Research to Reality: Evidence and Outcomes to Change Critical Care Culture, Part I

Jennifer Cline PT, MS
Deanna Dye PT, PhD
CSM San Diego; January 22, 2013; 8:00 – 10:00 am

Objectives

- Articulate the history of medical management and mobilization of patients in critical care.
- Describe the physiological effects and long term consequences of critical care stays.
- Identify the benefits and outcomes of early mobilization as supported by the literature.
- Apply a conceptual framework when implementing cultural change within the hospital climate.
- Discuss strategies to anticipate and pre-empt barriers and resistance to change.

Pre Test

1. Historically in the 1940's patients were routinely mobilized up to chairs while receiving mechanical ventilation.
2. Patients who can’t ambulate greater than 300 feet in six minutes are at increased risk for mortality.
3. Extubation is an adverse event that has been reported in the literature while ambulating patients on a vent.
4. Evidence shows it may be safe to ambulate and transfers patients out of bed with a femoral arterial line.
5. The most significant threat to mobilization in the ICU is diprivan, haloperidol, and lorazepam.
6. A plan is a symbolic representation of intent.
7. Ambiguity is one of the greatest barriers to making a change.
8. The physical function in the ICU test is a modified version of the FIM.
9. The physio-therapy clinical outcome variable scale is typically used in US academic medical centers.
10. Early mobilization has been shown to decrease ICU stay by 2-3 days.

Advances in Acute Care

Mobilization in the ICU
Physical therapy in the ED
Opportunities for growth

Physical Therapists Make Accurate and Appropriate Discharge Recommendations for Patients Who Are Acutely Ill

- Beth A. Smith, Christina J. Fields, Natalia Fernandez. Physical Therapy May 2010

PT’s discharge recommendations were implemented 83% of the time.

When PT’s discharge recommendations were not followed, patients were 2.9 times more likely to be readmitted to the hospital.

Excellence

APTA’s Core values:

- Demonstrating investment in the profession of physical therapy
- Internalizing the importance of using multiple sources of evidence to support professional practice and decisions
- Participating in integrative and collaborative practice to promote high quality health and educational outcomes
- Conveying intellectual humility in professional and personal situations
- Using evidence consistently to support professional decisions
- Demonstrating a tolerance for ambiguity

Josh Dueck - excellence defined-

- Salomon Freeski TV
  - http://www.youtube.com/watch?v=4xjUUfsK84

We have been here before--

Thomas Petty MD

What I see these days are paralyzed, sedated patients, lying without motion, appearing to be dead, except for the monitors that tell me otherwise... This was not the case in the past.
Thomas Petty, MD

“When we first started our unit in 1964, patients who required mechanical ventilation were awake and alert and often sitting in a chair...these individuals could interact...they could feel human...by contrast, patients with induced coma...cannot even maintain muscular tone...and muscle atrophy begins.”

What do you do in practice?

<table>
<thead>
<tr>
<th>Types of patients</th>
<th>Duration of interventions (per pt)</th>
<th>Level of criticality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amount of interventions (total)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Timing of interventions</td>
<td></td>
</tr>
</tbody>
</table>

Change – is a 6 letter word

How do you Analyze your Facility?

Consider the 4 frames:

- Structural
- Human Resources
- Political
- Symbolic


The Structural Frame

Key Structural Questions

- Who has authority to make the decision?
  - At what level does the decision need to be made?
- How much autonomy do various levels of workers have?
- How is the structure organized?
  - By profession; by floor; by patient type
  - Within delivery areas; combination
- How are roles / tasks assigned?
The Human Resources Frame

Key HR Questions
- Do we have the resources?
- Do we have common values and goals?
- Do we have the knowledge?
- Do we have the skills?
- Do we have the desire?
- ALTERNATIVE: What is in it for me? Will it make my job more difficult? Will it be worth it? Will I fail? Can I do it?

On a personal level
- Combine Advocacy with Inquiry

<table>
<thead>
<tr>
<th></th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assertive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodative</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


The Political Frame

Key Political Questions
- Who has influence (regardless of structure)?
- How does informal communication flow?
- How can we mobilize a change?
- Who and where resistance is likely?
  - Vertical conflicts
  - Horizontal conflicts
  - Cultural (personal) conflicts

The Symbolic Frame
Key Symbolic Issues

- What is the facility’s mission and vision?
  - How is it represented? Enacted?
- What rituals are in place at the facility?
  - Coffee break; awards
  - Orientation; Christmas/New year’s party
- Symbols help clarify ambiguity
- A plan is the ultimate symbol of intent

Barriers to Change

- Structural
  - Loss of clarity and stability, confusion, uncertain of chain of command
- Human Resource
  - Anxiety, uncertainty, feelings of incompetence and fear of failure
- Political
  - Disempowerment, conflict between perceived winners and losers
- Symbolic
  - Loss of meaning and/or purpose; desire to return to past ways

How do you change your climate?

- “Leaders raise the bar gradually and offer coaching and training to build skills that help people get over each new level”
- “Innovation requires risk taking, which is critical to an organization’s health and development.”

Erase Sources of Ambiguity

- What is the problem?
- What is really currently being done?
- What do we really want?
- Do we have the resources?
- What will I need to do/change/alter?
- How can we make it happen?
- How will we measure success?

An important thing to remember is: hospital culture, has a very strong immune system.


Those leaders within the structure will strongly defend the status quo if it is working for them.


Barriers

- Fear
- Productivity
- Lack of support
- Prioritization issues
Changes in Reimbursement

- RAC audits
- "Skilled PT"
- Pay for performance

MED B

- Therapy is not required to effect improvement or restoration of function where a patient suffers a transient and easily reversible loss or reduction of function (e.g., temporary weakness which may follow a brief period of bed rest following abdominal surgery) which could reasonably be expected to improve spontaneously as the patient gradually resumes normal activities. Therapy furnished in such situations is not considered reasonable and necessary for the treatment of the individual's illness or injury and the services are not covered. (Medicare Benefit Policy Manual)

Where do we best spend time and energy?

What works at your hospital/setting?

- "All patients are the same and all patients should be treated if referred" has been our mantra for many years. In order for physical therapy to be a cost effective and valued resource in acute care, this mantra must change. It would be unethical for a physician to continue to prescribe medication knowing the problem was alleviated or if the medication were ineffective. We must determine the “dosage” of physical therapy in order to meet the elements of “quality care.”


Can you make the change?