

CRITICAL CARE STRATEGIC CLINICAL NETWORK

Mission: *As researchers and innovators, we lead and partner to improve the health of Albertans through the development, execution, and implementation of research*

PROVIDERS PINPOINT PRIORITIES FOR PRACTICE IMPROVEMENT!

A **HUGE THANK YOU** to all ICU frontline providers, decision-makers, patients, and family members who participated in Phase I of the PRIHS grant to address **Evidence-Care Gaps** in ICUs.

Your time and input through surveys, focus groups, interviews, and meetings to develop a priority list of daily patient care practices to be considered for quality improvement was **INVALUABLE!**

We ultimately reached a **top FIVE** list of patient care practices.

DELIRIUM SCREENING

Using a validated tool to routinely screen patients for the presence of delirium.

EARLY MOBILIZATION

Mobilizing patients when ready.

FAMILY PRESENCE & EFFECTIVE COMMUNICATION

Engaging families in patient care.

TRANSITION OF CARE BETWEEN ICU PROVIDERS

Seamless care as providers change at the end of shift or rotation.

TRANSITION OF CARE FROM ICU TO WARD

Seamless care as patients move from ICU to the hospital ward.

Health care systems routinely fall short of effectively integrating scientific evidence into patient care (evidence-care gap).

A three-year *Partnership for Research and Innovation in the Health System (PRIHS)* grant from Alberta Innovates Health Solutions is enabling CCSCN researchers to apply innovative methods to identify and close evidence-care gaps in Alberta ICUs.

Study Design

Phase I: Engage Stakeholders to identify & prioritize patient care practices to improve

Phase II: Audit Patient Care Practices to identify opportunities for improvement

Phase III: Develop Knowledge Translation (KT) Intervention to target practice for improvement

Phase IV: Implement KT Intervention to improve care

RESEARCH TEAM

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 - * Melissa Potestio, PhD
 - * Dan Niven, MD, MSc
 - * Emily McKenzie, MSc
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Steps to Identify Priorities



Two parallel data collection streams captured the expertise and perspectives of ICU stakeholders; one stream targeted ICU health care providers; the other targeted recovering ICU patients and family members.

Health Care Providers

The **CCSCN Core Committee** (n=32) proposed 68 practices and then rated and revised the practices to a final list of 13 priorities.

Frontline Providers (n=1,103; response rate=62%) reviewed the 13 practices and selected **9 priorities**.

Patients & Family Members

Patient & Family Members (patients n=11; family members n=21) representing 13 ICUs in Alberta participated in semi-structured focus groups (n=5) and/or interviews (n=8) to describe their experiences in ICU.

The process was led by the Patient and Community Engagement Research (PaCER) program.

Analysis identified **19 THEMES** as opportunities for improvement.

Choosing the **TOP 5**

Suggested opportunities for improvement from providers, patients and families were amalgamated and re-examined by a panel of three providers, three family members, and three decision-makers.

The panel members independently rated the priorities over two rounds and then met for a half-day meeting to reach consensus on a **Top Five Priorities** list.



Reconciliation Panel Meeting

Next Step: Phase II Audit Care Practices



Assess Audit Feasibility

Two working groups will each operationalize the top **clinical priorities** and **patient/family priorities** and assess how they can be audited.

Establish groundwork

Liaise with individual ICUs in Alberta.

Conduct Audit

Chart review, data abstraction, and surveys.

Are the perceived gaps identified by stakeholders in Phase I actual gaps in ICU care practices?

For more information about the 'Evidence-Care Gaps' project, contact:
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