



ELSEVIER

Contents lists available at ScienceDirect

Geriatric Nursing

journal homepage: www.gnjournal.com



Feature Article

Factors affecting nursing staff use of a communication tool to reduce potentially preventable acute care transfers in long-term care

Stephanie A. Ballard, MSc^{a,b}, Matteo Peretti, MSc(c)^{a,b}, Ovidiu Lungu, PhD^{a,c,d},
Philippe Voyer, Inf PhD^e, Fruan Tabamo, RN, MCISc^{a,f}, Linda Alfonso, Inf MED^{f,g},
Deniz Cetin-Sahin, MD, MSc^{a,h}, Sarasa M.A. Johnson, MSc^a,
Machelle Wilchesky, PhD^{a,b,i,j,*}

^a Donald Berman Maimonides Geriatric Centre for Research in Aging, 5795 Avenue Caldwell, Montreal, QC, H4W 1W3, Canada

^b Department of Family Medicine, McGill University, 5858 Chemin de la Côte-des-Neiges, 3rd Floor, Suite 300, Montreal, QC, H3S 1Z1, Canada

^c Département de psychiatrie, Université de Montréal, Pavillon Roger-Gaudry, C.P. 6128, succursale Centre-ville, Montreal, QC, H3C 3J7, Canada

^d Centre de recherche de l'Institut universitaire de gériatrie de Montréal, 4565 Chemin Queen-Mary, Montréal, QC, H3W 1W5, Canada

^e Faculté des Sciences Infirmières, Université de Laval, 1050 Rue de la Médecine, Pavillon Ferdinand-Vandry, Office 3445, Québec City, QC, G1V 0A6, Canada

^f Jewish Eldercare Centre, 5725 Victoria Avenue, Montreal, QC, H3W 3H6, Canada

^g Division of Geriatric Medicine, Jewish General Hospital, 5757 Rue Légaré St., Pavillon E, Office 0026, Montreal, QC, H3S 1X9, Canada

^h St. Mary's Research Centre, Hayes Pavilion, 3830 Lacombe Avenue, Montreal, QC, H3T 1M5, Canada

ⁱ Division of Geriatric Medicine, McGill University, 3755 Cote St. Catherine Road, Montreal, QC, H3T 1E2, Canada

^j Centre for Clinical Epidemiology, Lady Davis Institute for Medical Research, Jewish General Hospital, 3755 Cote Ste-Catherine, H-461, Montreal, QC, H3T 1E2, Canada

ARTICLE INFO

Article history:

Received 9 September 2015

Received in revised form

6 March 2017

Accepted 13 March 2017

Available online xxx

Keywords:

Long-term care

Nursing home quality

Communication tool

Interprofessional communication

Mixed methods

Adherence to interventions

ABSTRACT

Although specialized communication tools can effectively reduce acute care transfers, few studies have assessed the factors that may influence the use of such tools by nursing staff at the individual level. We evaluated the associations between years of experience, tool-related training, nursing attitudes, and intensity of use of a communication tool developed to reduce transfers in a long-term care facility. We employed a mixed methods design using data from medical charts, electronic records, and semi-structured interviews. Experienced nurses used the tool significantly less than inexperienced nurses, and training had a significant positive impact on tool use. Nurses found the purpose of the tool to be confusing. No significant differences in attitude were observed based on years of experience or intensity of use. Project findings indicate that focused efforts to enrich training may increase intervention adherence. Experienced nurses in particular should be made aware of the benefits of utilizing communication tools.

© 2017 Elsevier Inc. All rights reserved.

Introduction

Interventions targeting communication processes can be an effective way to promote institutional change within clinical settings. Prior research in long-term care (LTC)ⁱ, for example, has focused on improving such processes between nurses and other

healthcare professionals,^{1,2} and has targeted the use of communication tools to organize information and improve decision-making between stakeholders.^{3,4} The Situation-Background-Assessment-Recommendation (SBAR) algorithm is a communication approach adopted from the United States Navy by the hospital industry that has been found to improve communication and reporting among hospital staff in multiple settings, including LTC.^{5,6} Tools employing this approach have also proven effective at reducing potentially preventable acute care transfers (PPACTs) from LTC facilities.^{7–9}

While a great deal of evidence exists to support the effectiveness of SBAR instruments,^{5,7–9} use of such tools among trained nursing staff members has been shown to vary considerably.^{6,7,10} These inconsistencies in tool adherence are present despite positive nursing perceptions of tool value and utility.^{6,7} Although previous

* Corresponding author. Donald Berman Maimonides Geriatric Centre for Research in Aging, 5795 Avenue Caldwell, Montreal, QC, H4W 1W3, Canada.

E-mail address: machelle.wilchesky@mcgill.ca (M. Wilchesky).

ⁱ LTC = Long-Term Care; SBAR=Situation Background Assessment Recommendation; PPACTs = Potentially Preventable Acute Care Transfers; CNS = Clinical Nurse Specialist; INTERACT = INTERventions to Reduce Acute Care Transfers; RN = Registered Nurse.

investigations have focused on organizational strategies to overcome implementation barriers to tool use (e.g. working with an interdisciplinary team to overcome internal resistance to change),⁴ few studies have addressed the factors that contribute to the use of such tools by nursing staff at the individual level following their implementation. These factors are important to consider when developing strategies to improve adherence, as tool use may be influenced by individual, organizational, or protocol characteristics.¹¹ Further investigation into the individual factors that affect the use of communication tools by nursing staff is required in order to improve future adherence rates.

Study objectives

The current investigation sought to: (1) explore nursing attitudes toward the use of a communication tool, based on the SBAR algorithm, to reduce PPACTs in a LTC facility; (2) identify the perceived facilitators and barriers associated with integrating the tool into nursing practice; and (3) evaluate the associations between nursing attitudes toward the tool, years of experience, tool-related training, and intensity of tool use by nursing staff using a mixed methods approach. This research initiative was guided by the following research question: to what extent and in what ways can nursing attitudes toward a communication tool, years of nursing experience, and training in tool use account for the intensity of tool use by nursing staff?

Hypotheses

Three hypotheses were generated from our review of the literature. As clinical experience and tool training have been associated with the uptake of interventions by nurses in emergency and LTC settings,^{9,11} we expected: (1) nurses with fewer than five years of nursing experience to use the tool more than their experienced counterparts, and (2) nurses who received tool-specific training to use the tool more than nurses who did not receive such training. Given that use of SBAR tools in nursing homes has been shown to vary considerably despite nurses' acknowledgment of their value,⁷ we also expected nursing attitudes toward the tool to fail to predict intensity of tool use (3).

Materials and methods

This was a descriptive study using a mixed methods approach. It was conducted in a 320-bed LTC facility in Montreal, Quebec, and approved by the Internal Review Board of the McGill University Faculty of Medicine (Ethics Certificate #: A11-E81-14A).

The communication tool

The communication tool was developed in 2011 as part of a quality improvement program to reduce the number of PPACTs from a 320-bed LTC facility. It was designed to facilitate resident evaluation and information translation between healthcare providers (nurse-to-nurse and nurse-to-physician) following a change in resident status, and reflected institutional and contextual realities unique to the LTC facility. It was developed by a Clinical Nurse Specialist (CNS) for internal use, and combined elements from two existing communication-evaluation tools: (1) the *SBAR Communication Tool and Progress Note*, a health status change evaluation and communication tool that forms part of the INTERACT II© program,⁸

and (2) the *Clinical Exam for Nurses to Use Prior to Requesting Medical Advice for a Complex Situation*,¹² an evaluation and decision-support tool.ⁱⁱ

The communication tool consisted of 42 questions, divided into four sections: situation, background, assessment, and recommendation. The 'situation' section included six open-ended questions, designed to contextualize the health status change (i.e. signs of distress, treatments or actions that alleviated/exacerbated symptoms). This was followed by the 'background' section, which listed any relevant medical history and allergies, recorded physiological measures (i.e. pulse oximetry and creatinine clearance levels), and traced the clinical evolution of the problem. A series of yes/no questions also highlighted medication changes. Next, the 'assessment' and 'recommendation' sections allowed space for nurses to first evaluate the problem and then suggest a course of action to rectify it. All four sections fit on one printed letter page, the reverse of which could be used for additional note-taking.

Pilot implementation of the tool took place within the LTC facility in February 2011. Staff members were trained between February 2011 and March 2012. Training sessions lasted approximately one hour, took place in small groups, and were led by the CNS. The tool was not tested for reliability and validity.

Participants

Thirty (30) registered nurses (RNs) were purposively selected to participate in this investigation from a list of 61 RNs identified in facility electronic transfer records from February 2011 to May 2014. RNs were chosen based on their level of documented tool use, in order to reflect the distribution of user levels within the institution. Tool use referred to the proportion of ER transfers in which an RN completed a tool form for residents under his/her care. The following user categories were represented: lowest intensity (0–19.99%), low intensity (20–39.99%), middle intensity (40–59.99%), high intensity (60–79.99%), and highest intensity (80–100%). In order to be chosen for participation, RNs had to have been working at the institution during the study period (November–December 2014). Selected RNs were approached during their usual work shift by one of two research assistants (SAB and MP). Participating staff members were awarded one non-accredited hour of *Continuing Nursing Education* by the Department of Nursing for their time.

Measures

Qualitative measures

Semi-structured interviews were conducted to explore nursing attitudes toward the tool and identify perceived facilitators and barriers affecting its use. RNs were interviewed once, by a research assistant (SAB or MP). Interviews were conducted one-on-one, in either English (MP or SAB) or French (SAB), using an interview guide that included open-ended questions. The interview guide (Table 1) was professionally translated. The guide focused on tool helpfulness/usefulness and comprehensiveness, and attempted to establish ease of use, contextual barriers to and facilitators of use, and personal opinions on the subject of tool implementation. RNs were also asked to provide the number of years that they had been working in LTC, as well as their sex, work status (full-time or part-time), work shift (day, evening or night), and tool-related training history. All interviews took place during the participants' shifts, in a quiet location on their nursing unit. Responses were recorded by hand by the research assistant conducting the interview.

Quantitative measures

Intensity of RN tool use was established using data that had been extracted for program evaluation purposes prior to the study.

ⁱⁱ Originally published in French: Examen Clinique Infirmier Précédent Une Demande Ponctuelle d'Un Avis Médicale Pour Situation Complexe.

Download English Version:

<https://daneshyari.com/en/article/8570054>

Download Persian Version:

<https://daneshyari.com/article/8570054>

[Daneshyari.com](https://daneshyari.com)