Tool 3 guides ICU staff in exploring and identifying interprofessional issues that can impact the delivery of care and patient safety in their ICU.

**Impact:** Unit-specific solutions to respond to interprofessional issues that may jeopardize patient safety

**Assessment:**
- Identifying Interprofessional & Patient Family Member Issues Workshop

**Intervention:**
- Various

**Evaluation:**
- Various
### APPENDICES

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# Tool 1: Defining & Improving Patient Family Involvement

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| **Description:** Helps ICU staff identify discrepancies in how different family members define family involvement. This tool also allows frontline staff to explore their assumptions about family involvement. | **Assessment:**
| **Impact:** Allows family members to communicate their desired level of involvement in daily care and providers provide care more appropriately. | - Family record activity
- HCP reflection cards |
| **Intervention:** | **Intervention:**
| | - Focus on Patient/Family Involvement Workshop |
| | **Evaluation:**
| | - Various |
Tool 2: Defining & Improving Interprofessional Collaboration

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<td><strong>Description:</strong> Tool 2 allows for the identification of discrepancies in how healthcare professionals understand IPC and other’s roles on the healthcare team.</td>
<td><strong>Assessment:</strong></td>
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| **Impact:** Develops an in-depth understanding of ICU to help the adaptation and implementation of effective interventions to improve patient care. | - Interviews  
|                                               | - Rapid ethnographic observations  
|                                               | **Intervention:** |  
|                                               | - Interprofessional Collaboration Workshop  
|                                               | **Evaluation:** |  
|                                               | - Various |
### Tool 3: Identifying & Addressing Interprofessional Issues that Affect Care Delivery

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<th>Purpose</th>
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| **Description:** Tool 3 guides ICU staff in exploring and identifying interprofessional issues that can impact the delivery of care and patient safety in their ICU. | **Assessment:**  
- Identifying Interprofessional & Patient Family Member Issue Activity |
| **Impact:** Unit-specific solutions to respond to interprofessional issues that may undermine patient safety and quality of care | **Intervention:**  
- Various |
|  | **Evaluation:**  
- Various |
Intervention Tools

Relational

E.g. team training, simulation

Processual

E.g. checklists, meetings

Organizational

E.g. unit polices, new procedures
Evaluation

• Purposes
• Designs
• Operationalization
• Ethics
• Dissemination
Interprofessional Education and Practice Guide No. 3: Evaluating interprofessional education

Scott Reeves¹, Sylvain Boet², Brenda Zierler³, and Simon Kitto⁴

¹Centre for Health and Social Care Research, Kingston University & St George's University of London, London, UK, ²Skills and Simulation Centre, University of Ottawa & Department of Anesthesiology, The Ottawa Hospital, Ottawa, ON, Canada, ³School of Nursing, University of Washington, Seattle, WA, USA, and ⁴Department of Innovation in Medical Education & Office for Continuing Professional Development, University of Ottawa, ON, Canada

Abstract
We have witnessed an ongoing increase in the publication of evaluation work aimed at measuring the processes and outcomes related to a range of interprofessional education (IPE) activities and initiatives. Systematic reviews of IPE have, however, suggested that while the quality of evaluation studies is improving, there continues to be a number of empirical weaknesses with this work. In an effort to enhance the quality of IPE evaluation studies, this

Keywords
Evaluation, interprofessional education, interprofessional learning, mixed methods, qualitative methods, quantitative methods
Next Steps
Current work

- Dissemination
- Implementation study – North America
- Translation of toolkit into UK context
Available at: https://www.researchgate.net/publication/292145808_EIC-ICU_Toolkit_Enhancing_Interprofessional_Collaboration_in_the_Intensive_Care_Unit
Advisory Group

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Acknowledgement

Funding

Gordon & Betty Moore Foundation
Thank you

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Questions?
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<tr>
<td>Individual</td>
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<td>Student</td>
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<td>Lifetime Sustaining Member</td>
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Save the Date

Exploring the Impact of Aligning Interprofessional Education and Practice on Patient Outcomes

Presented by Sarah Shrader, PharmD, FCCP, BCPC, CDE and Jana Zaudke, MD, MA

Monday, June 20, 2016
12:00 p.m. – 1:00 p.m. Central Time
Thank you!

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