Critical Connections: A Multidisciplinary Team Approach to Transforming Work Environments
Fiona Winterbottom, MSN, ACNS-BC, CCRN
Ochsner Medical Center
Anita Campbell, Tina Gipson, Mikie Richoux, Brenda Floyd, John Hall, Teresa Nash, David Taylor

Problem
Professional development, staff retention, quality outcomes, and cultural change are common challenges in critical care.

Evidence
Unhealthy work environments contribute to unsafe conditions and negatively impact delivery of care (IOM, 1999). The American Association of Critical Care Nurses (AACN) developed an initiative for a “healthy work environment” to promote six standards of professional practice representing relationship-centered, evidence-based care.

Strategy
The purpose of the interdisciplinary project was to identify and address issues in the ICU including professional development, retention, morale and quality outcomes.

Practice Change
Skilled communication involved creating a leadership team including nursing, physicians, PharmD, RT, and CNS. True Collaboration was achieved by clarification of expectations. The bedside nurse was recognized as the coordinator of care and rounds included discussion with patient/family. Effective decision making involved data driven decisions, evidence based protocols and rapid cycle change. Appropriate staffing matched patient assignment with nurse characteristics. Education was restructured to include a phased approach to skill acquisition, synergy of clinical knowledge, critical thinking and confidence in skills performance. Meaningful recognition included professional development via a Clinical Ladder program. Authentic leadership required enthusiasm, provision of resources, information sharing, and performance appraisal.

Evaluation
Outcome measurements included rates for employee morale, patient satisfaction, staff recruitment and retention, turnover, vacancy and certification.

Results
Improved outcomes associated with multidisciplinary projects include: decreased sepsis mortality by 30%; decreased critical care turnover by 25%, and a 27% improvement in bereavement satisfaction. Cost avoidance associated with early goal directed sepsis management was approximately $2 million since June 2008 and $325K for critical care turnover in 2009.

Recommendations
A formal structure with interdisciplinary input is necessary to identify and implement best practices and sustain safe, efficient, and cost-effective patient care.

Lessons Learned
Alignment with institutional goals, teamwork, implementation planning, outcome measurement and frequent follow-up are paramount for a successful program.
Bibliography


