In 2015 negative staff attitudes around care of the LTP prevailed. Allocation was a significant issue and this was of Care:

Method: Biennially a nursing staff survey was conducted (2015, 17,19). Medical staff were initially included however, results from medical staff demonstrated that they were disengaged with the LTP group. Therefore they were excluded from subsequent surveys. The initial aim of the 2015 survey was to gain understanding of the prevailing attitudes, perceptions and knowledge related to LTP’s in Wellington ICU. Following each survey, interventions have been implemented to address key issues. Subsequent surveys have been undertaken to determine if the measures put in place after each survey have achieved the goals set and to refine interventions.

Intervention: The original survey identified that a culture of negativity towards the LTP pervaded. This negatively impacted on care. There was also a prevailing opinion from medical staff that care was inconsistent. Once these factors were determined, we endeavored to improve the culture around care of the LTP by changing attitudes and perceptions through a series of interventions:

1. Long Term Patient Interest Group (2015)
   - multi-disciplinary interest group established consisting of individuals with an interest in the promotion of expert care for the LTP
   - provide support, clinical guidance, education
   - Review expert practice in the literature to ensure Wellington ICU’s care delivery is up to date

   - attain consistency of care
   - promote involvement of the patient and family in day to day care:
     a) LTP whiteboards - create an environment where photos and other reminders of life before ICU can be used to help the patient retain hope, provide connection to family and provide staff with a sense of who the patient was before admission to ICU
     b) LTP boxes with practical resources such as communication aids, clocks, ear plugs, eye masks
c) daily planner - nurse and patient complete together
d) rehabilitation record - show progress and promote encouragement and engagement from the patient and family

3. Increased Education (2017)
   - annual 8hr multidisciplinary study day
   - expert patient talks to study participants about their ICU experience as well as what life has been like for them afterwards
   - development of comprehensive resource book
   - biannual LTP focus week to highlight issues and teach staff all things related to LTP’s
   - new and junior staff targeted as the recipients of education and support as they are often allocated to these patients. Intervening early ensures quality practice is instilled before negative attitudes can be developed

4. Increased ICU Nurse Specialist Contribution (2018)
   - extra FTE provision = increased presence of ICU nurse specialists on ward rounds. Subsequent increased ability of them to lead care
   - resulted in greater consistency, especially with respiratory weaning, mobilisation and discharge planning
   - provide clinical support and education to staff
   - provide a consistent presence for nurses, patients and family

Results: The themes discovered from the results of the surveys that had a significant impact on culture were: staff attitudes and perceptions, staff satisfaction, allocation and consistency of care.

Attitudes: in 2015 negative staff attitudes and perceptions prevailed. In the 2017 and 2019 results, there was a transformational shift to more positive attitudes. Negative responses have decreased (50% 2015, 35% 2017, 10% 2019). Anxiety around caring for a LTP for the first time has decreased (50% 2015, 40% 2017, 15% 2019). We attribute this to the changes that have been instituted and having a much more supportive and structured environment to care for these patients.

“I am always so nervous caring for a LTP for the first time when they have been here for ages. I don’t know their routine, what they like/don’t like – I don’t know where to start – it is overwhelming” — Staff Nurse 2015

“These patients are busy, hard work and demanding. No one puts their hand up to nurse the LTP and family” — Staff Nurse 2015

“LTP’s are complex, they require expert nursing care that meets all of their fundamental needs. The difference compassionate, engaged nursing can make to their day and outcomes is profound” — Staff Nurse 2019

Staff Satisfaction: Staff perspective that WGTN ICU provides good care to LTP’s has improved from 55% 2015, 79% 2017, 92% 2019.

“I believe we are giving these patients excellent care” — Staff Nurse 2019

“I think it’s special what we do” — Staff Nurse 2019

Allocation: In 2015 allocation was a significant issue and this was mostly related to negative staff perceptions. Staff mentioned they did not enjoy caring for LTP’s due to them being difficult to communicate with, boring, demanding and hard work. Now in 2019, allocation has ceased to be an issue.

“Allocation of LTP’s is near impossible. They are always the last patient to be allocated” — ACNM 2015

“Allocation of nurses to LTP’s is now not an issue. Nurses feel more comfortable with these patients and the overall standard of care is a much better” — ACNM 2019

Consistency of Care: in 2015 the lack of structured education and support for nurses negatively influenced quality and consistency of care. Embedding structured education, adopting resources and additional nurse specialist support have resulted in consistency improvement (50% 2015, 50% 2017, 80% 2019). Medical staff have supported these nurse-led changes and noticed significant improvement around quality care. Furthermore the expertise of the nurse specialist is valued by medical staff; they trust and allow the nurse specialist to lead care for the LTP.

“There is a real lack of consistency around care of the LTP. Some patients receive excellent care, others receive fractured care. We need a consistent standard” — Staff Nurse 2019

“Increased education and the clinical focus week with interactive bed space setup really useful!” — Staff Nurse 2019

“The boards and daily shift planners help us prioritise and organise care as well as bring us back to person-centred care” — Staff Nurse 2019

“Support and guidance from specialised nurses is invaluable” — Staff Nurse 2019

Conclusion(s) In 2015 negative staff attitudes around care of the LTP prevailed. Interventions introduced including practical tools and resources, greater staff education, support and clinical nursing leadership have been successful in facilitating a positive culture change around care of the LTP; a new standard of care has been established, care is more consistent and staff experience greater enjoyment and satisfaction caring for them.

Background: The dominant biomedical model of care delivery in intensive care and the environment are designed to save and maintain life. However, evidence suggests the intensive care unit (ICU) environment can deleteriously impact on the care of the long term patient (LTP). To a patient, the ICU can seem hostile and frightening. Additionally for those that experience a prolonged ICU admission these environmental factors can be further compounded by negative staff attitudes. Such attitudes often lead to poor practice, disengagement and worse outcomes for the LTP. Wellington ICU recognised these issues were present in the unit and such a culture was negatively impacting care.

References: