The benefit of focus groups:
The experience of critical care nurses who participated in a needs assessment.
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Conflicts of Interest

• None reported

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  • CIHR
  • LHIN
Research team

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• Critical Care Strategy (2006) to improve:
  • Access
  • Quality
  • System integration

To ensure all citizens in Ontario have equal access to high quality care regardless of location

MOH-LTC, 2013
Background

• The care of critically ill patients in Canada
  • Delivered by multiple interprofessional health teams
    - Within community hospitals
    - And referral hospitals

• Equal access and excellence in care requires:
  • A collaborative approach
  • Highly skilled teams
  • Coordinated system of hospitals

Vision: Right care, right place, right time
Background

• Building relationships between centers has benefits:
  • Increased patient and staff satisfaction
  • More comprehensive training programs
  • Improved financial performance
  • Decreased delays in patient transfers

  Rusinova et al, 2009; Giacomini, Cook & DeJean, 2009; Patton, 2002

• In order to facilitate change in clinical practice, it is important to understand:
  • Organizational culture
  • The complex health system

  Kern, Thomas & Hughes, 2009; Moore, Green & Gallis, 2009
In keeping with MOH-LTC mission

- **Objectives of the main study**
  - Design and implement a needs assessment (NA) process
  - Explore the different elements that impact care of critically ill patients in the community including the relationship between the community hospital (CH) and the referral hospital (RH)
  - Identify any educational and system-level gaps.

Data collected between June 2011 and February 2012
MIXED METHOD RESEARCH

The planned integration of qualitative and quantitative data within studies is described as mixed methods

Loiselle, Profetto-McGrath, Polit, & Tatano-Beck, 2007
Advantages of mixed methods

- The limitations inherent in one method may be compensated for by the other;
- The strengths of one method add to or even enhance the strengths of the other;
  - Providing complementary information
  - More complete and comprehensive explanation
    Loiselle et al, 2007; Risjord, Dunbar & Moloney, 2002
- Researchers can be more confident about the validity of their findings.
  Loiselle et al, 2007; Patton, 1990
Methods - Conceptual Framework

The System

The critically Ill Patient

COMMUNITY HOSPITAL

REFERRAL HOSPITAL

HUMAN, PHYSICAL & SOCIAL CAPITAL

Patient and Family Beliefs/Expectations

FAMILY

Bourdieu (1986)
Human Capital:
- the collective human resources available
- their knowledge, skills and abilities gained through education and experience

Bourdieu, 1986; Becker, 2009; Schultz, 1961; Becker, 2009; Coleman, 1998
The critically Ill Patient

HUMAN, PHYSICAL & SOCIAL CAPITAL

COMMUNITY HOSPITAL

REFERRAL HOSPITAL

FAMILY

Patient and Family Beliefs/Expectations

Physical Capital:
• any assets, which are applied to care for critically ill patients, such as medications and equipment

Bourdieu, 1986; Becker, 2009; Schultz, 1961; Becker, 2009; Coleman, 1998
Human Capital:
- the collective human resources available
- their knowledge, skills and abilities gained through education and experience

Physical Capital:
- any assets, which are applied to care for critically ill patients, such as medications and equipment

Social Capital:
- the connections between professionals
- includes the connections:
  - within the CH
  - between the CH and RH

Methods - Conceptual Framework

Bourdieu, 1986; Becker, 2009; Schultz, 1961; Becker, 2009; Coleman, 1998
Different perspectives sampled:

• Regional leaders
• Health care professionals
  • community hospital
  • referral hospital
• Family members
Data collection

• Data sources included:
  • Interviews (n=22)
  • Walkthroughs (n=5)
  • Focus groups (n=31)
  • Database searches
  • Context questionnaires (n=8)
  • Family surveys (n=16)
  • Simulations (n=13)

• n= number of participants in each data collection source
Data analysis

- Included the application of inductive coding techniques
- Codes were generated directly from the data sets
- Consistently applied to the data from
  - Interviews
  - Focus groups
  - Walkthroughs
  - Simulation debriefing sessions

NVIVO software used for data management

Giacomini & Cook (2000); Watkins, West Meiers & Visser (2011)
Methods - Analysis

Selection of assessment instruments based on the conceptual framework

- Quantitative data collection and analysis
  - Context, family input, performance during crises
- Qualitative data collection and analysis
  - Themes

Gap analysis and prioritization

- Vision
- Needs
- Solutions
4 researchers made up the Analysis team

• Coding training and meetings to develop the codebook

• Inter-rater reliability assessed
  • Prior to independent coding
  • And at mid-point
  • Greater than 85% agreement

• Ongoing group discussion and agreement on emergence of new themes and addition of codes
Needs identified

Community Hospital needs
- Need to improve Access to Human Resources
- Gaps in Expertise
- Need to improve Bed flow and ICU bed use
- Gaps in Communication
- Lack of Educational opportunities
- Gaps in End of Life care
- Gaps in Interprofessional team work

Interhospital needs
- Inadequate Hospital Network
- Gaps in Transfers and Repatriation (transfer back)
The methodology uncovered the causes and widespread impact of each need and how they interacted with one another.
The ability to deliver high quality care to critically ill patients was impacted by both human and social capital. Including gaps in:

- Expertise
- Communication
- Interprofessional teamwork

Contributing to the gap in expertise for recognition and management of critically ill patients were:

- Lack of exposure to critically ill patients
- Lack of educational opportunities
Both the Referral Hospital and Community Hospital recognized the need for:

- An adequate hospital network requiring improved communication and collaboration between the two hospitals including:
  - Education
  - Consultation
  - Feedback on patients transferred

- Gaps were identified with inter-hospital transfers
  - Surrounding the decision to transfer
  - Process of transfer and repatriation (transfers back to the Community Hospital).
Discussion

• Identification of potential solutions originating:
  • Within the system by participants
  • As opposed to solutions imposed from the outside

• Solutions
  • Some were clinical/educational and centered on the processes of care
    - e.g. improved team skills during a crisis
  • Others addressed the structure of care
    - e.g. implementation of a rapid response system

Donabedian, 1988
Discussion

• Important consideration to improve patient outcomes:
  • Combine educational solutions with organizational solutions to ensure that competent health care providers are available at the bedside when patients deteriorate.
Focus groups

THE EXPERIENCE OF NURSES IN THE FOCUS GROUPS
Focus groups - what are they?

- Focus groups are staged events the purpose being to encourage informants to talk and express their views on a topic.
Focus groups

• A total of 6 focus groups conducted. Nurses involved in 5 of these.
• At the CH, 4 focus groups conducted. Nurses involved in 3.
• Discipline specific (2)
• Interprofessional (3)
• Interprofessional and intersite (1)

We will zone in on the focus groups that involved CH nurses
Focus groups

- Participation in the study was entirely voluntary. Prior to each focus group, nurses read the consent form. The focus group with just nurses was approximately 120 minutes in duration. The focus group with both sites 150 minutes long.

- Focus groups were taped and transcribed verbatim.
Focus groups

- To ensure consistency in the focus group interview process, the same co-investigator conducted all the interviews.

- Standard probes ensured consistency in the interviews.

The Community Hospital focus group gave an opportunity to nurses from the different departments (ER, ICU, Ward) to engage in a dialogue about inter-departmental issues.

“...[In the ER] when it's time to transfer to the ICU that’s when they state they are not ready to take her. There's a staffing ratio, she needs to be one to one. Well if you’re shipping five to one down in emergency... Sometimes I think that - why does she become one to one up in the unit when downstairs...”

(CH Nursing focus group)
Nurses in ER in the CH felt that they were disliked by nurses in ICU and other areas of the hospital.

“I think as a group we feel disliked strongly by the units- the fact that we are bringing a patient to an already tired busy unit”

(nursing focus group)
• Their advocacy role was expressed in both nurse specific groups and interdisciplinary groups

“Because you know what? You want to do what's best for that patient.”

(CH Nursing focus group)

“I know why I am here every single day- it is to take care of that person in the bed?”

(Interdisciplinary focus group)
The voices of nurses suggested what needed to be done

- Nurses, as front line workers, have insight into what is needed for improvement. The focus group was a venue to have their voices heard.

“Standing orders are awesome because it gives us... we don’t have to be calling for every little thing and gives us a wide spectrum of what we're allowed to do.”

(CH Nursing focus group)
• “I think you have to have a big team effort”
• “Perhaps we could have RN here speaking to RN in teaching hospital re nursing care”
• “We used to share (shift report) which was a way of teaching and now we don’t share”
• “Could we have like more education? I know that up at the [Referral] Hospital they really have this well organized. Can we go too?”
The voices of nurses suggested what needed to be done

• “I had no hesitation participating in this focus group because for me .... Communication is my main. If I do not have good communication, it’s key”

• “I would like to have happen in this focus group here is to discuss a bit about pathways because it would make our lives in the ER much better if we knew where people were going. “
In the interdisciplinary focus group, the challenges nurses faced were validated by other members of the health care team.

“And the nurses always do it (discuss DNR status) and I don’t think that’s fair to you guys. That’s just my opinion on it.”
A venue for establishing a shared understanding

- The interhospital interdisciplinary focus group brought forth greater understanding of the situation of nurses in the community hospital.

“I think some of us had that feeling but I thought she had an Intensivist on... Like that’s what I mean, you’ve opened my eyes.”

“But honestly, hearing what she said..., that’s enlightening, you know, we wake up when we hear this.”
• “The medical directives are how we do our plans. But then there’s also nursing directives that could influence care”

Here the nurse was referring to nurse-nurse consults between CH and referral hospital to help care for a patient
• “we are mired knee deep in paper work. We take wonderful care of our paper work”.
  (Nurse only focus group)

• “I am a little package of peanut butter and I was expected to cover 4 crackers. I am that same package of peanut butter and now expected to cover a loaf of bread.”
  (Nurses only focus group)
Views as the moderator

- Given a voice
- Openness
- Vision that they all had for patient care
- Why this approach was so important in a needs assessment
• Nurses had a better understanding of the system and what can change

• Better understanding of each other within their hospital. This helped them to see structure and process of what went on and then what could change over time.
Views as the moderator

• The opportunity to reflect on the vision of what should be and could be is empowering and brings hope.

• Their optimism of this process fuels what needs to happen

• Witnessing the behavior of the participants and how they interacted with each other.

• Their appreciation of the opportunity to have a voice in determining their future.
Views as the moderator

• How political decisions re services offered in a hospital impact on nurses ability to provide care

• “our health teaching used to be huge”

• “We are still the circle of care but we are not really part of it any more because we have given it up “

(Nurse only focus group)
Conclusions

- Studies in the social sciences suggest that change in participants’ knowledge and/or behaviors at the individual and/or system level can occur simply by engaging in the process of evaluation.

- This concept can be extended to NAs for healthcare systems. The NA itself may be an important first step in the process of learning and practice change.

Sutherland, 2004; Preskill, Zuckerman & Matthews, 2003; Fross, Rebien, 2002; Russ-Eft, Atwood & Egherman, 2002; Shulha, 2000; Norman, Shannon & Marrin, 2004.
Conclusions

• More broadly, the NA may also be a key step in organizational change necessary to optimize learning and improve patient outcomes.

• In this study, participants acknowledged that they gained new insight into the context of current practice and their needs.

• In addition, a deeper reflection and realization of self may have occurred, setting the stage for practice change or inspiring action to improve systems.
Conclusions

- In addition to providing rich data on the different elements that impact the care of critically ill patients in a community hospital, the focus groups provided a **venue for nurses to share their experiences, gain a better understanding of the system and build a collective vision for patient care.**


