Interdisciplinary Collaboration in ICU

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Aims

- Presentation of qualitative study results
- Group discussion – barriers and strategies
- Research evidence
An Exploratory Study of Physiotherapists Views of Early Rehabilitation in Critically Ill Patients

Aim – To explore physiotherapists understanding and experience of early rehabilitation in critically ill patients
Background

- Survival from critical illness is considered a major public health issue (1)
- Issues – physical limitations, cognitive impairments and psychosocial issues (2–5)
- Impact – ↓ HRQoL (6–10), ↑ healthcare costs (11–12)
- Rehabilitation key ↓ long-term issues (3, 13–14)
- Limited evidence (15–20)
- Surveys of clinical practice (21–25)
- No qualitative enquiry into Physiotherapists views
Method

- Participants – 6 female physiotherapists from 1 Hospital Trust with different levels of post qualification experience
- Semi-structured interview design
- Thematic content analysis
Results

- Conceptualisation of early rehabilitation
  - 2 themes

Factors Influencing Adherence

Collaborative Working

Working Relationships

Co-ordinating Care

Facilitating Adherence

Patients Adherence to Rehabilitation

Collaborative Working
Working Relationships

“the third person tends to be the nurse looking after that patient which it is useful because … they will usually take lines watch the vent tubing for us … it’s good to have that extra person there who’s been with them for the last six seven hours” (IP1)

“if we help them, they help us, so it does work both ways even though it’s not in their job description to help us and it’s not in ours to do that but it’s all part of the MDT and that’s what you need to do for patient care” (IP2)
“Sometimes they (nursing staff) can be a bit ... over cautious sometimes, obviously we don’t want to do anything that’s not right for the patient, or if they’re just busy and maybe they just don’t want to help” (IP5)

“Education to the nurses of our role and why we’re trying to do it (early rehabilitation) might help with some of the nurses who are set on keeping the patients a bit more still and um not moving as much” (IP3)
Coordinating Care

“we’ll each try to accommodate each other … we’ll try in the morning to find out what the plans are for the patient in the day and if there is any way that we can co-ordinate our visit with what ties in with the nurses” (IP1)

“I think we’d get a lot more refusals or declines if we didn’t work so well with the nursing staff” (IP2)
Interdisciplinary Collaboration

“Collaboration promotes and optimises active participation of all healthcare professionals in clinical decision making focusing on patient needs while ensuring respect for team member contributions” (Herbert, 2005)
Interdisciplinary Collaboration

- Interdisciplinary collaboration is essential in ICU environments 26–28
- Promotes a culture of safety 28, 29
- Improves outcomes – ↓ mortality, LOS, staff turnover, ↑ quality of care & patient satisfaction 28, 29
- Implementation suboptimal or inconsistent 26
Discuss barriers to collaboration in your units.

What strategies can be implemented to improve collaboration?
Barriers

- Team membership not constant 26
- Poor communication 30, 31
- Problematic power dynamics 32, 33
- Hierarchical structures 32
- High levels of autonomy 26
- Poor understanding of roles 36
- Conflict with different approaches to care 26
- Staff attitudes 35
- Organisational issues 32
- Resource and time issues 32
Team Performance Framework
(Reader et al, 2009)

- Input
  - Team
  - Task
  - Leader

- Team Processes
  - Communication
  - Leadership
  - Coordination
  - Decision making

- Output
  - Patients
  - Team
Input – Team

- Culture – shared vision/values/perceptions
- Supportive environment
- Abolishing hierarchies
- Knowledge of team member roles and responsibilities
- Interdependence
- Team based training
Team Processes

- Communication Checklists 30, 35, 39
- Team leader behaviour 36
- Multi-disciplinary ward rounds 40
- Collective ownership and responsibility for goals (daily goal sheets) 41, 42
Outsuts

- **Patients**
  - ↓ mortality, ↓ LOS, ↑ quality of care & patient satisfaction $^{33, 34}$

- **Staff**
  - Job satisfaction, ↑ morale, ↓ stress, ↓ staff turnover $^{30}$
Thanks for listening
Any questions?

- How can collaboration be improved in your unit?
References

References


