Instilling a Culture of Research in the ED
- Changing the Health Practice Environment through research

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"The abdomen, the chest, and the brain will forever be shut from the intrusion of the wise and humane surgeon."

Sir John Eric Ericksen. British surgeon, appointed Surgeon-Extraordinary to Queen Victoria 1873
The future is shaped by you

- "We don't like their sound, and guitar music is on the way out."

Decca Recording Studios 1962
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Chief of the Australian Army: Lieutenant General David Morrison

‘The standards you walk past are the standards you accept’
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Change is a constant in healthcare

- Leaders we must inspires commitment of the team
  - We need to ask ourselves the question ‘Can we do better?’
  - Shared vision of understanding - ‘why we do the things we do’ we must engage, enable and inspire!

- As clinicians we need effective leadership skills and moral courage to manage change and make a difference.
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WINNING THE BATTLE FOR RELEVANCE
WHY EVEN THE GREATEST BECOME OBSOLETE...
AND HOW TO AVOID THEIR FATE

MICHAEL McQUEEN
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Innovation and change

- Translation of evidence – let's improve now 17 years to get into practice (American Journal of Bioethics 2008 8(3) 58-60)
- Explore and interrogate the evidence
- Compelling case for change
- Engaging people in change
- Abundant and effective communication strategies
- Anchoring change within service culture
- Successful change involves making incremental steps towards best practice
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We must become the ‘they’ and bring to the table support / solutions / options / a vision for change
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The multifaceted program - key strategies to build a research culture in NSLHD

Researcher education program

research study days and master classes

Researcher mentor program

researcher skill development and exposure to research processes

Professional and leadership development program

seminar days, conferences, workshops, Global Executive Advisory Board membership, university seminars / workshops

Communication and dissemination

newsletters, research reports, email alerts, communities / interest of practice

Partnerships / networks / communities of practice

mentor program / committees / involvement in education program
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Embracing innovation and change requires leadership

- Personal commitment to your vision and values
- Life long learning and reflection
- Inspiration / role modelling / challenging everyday practice
- Art of persuasion

Emotional intelligence necessary for innovation

1. Self awareness - self assessment and self confidence
2. Self management - emotional self control and optimism
3. Social / situational awareness - empathy
4. Relationship management - influence and collaboration

Self awareness / Self management = situational awareness (social context / clinical situation)
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Achieving, embracing and managing innovation is about your leadership

- Courage
- Empathy
- Trust
- Humble leaders lack arrogance
- Not aggression but passion
- Humility
- Confidence is good - but not arrogance
- Listen to others
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Managing your team and yourself

- We set the culture
- Prioritise activities - start with one goal / plan / research study
- Never feel like research or writing
- Manage change - *eat the elephant one bite at a time*
- Check understanding and follow up
- You will never have enough time
- Choose your targets – low lying fruit!
- Not everyone will agree with you
- It helps to have a coach or mentor
- Mutual support and respect
EMBRACING THE FUTURE

Can we do better?
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- Are we doing what we know we ought to be doing? - are our care processes aligned with ‘best practice’?
- Do we have the infrastructure we should have to deliver services? - staff, knowledge, skills, resources, equipment?
- Are our patient outcomes as good as the evidence shows? - peer benchmarking, systematic reviews, research evidence?
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Gap analysis: what are your targets/goals?

- Awareness
- Knowledge
- Implementation
- Values and commitment
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Surveys, Observation of practice, interviews

Extraction from other forms of existing data – EMR, pharmacy, pathology, imaging, PACE records, IIMS, any HIE data.....

Documentation reviews – case notes, management plans, observation charts, medication charts ....
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Managing Complex Change

Vision + Skills + Incentives + Resources + Action Plan = CHANGE

Skills + Incentives + Resources + Action Plan = CONFUSION

Vision + Incentives + Resources + Action Plan = ANXIETY

Vision + Skills + Resources + Action Plan = RESISTANCE

Vision + Skills + Incentives + Action Plan = FRustrATION

Vision + Skills + Incentives + Resources = TREADMILL

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Developing your skills to manage innovation and the health environment

- Applying for scholarships - buy your time out
- Applying for grants - buy your time out
- Review articles for ED journals e.g. AEM
- Reviewing policies/guidelines
- Interview panel opportunities

Get your name out there

- Building communities of practice
- Teams to work with
  - Collaboration
  - Portfolios / areas of interest
  - Service delivery
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How is pain managed in our ED?


MoC to improve waiting times?


Who are the patients leaving prior to medical assessment?

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How are mental health patients triaged in an ED?
Fry, M. Brunero, S. 2005 The characteristics and outcomes of mental health patients presenting to an emergency department over a twelve month period. Australian emergency nursing journal. 7(2): 21-25.

What is the trends and characteristics of different ED patient groups?
Fry M Romero B Berry A. 2015 Utility of peripheral intravenous cannulae inserted in one tertiary referral emergency department: a randomised medical record audit AENJ Accepted 09102015

What is the ED mortality rate?

How can we improve the ED experience for different multicultural groups?
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Why is triage difficult to learn?


Fry, M. Expanding the triage nurses role in the emergency department how will this influence practice? Nursing achievements 2001;1(3):26-29.


What is the best technique for venipuncture?


ED nurses need to develop knowledge in ventilator/airway management: what is the evidence?


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Current Studies

1. Fry M Arendts G, Chenoweth L McGregor C Assessment and Management of the Cognitively Impaired Older Person Presenting to Emergency Departments with Musculoskeletal Conditions or Injuries
3. Kay S, Fry M Pesiah C Multicentre explorative study of older persons’ suicide-related presentations to Emergency Department (ED) and nursing staff knowledge and attitudes
4. Romero, B Horvat L Fry M Pre-post testing of the impact of sepsis guidelines on time to antibiotics in one tertiary emergency department
5. Fry M Attawa J & Dombkins Translational research in specialty clinical practice: how is evidence embedded in clinical culture?
6. Mullen L, Fry M Emergency department utilisation among older persons (>64years) with acute and or chronic conditions: a multicenter retrospective study
7. Davis, M & Hills R Fry M. 2015 How does nursing in single bedded patient rooms impact on patients and nurses when compared to four bedded patient rooms?
8. Hyland S, Fry M Patterns and characteristics of challenging behaviour in one district emergency department
10. Gillett M Fry M Bower J Mullen L Does nurse initiated FIB improve outcomes for neck of femur fractures
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Many types of audits

**Telephone audit:** Based on performance indicators ‘Did not wait for treatment’

- We wanted to explore why patients were leaving the ED prior to treatment being completed
- What did we find?
  - Nurses can safely manage and discharge certain patient conditions
  - Paediatric area modification
  - **Pain management in the waiting room**

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Knowledge builds a case for change – NI Panadeine Forte study

Serendipitous DNW findings: waiting room patients were leaving due to pain
What about those patients that sit in the waiting room in pain?

Computer driven audits
Developed the audit tool based on available evidence and expertise
Impact: waiting room patients could have NI Panadeine Forte

Nurse initiated pain management agents: now with evidence – Audit cycle continues...Endone

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**National Audits:** National Study NICS – NHMRC

The audit tool was developed in collaboration with the ECoP (n=76)

- 36 hospitals across Australia

**Change / support / evidence of practice**

Supported the need for all EDs to develop Nurses Initiated Pain Management policies

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Can we do better?

Evidence demands change
or
Need evidence for change