Examination of the Role of Interprofessional Teamwork in the Implementation and Maintenance of the ABCDE Bundle in Jefferson Intensive Care Units

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Today’s Objectives

• Identify three overall barriers and strategies perceived by ICU staff in the implementation and maintenance of the ABCDE bundle.

• Compare and contrast the barriers and strategies identified by profession.

• Evaluate the role of interprofessional collaboration in the implementation and maintenance of the ABCDE bundle in the ICU setting.
Purpose

• Assess the role of interprofessional teamwork in Jefferson intensive care units (ICUs)

• Analyze the attitudes and perceptions of Jefferson ICU staff regarding the ABCDE Bundle and interprofessionalism within their teams via a survey
Background

• ABCDE Bundle rolled out in spring 2014
  • Awakening and Breathing Coordination, Delirium Monitoring and Management, and Early Mobility

• Interprofessional team training workshop held in spring 2014
  • 60 Jefferson ICU interprofessional staff from all units
Survey

- Barriers to and strategies for ABCDE Bundle implementation brainstormed by staff during workshop
- Questions taken directly from the brainstorming session
- Additional questions repeated from pre/post-workshop evaluation
Survey

• Administered in August 2015 over one month

• Advertised in all ICUs and via targeted emails to professional groups
  – e.g., rehabilitation medicine therapists, respiratory therapists, clinical nurse specialists, attending physician staff in various departments, etc.
Respondent Demographics (n = 113)

*Other: Dietician (n = 1); No response (n = 2); Other (n = 2); Speech-Language Pathologists (n = 2)
Units (n = 113)

- Cardiovascular ICU, 16%
- Surgical ICU, 24%
- Medical ICU, 23%
- Neurological ICU, 12%
- Multiple Units, 9%
- No Response, 7%
- Community Hospital ICU, 9%
Top 3 Barriers
1) Coordinating all needed team members and activities
2) Fear/resistance to culture change
3) Timing activities appropriately

Overall Barriers Perceived (n = 113)
Overall Strategies Used (n = 113)

Top 3 Strategies used
1) Focused huddle rounds
2) Ongoing education and reinforcement
3) Clearly defining and documenting goals of care for each patient
Summary: Barriers

• Consistent agreement on lack of coordination as perceived barrier

• Fear and resistance to culture change also relatively consistent

• Consensus around leadership support

• Certain professions perceived barriers more so than others:
  • Timing activities appropriately not problematic - Pharmacy
  • Inconsistent goals of care and documentation - Pharmacy
  • Lack of staff support - Occupational Therapy
Summary: Strategies

- Huddle rounds popular, but some variation in usage/inclusion by profession
- Certain professions use particular strategies more so than others:
  - Not empowered for a culture of safety - OT, Pharmacy, PT, Others
  - Metrics and performance outcomes being monitored - Medicine, OT, Respiratory Therapy
  - Not a lot of ongoing education and reinforcement - OT, PT
- Overall, physicians feel that most strategies are being used
Lessons Learned

- Difficult to disseminate survey to all ICU staff
- Difficult to calculate total n and thus the response rate
- Lack of statistical support
Follow-up

- Presented to medical directors of the ICUs and to unit specific councils
- Resource to guide quality improvement projects
Further Investigation

• Attitudinal changes from pre/post-workshop and follow-up survey

• Comparisons between workshop attendees and non-workshop attendees

• Impact of bundle on patient care outcomes

• Perceptions of interprofessional care from patient’s perspective
Questions?