455 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

Figure 1  Rounds Effectiveness Assessment and Collaboration Tool.

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

Date: ____________________________
Patient: ____________________________

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

1. Clinical condition over last 24 hours
   Improvement
   Stabilizing
   Unchanged
   downhill

2. Confront and hard plan
   Make a specific change
   Change done
   Waiting for order
   Need to see vor
   Modify all the time
   Change orders
   No change

3. Medical plan
   Modify specific medication
   Start or stop drug
   Modify drug
   Discontinue drug
   Add drug
   Subtract drug
   Modify current medication
   Change medication
   Other

4. Postoperative plan
   Postop plan
   Postop change
   Postop complete
   Postop other

5. Other
   Other

6. How do you REACT to rounds?
   Certainly no 6 = certainly yes

Figure 1  Rounds Effectiveness Assessment and Collaboration Tool.
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 is working towards the same goals for our child. We feel that our goals for our child are the same as the medical team.

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

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Table 1 Summary of PDSAs.

<table>
<thead>
<tr>
<th>#</th>
<th>Plan/Do</th>
<th>Study</th>
<th>Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Goal write-down and read-back on RN bedside sheet</td>
<td>Unclear if beneficial during small trial, bedside staff unsure what to write down</td>
<td>Adapt</td>
</tr>
<tr>
<td>2</td>
<td>Full unit trial of goal-write-down and read-back on RN bedside sheet with prompts added</td>
<td>Only visible to the bedside RN No change in REACT scores</td>
<td>Adapt</td>
</tr>
<tr>
<td>3</td>
<td>Goal write-down and read-back using 1 whiteboard</td>
<td>Favorable response from staff regarding improved visualization, but inconsistent use</td>
<td>Adapt</td>
</tr>
<tr>
<td>4</td>
<td>Goal write-down and read-back using 3 whiteboards</td>
<td>Favorable response from staff and parents regarding improved visualization, but inconsistent use</td>
<td>Adapt</td>
</tr>
<tr>
<td>5</td>
<td>Goal write-down and read-back using 5 whiteboards, extended x 3 months, with focused discussion about goals at the end of rounds</td>
<td>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 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</td>
<td>Adapt</td>
</tr>
<tr>
<td>6</td>
<td>Goal write-down and read-back on 1 legal size laminated sheet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Goal write-down and read-back using 3 legal size laminated sheets</td>
<td>REACT scores maintained</td>
<td>ADOPT</td>
</tr>
</tbody>
</table>

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**Figure 2** Parent Satisfaction Survey.

**Figure 3** REACT Results-Percent Matching Responses Per Day.

**Figure 4** Percent Matching Responses per Day

**Figure 5** Average Score for each Question: Pre and Post Whiteboards

**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.
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.