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IMPROVING COMMUNICATION DURING CARDIAC INTENSIVE CARE UNIT MULTIDISCIPLINARY ROUNDS THROUGH VISUAL DISPLAY OF PATIENT DAILY GOALS

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Background The care of critically ill children in intensive care units (ICU) has become increasingly complex. Utilization of multidisciplinary care teams leads to reduction in mortality and length of stay, prevention of adverse events, and improvement

How do you REACT to rounds?
(Rounds Effectiveness Assessment and Collaboration Tool)

Date: _____ Provider: _____
 Patient: _____ Presenting NP
 Presenting Fellow
 Attending (provide initials: _____)
 Bedside RN
 Other: _____

This patient is: _____ Heart Failure/Transplant
 _____ Mechanical Device
 _____ Adult Congenital

1. Clinical condition over last 12 hours v Improving _____ Worsening _____ Unchanged _____	4. GI plan v Continue current feeding regimen _____ Start or Advance feeds (include increase rate or cal, condensing to bolus) _____ Insert new feeding tube _____ TPO/Fluids/TPN _____ Modify GI meds _____ Other: _____	7. Neuro plan v Modify sedation/analgesia or neuromuscular blockade _____ Initiate/modify withdrawal prevention _____ Imaging (ultrasound, CT, MRI) _____ No change/Not applicable _____ Other: _____
2. Cardiac and Fluid plan v Modify vasoactive infusions _____ Obtain echo _____ Procedure (cath, OR) _____ Initiate oral cardiac med _____ Modify diuretics _____ PD, CRRT, Hemodialysis _____ Other: _____ No change/Not applicable _____	5. Infection plan v Start antibiotics _____ Stop antibiotics _____ Obtain cultures or inflammatory markers _____ No change/Not applicable _____ Other: _____	8. Hematology plan v Start/Modify anticoagulation _____ Transfuse products _____ No change/Not applicable _____ Other: _____
3. Respiratory plan v Escalate support _____ Lung Recruitment _____ Modify ETT position _____ Wean support _____ Extubate _____ No change/Not applicable _____ Other: _____	6. This patient's sedation status was communicated and understood and the plan is: v Too sedated _____ Just right _____ Not sedated enough _____ Other: _____	9. This patient's lines and tubes were communicated and understood and the plan is: v Keep the same _____ More vascular access _____ Pull lines/tubes (Specify: _____) _____ Other: _____

1= certainly no 6= certainly yes

Figure 1 Rounds Effectiveness Assessment and Collaboration Tool.

	1	2	3	4	5	6
We know what our child's goals for the day are						
We understand our child's goals for the day						
We have daily talks about our child's goals with our child's nurse						
We have daily talks about our child's goals with our child's nurse practitioner or physician						
We are actively involved in decision-making on the care and treatment of our child						
We feel that the entire medical team are working towards the same goals for our child						
We feel that our goals for our child are the same as the medical team						

Figure 2 Parent Satisfaction Survey.

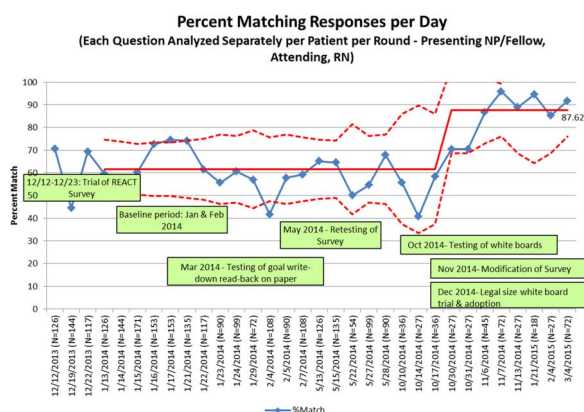


Figure 3 REACT Results-Percent Matching Responses Per Day.

in quality of care. However, as the number of care providers grows and patient demand increases, coordination of multidisciplinary care becomes more complicated.

Objectives To improve communication during cardiac ICU multidisciplinary rounds.

Methods Quality improvement methodology was utilized to evaluate implementation of a daily patient goal write-down/read-back process. The Rounds Effectiveness Assessment and Communication Tool (REACT) was developed, based on the previously validated Patient Knowledge Assessment Tool (PKAT), to evaluate comprehension of patient daily goals during multiple PDSAs (Plan, Do, Study, Act). Rounds were assessed

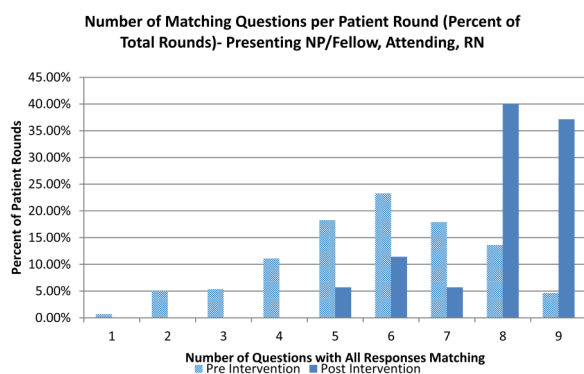


Figure 4

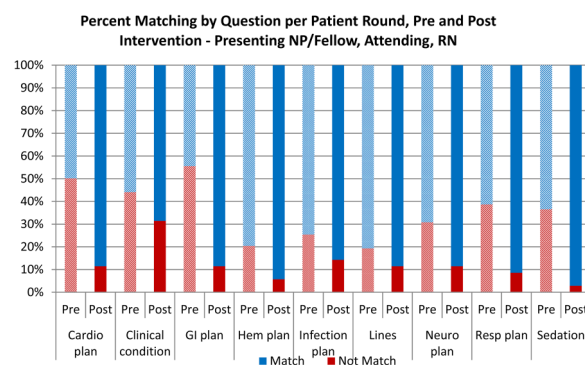


Figure 5

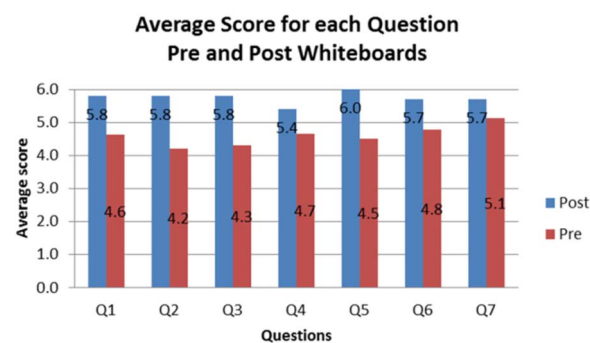


Figure 6 Family Survey Results-Family survey results improved for every question, and the overall mean score improved from 4.6 to 5.7 out of 6.

Table 1 Summary of PDSAs.

#	Plan/Do	Study	Act
1	Goal write-down and read-back on RN bedside sheet	Unclear if beneficial during small trial, bedside staff unsure what to write down	Adapt
2	Full unit trial of goal-write-down and read-back on RN bedside sheet with prompts added	Only visible to the bedside RN No change in REACT scores	Adapt
3	Goal write-down and read-back using 1 whiteboard	Favorable response from staff regarding improved visualization, but inconsistent use	Adapt
4	Goal write-down and read-back using 5 whiteboards	Favorable response from staff and parents regarding improved visualization, but inconsistent use	Adapt
5	Goal write-down and read-back using 5 whiteboards, extended x 3 months, with focused discussion about goals at the end of rounds	Improvement in REACT scores Difficulty with categories wiping off the boards or smudging Large goals whiteboards did not fit with the permanent CCHMC family communication boards	Adapt
6	Goal write-down and read-back on 1 legal size laminated sheet	Smaller sheets are more mobile, no issues with categories wiping off Compatible with CCHMC family communication board. Concern was voiced regarding potentially reduced visibility of goals	Adapt
7	Goal write-down and read-back using 3 legal size laminated sheets	REACT scores maintained	ADOPT

for each patient by the bedside nurse, nurse practitioner or fellow, and attending physician, and answers were compared to determine percent agreement per day.

Results Baseline percent agreement for patient goals was 62%. After intervention, percent agreement improved to 85%. Family satisfaction with rounds was assessed using a 1–6 Likert scale and improved from a mean of 4.6 to 5.7. Parent selection of the best possible score for each question was 19% at baseline and 75% after the intervention.

Conclusions Visual display of patient daily goals via a write-down/read-back process improves comprehension of goals by all team members and improves parent satisfaction. The daily goals whiteboard facilitates consistent development of a comprehensive plan of care for each patient, fosters goal-directed care, and provides a checklist for providers and parents to review throughout the day.