

Abstract FRAMily meeting 2018

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Type of submission: suggestion for presentation of ongoing work in healthcare/academia (with a submitted paper)

Own role in the submitted work: I was the project leader for the Australian part of the study. As FRAM is a major part of my current job as a healthcare advisor, I would be delighted to present our work at the meeting and have a discussion on especially its practical/clinical implications.

Abstract

Preoperative anticoagulation management in everyday clinical practice: an international comparative analysis of work-as-done using the functional resonance analysis method

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Background: Preoperative anticoagulation management (PAM) is a complex, multidisciplinary process posing risks to patient safety. Previous research indicates that adherence to guidelines is highly variable. Implementation of change first requires an analysis of actual performance in practice. Complex processes can be studied with the Functional Resonance Analysis Method (FRAM), focusing on how work is conducted at the frontline and how this relates to predefined procedures, such as protocols. This study aimed to assess PAM in everyday practice and explore the usability of FRAM.

Methods: The study was conducted at an Australian and Dutch Cardiothoracic Surgery department. An initial FRAM model of PAM 'as-imagined' was developed using guidelines. Semi-structured interviews with 18 professionals involved in PAM were used to develop FRAM models reflecting work-as-done, which were presented to staff for validation. To indicate usability of FRAM, workload in hours was estimated per process step.

Results: In both centres, PAM 'as-done' in practice differed from work-as-imagined, such as in the division of tasks among disciplines, i.e. surgical rather than anaesthesia staff; nurses or registrars rather than medical specialists. Locally, various control mechanisms had been developed to ensure successful and safe PAM, such as crosschecking with other clinicians and individually developed

checklists or protocols. Centres differed in how PAM was organized, which revealed opportunities for improvement on patient information resources and clustering of clinic visits. Presenting FRAM models to involved staff initiated discussion on design of this clinical process, and identification of improvement areas. The overall workload was estimated at 47 hours per site.

Conclusions: This FRAM analysis provided insight into PAM as-done from the perspective of front line clinicians, revealing essential activities, interdependencies, as well as the relation with work-as-imagined, stipulated by guidelines. FRAM appeared to be a comprehensive tool, suitable for studying actual performance this medication management process in practice. Future studies are warranted to study PAM and the applicability of FRAM in other healthcare contexts, including its potential as supportive tool for implementation of improvements.