

# Evaluation of VUMC's Novel Communication Liaison Program - Covid-ICU Providers Perspective

Sofia Ray BSN, RN; Elizabeth Huggins, MSN, ACNP-BC; Ken Nelson, DNP, RN, NE-BC, CPHQ

Vanderbilt University School of Nursing



## INTRODUCTION

Evaluation of the Effects of a Communication Liaison Role on Reducing Workload and Improving Burnout and Professional Wellbeing in COVID-19 ICU Healthcare Providers During the Critical-Care Patient Surge

### INTRODUCTION:

- SARS-CoV2 (COVID-19) pandemic saw hospitals reach an increase in surge capacity from 200-400%
  - Critical Surge of COVID-19 Patients
- Exhausted medical and human resources with a critical surge of COVID-19 patients
- Necessary restrictive hospital visitation policies
- Inability to maintain standards of care (patient & family centered care)
- Overburdened critical care specialists in Covid-19 units
- A need arose to support and reduce workload for staff to alleviate the critical care surge capacity crisis

### PROGRAM SETTING & TEAM MEMBERS

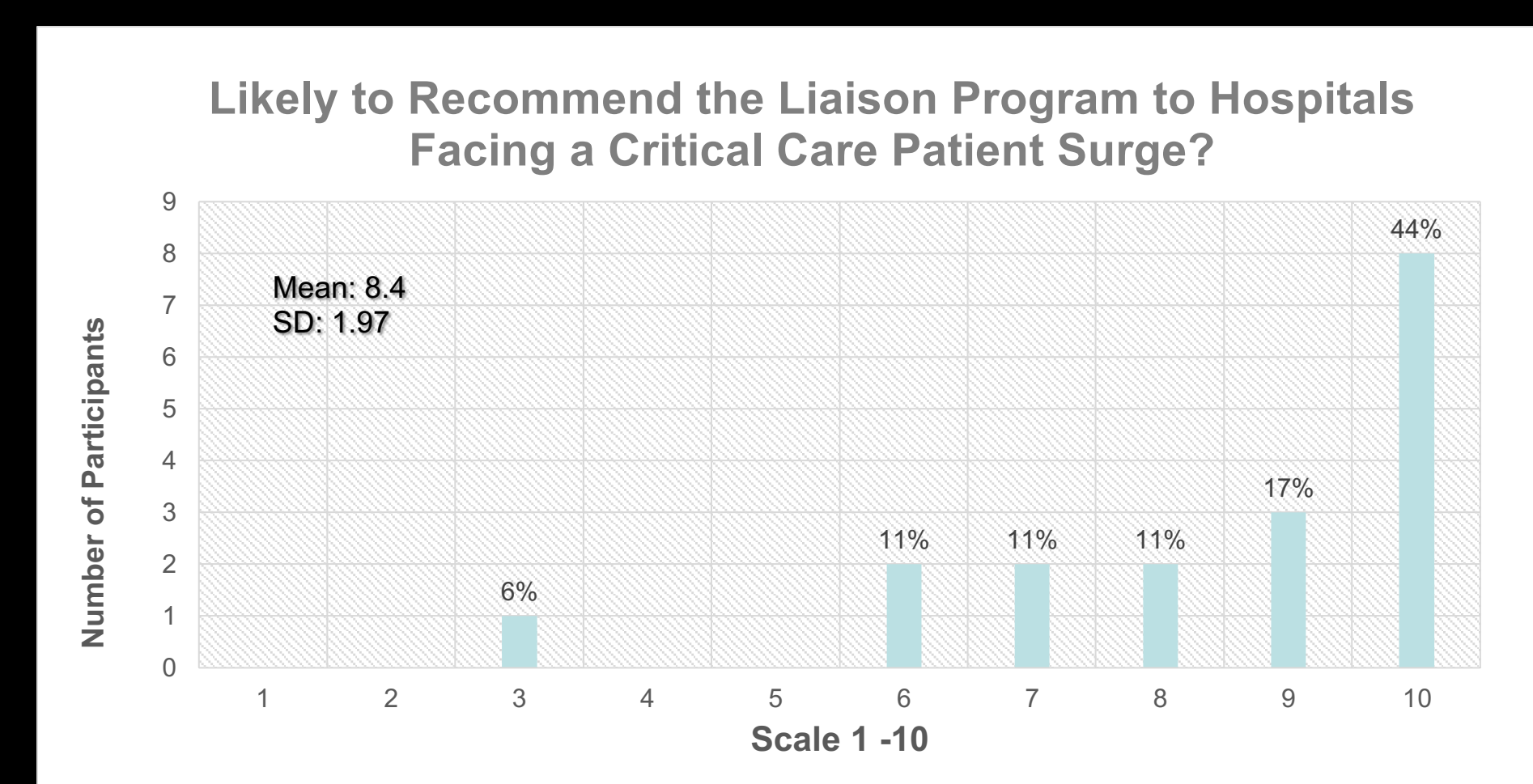
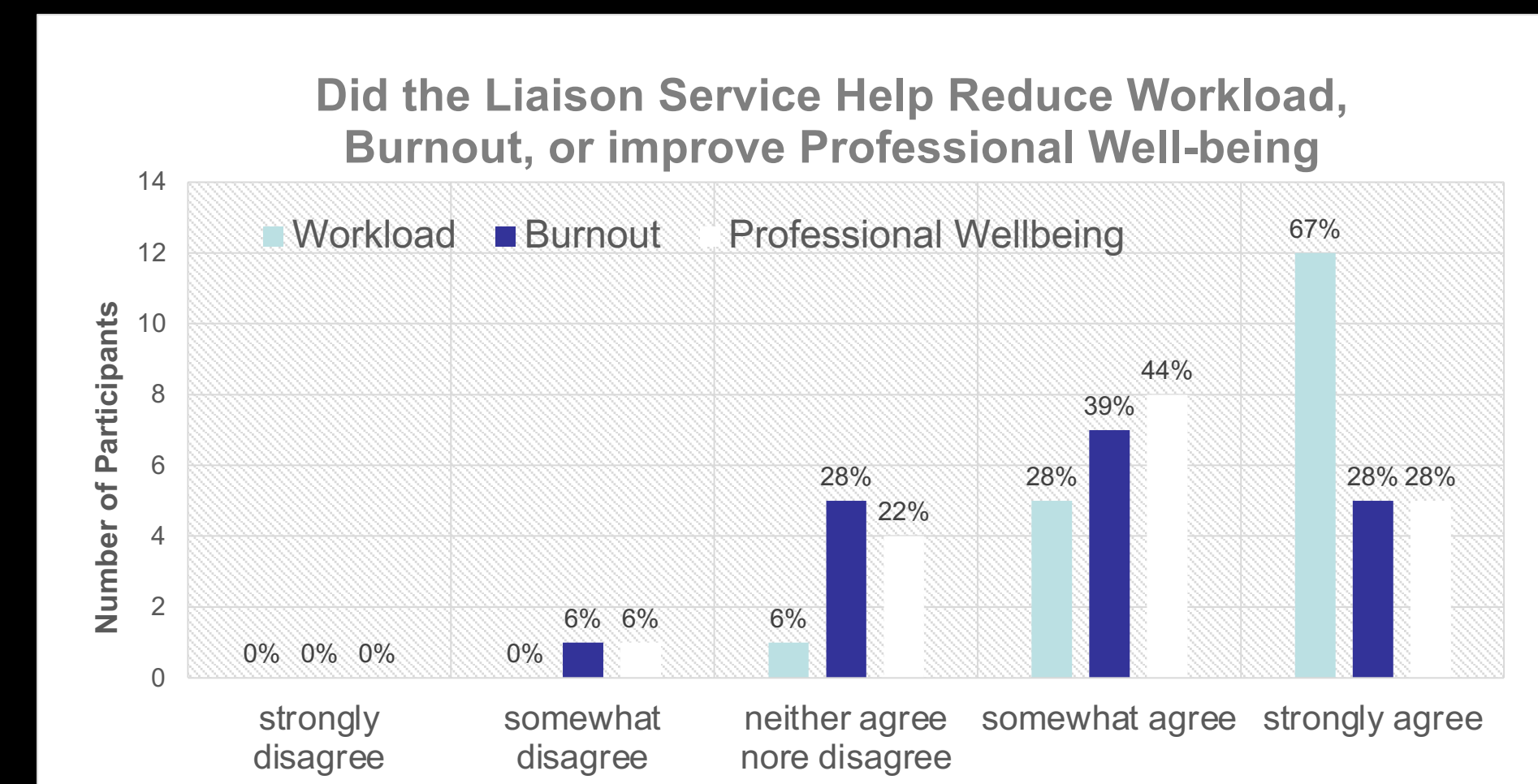
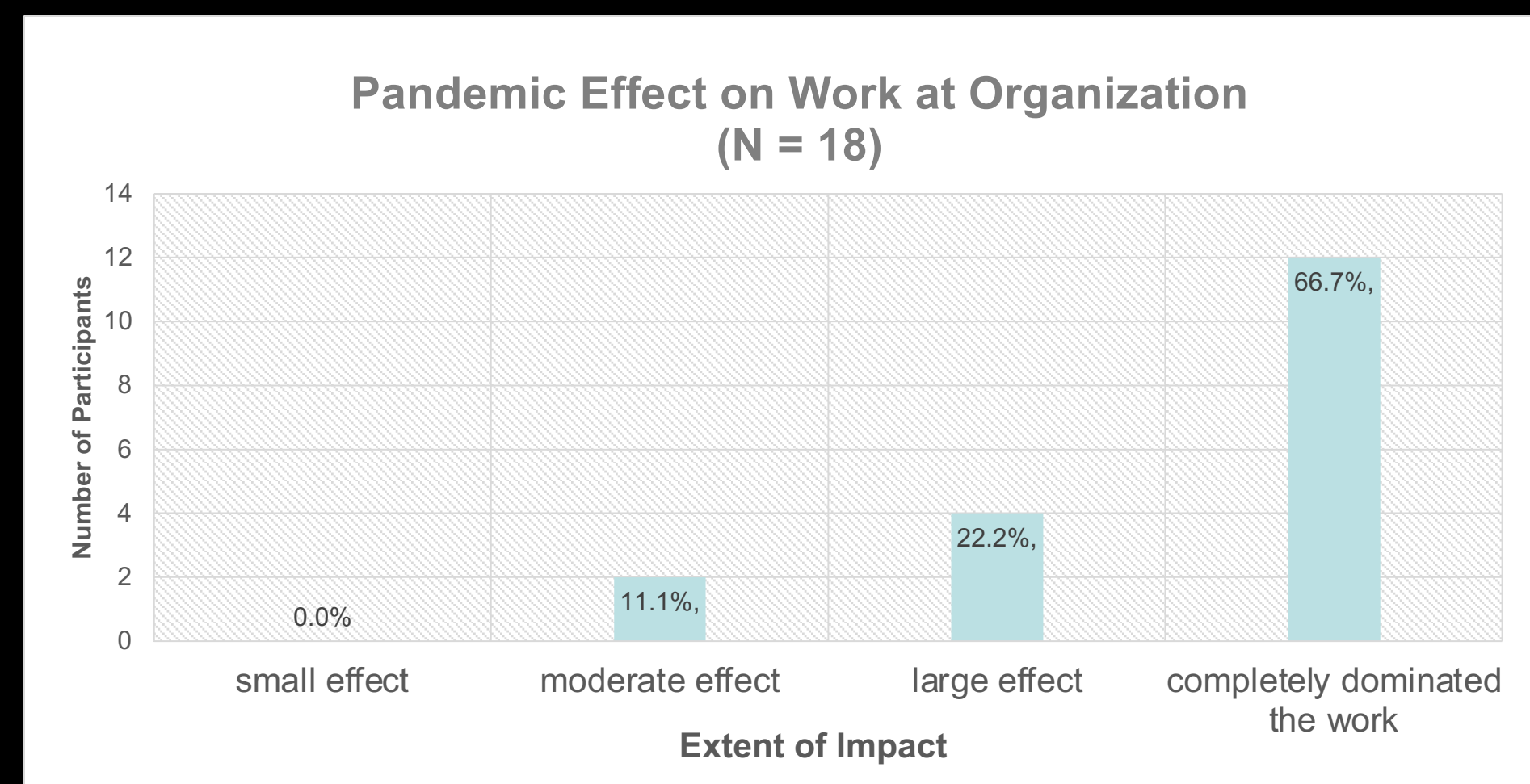
- Program implemented during critical care patient surge December 2020 - March 2021
- Original COVID ICU 8 beds. At initiation of Liaison program - expanded to 27 beds then to 50 beds at the height of the surge.
- Liaisons consisted of ambulatory service providers and VUMC volunteers (APPs and MDs)
- Covid ICU providers consisted of APP's, MDs, and Fellows

### PURPOSE:

Evaluating VUMC Covid-ICU providers perspective on the novel Communication Liaison Role and its effect on supporting them during the critical Surge of COVID-19 patients

## METHODS

- Program Evaluation through the lens of COVID-ICU Providers
- Descriptive survey methodology
- Data Collection: Online survey formatted using Vanderbilt REDCap
  - Based on Lahey Hospital and Medical Centers Remote Communication Liaison Program and current literature
- Voluntary, anonymous, with no identifiers collected
- Likert scale questions with variable scales
- Three optional qualitative responses – Cut and Snip Analysis
- Data Analysis: Reported in aggregate using descriptive statistics
- Overall goal is to determine if the ICU providers perceptions about the program were positive



“They helped me focus on clinical needs and offloaded the emotionally draining effort of daily calls to families.”

“This service added back 2-4 hours of time for direct patient care for the NPs every day.”

## RESULTS & LIMITATION

### RESULTS:

- Program Timeframe: 12/10/2020-3/1/2021
- Surveys sent to 79 providers who took care of COVID ICU patients
  - Response rate 30.4% , N= 24.
  - Six (6) responses excluded due to reporting no exposure to Liaison role; N=18.
- Descriptive
  - 66.7% of providers reported the Pandemic affected their work.
  - 78% reported comfort with Liaisons ability to communicate effectively
  - 83.3% of providers believe the Liaisons Program provided an invaluable service to ICU patients family members
  - Providers felt the CLP helped reduce their workload (95); burnout (67%); and improved their professional wellbeing (72%).
- Qualitative Themes:
  - (1) decreased workload, (2) focus on clinical care, (3) need for standardization & continuity in liaison schedule

### LIMITATIONS:

- Low Response Rate
- Evaluation post-hoc 1 year after program implementation
- Lack of baseline pre-implementation data making it impossible to quantify a degree of change.
- Inability to track process measures or outcome measures
- Unable determine whether the Communication Liaison Program made a difference in the measures such burnout, workload, moral-distress, or professional well-being

## IMPLICATIONS FOR PRACTICE

- Positive perceptions allow for future quality improvement (QI) initiatives with well structured measures that align with the Stanford Model for professional fulfillment
- Organization's dedication to fostering a Culture of Wellness, Efficiency of Practice, and Personal Resilience
- Permanent vs temporary liaison role applicability as a standard of care or during a critical care surge, respectively.



Take a picture to download the references