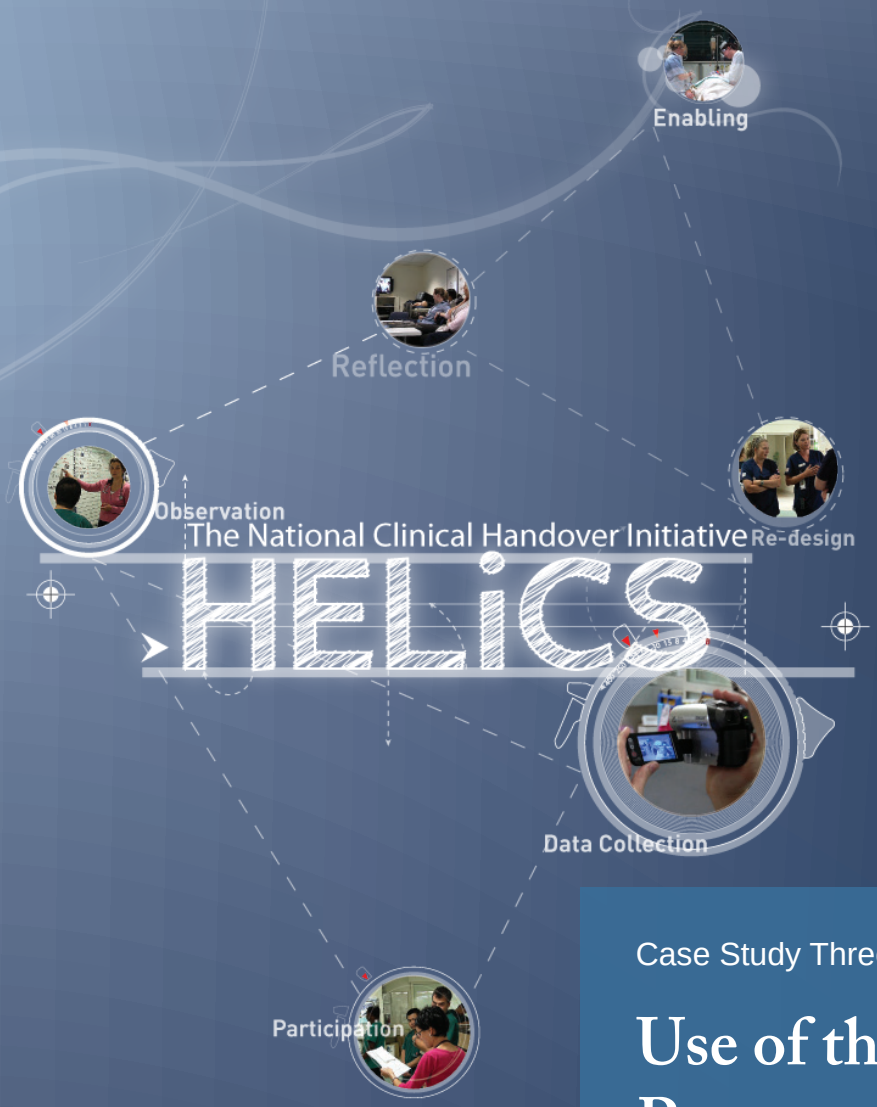


UNIVERSITY OF TECHNOLOGY SYDNEY
Centre for Health Communication

Case Study Three

Use of the HELiCS Resource in a Spinal Injury Rehabilitation Service

The purpose of this case study is to present an example of the use of the HELiCS Resource in a Spinal Injury Rehabilitation Service.

It will become apparent through this case study and in conjunction with the HELiCS DVD resource how staff were enabled to find solutions to their communication needs that suited their clinical context.

Clinicians used HELiCS to facilitate the development of a resilient organisational culture. HELiCS assisted staff to recognise the need to ensure that clinical communication was clear, concise and involved all members of the health care team including health care practitioners, patients and caregivers.

It is expected that the communication solutions found by staff from the Spinal Injury Rehabilitation Service will improve patient safety, the quality of care delivered, and will provide additional opportunities for expertise and professional development.

The ongoing use of the HELiCS resource in the Spinal Injury Rehabilitation Service will continue to contribute to the building of organisational capacity.

Spinal Injury Rehabilitation Service

The Spinal Injury Rehabilitation Service provides longitudinal care for patients who have sustained spinal injuries and are experiencing various stages of rehabilitation, ranging from patients receiving care in an inpatient service to outpatients requiring assistance (physiotherapy, occupational therapy, social support) to adjust to lifestyle changes resulting from injury.

The focus of clinical management in Spinal Injury Rehabilitation Service is to provide longitudinal therapy and support for patients with the goal of facilitating the recovery phase of injury. The provision of these services requires that medical, nursing and allied health professionals closely coordinate and collaborate to provide quality care. Additionally these professionals are required to collaborate over an extended period of time with the aim of ensuring continuity of care.

Participation

Working closely with medical and nursing staff, the Centre for Health Communication sought to provide the opportunity for staff to use the HELiCS resource to redesign clinical handover.

In mid 2008, the Centre for Health Communication held a number of participation meetings with health care practitioners. These meetings sought to establish the concerns of clinicians, regarding their own handover practices and to identify existing communication strengths, weaknesses and areas of potential improvement:

Strengths:

- Motivated and engaged staff. The service employs experienced and highly skilled staff. Staff were highly motivated to provide quality services to patients, their families, or social support networks.
- A strong focus on the provision of holistic care. Staff employed at the Spinal Injury Rehabilitation Service had a strong sense of holistic care delivery, including the physiological, social and psychological aspects of care provision.
- Organisational culture. The organisational culture of the Spinal Rehabilitation Service encouraged health care practitioners to engage in discussion and self-critique of care provision.

Challenges:

- Defined professional roles. There was a strong perception that the roles of different health professionals were segmented with little formal opportunities for inter-disciplinary interaction.
- Longitudinal Care Focus. Ensuring continuity of care on a longitudinal basis (patients may be engaged with the service over a period of months or in some cases years) created challenges for ensuring consistency of communication.
    - For example, the written or verbal instructions issued by a medical officer early during the patient's engagement with the service may not be interpreted as intended over the course of time. This could occur because the patient's condition has changed or because of staff turnover.
- Ensuring multiple perspectives on care can be shared. While strong attempts were made to ensure that staff and patients had a voice in deciding the direction of clinical management logistical constraints meant that there was often a reliance on senior members of staff to communicate important information on a second or third hand basis.

Staff from the Spinal Rehabilitation Service identified areas of potential practice improvement; the areas for improvement aimed to capitalise on existing organisational strengths.

Areas of potential improvement:

- Patient care planning meetings. Uncertainty existed as to the best way of involving as many staff as possible in the care planning meetings that occur with patients.
- The vertical communication of relevant information. Much of the planning and decision-making occurs at a senior level of nursing and medicine, resulting in difficulties in sharing this information to more junior personnel.
- Uncertainty about the role of the patient in directing communication and care. Staff had uncertainty regarding the effectiveness of current methods of integrating patient input into care planning.
- Uncertainty about the relative roles of different health professionals. The holistic approach to care in the Spinal Rehabilitation Service meant the involvement of a number of professionals with different professional and ideological approaches to care. Staff expressed difficulties in understanding the remit of each professional and who was the most appropriate person to contact for different clinical scenarios.

Ground rules were established that would make health care practitioners feel comfortable about being filmed:

- Footage would be held in confidence
- Consenting clinicians would be given choice to delete footage featuring themselves
- Patient identifying information would be omitted or removed in the editing process.

Observation & Data Collection

Filming of handover in the Spinal Injury Rehabilitation Service occurred over a five-week period at intervals pre-specified by participating clinicians. These pre-specified times would often coincide with handover periods, patient planning meetings and medical team meetings. The filming of these communication events initially involved a single researcher, who received support from a second researcher where required.

Filming concentrated on the areas of potential improvement identified by the healthcare team, including:

- Care planning meetings, both involving and not involving the patient: the best way to organise these, the contributions of each of the health care team, and the role of the patient in directing the focus of care
- Medical and Nursing shift change handovers
- Medical and Allied Health team meetings
- Areas of uncertainty regarding the relative roles of each member of the health care team

Video exemplars provided examples of handover issues identified during participation meetings and of issues that become apparent during the observation of practice.

Reflexive Sessions

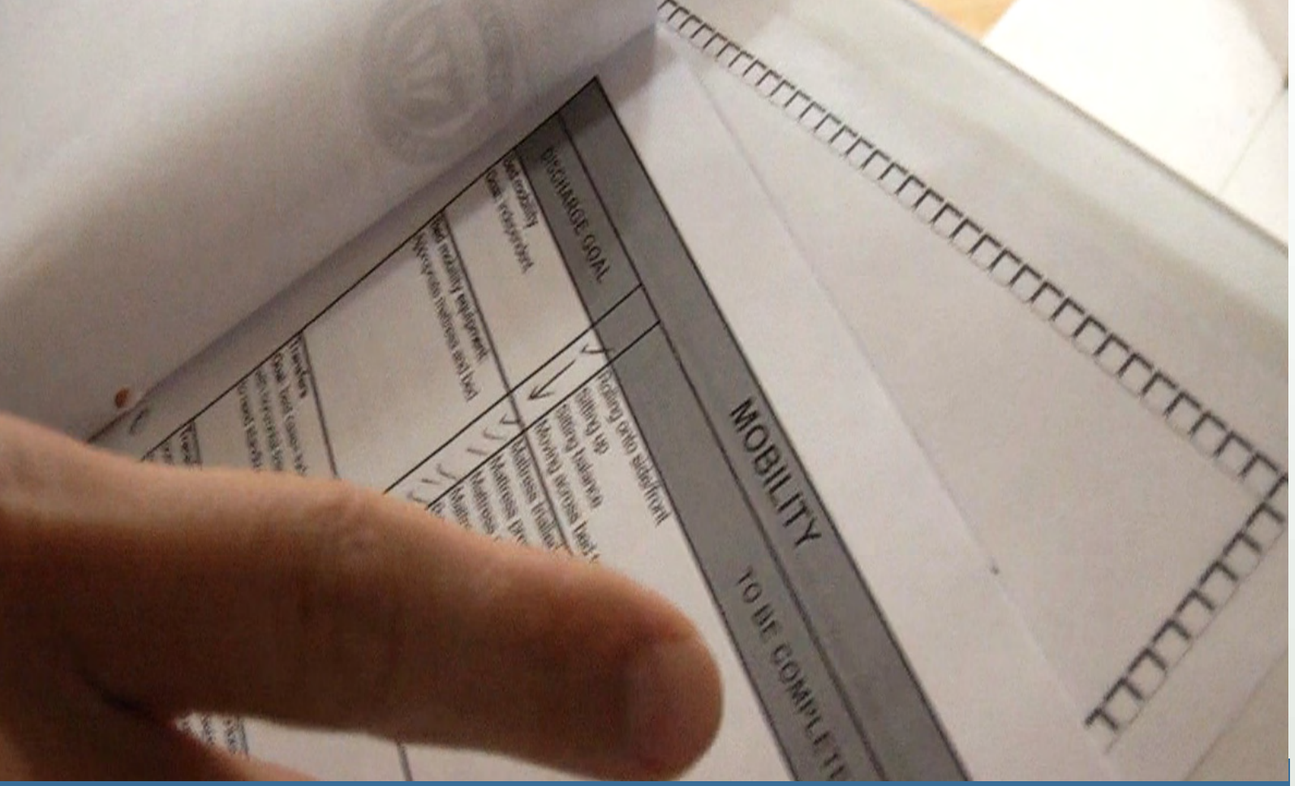
Researchers from the Centre for Health Communication compiled the footage collected from the Spinal Rehabilitation Service and developed a series of practice exemplars of:

- Care Planning Meetings
- Medical and Nursing shift change handovers
- Medical and Allied Health team meetings
- Communication and handover that involved the patient

For each situation three to five exemplars, about thirty seconds to one minute in length were compiled. The objectives of these exemplars were to provide examples of the areas of potential improvement.

In compiling the practice exemplars researchers from the Centre for Health Communication identified a number of characteristics that were evident throughout the footage, these included:

- Medical team meetings were subject to continuing interruptions; these interruptions were both constructive (providing additional information that enhanced discussion) and distracting (information derived from the interruptions did not provide additional value to the immediate discussion, however may have proved useful in a wider clinical context).
- Communications during team meetings and patient planning meetings generally involved a single representative from nursing and allied health. This information would then be disseminated to absent staff members. This was seen as a barrier to junior staff engagement with the planning of patient management.
- Communications occurring during patient team meetings required that staff 'get to the point' quickly and without distraction, yet there was a tendency for peripheral matters to distract from central topics.



- Nursing handovers were often held in reference to personal hand written records.
  - Nurses would often refer to personal records of events and activities occurring over the course of the shift. The question was raised whether these records were accessible to other members of the care team.

- There was a emphasis on the involvement of the patient in the majority of communications, yet there was limited engagement of the patient in handover.

Researchers from the Centre for Health Communication convened four reflexive sessions coordinated over a five week period[1], participants in the meetings included:

- Nursing staff, including the Nurse Unit Manager and Nurse Educators
- Senior medical staff and junior medical staff
- A mixed meeting of nursing, medical staff, and allied health

Clinicians were asked to comment on their thoughts about each practice exemplar. Discussion would develop based on clinician observation of what was occurring, who was involved, and how the exemplar highlighted the positive or negative aspects of handover.

Attention was paid to the organisational, professional, environmental and informational aspects of handover. 'Table 1 Spinal Injury Rehabilitation Service: Clinician Observations of Handover Exemplars' overviews the observations of clinicians based on the communication issues identified, how these contribute to or are created by organisational constraints within the Spinal Injury Rehabilitation Service, and the potential solutions proposed by staff.

Table 1 Spinal Injury Rehabilitation Service: Clinician Observations of Handover Exemplars.

Discussion would develop based on clinician observation of what was occurring, who was involved, and how the exemplar highlighted the positive or negative aspects of handover.

[1] This structure emerged from operational constraints and requirements to maintain staff in the unit during the reflexive meetings.

Spinal Injury Rehabilitation Service: Clinicians Observations of Handover Exemplars TABLE 1

Issues Identified By Researchers During Observation and Filming

Organisational

» Effective handover requires the communication of information consistent with the longitudinal care needs of the patient. This may require the synthesis of disparate information from a number of different health professionals; this information may be communicated outside the handover either verbally or in written form.

» The involvement of patients in planning meetings and more general communications was seen to be highly beneficial. However this involvement was most productive when such meetings were facilitated by a coordinator who has strong sense of the objectives of patient engagement.

» Time and staffing restrictions meant that staff felt there were insufficient opportunities for communication with the patient. Staff expressed that ideal care should encompass greater engagement with the inter-personal elements of care provision.

Professional

» Longitudinal care coordination requires clinical input from a range of different health professionals. While clinicians felt this was generally achieved, and that each clinician had a 'voice' in the planning of clinical management, staff also expressed a desire to more fully comprehend the disparate specialties and activities of different professions. It was felt that the development of this knowledge would further enhance the ongoing care of the patient.

Environmental

» The physical separation of the inpatient unit and the outpatient facility resulted in two organisational cultures. With clinicians having a strong personal, emotional and social attachment to one particular sub-speciality. This contributed to a division of staff and difficulties in facilitating cross sub-specialty training.

» The physical separation of spaces, the inpatient and outpatient units, created difficulties in locating patients. The majority of staff saw this as a positive aspect of the unit's layout, suggesting that this promoted patient autonomy. Yet this also imposed restrictions on the possibility of including patients in the handover process.

Problem Identification By Staff

The isolation, specifically of more junior members of the health care team, from care planning meetings and macro level decision-making was viewed as creating a barrier to successful training. Furthermore, this isolation meant that junior staff potentially felt that their input was undervalued.

It was perceived that the coordinator of patient meetings should have a strong grasp of all the aspects of patient care. Such knowledge is essential to derive successful outcomes from patient involvement. For this reason staff identified that there is a need to develop the capacity of all members of staff to synthesise complex physiological and psychosocial information.

Staff commented on the segmentation of the contributions of members of the health care team, whether they are junior or senior, allied-health, nursing or medical. This resulted in staff having varying levels of certainty regarding the relative roles of members of the health care team e.g. staff expressed uncertainty about who had the most appropriate expertise to address specific patient concerns or conditions.

» Physical isolation of members of the health care team has the potential to restrict opportunities for supervisory support, education and socialisation. Clinicians suggested that there was an importance in ensuring all members of staff felt they belonged to a 'community of care' and that there are opportunities for clinical support should this be required.

» The benefit of promoting patient independence was perceived as outweighing the opportunities potentially missed in involving patients in handover of care.

Proposed solutions

Solution a) To provide collaborative teaching forums, where professionals from medicine, allied health and nursing can present on the theoretical and practical issues that affect their work.

Objectives:

The objective of providing collaborative teaching forums is to enhance inter-professional collaboration and team building. Importantly it was identified that these opportunities should seek to engage all members of staff, particularly junior members of staff, as often only senior members of nursing and allied health were engaged in such an inter-disciplinary manner.

There was a perception that these forums would act to reduce the professional segmentation of the health care team, and to reduce uncertainty regarding the relative roles and potential contributions of members.

Solution b) To elect a team leader to coordinate patient meetings.

Objectives:

A clearly identified team leader for patient meetings would facilitate a more comprehensive and organised engagement with the patient. The team leader role would be delegated on the day of the patient meeting. The role of the coordinator would be to facilitate the contributions of all members of the care team and to act as a patient advocate. This would facilitate consistent communication, provide a clear direction for the meetings, enhance patient contributions and provide a forum for skill development.

Solution c) Facilitate the movement of staff between the outpatient and inpatient units.

Objectives:

Staff identified that there was limit that could be achieved in altering the physical environment of the unit; however, there may be value in facilitating the movement of staff between the inpatient and outpatient units. It was viewed that this would promote a greater sense of community of care. Individuals would thereby balance their loyalty to one particular sub-division of the unit and develop a greater sense of providing care across the continuum of the patient's stay.

The solutions proposed by clinicians during the Reflexive sessions are outlined below.

Proposed Solution a)

Staff identified that the nature of care delivery in the Spinal Injury Rehabilitation Service required comprehensive interdisciplinary coordination and cooperation.

By having the space to discuss practice during the reflexive sessions, staff identified that there was a need to provide an opportunity space for education, communication and coordination.

A consensus was reached between medical, nursing and allied health staff that by providing opportunities for greater inter-professional communication, a greater understanding of each member of the health care team could be reached. The development of this understanding would further facilitate the effective coordination of care, and would ensure that the appropriate skill sets were accessed should a clinical issue arise.

Importantly it was identified that these opportunities should seek to engage with all members of staff, particularly junior members of staff, as often only senior members of nursing and allied health were engaged in such an inter-disciplinary manner. By allowing junior members of staff to become more deeply engaged in the totality of care provision, greater educational opportunities would be created.

By reducing the segmentation of professional roles there would be a resulting decrease in any uncertainty regarding the relative roles and contributions that each member of the care team makes.

Proposed Solution b)

Staff recognised that patient planning meetings were more effective when there was a strong leader present. Therefore there was agreement that patient planning meetings should have a designated team leader. The team leader would be responsible for coordinating the relevant information from medical, nursing and allied health and for acting as a patient advocate.

The team leader role would facilitate consistent communication, provide a clear direction for the meetings and enhance patient contributions. Further, providing the opportunity for junior staff to act as team leader would assist in developing the skills required to synthesise the care plan from the perspective of differing health professionals.

Proposed Solution c)

By allowing staff engaged in the provision of care in both the inpatient and outpatient arms of the health service, staff would be able to articulate the divergent needs of patients cared for in each unit.

Staff identified that the skills sets required to provide optimal care diverged according to the outpatient or inpatient care needs of the patient. By providing opportunities for staff to have the experience of working in both the inpatient and outpatient settings, and to be involved in the education opportunities specific to each clinical sub-specialty, a more flexible organisational culture could be developed. In addition, staff working in each setting would have the opportunity to develop an understanding of the longitudinal nature of service delivery.

Redesign & Realisation

Consultation with clinical staff at the Spinal Rehabilitation Unit led to the development of greater conscious engagement in practice. The health care team from the Spinal Injury Rehabilitation Services identified that effective clinical communication provided opportunities for:

- Greater social and professional engagement in the workplace
- Coordination between the multi-disciplinary team, enhancing the continuity of clinical care in a patient centric model
- Effective multi-disciplinary communication allows all members of the health care team to have the most up-to-date information regarding the care of the patient. Strong communication provides the opportunities to identify where there are gaps or errors in patient information

By using HELiCS clinical staff were able to develop inter-professional relationships and engage in a critical appraisal of practice, thereby allowing staff to be more aware and adaptable in their approach to clinical processes.

Conclusion

Allowing clinicians to see and hear their practice enabled articulation and sharing of their expert knowledge, resulting in a greater awareness of the importance of effective handover for ensuring the continuity of safe and effective health care delivery.

The adaptable and resilient organisational culture promoted by the HELiCS resource requires the ongoing review of practice and process. To this end the Centre for Health Communication has an ongoing relationship with the Spinal Injury Rehabilitation Service.

HANDOVER ENABLING LEARNING in COMMUNICATION for SAFETY

The National Clinical Handover Initiative

HELICS

The kit was developed by

Centre for Health Communication

UNIVERSITY OF TECHNOLOGY SYDNEY

with funding provided by

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE