Implementing the Comprehensive Unit-based Safety Program (CUSP)
Multidisciplinary Rounds with Daily Goals
How to get it done!!

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Webconference

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Program Goals

- To achieve significant improvements in teamwork and safety culture through implementation of the Comprehensive Unit-Based Safety Program (CUSP)

- Reduce CAUTI incidence below National SIR rate of 1.057
  (NYS CAUTI SIR 1.348)
Learning Objectives

1. Understand the importance of interdisciplinary rounds
2. Review the steps to implement interdisciplinary rounds with daily goals
CUSP

Adaptive /Cultural

1. Educate on the Science of Safety
2. Identify Defects (Staff Safety Assessment)
3. Senior Executive Partnership
4. Learn from Defects
5. Implement Teamwork & Communication Tools

Technical

Clinical

1. CAUTI Prevention
   - Insertion
   - Maintenance

www.ahrq/cusp
Tools and Strategies to Improve Safety and Teamwork

- Learn from a defect
- **Daily rounds/goals**
  - Pre-procedure briefing (Team STEPPS)
  - Morning briefing (Team STEPPS)
  - Huddles
  - SBAR (Team STEPPS)
  - Shadowing
  - Crucial Conversations
  - Executive Safety Rounds/Partnership
  - Handoff standardization (Team STEPPS)
Interdisciplinary Rounds with Daily Goals – What is it?

• A strategy to assemble the patient care team members to review important patient care and safety issues and improve collaboration on the overall plan of care for the patient
• Improve communication among care team and family members regarding the patient’s plan of care
• Goals should be specific and measurable
• Documented where all care team members have access
• Checklist used during rounds prompts caregivers to focus on what needs to be accomplished that day to safely move the patient closer to transfer out of the ICU or discharge home
• Measure effectiveness of rounds—team dynamics, communication, quality measure compliance, LOS
Evidence For Impact Of IDR Rounds

• Research studies on the effect of structured interdisciplinary rounds show:
  – Earlier identification of clinical issues
  – More timely referrals
  – Improved ratings by nurses and physicians on teamwork, communication and collaboration.

• Research also indicates variable effects on LOS and cost, with some studies showing improvement and others having no impact.

Improving teamwork: impact of structured interdisciplinary rounds on a medical teaching unit.

The Effect of Multidisciplinary Care Teams on Intensive Care Unit Mortality
Arch Intern Med  Feb 22, 2010

Retrospective cohort study (using state discharge data from Pennsylvania Health Care Cost Containment Council)

- 112 hospitals
- Non-cardiac, non-surgical ICUs
- 30 day mortality
- Looked at 3 types of multidisciplinary care models
  - multidisciplinary care staffing alone
  - intensivist physician staffing alone
  - interaction between intensivist physician staffing and multidisciplinary care teams
Association Between Intensivist Physician Staffing and 30-Day Mortality for All Patients

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<tr>
<th>Variable</th>
<th>OR (95% CI)</th>
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<td>- No multidisciplinary care</td>
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<td>- Multidisciplinary care</td>
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Interdisciplinary Rounds with Daily Goals

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• Goals should be specific and measurable
• Documented where all care team members have access
• Checklist used during rounds prompts caregivers to focus on what needs to be accomplished that day to safely move the patient closer to transfer out of the ICU or discharge home
• Measure effectiveness of rounds—team dynamics, communication
Interdisciplinary Rounds with Daily Goals
Challenges and Opportunities

• Should be done in ICUs and all units in hospital
• Hard initiative to implement, especially if you have an open unit
  and/or no intensivists or in non-ICU area
  – Standardize the structure and process for all units
  – Benefits seen even if physician can not attend consistently or at
    all
  – Second rounds should be done in afternoon—including at least
    physician and bedside nurse
    • Evaluate if goals for day have been met; readjust if necessary
    • Identify if patient can be discharged (or transferred) the next
      day and if so, what needs to be accomplished
Interdisciplinary Rounds with Daily Goals Challenges and Opportunities (continued)

• Focused first on defining daily goals and recording those either on the white board in the room or on a sheet of paper
• Then standardize rounds—who should attend and what is discussed
• Implemented nursing objective card—to clearly define role of nurse in multidisciplinary rounds
Polling Question

• Do you currently do daily interdisciplinary rounds in your ICU?
  Yes
  No

• Do you currently do daily interdisciplinary rounds in the non-ICU?
  Yes
  No
Interdisciplinary Rounds with Daily Goals

Steps to Implementation

1. Commitment by all that IDR with daily goals is a strategy that will be implemented to improve communication and patient outcomes
2. CUSP team takes on initiative—identify if there are any additional team members needed
3. Evaluate current rounding process
4. Identify gaps between current process and what you want it to look like
5. Define the standard work of rounds, roles and responsibilities of each member and develop checklist and goal process
6. Define metrics to evaluate MDR
# IDR with DG Action Plan

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Current State Assessment

What is the state of rounds on your unit?

1. Describe the structure of the participating unit(s). For example, the type of unit (i.e. ICU, Med Surg, Ancillary), whether the unit is open or closed, whether or not the unit has intensivists or hospitalists, how many beds the unit has, etc.

2. Are rounds currently held on the participating unit(s)?

3. How often are rounds held?

4. Who usually attends rounds?

5. What are the roles of each member?

6. Where do rounds usually take place?

7. Is there a defined structure/process for rounds? If so what is it? Or does it depend on who is running them?

8. Are daily goals part of the rounding structure/process?

9. How have rounds made a difference during the past year in improving the performance on your unit?

10. What is the major barrier for multidisciplinary round implementation on your unit?
Standardized Work Paradigm

Old Paradigm - I know you’ll be able to figure it out. Just get it done the best way you can.

New Paradigm - In order to have consistent results we must do things the same way every time.
Standard Work System

• Standardized Work is a system for achieving a stable baseline for a process in order to systematically improve it.

• Standardized Work Systems are the basis for Continuous Improvement.

“What you permit, you promote”

“We deserve what we tolerate”
Principles of Safe Design
part of the Science of Safety

• Standardization
• Create Independent checks for key process
• Learn from Defects

We are applying two of these principles with Interdisciplinary Rounds
Polling Question

• Do you utilize a standard script or checklist in your interdisciplinary rounds?
  
    Yes
    No
IDR with DG Action Plan

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Who?

• Physician
  — Team leader: guide rounds, ensure follow defined process, elicit input from all members, summarizes define daily goal

• Resident:
  — Present patient in system format
  — Place orders in computer during rounds
  — Document note in chart

• Bedside nurse
  — Provide clinical information, current patient status, changes over previous 24hrs, patient or family concerns/issues (if not present on rounds)
Who?

• Case manager/social work
  – Could function as leader if physician not present
  – Oversee discussion of discharge planning
  – Define patient/family concerns/issues

• Charge nurse/CNS/CNL
  – Function in leader role if designated and physician not present

• Others
  – Pharmacist, respiratory therapy, PT/OT, pastoral care, palliative care
Structure of IDR

• Time of day
• Frequency
• Process for each patient
  – Checklist
• Documenting
  – Which pieces of rounds?
  – Daily goal
• Define daily goal follow up process
### Lakeland Hospital CCU Patient Daily Goals

| Date: | | | | Room Number: |

- **Patient mechanically ventilated:** [ ] Yes [ ] No
- **HOB @ 30 degrees:** [ ] Yes [ ] No
- **Weaning trial today:** [ ] Yes [ ] No
- **Patient on sedation:** [ ] Yes [ ] No
- **Daily sedation interruption ordered:** [ ] Yes [ ] No
- **Able to follow commands:** [ ] Yes [ ] No
- **Ramsey Scale:**

Central lines in place and reviewed for removal:

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<th>Type and location placed</th>
<th>Date Placed</th>
<th>Date D/C'd</th>
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<tr>
<td>[ ] Swann</td>
<td>[ ] / [ ]</td>
<td>[ ] / [ ]</td>
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<tr>
<td>[ ] Arterial line</td>
<td>[ ] / [ ]</td>
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<tr>
<td>[ ] IABP</td>
<td>[ ] / [ ]</td>
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<td>[ ] Swan Line</td>
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<tr>
<td>[ ] Port</td>
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<tr>
<td>[ ] Dialysis Catheter</td>
<td>[ ] / [ ]</td>
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<tr>
<td>[ ] Temporary Catheter</td>
<td>[ ] / [ ]</td>
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</table>

Central lines discontinued due to ?? infection:

| [ ] Yes | [ ] No |

Lab work reviewed including culture results:

- [ ] Yes
- [ ] No

Foley catheter in place:

- [ ] Yes
- [ ] No

Medication list reviewed for changes needed:

- [ ] Yes
- [ ] No

Mobility:

- [ ] Bedrest
- [ ] Up in chair
- [ ] PT/OT Consult
- [ ] NA

Restrains order signed (if applicable):

- [ ] Yes
- [ ] No

Skin Issues:

- If yes, was there an ET nurse consult completed
- [ ] Yes
- [ ] No

Code Status determined:

- [ ] Yes
- [ ] No

Emotional/Psycho social/Spiritual Needs Addressed:

- [ ] Yes
- [ ] No

Family Issues Addressed:

- [ ] Yes
- [ ] No

---

Patient Daily Goals: Steps we need to take to ready patient for transfer out of CCU:

- [ ] Met
- [ ] Not Met

Test/Procedures scheduled for today:

- [ ] Completed
- [ ] Not Completed

What is the patient’s greatest risk today and how can we decrease that risk?

Comments:

Goals reviewed by Intensivists and nursing (Please initial):

- 7a-7p RN
  - [ ] Yes
  - [ ] No
  - RN initials: [ ]

- 7p-7a RN
  - [ ] Yes
  - [ ] No
  - RN initials: [ ]

Intensivist
- [ ] Allen
- [ ] Hempel
- [ ] Nwakamma

Place patient sticker here

Return to Elia’s mailbox after 48 hours in nursing chart!
# Interdisciplinary Critical Care Plan and Daily Goals – CCU

## Relevant System / Discipline

<table>
<thead>
<tr>
<th>System / Discipline</th>
<th>Key: “Yes” = issues identified needing to be addressed (list issues)</th>
<th>“No” = no issues identified</th>
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## Relevant System / Discipline

### Lab work / tests

- **Tests / Procedures for today**
  - **Admir**
  - **Cult**
  - **Hgb**
  - **Hct**
  - **K**
  - **Cr**
  - **CPK**
  - **Troponin**

### Neurologic (alert / oriented w/o deficit)

- **Lab work / tests**
  - **Tests / Procedures for today**
    - **Admir**
    - **Cult**
    - **Hgb**
    - **Hct**
    - **K**
    - **Cr**
    - **CPK**
    - **Troponin**

### Cardiovascular

- **LVEF Measurement**
  - **ECHO**
- **Coronary Cath**
- **ICD** / **PPI**

### Respiratory / Vent management

- **Date Inubated**
- **Date Exibulated**
- **Rhimubation required**

### Comprem / Nebs

- **ARDS** / Low TV management

### Renal / Fluid Status

- **Baseline Cr**
- **Output goals**
- **Sedation** / Daily weight gain / loss

### GI / Nutrition

- **Baseline Protein**
- **Entraal tube feeding protocol**
- **Supplements and evaluation**
- **Document malnutrition**
- **Blood / management**

### Endocrine

- **Glucose control**
  - **Glu 180 – 120, if intubated, blood sugar every 6 hours. If blood sugar 121 – 149, initiate diabetic management orders**
  - **Hypoglycemia protocol utilized**

### Pain / Sedation medications

- **Goal to remain calm and pain managed at acceptable level**
- **Sedation protocol utilized**
- **No** / Treatment

---

**Key:**
- “Yes” = issues identified needing to be addressed (list issues)
- “No” = no issues identified

---
### Interdisciplinary Critical Care Plan

#### Activity – Skin – Mobility

- [ ] Yes  [ ] No  [ ] PT consult  [ ] ROM
- [ ] DVT prophylaxis
- [ ] Consult ETRN
- [ ] Dressing, wound, incision
- [ ] Pressure ulcer prevention standard
- [ ] Impaired skin management standard

#### VAD

- [ ] Yes  [ ] Temp
- [ ] No  [ ] Readiness to DC
  - Arterial Line Day = ___ ER/Elective
  - Central Line Day = ___ ER/Elective
  - Peripheral IV Day = ___ ER/Elective

#### Safety / Restraints

- [ ] Yes  [ ] No
- [ ] Assess need every 2 hours
- [ ] Order obtained

#### Family – Psychosocial – Spiritual

- [ ] Yes Code Status
- [ ] No
- [ ] Family Conf. (LOS>3 Days)
  - Plan of care reviewed with pt/family
  - Yes  [ ] No
  - Financial Services Consult
  - Social Services Consult

#### Discharge / Transfer Plans

- Long term discharge goal

- [ ] Yes  [ ] No
- [ ] Ready to discharge from CCU?
  - ECF Planning = Yes  [ ] No
  - Social Services Consult

#### Medication Review

- (no concerns re: IV to PO, home med, renal adjustments, sedation requirements, new allergies, adverse reaction, unnecessary medications)

- [ ] Yes  [ ] No
- Can any be discontinued? ______
- IV to PO ______

#### Other patient specific issues / Other needed consults

- AMI / ACS Indicators
  - Cardiac Cath
  - ACE for EF < 40%
  - Lipid lower

- CHF Indicators
  - ACE for EF < 40%

- RN Signature

- Physician  [ ] PCM  [ ] EN
- Pharmacy  [ ] RT  [ ] SS
- PT  [ ] Dietary  [ ] Chaplain
- Palliative Care  [ ] Other

- Physician  [ ] PCM  [ ] RN
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- Palliative Care  [ ] Other
RN Starts Round with Vital Signs Then Integrates The Checklist

**Interdisciplinary Rounds – ABCDEF Bundle & Nursing Objectives**

1. **Assess Pain:** What is the current score? What is the pain goal and current scale?
2. **Breathing:** Both SAT and SBT
   - Were they coordinated? Pass or Fail?
3. **Choice of Sedation:** Name of medication, route and dosage
4. **Delirium:** What is the CAM-ICU result?
   - If +, possible causes & interventions?
5. **Exercise:** Mobility Level?
   - What level is pt progressing to?
   - PT/OT consult?
6. **Family:** Patient/Family questions? Goals for the day?
7. **Severe Sepsis** screen result? + or –
   - On the bundle? What goals have not been met?
8. **Vasoactive Infusions**
9. **Skin:** Pressure Ulcer? POA?
   - Current description of PU
10. **Foley:** Can it be removed?
    - Renew Order
11. **Lines / Tubes:**
    - Other Tubes?
    - Vascular Access?
12. **Patient Diet / Tube Feeding / Bowel Regimen:** Nutrition concerns?
13. **Restraints:** Type? Time of Order Expiration?
14. Time of scheduled procedures today? Expected labs / tests
15. **Other:** Nursing concerns
Interdisciplinary Rounds: Nursing Objectives non-ICU

- Pain: (scores >= 7 in last 24 hrs)
- CIWA: (Last 4 scores, trending)
- Blood Glucose: (Below 70/Above 150)
- Restraints: (Order/ Discontinue)
- Foley/Lines: (# days/discontinue)
- Mobility: (Concerns/ plan/ assist)
- Pressure Ulcer/Skin
- Tele: (discontinue)
- DNAR status
- Oxygen needs
Why Checklists?

• Levels of cognitive function are often compromised with increasing levels of stress and fatigue in certain fields of work.
• Aviation, aeronautics, and product manufacturing have come to rely heavily on checklists to aid in reducing human error.
• The checklist is an important tool in error management across all these fields, contributing significantly to reductions in the risk of costly mistakes and improving overall outcomes.
• Such benefits also translate to improving the delivery of patient care.
• Despite demonstrated benefits of checklists in medicine and critical care, the integration of checklists into practice has not been as rapid and widespread as with other fields.
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IDR with DG Evaluation:
Outcome Metrics

• Length of Stay
• AHRQ HSOPS results
  – “In this unit, people treat each other with respect”
  – “Staff feel free to question the decision or actions of those with more authority”
  – “Staff are afraid to ask questions when something does not seem right”
• Decrease number of pages to physician
# IDR with DG Evaluation: Survey the Process

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<td>Intern:</td>
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Circle others in attendance: Pharmacy Nutrition Respiratory Therapy CNL

Room #: ________________

Rounding outside patient room:  yes  no

Nursing notified:  yes  no  n/a
Nursing present during rounds:  yes  no
RT present during rounds:  yes  no

Checklist followed as outlined:  yes  no
(If no, what objectives were omitted) _______________________________________

Sepsis screen, sepsis bundles reviewed/signed by team:  yes  no
Daily goals in room board updated by intern:  yes  no
Plan of care/daily goals clarified with team:  yes  no
Nursing questions/concerns addressed:  yes  no  n/a
Physician questions/concerns addressed:  yes  no  n/a
Patient/family questions/concerns addressed:  yes  no  n/a
Were team members listening to each other:  yes  no
Did leaders ask others for input:  yes  no

Feedback to team members (professionalism, team interaction, timeliness, efficiency, thoroughness, organization and clarity):
Was criticism positively presented:  yes  no
IDR with DG Evaluation: Survey the Participants

5 point scale

– Was your voice/opinions heard and valued?
– Did you have a understanding of what the goals and plan for the patient was for the day?
– Did the leader facilitate the rounds to ensure efficiency and open communication?
– What was the goal for day for each patient?
– Did MDR with DG improve how you cared for your patient?
– What worked?
– What could be improved?
Summary

• IDR with daily goals is one of the CUSP teamwork and communication tools
• IDR’s purpose is to improve communication among care team and family members regarding the patient’s plan of care
• The daily goals developed should be specific and measurable and documented where all care team members have access
• Standardization of rounds using script/checklist for each discipline is important. The use of checklist used during rounds prompts caregivers to focus on what needs to be accomplished that day to safely move the patient closer to transfer out of the ICU or discharge home
• It is important to measure effectiveness of rounds, and make improvements as necessary
Thank You