

Multidisciplinary Rounds in the Intensive Care Unit: How with this Practice Affect Patient Metrics?

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Background

- Communication breakdown is the second leading cause of sentinel events
- Multidisciplinary approaches to patient care have been linked to patient safety and decreased length of stay
- Multidisciplinary rounds (MDRs) provide a standardized reporting technique to increase communication and improve patient care efficiency and safety


Practice Change

At 0900 on July 6, 2020, MDRs began on every patient in the 38 ICU-bed

Methods

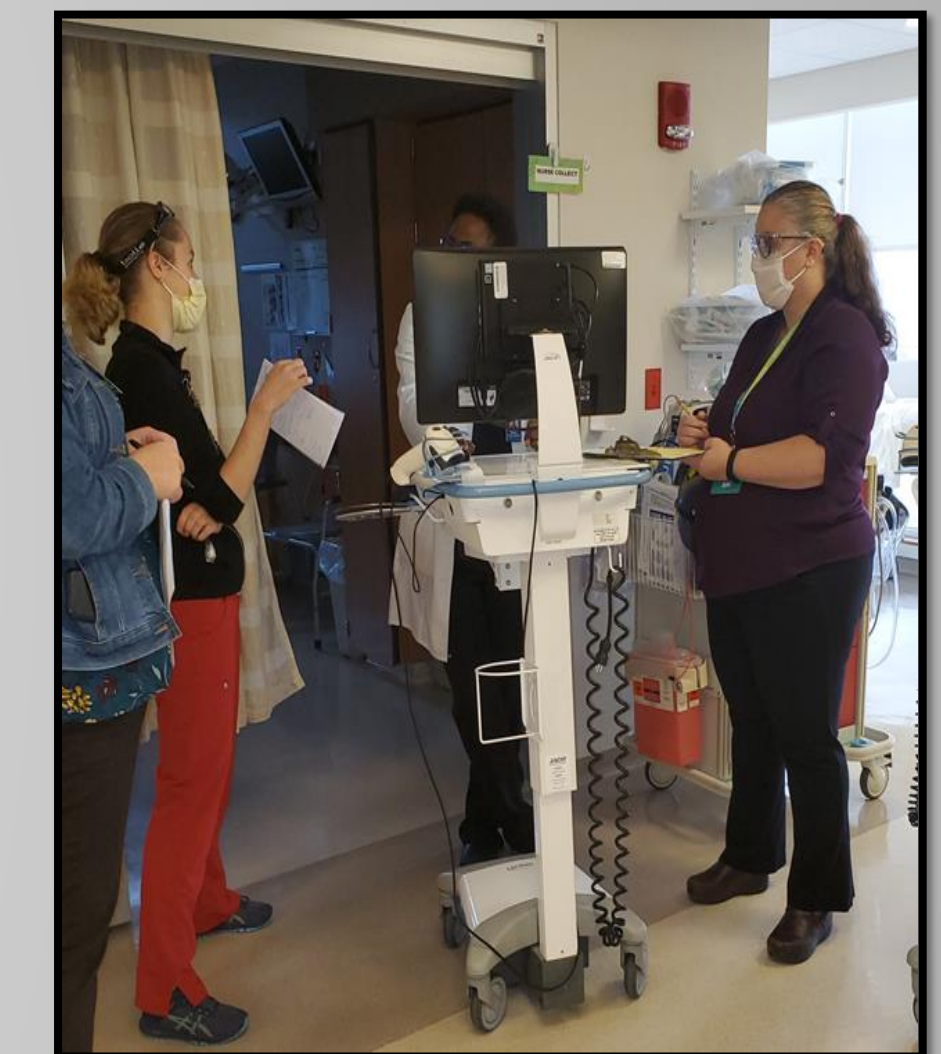
- At 0900 every day, the unit secretary coordinates the start of MDR with the intensivist and trauma group
 - *All disciplines are notified of MDR start
 - *Text is sent to the charge nurse and other disciplines as a reminder for the start of MDR
- Nursing leadership helps relieve staff nurses (i.e., charge nurse)
- All disciplines meet in front of patient rooms to discuss **patient care and goals** of the day
- Nurse leaders ask staff for ideas to improve compliance, format, and process of MDR

Rounding Tool

S	SITUATION	 <p style="text-align: center;">Critical Care Daily Rounding Tool</p>					
		Nursing: Past Medical History Current History					
B	BACKGROUND	Central Line	Foley	Sedation	Restraints	Reason: _____ Insertion Date: _____ Days In: _____ Removal: Yes No	
		Reason: _____	Reason: _____	Current: _____	Can we Remove: _____	Goal: _____ Yes No If No, please renew order	
A	ASSESSMENT	Mobility	Skin		BMAT Mobility Score: _____ BMAT Mobility Goal: _____ PT/OT Ordered: Yes No		
		Issues: _____	Concerning Pressure Points: _____		Wound Consult: Yes No		
R	RECOMMENDATION	Respiratory	Trach insertion date: _____		Days intubated: _____ Appropriate Vent order set: Yes No MODE: _____ VT/PCV _____ RR _____ PEEP _____ FIO2 _____ Readiness to wean: Yes No Secretions (consistency, color, amount): _____ Recent ABG: _____ Intubated pt - # hours on PSV yesterday: _____ Trach pt - # hours on HTC and/or PSV yesterday: _____		
		Nutrition	Enteral Access	Tube Feedings	Free Water Bolus	TPN	Yes No Type: _____ Order to use: Yes No Type: _____ Rate: _____ Goal w/Propofol: _____ Goal: _____ Last BM: _____ Consistency: _____ Yes No Change to Regimen: Yes No NPO: Yes No
T	THANKS	Pharmacy	Can any meds be discontinued: Yes No		Can any meds be switched to oral: Yes No If on ABX, are we on the correct ones: Yes No Does nursing need any drips/meds not in Pyxis: _____ DVT Prophylaxis: _____ Stress Ulcer Prophylaxis: _____		
		Social Work	Decision Maker	Advanced Directive	Yes No Can an advanced directive be done: Yes No Any suspicion of neglect: Yes No Does patient receive outpatient svcs: Yes No Will patient need services upon discharge: Yes No Is family updated: Yes No		
		What needs to be done to extubate? What needs to be done to get patient to lower levels of care? What is the patient's greatest safety risk? Goals for the day?					

Summary/Discussion

- An increase in communication was found between nursing staff and providers during the two-month period of MDR implementation
- MDRs continues to be modified and adapted to meet logistical challenges in the ICU



Conclusion

- MDRs support the efforts to meet the needs of the patient and care team
- Positive feedback from patients' families on how MDRs have improved communication with the care team
- Foley utilization has improved with a 130 day decrease of catheter days from July to August

Preliminary Results

Metric	Before MDR	After MDR
Central Line Acquired Blood Stream Infections (CLABSIs)	1	0
Catheter Acquired Urinary Tract Infections (CAUTIs)	5	0
Pressure Injuries (PIs)	28	3

References

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