# Promoting interprofessional collaboration in a critical care unit in Singapore: nursing perspectives

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## SUMMARY

- Interprofessional collaboration has been valued in providing high quality of care and improving patient outcomes. This paper shared the experience in promoting and enhancing the interprofessional collaboration from the nursing perspectives in a medical intensive care unit (MICU) of a tertiary hospital in Singapore.
- Through the explorative interviews with 20 nurses, two barriers to nurses' participation in the interprofessional collaboration were identified, including the hinder personal traits of being shy and lack of confidence, and the negative emotional responses from other health care professionals.
- Four projects were conducted since April 2014 to improve the interprofessional collaboration in the MICU, including: (1) the nurse-led bedside patient rounds, (2) the rapid improvement event program to improve escalations, (3) the intensive care liaison program to provide continuity of care for post MICU discharge patients, and (4) the monthly interprofessional meeting of sharing palliative care experiences.
- The evaluation of the projects on patient outcomes and quality of care is in progress. These projects are well received by nurses and are helpful to improve their confidence and participation in interprofessional collaboration in the MICU.
- A sample (n = 127) of nursing students was selected for this two group pre- post-test conveniently randomized design with 4-month follow up to compare two methods of simulation teaching.

## INTRODUCTION

The value of interprofessional collaboration has been recognized over the years. This approach allows healthcare team members to share their expertise and work together effectively in providing high quality of care and improving patient outcomes. In Singapore, many hospitals have adopted this approach and initiated interprofessional programs to promote collaboration among healthcare professionals. In a complex working environment such as critical care units (ICUs), nurses play a significant role in the healthcare team because they have provided patient care around the clock and had all essential clinical information of the patients. The purpose of this paper was to share our experience in promoting and enhancing the interprofessional collaboration in a medical-ICU (MICU) at a tertiary 1,000-bed hospital in Singapore.

Identifying the barriers of the interprofessional collaboration in nursing practice was part of the quality improvement process. Hence, we interviewed 20 nurses to explore their perceptions toward the interprofessional collaboration. We found that the hindering personal traits (e.g. being shy, lack of confidence) and negative emotional responses from other healthcare professionals (e.g. doctor, respiratory therapists) were the barriers to nurses' participation in the interprofessional collaboration. Based on our observed, being shy (keeping quiet) and lack of confidence were common in junior nurses in the MICU. That is why we would see junior nurses position themselves at the back during the multidisciplinary rounds. In addition, Lim and his colleagues (2010) have reported that nurses in Singapore tended to reserve their views and practice self-restraint to respect authority. This is also common in Asian culture that we have been taught to be humble and be respectful to authority.

For confidence, some MICU nurses stated that they were not confident to communicate with other healthcare team members, especially, with the doctors. This is similar to the studies that have also found that usually nurses did not feel confident enough when communicating with doctors regarding patient care (Sandhl et al., 2013; Schneider, 2012). According to Sandhl and his colleague (2013), stereotypes of professional status could attribute to this lack of confidence within nurses. In addition, it could be due to some nurses having self-doubts and considered themselves not competent in professional knowledge (Vazirani et al., 2005). Hence, critical care nurses must be equipped with knowledge and take ownership of their patients during collaboration with other healthcare professionals. When nurses are confident, the communication and collaboration among healthcare team members would be better.

The negative emotional response from other healthcare professionals was another barrier for interprofessional collaboration in our ICU. When the nurses communicated with other healthcare professionals and received negative attitudes, they felt discourage to collaborate with them. Similar to Tam et al. (2011), they reported that hospital

nurses were more satisfied if they could be actively involved in open discussion with the medical team. This indicates that nurses feel more inspired to work collaboratively when their inputs were acknowledged and taken into considerations by the healthcare team. Cultivating respectful working environment can help to enhance interprofessional collaboration among healthcare team members.

According to the above findings, the MICU nursing team, including nursing administrators and senior nursing staff, has conducted four projects in 2014-2015 to promote and enhance the interprofessional collaboration in the MICU.

### Project 1 –Nurse-led bedside patient rounds

This project aimed to enhance nurses' confidence in communication and collaboration with the other healthcare team members during the bedside patient rounds in the MICU. In the past years, bedside patient rounds in the MICU have no clear allocation of time for nurses to present and exchange information. Moreover, nurses had no clear expectation about the content of the presentations. As a result, they were often quiet during the bedside patient rounds. This project has integrated nurse-led presentation into the MICU bedside patient rounds to eliminate any inconsistencies, repetition, and omission of important information from medical and nursing perspective. A structured head-to-toe format was developed to facilitate nurses' presentation and enhance their confidence during rounds. All MICU nurses have to participate in simulations for training to enhance their presentation and communication skills. The nurse-led bedside patient rounds were initiated in September 2015. The evaluation of this project is in progress. We plan to assess the nurses' confidence level and satisfaction towards the nurse-led beside patient round and interprofessional collaboration in the MICU.

### Project 2 – Improving Escalations in MICU

This project aimed to enhance collaboration with the healthcare team in caring of critically ill patients with high complexity in MICU. Since there was an increasing of the MICU bed capacity and high complexity patients in MICU, the incidence of ineffective communication within MICU team and missing opportunity to expedite escalation have been increased. As a result, it has impacted on patient outcomes. According to the incidence, the MICU nursing team has participated in a rapid improvement event (RIE) to look at improving escalation process by developing an escalation protocol, revising procedure checklist, and establishing team based night patient rounds. This project started in March 2015. After three months implementation, the nursing team evaluated the outcomes of this project and the results showed as below:

- Improved intubation time within 4 hours after escalation
- 100% compliance rate for procedure escalation
- Increased compliance rate for team based patient night rounds
- Improved communication between team members

The RIE team has continued to monitor and track implemented measures toward outcomes.

### Project 3 – Intensive Care Liaison Program (ICAP)

The ICAP aimed to act as a bridge by providing continuity of patient care between ICU and GW environment and enhance collaboration within MICU team members and between MICU team and GW. This project has been introduced since April 2014. It is a service rendered by ICU team comprises of MICU Consultants, Advanced Practiced Nurses (APNs), and Nurse Clinicians looking at post MICU discharge patients in General Ward (GW).

Before the implementation of the ICAP, the team had an overseas attachment to look at the best practice in two renowned hospitals in Australia. Then, the framework on outreach service was developed in accordance to our local context. The implementation of the ICAP includes: 1) follows up post discharge MICU patients, 2) identify problem areas and make recommendations, 3) deliver teaching to general ward nurses on patients with tracheostomy, patients who are on non-invasive ventilation, patients with vascular catheters and chest tubes, and patients with pain issues, and 4) discuss with the GW nurse to identify and escalate concerns to primary team or within developed ICAP guidelines on escalation.

The ICAP allows the MICU team to address possible acute issues and helps to reduce patient and family's anxiety during and after the transfers. The team provides clinical support and education to GW nurses in managing clinically challenging patients and to facilitate early and appropriate admission/readmission to ICU. Through ICAP, we expect to reduce the ICU readmission rates, to moderate the mortality/morbidity experienced by post discharge MICU patients, and to enhance patient and family satisfaction. To date, the GW teams have welcomed this initiative. Informally, it has showed that there is a better rapport built and the ICAP has enhanced the communication and collaboration among the healthcare team members, which in turn, we expect the increase of quality of care and optimal patient outcomes. The formal evaluation for this project is in progress.

### Project 4 – Interprofessional palliative sharing in MICU

This project aimed to provide an opportunity for the healthcare team members to reflect, share, learn, acknowledge individual feelings, and support each other in dealing with death and dying patients in MICU. This initiative started in November 2014. It is a platform to allow the MICU team, including doctors, nurses, and allied health, to gather and share their past one month experiences in taking care of death and dying patients. This is a form of self-care for the team to express their emotional and spiritual needs. Monthly meeting has been set up regularly by MICU nursing team. The "Get To Know Me" chart is implemented at the beginning of the meeting to gain better rapport among healthcare team members. This helps to increase nurses' confidence and make all team members feel comfortable with each other to share their own feeling. Example of topics of discussion and sharing are listed below:

- Discussion on silence struggle when performing terminal extubation on the patient
- Discussion on how to be sensitive with families while delivering end of life cares
- Discussion on communication with breaking of bad news
- Which roles can we play when our loved ones are the patient? Family role or healthcare professional role? Why?
- Do we attach or detach bonding from the patients and families after their discharge or demised?
- Tips for the doctors and nurses to handle with one emotional crisis.
- Can I or can I not cry with the families when their loved ones are in their last journey?

The overall feedbacks from the healthcare team members who participated in the discussion were positive. Nurses stated that this was a good platform for them to express their emotion and clarify doubts in their course of caring for dying patients and their families. The feedback also reflected that nurses were more aware in creating a more humane environment for the patients and families. In addition, they were conscientious to incorporate their actions that they learned from the discussions into daily nursing care. This project has also increased nurses' confidence in working with other healthcare team members in taking care of death and dying patients. For future plan, this platform will be shared with other ICUs in the hospital and continue to support nursing staff in the MICU. More solid evaluation of this project is in progress.

## CONCLUSION

Enhancing interprofessional collaboration in our MICU can be achieved through the four projects mentioned above. The outcome measures for each project have been put in place as quality improvement outcomes. However, the effectiveness of each project needs to be further investigated on patient safety and quality of care. This is one the most challenging aspect that the MICU team has been working on. Hopefully, the outcomes of the projects can be measured more rigorous, and so that, the results can be used as evidence in promoting and enhancing interprofessional collaboration and quality of care in other healthcare organizations locally and internationally.

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