

Evaluation of VUMC's Novel Communication Liaison Program- Lens of Liaison

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Introduction

"It was eye opening to see suffering of patients and gratitude of the family to just get any information"

- SARS-CoV2 (COVID-19) pandemic hospitals surge in capacity from 200%- 400%
 - Critical surge of COVID-19 patients at VUMC
- Overburdened critical care specialists
- Mandatory restrictions on visitations
- Inability to maintain standards of care (SOC), including person centered models

Purpose

Evaluation of VUMC's Communication Liaison Program (CLP) through the lens of the Liaison Provider



Three aims:

- 1) Help restore **person/family centered SOC**
- 2) Provide **support** to ICU healthcare teams
- 3) Increase **communication** between teams, and teams to families

Practice Setting and Team Members

- Total beds at VUMC main campus 1162
- Program Implemented 12/10/2020-03/01/2021
- 79 COVID-19 ICU Providers (MD/DO/APP's)
- **60 Providers participated as Liaisons**

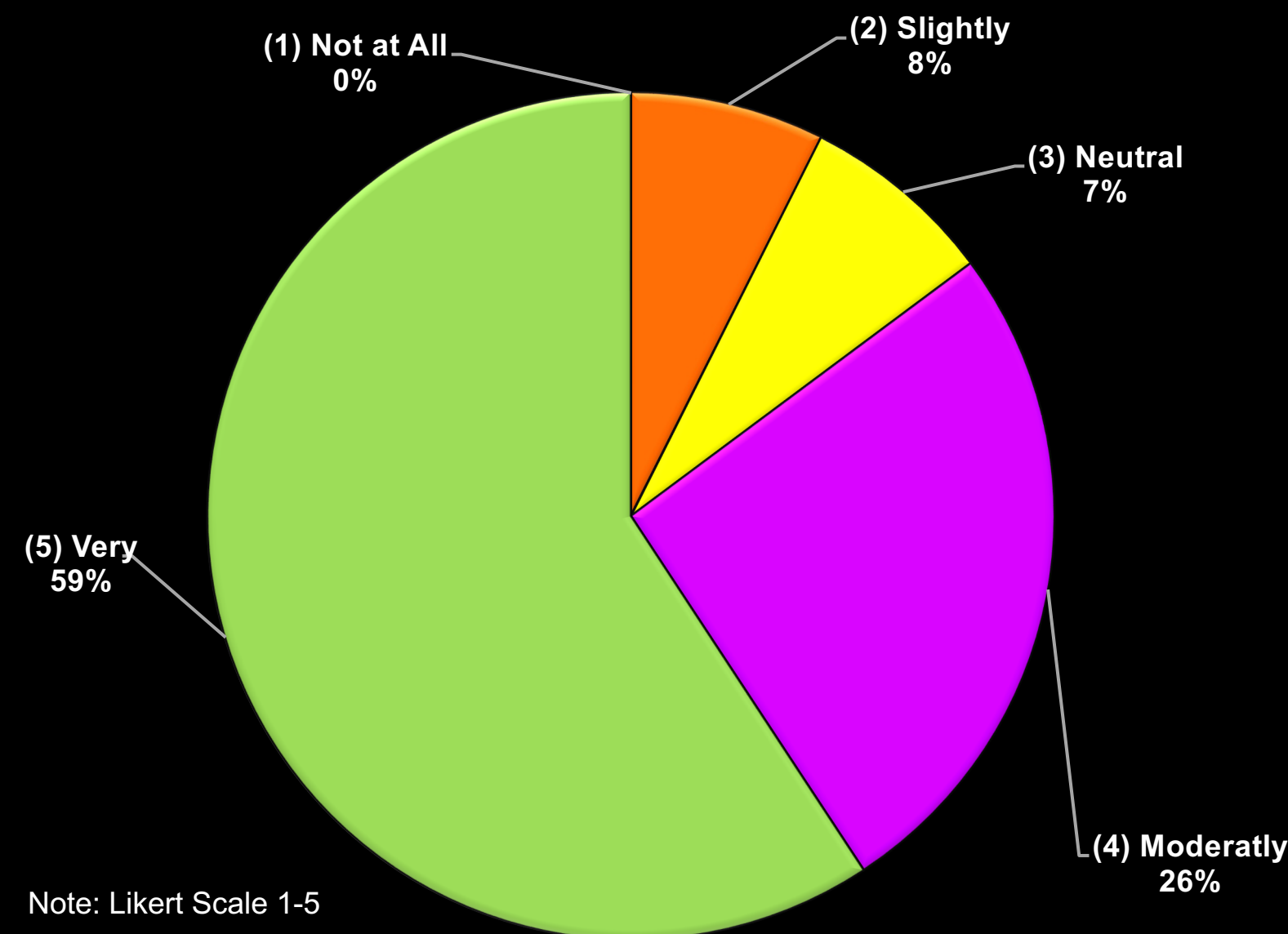
Methods

- CLP and evaluation based on Lahey Hospital and Medical Center's Communication Liaison Program, and current literature
- Voluntary, anonymous, convenience sample (Inclusion – liaison provider during COVID-19)
- Descriptive online survey in REDCap, Quantitative Likert scales with three optional qualitative questions
- Analysis: Aggregate results using descriptive statistics, qualitative responses
- Goal- Determine Liaison Providers perceptions about the CLP

"As a critical care leader, it is the right thing to do to set an example and not ask others to do a job you are not prepared to do yourself"

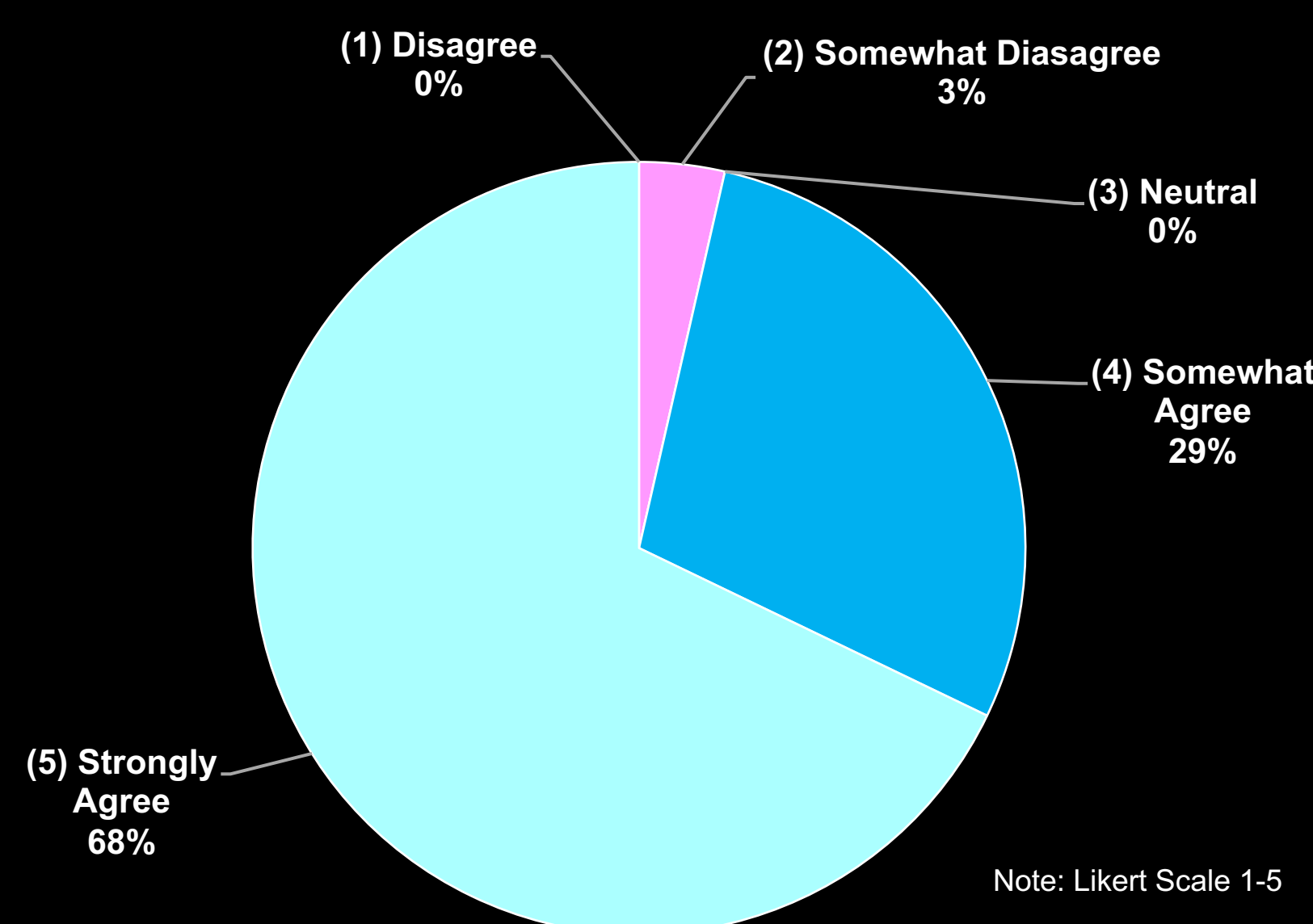
Belief the Liaison Program Provided Valuable Service to Patients and Families (N=27)

(1) Not at All (2) Slightly (3) Neutral (4) Moderately (5) Very



Belief the Liaison Program Provided a Valuable Service to the Critical Care Team (N=27)

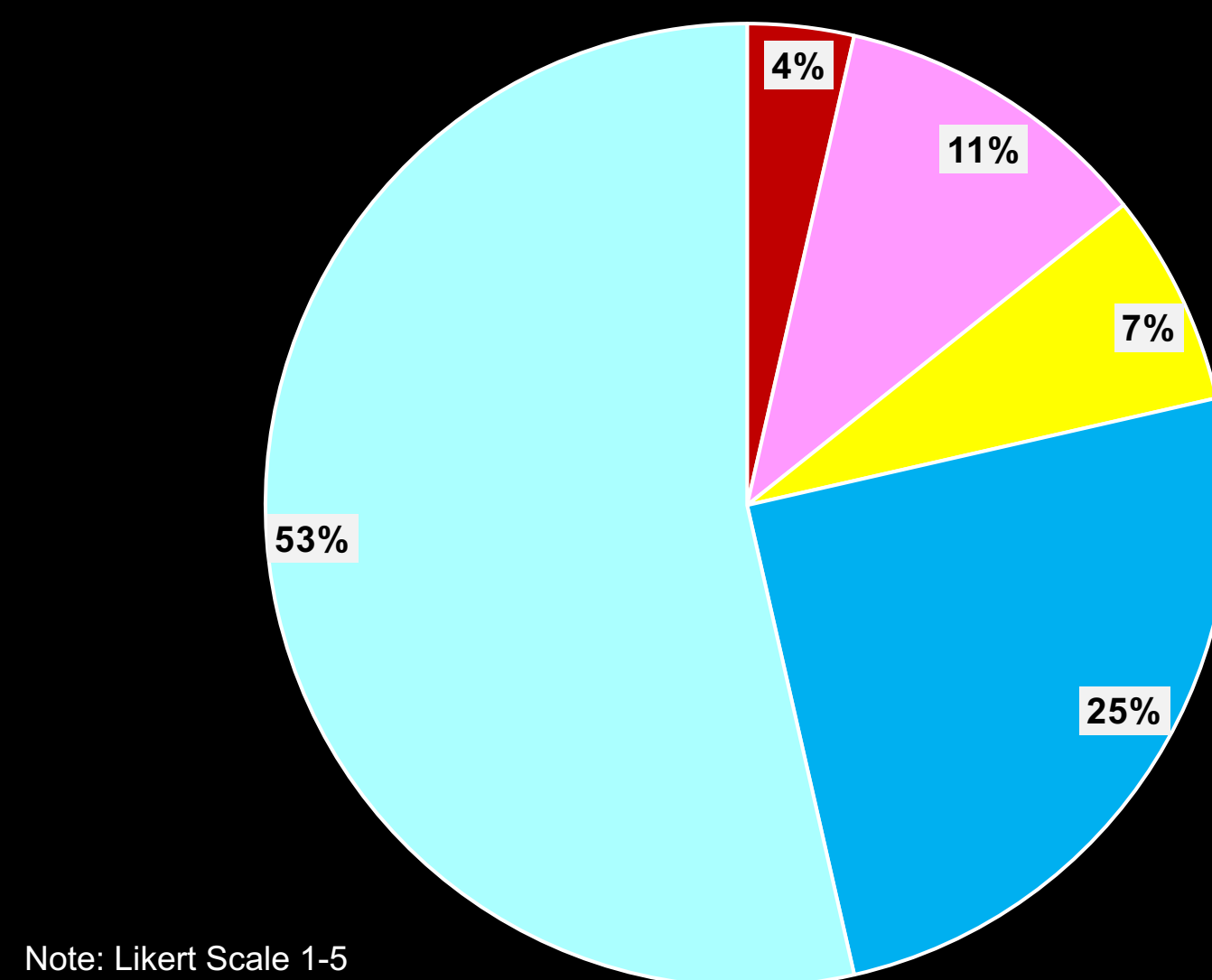
(1) Disagree (2) Somewhat Disagree (3) Neutral (4) Somewhat Agree (5) Strongly Agree



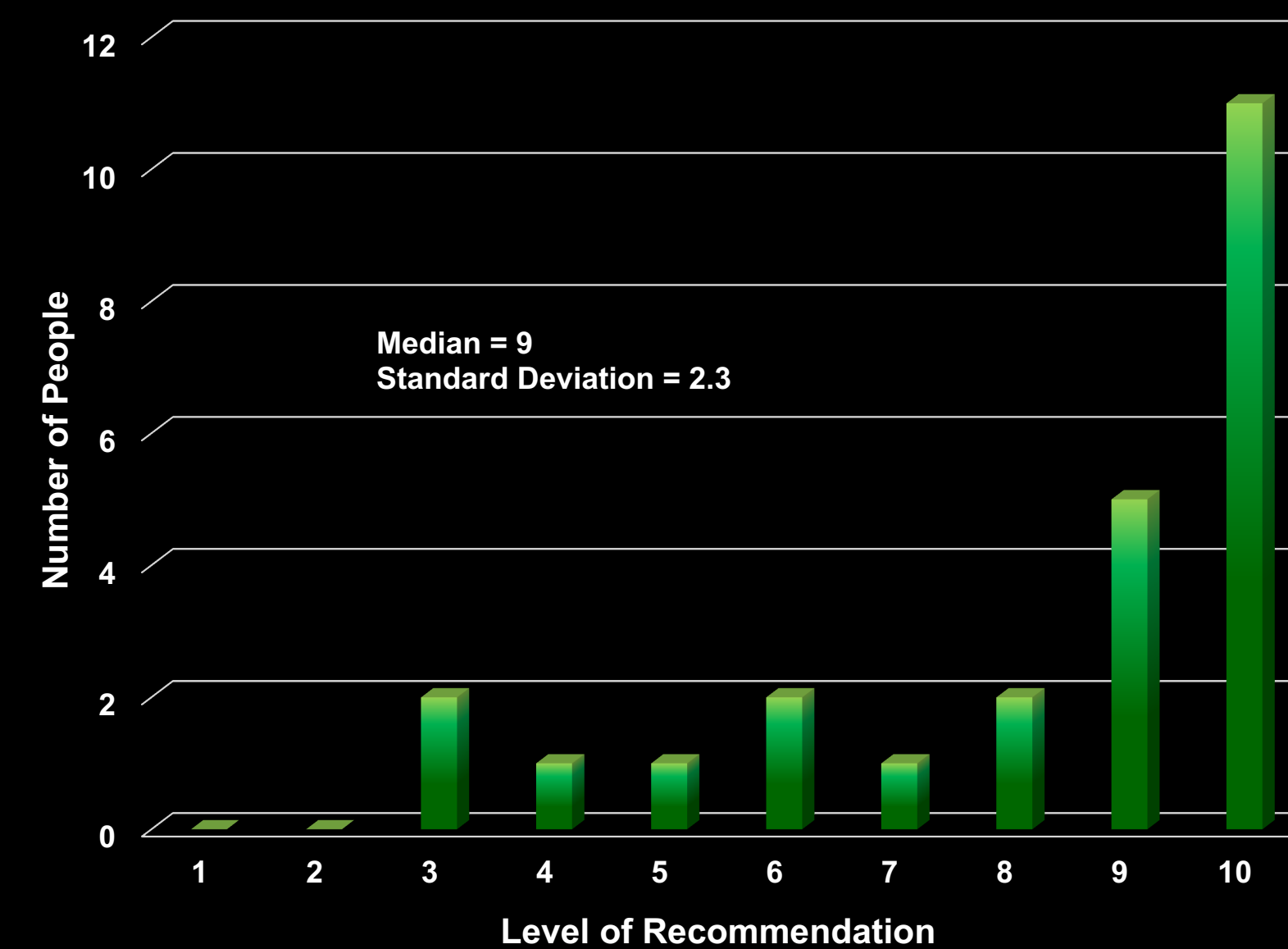
"It was an extremely satisfying experience to be able to contribute to care during the crisis. The patients and treatment teams were very grateful for the little support my presence provided. I would sign up again"

Encourages and Supports the use of a Liaison in Critical Care (N=28)

(1) Strongly Disagree (2) Somewhat Disagree (3) Neither Agree nor Disagree (4) Somewhat Agree (5) Strongly Agree



Would Recommend the Liaison Program to Hospitals in Critical Care Surges or SOC? (N=25)



"Hope this modest service helped ease the tremendous workload of the providers caring for these patients. Would perform again in a heartbeat"

Results

Background

•31/60 (52%), Two (2) eliminated for incompleteness final N= 29/60 (48%)

Of responses:

- 27/29 (93%) MD/DOs, and 2/29 (7%) NPs responded
- 22/29 (76%) Providers with > 11yrs experience

Descriptive

- 22/ (78%) somewhat/strongly agree to use of Liaison during critical surge capacity, or as new SOC
- 23/27 (85%) believe CLP provided valuable service to patients and families, while 27/28(97%) believed CLP supported ICU team
- 18/25 (72%) Providers had positive perception on CLP of eight (8) or higher on scale of 1-10

Qualitative Themes

Supported colleagues/patients/families, need to set an example for others, opportunity to help, would perform role again

Limitations

- Evaluation post-hoc one (1) year after program implementation
- Lack of baseline data
- Inability to track process measures or outcome measures

Implications for Practice

- future quality improvement (QI) initiatives with well structured measures that align with the Four Habits Model for Patient Centered Communication Framework
- Continued organizational dedication to fostering a return to person centered communication in practice to help maintain focus on SOC

Conclusion

- Lends to future research on the use of a communication **liaison role** in critical care **outside of pandemic/surge** capacity conditions to **promote AACN Essential #2** regarding **person centered** standards of care.

