Resilience Analysis Grid – Development and application for nursing teams

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Aims of the presentation

• Recap from Sunday
• Explain question generation process
• Discuss challenges
Study aims

• Develop a replicable and robust process for nursing teams to analyse, understand and improve the potential for resilient performance
Recap from Sunday

• RAG as most fruitful approach to analysing the potential for resilient performance of a system
• Implementation gap – no method for generating questions specific to the system under investigation
Table 1: Examples of detailed issues relating to the ability to respond

<table>
<thead>
<tr>
<th>Event list</th>
<th>What are the events for which the system has a prepared response?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background</td>
<td>How were these events selected (tradition, regulator requirements, design basis, experience, expertise, risk assessment, industry standard, etc.)?</td>
</tr>
<tr>
<td>Relevance</td>
<td>When was the list created? How often is it revised? On which basis is it revised? Who is responsible for maintaining and evaluating the list?</td>
</tr>
<tr>
<td>Threshold</td>
<td>When is a response activated? What is the triggering criterion or threshold? Is the criterion absolute or does it depend on internal / external factors? Is there a trade-off between, e.g., safety and productivity?</td>
</tr>
<tr>
<td>Response list</td>
<td>How was the specific type of response list decided? How is it ascertained that it is adequate? (Empirically, or based on analyses or models?)</td>
</tr>
<tr>
<td>Speed</td>
<td>How fast is full response ability available? How fast can an effective response be implemented?</td>
</tr>
</tbody>
</table>
My Study

• Phase One – Question Development
  – Discuss what nursing staff find challenging about their work, why they find it challenging and how they manage – develop questions based on responses

• Phase Two – Questionnaire Application
  – Ask all nursing staff on the ward to fill out questionnaire (n=100)

• Phase Three – Reflection on results of questionnaire
  – Facilitate nursing staff to reflect on the results of the questionnaire and identify possible improvements
Phase One - Question Development

• Recruitment of expert group to represent the range of nursing staff on the ward (n=18)

• 9 focus groups to discuss what is challenging about the work, why it is challenging and how this is managed
Challenges identified by nursing staff

- Deteriorating patients
- Skill mix
- Multiple simultaneous admissions
- Staffing – shortages/bank/agency staff
- Teamwork
- Equipment problems
- Patient flow – admissions/transfers/discharges
- Challenging patients – behaviour/mental health
- Time management
- Prioritising
- Complex patients
- Nursing students
- Accountability for tasks completed by others

System
Teamwork
Individual
Unrelated
Thematic analysis

- Qualitative data analysis of focus group transcripts
- Move beyond challenges identified staff to explore content of discussion
- Generation of 23 themes
‘Deteriorating Patients’

Do you feel confident escalating a patient early?

1  F2: So. Does anybody ever say to you? Why did you call me? It was only a two.
2  P1: I do start the conversation. With I know it’s only a two. BUT.
3  P2: I don’t want my ear chewed off. Mm. Yer. I do start off. By saying. I know. He’s this. This. And this. BUT. Like.
4  P2: Hear me out.
5  P1: But his bloods said this. And his chest x-ray said that. Or whatever. And I can see that he might not be this stable. Or seemingly stable. For long. You know. I can see it kind of. Going down this pathway.
6  ...
7  P2: If you did just say. So they’re newsing a two. This and this and this. They would probably cut you off.
8  P1: I know this is what he came in with. But I. I am anticipating that. Something could.
9  P2: I’m concerned.
10 F1: Yer.
11 P2: PLEASE listen. I’m concerned.

Do you know what to do when you don’t get the response to escalation that you needed?
Do you monitor the work of agency/bank staff?

• P1: the bad thing is. Even though they get the lighter side. Or whatever. They do not come and help. On the heavy side. With your washes or anything. Now. I worked with an agency nurse. I find it hard. Working with patients. I guess. That’s why they put. A nursing assistant. A permanent one. Because an agency doesn’t know anything. And. I’m in zone one. And. That patient. (LAUGHS). That agency nurse. They must hate. The patient was so sick. And he was newsing so much. Likes nines. Tens. And I was doing. The. Throughout the whole day. I was doing the whole obs. The hourly fluid balance. Every time I needed to speak to her. I couldn’t find her. And I needed to go to the nurse in charge. And. You know.

Do you know when to adjust the way you work when allocated in a team with bank/agency staff?
Reducing overlap 500 → 100

Do you know when other people in your zone need help?

Do you know about the status of other team members in the zone?

Do you notice when other people in your zone are struggling?

Do you know how busy other people in your team are?

Do you know when other people in your team need help?
Short list of 54 items

1. I feel confident judging when to escalate a patient when the clinical picture is unclear.
2. As a team we discuss priorities as things change throughout the day
3. There is a lot of variability in how the nurses in charge work.
4. Huddles help with awareness of patient care in the zone.
5. I am involved with discussions about patient care decisions.
Summary of process

- Focus groups – 7 hours
- Thematic analysis – 23 themes
- Question generation - ~500 items
- Reducing overlap/repetition - ~100 items
- Question refinement – representative and theoretically coherent – 54 items
- Review and final selection by expert group
Challenges

• Inferential leap from focus group data to item development
• Reconciling individual responses with the work of the system
• Incorporating ‘learning’ into questionnaire
• Incorporating social elements e.g. teamwork, when not well explained by RMLA
Using the RAG

• Repeated snapshot over time
• Standard questions that can be applied to other healthcare settings?
• Quality improvement
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