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The PERMIT Feasibility Study

Feasibility of implementing the Paediatric Early Rehabilitation & Mobilisation during InTensive care (PERMIT) intervention

Chief Investigator: Dr Barney Scholefield

Recruitment Site Principal Investigator: *(insert name)*

PERMIT CHAMPION – WEEKLY DEBRIEF – INTERVIEW SCHEDULE

Note: The weekly debrief interview schedule is developmental and will change over time. The questions will be developed from the findings of prior weekly debriefs. The schedule given here is therefore a general topic guide for the weekly debrief conversations.

Plan of debrief

Identify the starting point for the unit (ie where were they last week)

Progress this week against implementation steps

Key learning points

Additional information

Setting

In person, by telephone or online (e.g. videoconference)

Introduction : at each debrief

Explain purpose of the study and this debrief

Explain written notes taken but details will not be identifiable to individuals and will be confidential

Explore any questions or concerns

Re-affirm consent

1. Progress

- a) Clarify starting point from week before?
- b) Can you tell me about what PERMIT ERM work you have been focusing on this week?

Phase	Yes / No & comments
1. Build the team <ul style="list-style-type: none"> Have potential champions been contacted? Has a champions team been assembled? Can you describe the composition of the local implementation team? Do we have enough people acting as ERM champions, driving it forward, getting others involved? Are the right people involved as champions? Are the key clinician groups represented? Are the champions prepared? Are the champions organised? Are there regular implementation meetings? 	<p>Yes</p> <p>Yes</p> <p>Nurses, Physios, Doctors</p> <p>Implementation meetings paused due to annual leave</p>
2. Take stock <ul style="list-style-type: none"> Does the team agree about the purpose of ERM (i.e. its intended benefits)? Does the team see and understand the potential benefits of ERM? Do they value these benefits? Does the team understand what is involved in the ERM bedside bundle? If ERM is new to the unit, can everybody see how it differs from usual ways of working? If ERM has already been happening, can everybody see which parts of the bedside bundle are working well and which parts are not happening or could be improved? Does the team feel comfortable that the bedside bundle can be implemented safely? Do individuals see what contribution they could make to using the bedside bundle with patients? Do they want to help? Have managers and decision-makers stated their support for ERM? 	<p>Yes</p> <p>Yes on the whole</p> <p>Yes</p> <p>Reviewing current practice</p> <p>Yes</p> <p>Yes</p> <p>Concern re time negotiated</p>
3. Get buy-in <ul style="list-style-type: none"> Has evidence of institutional support of ERM been obtained (e.g. manager support)? What is the level of institutional support (agreement, financial, resource)? Has an assessment of local support been made? Which parts of the bedside bundle need to be adapted to suit our unit? Within each part of the bedside bundle, is it clear who needs to do what? Do individuals understand their specific tasks and responsibilities for using the bedside bundle? Do they feel confident, skilled, safe, and prepared to carry out their tasks and responsibilities? Are all the equipment and resources we need to implement the bedside bundle available? 	<p>Yes</p> <p>Agreement</p> <p>Yes</p> <p>Mostly done</p> <p>Yes</p> <p>No</p> <p>N/A</p> <p>More sensory</p>
4. Get ready <ul style="list-style-type: none"> Set up first educational meeting? Training of trainers completed? 	

<ul style="list-style-type: none"> • Defined roles of key members of clinical team? Allocated professional roles? • Catalogue of local resources for ERM activity? • Adapted PERMIT manual elements to local need? E.g. local risk assessment • Allocated task responsibilities? • Set up adverse event reporting system? • Interaction with ventilation weaning / sedation monitoring protocol? • System for clinician / patient feedback? 	
<p>5. Make it work</p> <ul style="list-style-type: none"> • Are people using the ERM daily flowchart? • Is there a clear strategy for screening patients at morning round? • Are you using the patient acuity level table? • Are you using the ERM activity levels table? • Are the site conducting risk assessments? • Are we getting the feedback we need about how implementation is going? For example, are we feeding back at the ward rounds? • Are we getting feedback from clinicians? • Eg. about whether they have been allocated the right tasks and responsibilities • how confident they are feeling • whether they think ERM is helping patients • how much effort it is taking to deliver ERM • whether it is stopping them doing other things? • Is there any feedback from patients and families about their ERM experiences? 	
<p>6. Keep it going</p> <ul style="list-style-type: none"> • Have the site collected and recorded week one data? • Have the site presented information/data back to ICU team? • Have the site set up / delivered additional educational training? • Have the site created a list of quality improvements required? • If ERM has already been happening, can we see which parts of the bedside bundle are working well and which parts are not happening or could be improved? • What are the key things we are learning from clinician, patient, parent/carer, and champion feedback? • Are the clinicians getting feedback about how implementation is going and whether ERM seems to be helping individual patients? • Do we have a plan for improving our implementation of ERM? • Are people signed up to the plan? • Do we have a plan for checking our ongoing implementation and for giving people feedback? • Do we have an ongoing education and training programme to cover staff turnover and to keep developing people's confidence and skills? 	

1. Progress (cont'd)

c) What went well this week?

- Staff training slides in progress
- In the process of creating out bedside bundle which currently includes: PERMIT Acuity levels, PERMIT ERM Activity levels, Risk assessment and the transfer checklist for getting patients out of bed.

d) What have been the key challenges this week? A lot of champions on leave and PICU very busy

e) What are the key areas you plan to focus on over the next week?

- Completing staff training slides
- Creating a chart/table for the nurses to document what ERM activities were completed
- Considering the set up of Redcap access for the 10 recruited patients

2. Learning

What do you feel are the key learning points going forward?

3. Anything else?

Is there anything else you would like to tell me?

We are particularly interested in feedback or reactions from children and young people and parents to the launch of PERMIT (step 1) or start of recruitment (step 2 and 3).

Closing and thanks

Conclude the discussion and thank the participant for their time and contribution.

Confirm date and time of next meeting: Weds 25th August at 11:30