

LEADERSHIP & TEAMWORK:

REDESIGNING SYSTEMS AND STRUCTURES FOR OPTIMAL DELIVERY OF CRITICAL CARE

Summary by session Chairs: Karen Kinnear and Peter Laussen

Leadership and teamwork is pivotal for delivering highest quality and safest care. Journey of the patient and family is a focus, but to improve and innovate we need to redesign our systems, environment, structure of teams, delivery of care, and the culture and share these efforts.

Dr. Patricia Hickey presented: **Managing or leading the ICU**. Increased complexity, need to create a high reliability organization. Committing to “courageous care” Ask bold questions. Assure patient, family and staff experiences. Boston Children’s: Every moment matters. Aim: zero preventable harm. Moving from a triple aim (better outcomes, decreased costs, improved patient satisfaction) to a quadruple aim- improved clinician experience. Importance of a healthy work environment, based on the ACCN model, and developed the Relative Environment Assessment Lens (REAL) for daily understanding of the work environment for staff. Effective data, quantify the soft stuff. Achieving optimal staffing models. Main message: it’s about the people.

Dr. Mary McBride presented: **New Views on Paediatric Critical Care Design**. Mary introduced the Acuity Adaptable Care (AAC) model at Lurie Children’s Hospital, Chicago. Disrupting conventional care models, which traditionally have been clinician centric, this approach focus’s on the patient transition to multiple levels of care and eventual discharge home using the same bedspace. Cardiac patients are admitted to flexible adaptive space for the entire inpatient journey; interact with fewer clinicians. Improved family-focused care. Associated with fewer complications, lower infection rate (less SSI) and decreased LOS, high nursing satisfaction rates. Is the AAC model only applicable for specific disease/ procedures? Is the model applicable across all centers? Lurie ICU is a medium sized ICU.

Dr. Ricardo Munoz presented: **TELEMEDICINE**. Ricardo shared Children’s Hospital of Pittsburgh telemedicine initiatives. eICU will have a significant impact for caring of patients with critical illness. Large experience in adult critical care. In adult: TeleICU associated with decreased LOS and morbidity. Unfilled needs in poorer resourced countries for providing care; magnitude of the problem unknown. Telemedicine will provide access and assistance and consultation for management. Future of eICU with a command center and predictive data analytics (C-WIN). Challenges are not about money or technology, rather about human factors and clinicians being open to other / alternate opinions. Think globally.

Dr. Allan Goldman presented: **Team training and sustaining**: Great Ormond Street “Our Always Values”. 4 main considerations for creating the best team; 1.) Recruiting the right people, best fit; 2.) Create the right culture for the team, for them to buy into the philosophy and the objectives we are trying to achieve; DICS profile used at GOSH to evaluate perception and presence of hierarchical gradient in the ICU being prepared to speak up and creating a safe environment to do so; 3.) Teams under stress are a test of resilience and functional capability. Keeping it together and bringing the team together: “Running towards the problem when something goes wrong”; see through the eyes of people as to what they saw and interpreted at the time; 4.) achieving excellence: obsessive debriefing and understanding in a safe environment for continual improvement.

Dr. Mary Jo Grant presented: **Setting common purposes and achievable goals.** Simple rules to guide individual behavior. Safe, Effective, Patient-centered, Timely, Efficient, Effective; Continuous healing relationship with transparent communication and access to information. Implementation of care processes and technology to enhance decision making. Goals for a redesigned healthcare system: patient / parent as the source of control; shared knowledge and free flow of information; Evidenced based decision making; safety as a system priority; need for transparency; eliminate waste to enhance efficiencies; cooperation among clinicians; incorporate performance and outcome measures.