

# HIRAID®

Workshop - Sweden

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**HIRAID®**

# OVERVIEW

Introductions

Emergency nursing, challenges and patient safety

Patient assessment

HIRAID®

Successful change



## CHALLENGES IN EMERGENCY NURSING

- 9500 reported adverse events
  - 50% suboptimal ED nursing assessment, observations, monitoring
- Patient satisfaction with care all-time low.
  - NSW 2023 17% not provided with enough information
- 66% urgent patients seen on time
  - long ED LOS -> greater risk of morbidity and mortality
- Workforce
- And in Sweden?
  - 1.8 million visits, crowding -> 7 day mortality



# CLINICAL DECISION MAKING IN EMERGENCY NURSING

- Complex decision making with high stakes
- High cognitive load, interruptions (x85), distractions
- Workforce: change fatigue, implementation failure
- Decision bias
- Noise (64dB 24/7)





## Group discussion

What do you wish for future emergency nurses?

What do you wish for patients?

What do you wish for you?





# Group discussion

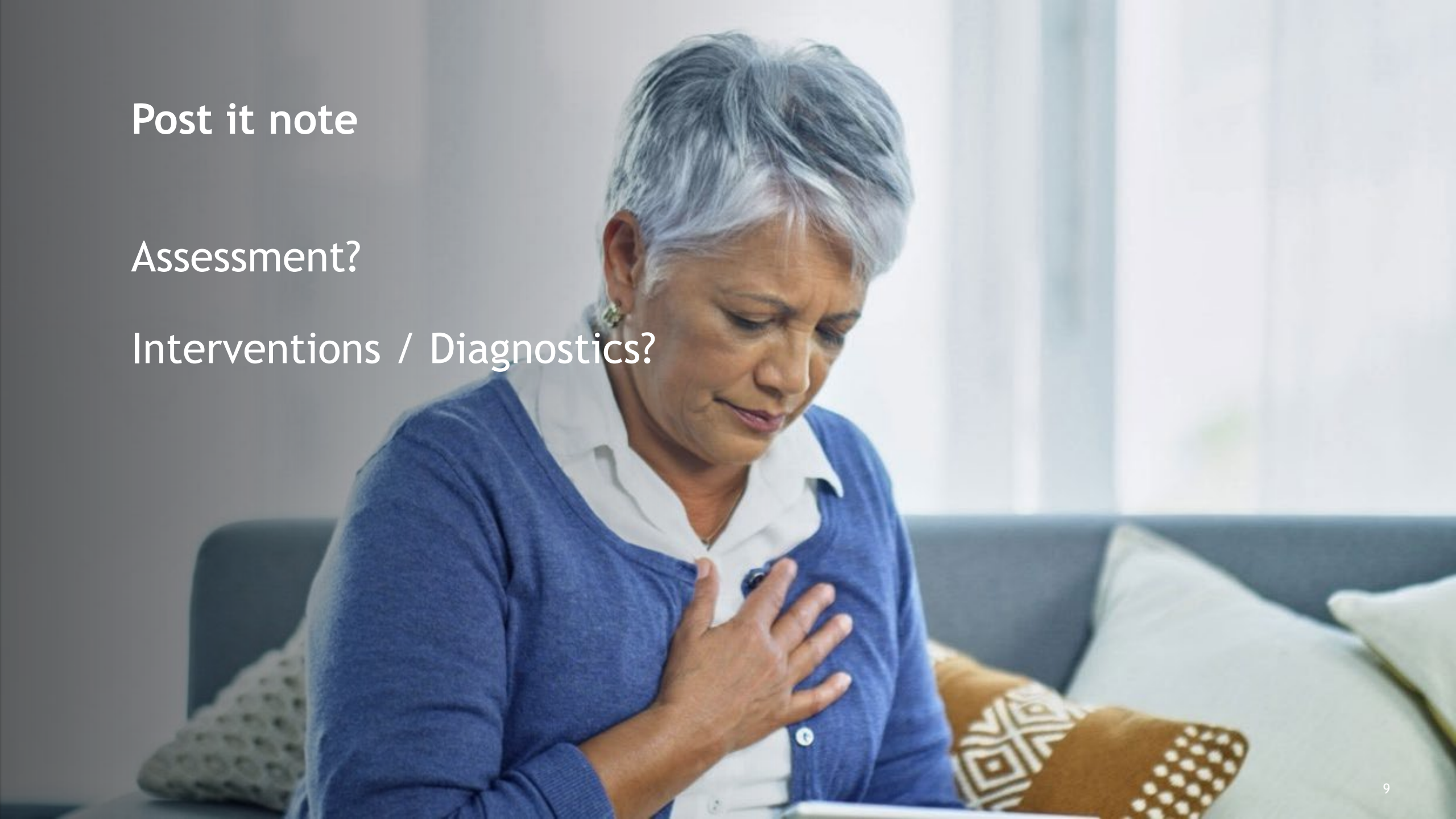
When a new nurse starts in your ED, what do you tell/teach them about how to assess patients?



Post it note

Assessment?

Interventions / Diagnostics?



# WHAT IS HIRAIID<sup>®</sup>

**HI** History: including Infection R

**R** Red Flags

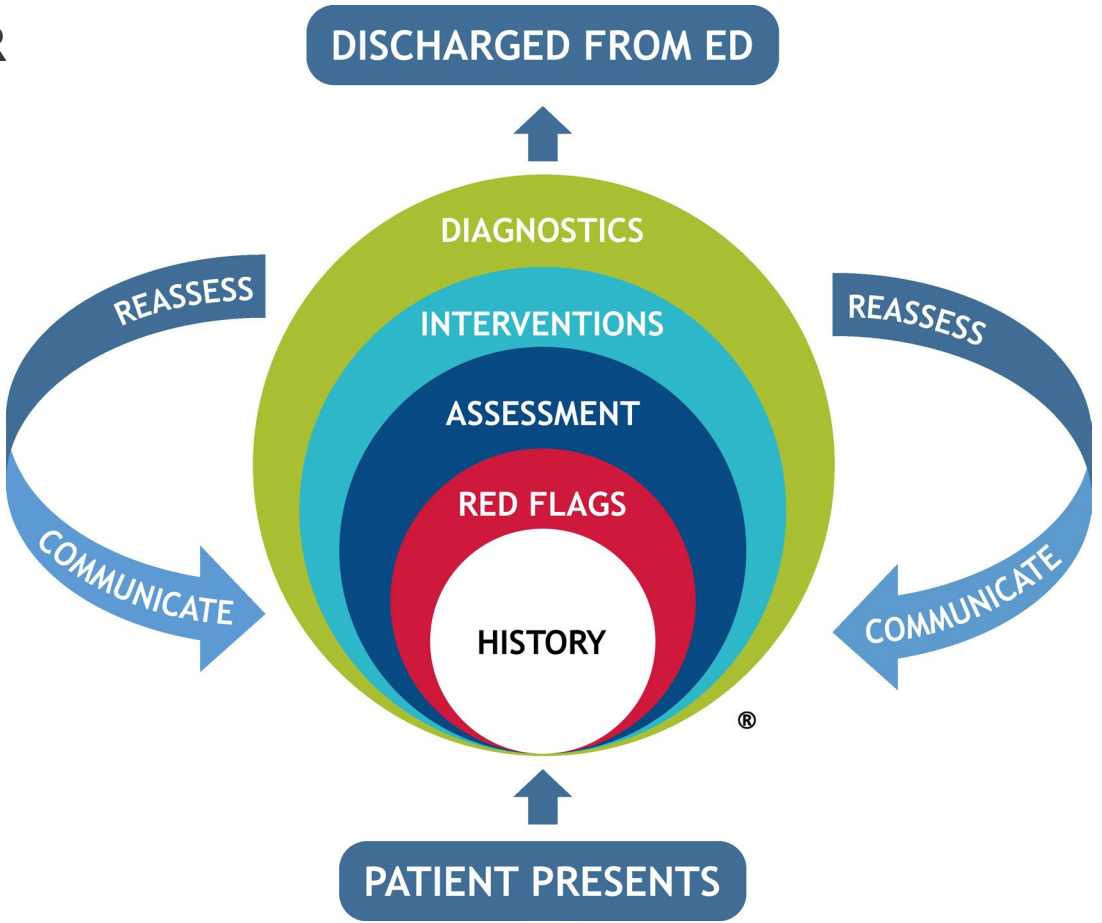
**A** Assessment

**I** Interventions

**D** Diagnostics

Reassessment

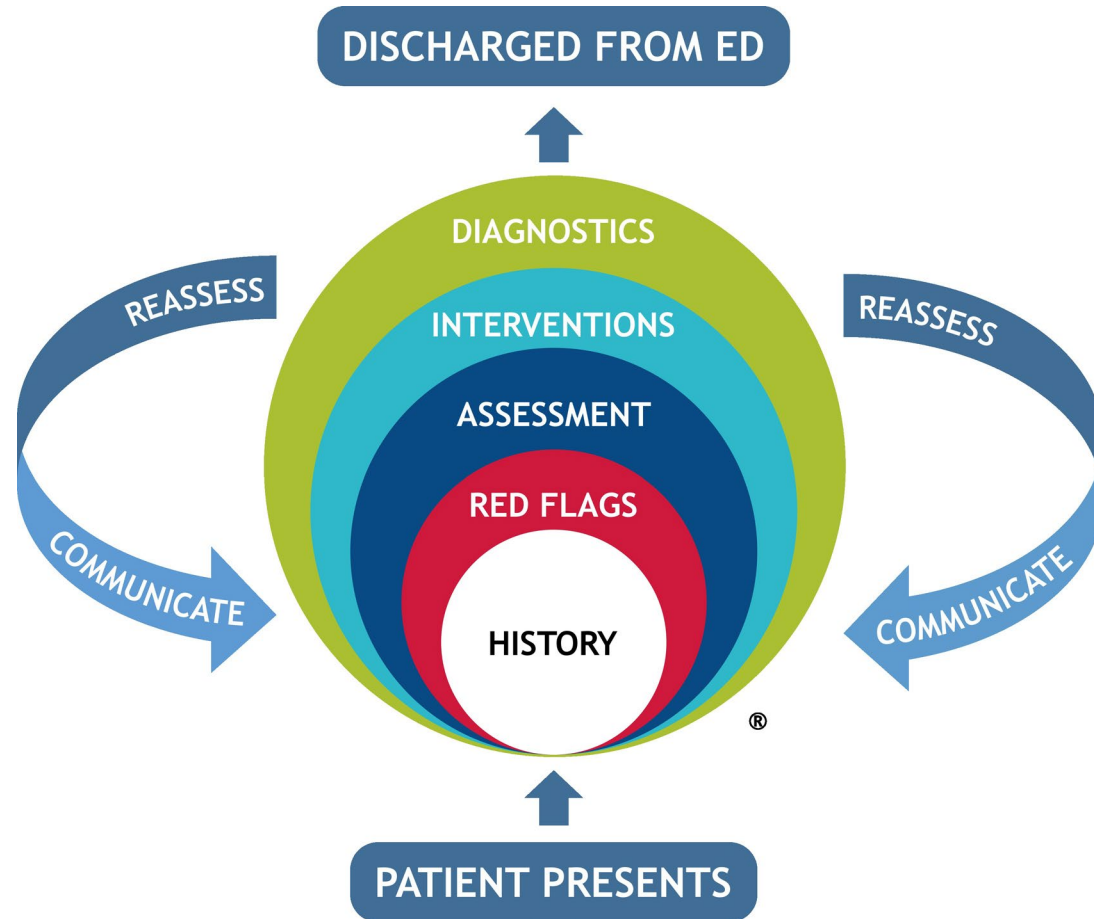
Communication





## WHAT IS HIRAIID®

- Systematic approach to nursing assessment and management of emergency patients post triage
- Magic wand?
- Enable good assessment / doc
- Mitigates risk
- Flexible to suit patient acuity





## RESEARCH PATIENT AND HEALTH SERVICE OUTCOMES

- Nurses like it (*useful assessment and documentation tool, easy to use*)
- 920 patient deterioration 72 hours admit via ED (clear ED relationship with event)
- Reduction in
  - deterioration associated with care delivered in the ED (27% to 13%), \$14,134pp
  - treatment delays [28.3% to 15.1%]
  - delay or failure to escalate care when abnormal vital signs were identified [20.2% to 6.9%].
  - isolated nursing-related factors (21% to 8%).
- Implementation costs (\$134,077)
- Hospital net benefit \$1,305,831 (conservative), 75 days payback



## MAJOR MULTI-JURISDICTIONAL NATIONAL STUDY (SW-cRCT)



145 HIRAID® Instructor courses, 210 HIRAID® Provider courses (Staff: SNSW=181; NNSW=334; WSLHD=379; EH=361). >1300 (96%) fully HIRAID® trained - all 4 components



\$7,000 + vouchers  
Phone, interpreters, RedCap



2450+ patients - nurse contact beyond triage  
Australian Hospital Patient Experience, Schmidt's Perception of Nursing Care



1250+ nurses - all 29 sites  
Nurse handover, Self-efficacy, Satisfaction with colleagues

## HIRAIID EMERGENCY NURSING ASSESSMENT (ADULT)

### HISTORY (include historical red flags)

#### **Presenting Problem**

(Aggravating/relieving factors, related symptoms, severity, timing etc.)

#### **Individual Health History**

##### **Pertinent Medications:**

##### **Pertinent medical/surgical:**

**Social history** (who they live with, are they well?):

**Habitual history** (smoking/alcohol/drug use):

### INFECTION RISK

Is patient at risk of infection or suspected/confirmed communicable disease? Precautions / PPE used

### ASSESSMENT

**Airway** (patent/protected):

**Breathing** (RR/WOB/O2/air entry):

**Circulation** (HR/BP/rhythm/pulses/capillary refill/colour):

**Disability** (GCS/pain):

**Exposure** (temp/skin/access devices including if ambulance inserted):

**Fluids** (in):

**Fluids** (out):

**Glucose** (if Indicated):

**Relevant focused assessments** (look/listen/feel):

### INTERVENTIONS, DIAGNOSTICS

(What was done and what was the outcome?)

### COMMUNICATIONS

(Who was contacted and when, including family/carers, referrals eg social work.

Escalation required? (Yes/No who to, why and when):

### PLAN:

# Implementation plan

- Instructor and Participant education program
  - Blooms taxonomy
  - Pre reading/ HIRAIID® Participant workbook
  - eLearning + interactive workshop
- eMR- Documentation templates
- Incentives / prizes
- Clinical champions
- Communications from exec
- Reporting/ Auditing / follow up with individuals
- Staff Orientation
- Implementation support





# HIRAIID® EDUCATION

## CHAPTER 13

# PATIENT ASSESSMENT AND ESSENTIALS OF CARE

BELINDA MUNROE AND CLAIRE HUTCHINSON

## PARTICIPANT WORKBOOK



# HIRAIID

## Interactive Module



# HIRAIID WORKSHOP

Scenario 1 – Adult abdominal pain



# Discussion

Could HIRAIID<sup>®</sup> work in your ED?

***LUNCH***  
***break***





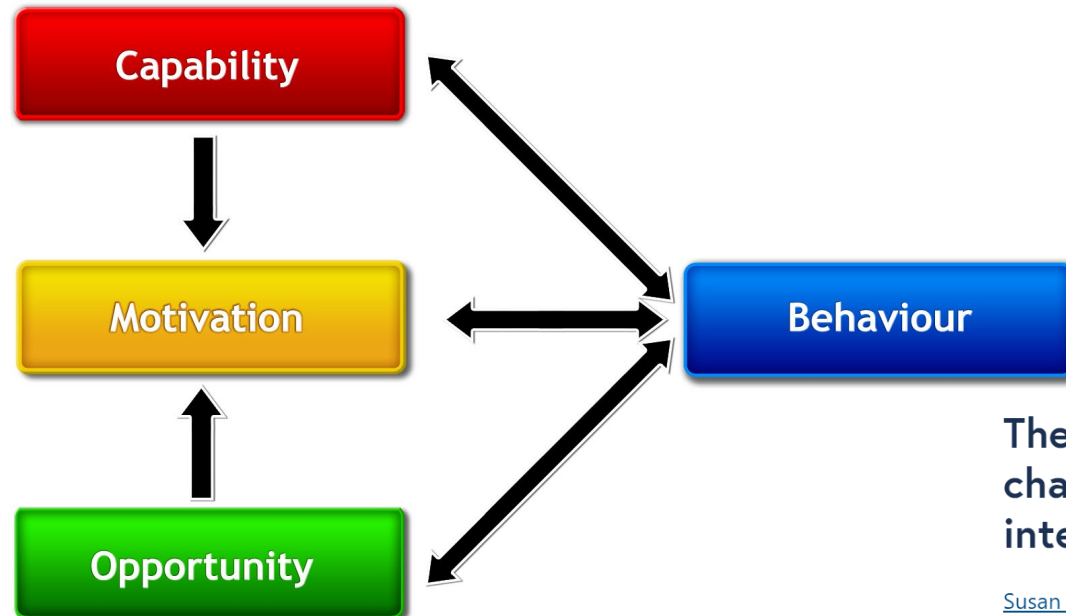
Think about a time where you had to implement change in your ED  
get nurses to.....do something new, do what they should but  
don't, to stop something they've done for years .....

What worked?

What did not work? What were the major problems?

# COM-B

1. Interact and influence each other
2. Motivation must be strongest
3. Our responses governed by competing impulses and inhibitions



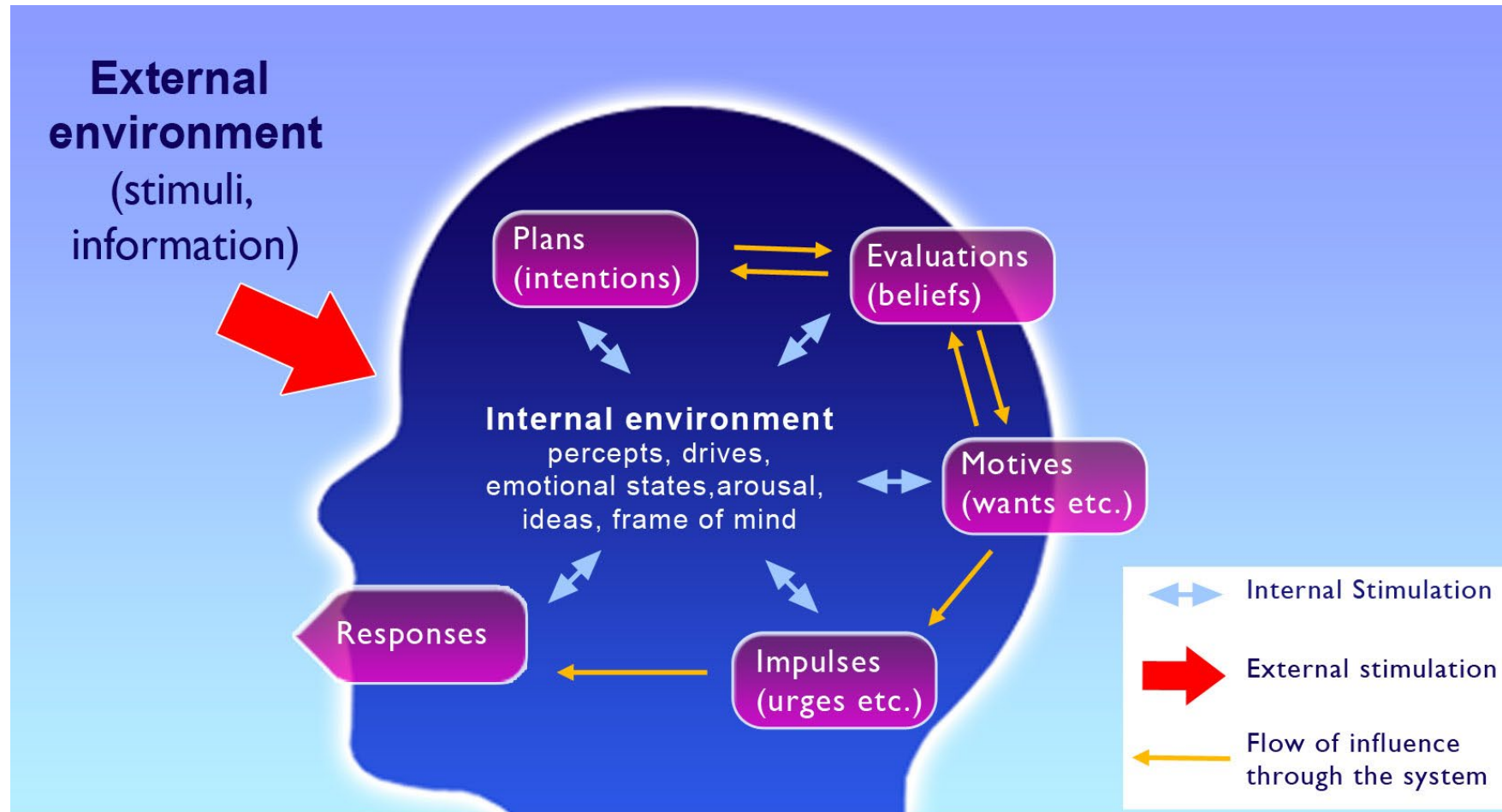
The behaviour change wheel: A new method for characterising and designing behaviour change interventions

[Susan Michie](#) , [Maartje M van Stralen](#) & [Robert West](#)

[Implementation Science](#) 6, Article number: 42 (2011) | [Cite this article](#)

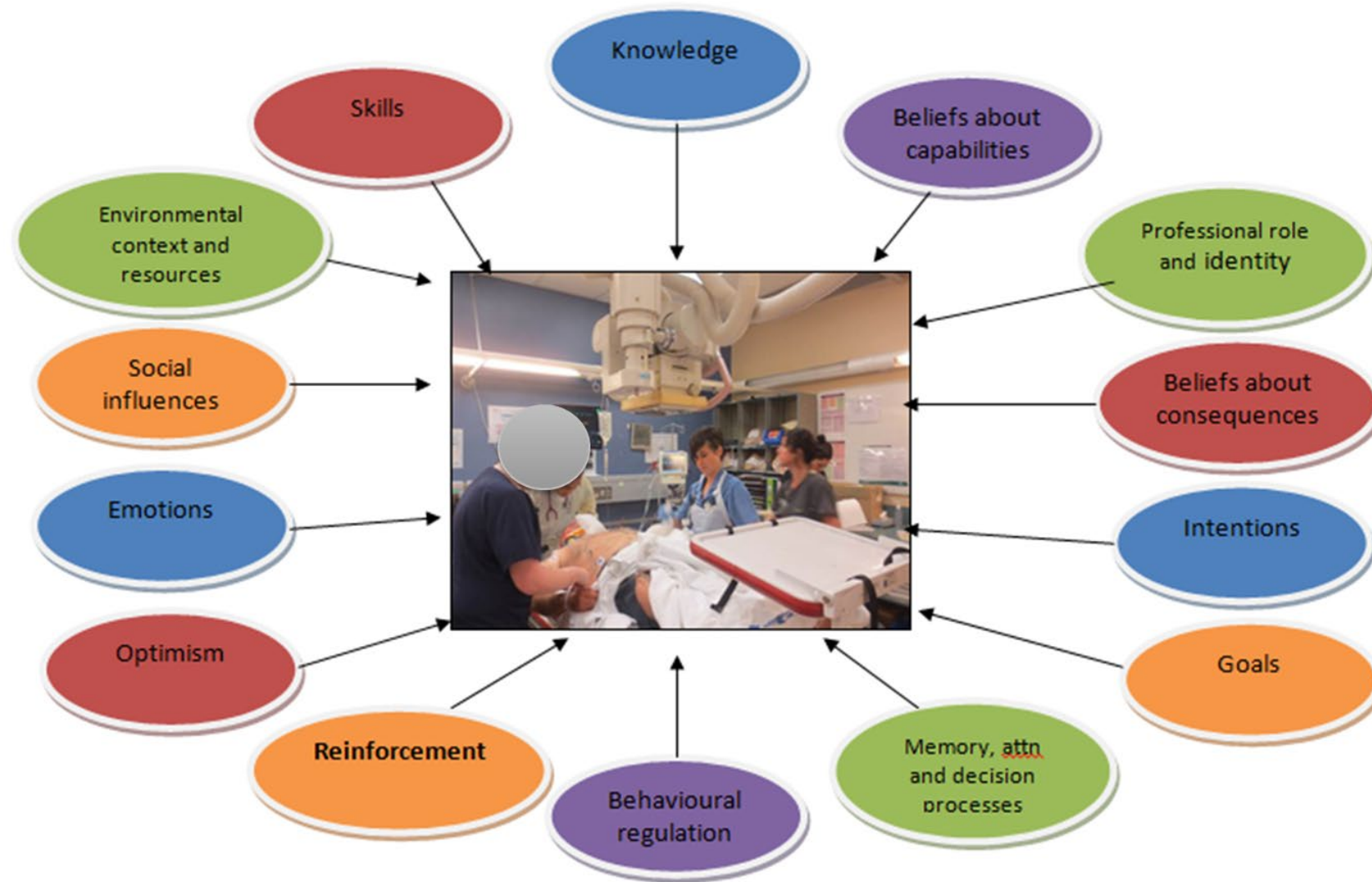
1.05m Accesses | 5712 Citations | 1171 Altmetric | [Metrics](#)

# PRIME Theory: the structure of human motivation






# WHY HAS HIRAIID WORKED? THEORETICAL DOMAINS FRAMEWORK



# A guide to using the Theoretical Domains Framework of behaviour change to investigate implementation problems

[Lou Atkins](#) , [Jill Francis](#), [Rafat Islam](#), [Denise O'Connor](#), [Andrea Patey](#), [Noah Ivers](#), [Robbie Foy](#), [Eilidh M. Duncan](#), [Heather Colquhoun](#), [Jeremy M. Grimshaw](#), [Rebecca Lawton](#) & [Susan Michie](#)

[Implementation Science](#) **12**, Article number: 77 (2017) | [Cite this article](#)

**334k** Accesses | **1693** Citations | **216** Altmetric | [Metrics](#)

## The Behaviour Change Wheel

*A Guide To Designing Interventions*  
Written by Susan Michie, Lou Atkins & Robert West

user

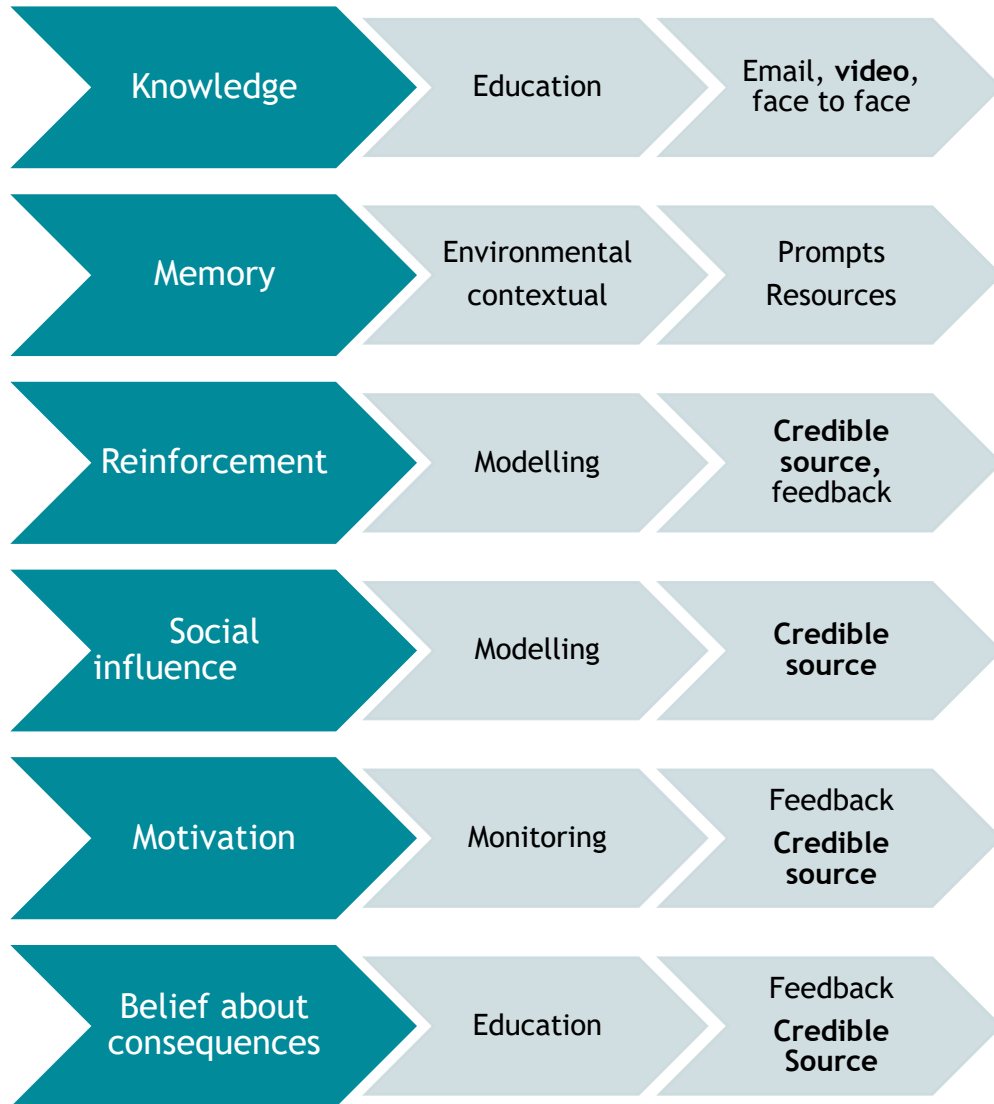
pass

Home Understanding the Wheel About the Authors



This is a practical guide to designing and evaluating behaviour change interventions and policies. It is based on the Behaviour Change Wheel, a synthesis of 19 behaviour change frameworks that draw on a wide range of disciplines and approaches. The guide is for policy makers, practitioners, intervention designers and researchers and introduces a systematic, theory-based method, key concepts and practical tasks.

*Permission is granted for any of the graphics, figures and tables to be reproduced provided that the source is properly acknowledged. The citation is "Michie S, Atkins L, West R. (2014) The Behaviour Change Wheel: A Guide to Designing Interventions. London: Silverback Publishing. [www.behaviourchangewheel.com](http://www.behaviourchangewheel.com)."*











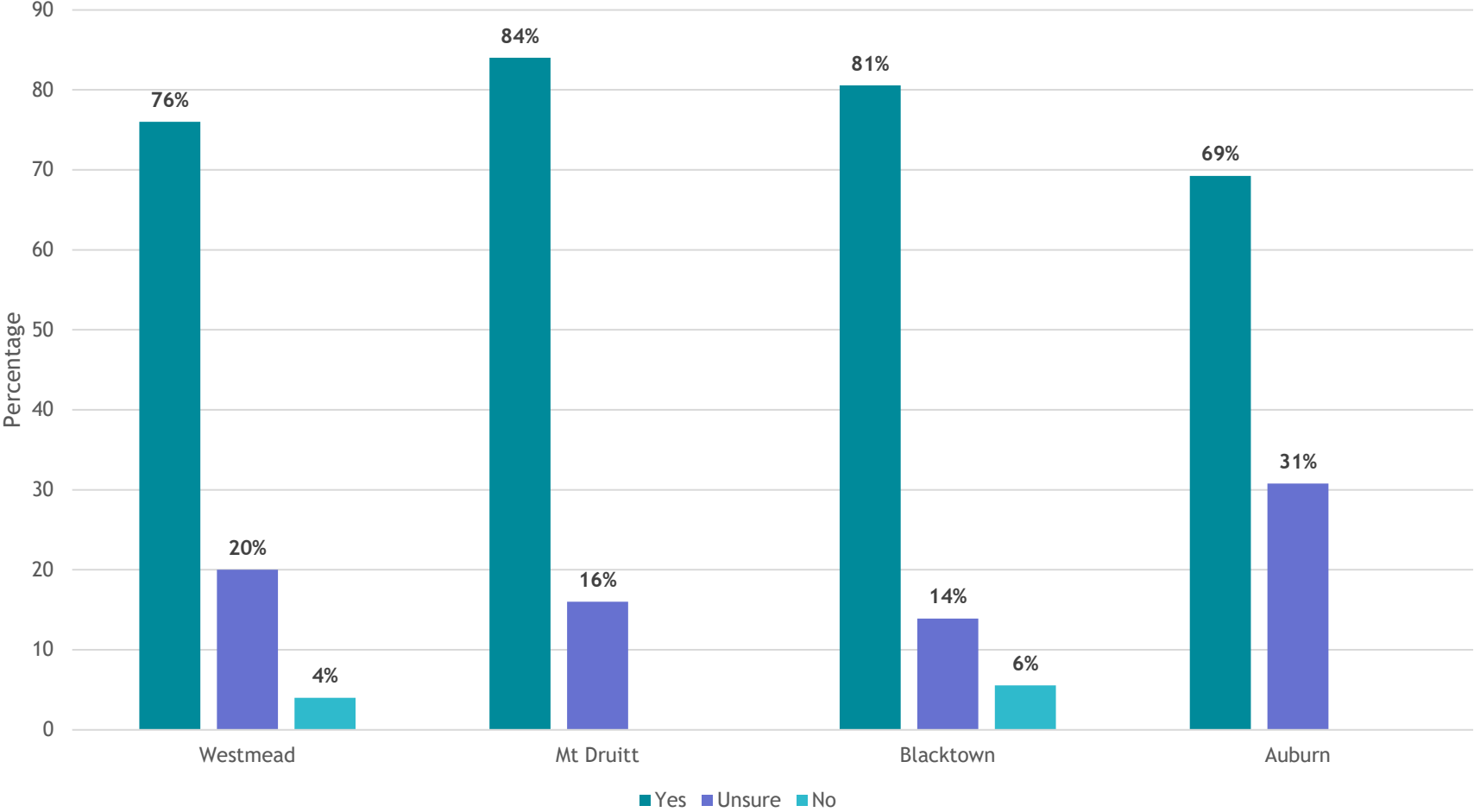


What would be the enablers of, and barriers to, implementing HIRAID in your ED?

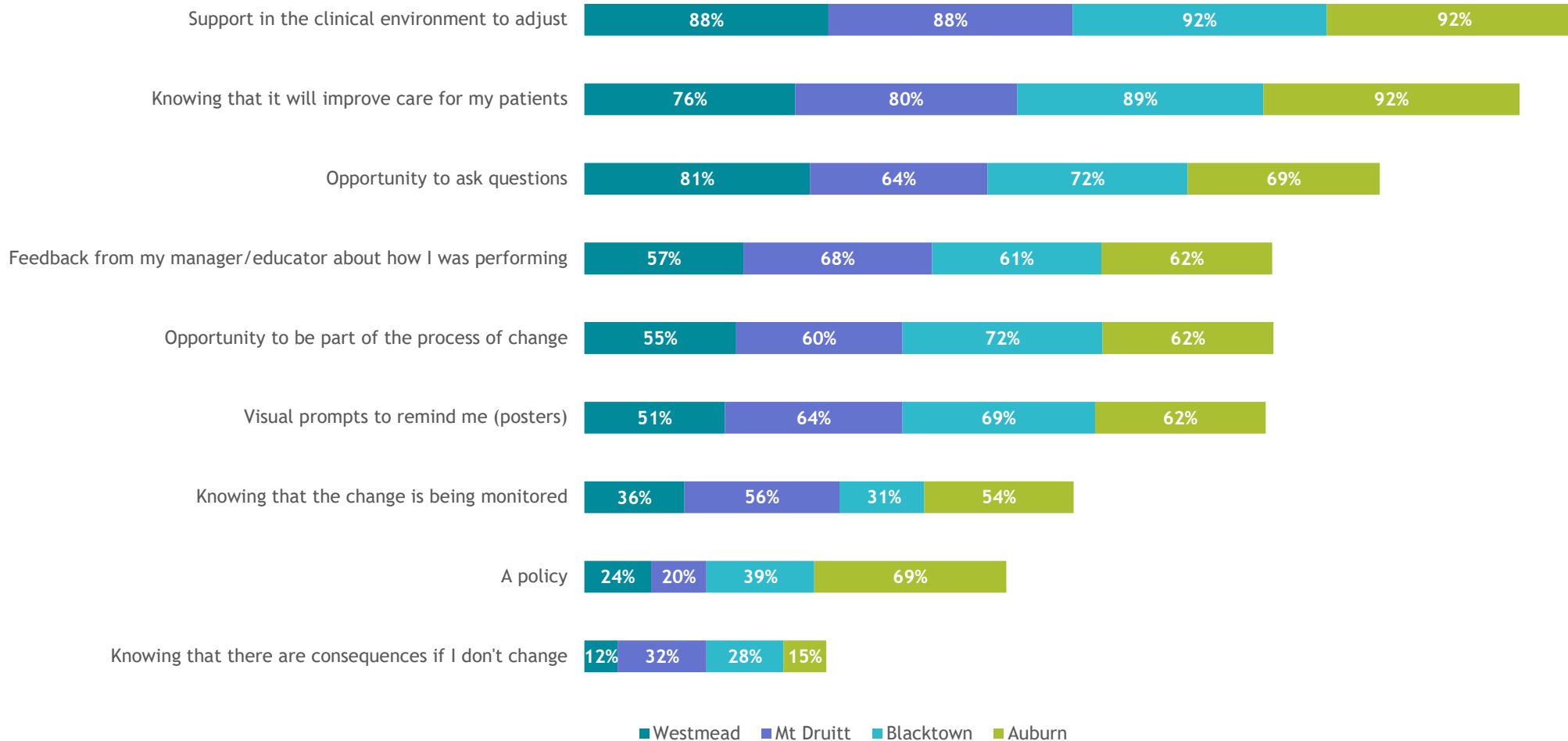
Use the domains of the TDF



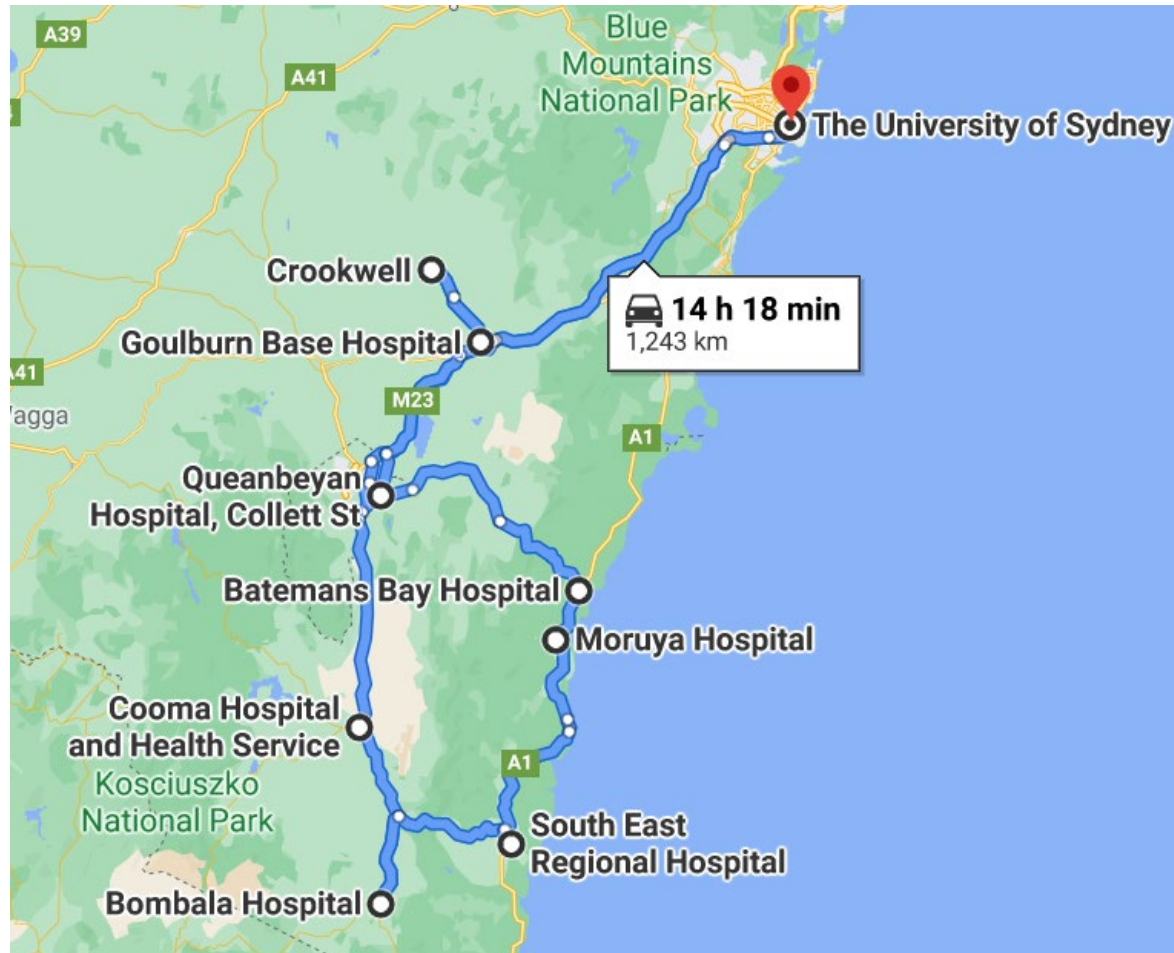
# DO YOU THINK USING THE SAME STRUCTURED APPROACH TO ASSESS PATIENTS WOULD BE BENEFICIAL IN YOUR ED?



# IF YOU HAD TO USE HIRAID® IN YOUR ED, IS THERE ANYTHING THAT WOULD HELP ENSURE IT IS IMPLEMENTED PROPERLY SO IT WORKS?



# Consultation







Please keep door closed and keep an eye out for snakes whilst outside! If you see a snake in the courtyard, please inform staff. Thankyou!





# ACHIEVING CHANGE IN EMERGENCY NURSING

## INTEGRATION > 6 BARRIERS, 3 ENABLERS

- Willing to learn
  - Recognise need for change
  - Want to do what is best for patient
- 
- High workload
  - Believe nothing will change
  - Lack of support
  - Uncertainty about what to do
  - Lack of support or time for education

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# Capability

*an individual's psychological and physical ability to participate in an activity*

Theoretical Domain	Barriers and Enablers	Intervention functions	Behaviour change techniques
Knowledge	Poor understanding of what HIRAID <sup>®</sup> is, how it is used and why (B)	Education	5.1 Information on health consequences  5.3 Information about social and environmental consequences

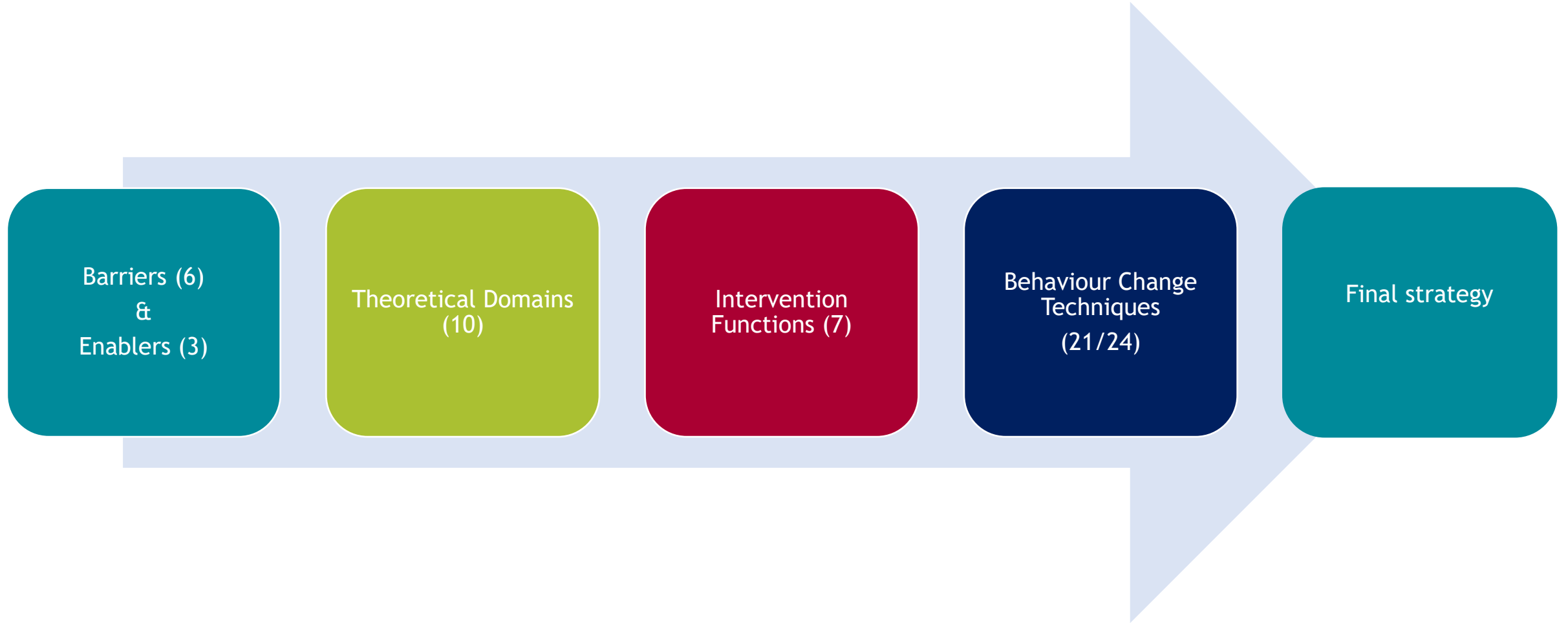
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# Motivation

*the conscious and unconscious cognitive processes that direct and inspire behaviour*

Theoretical Domain	Barriers and Enablers	Intervention functions	Behaviour change techniques
Social /professional role and identity	Belief intervention will not change the way they work (B)  Need to change way of working (E)	Persuasion  Modelling	13.2 Framing / reframing  15.1 Verbal persuasion about capability  6.1 Demonstration of the behaviour





Barriers (6)  
&  
Enablers (3)

Theoretical Domains  
(10)

Intervention  
Functions (7)

Behaviour Change  
Techniques  
(21/24)

Final strategy

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### COMMUNICATIONS

(Who was contacted and when, including family/carers, referrals eg social work.

Escalation required? (Yes/No who to, why and when):

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# Implementation plan

## 10 domains mapped to 7 IF mapped to 21 BCTTs

- Instructor and Participant education program
  - Blooms taxonomy
  - Pre reading/ HIRAIID® Participant workbook
  - eLearning + interactive workshop
- eMR- Documentation templates
- Incentives / prizes
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# HIRAID® EDUCATION - CENA AND ACN ENDORSESD

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# Implementation evaluation

