

Introduction

- ICU is a fast paced, high stress, critical area
- Effective & accurate communication is necessary for safe practice
- Structured interdisciplinary rounds promote a culture of teamwork & improved communication
- Implementation of a standardized checklist to enhance communication & satisfaction with multidisciplinary rounds
- Create a cohesive plan of day for the patient care & help the team coordinate care

Background / Significance

- Multidisciplinary, intensivist-led rounds for critical care areas are recommended and supported by the Society of Critical Care Medicine & the American Association of Critical Care Nurses
- RNs rely on adequate communication to take care of their patient
 - Lack of communication can lead to adverse events
- Creating a standardized checklist is a warranted solution for poor communication and decreased satisfaction with multidisciplinary rounds
- Standardization of rounding encourages a system of teamwork, improves communication, improves satisfaction with staff

Needs Assessment – SWOT

Strengths:

- Daily multidisciplinary rounding with the intensivist
- Pharm D, respiratory included

Weaknesses:

- Varying physicians with different backgrounds of medicine
- Increase in staff turnover
- Orders and plan of care need to be clarified frequently

Opportunities:

- Creating a standardized multidisciplinary tool to be utilized during rounds each day
- Opportunity to stay organized, facilitate communication

Threats:

- Buy-in
- Cooperation with physicians
- Time management

Methodology

Quantitative Healthcare Delivery Innovation Project

Setting:

- 12 bed combined Intensive Care Unit, midsized community hospital

Population:

- Day-shift RNs

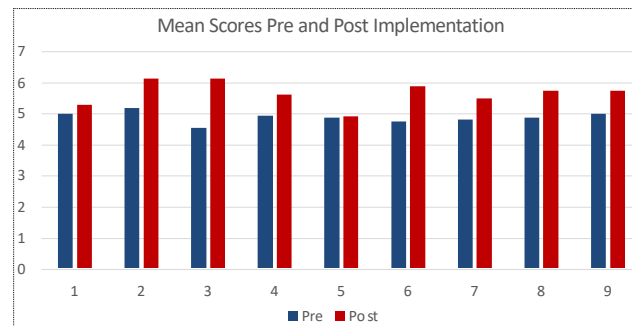
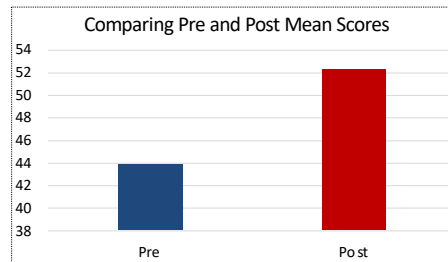
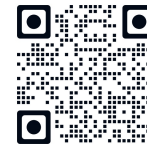
Intervention:

- Implementation of a daily multidisciplinary standardized checklist that was used during daily multidisciplinary ICU rounds
- Tool was used on all patients admitted to the Non-COVID ICU with exclusion of DIEP Flap & CEA patients

Outcomes Measured:

- Communication & nurse satisfaction with multidisciplinary rounds
- Collaboration & Satisfaction About Care Decisions (CSACD) Survey by Dr. Baggs (1994)

Standardized Checklist:



Results

- Use of the checklist resulted in surveyed nurses reporting improved joint planning of care with physicians, improved joint decision making with physicians, coordinated conversation, and improved decision-making processes.
- Compared pre vs. post implementation data using the Independent Samples T-Test which was statistically significant with a $p = 0.03$
- When analyzed individually, Q2, Q3, Q6, & Q8 were also significant with $p < 0.05$

Discussion / Implications

- Implementation of the standardized multidisciplinary rounding checklist resulted in improved nurse satisfaction and communication with daily multidisciplinary rounds.
- Shared decision making responsibility, coordinated decision making, open communication, and satisfaction with decision making process improved
- Although accepted by the ICU nurse manager, it was not enforced daily – major limitation

Implications for Clinical Practice:

- Facilitating effective communication
- A standardized checklist creates a cohesive plan for day understood by team
- May improve care for patients

Implications for Health Care Policy:

- Writing the checklist into policy, mandating the checklist can improve communication with the nurses and medical team

Implications for Education:

- Provides focus on important elements of care for less experienced nurses now working in the ICU due to staff turnover
- Plan of care is more organized with use of checklist
- Used as an outline for discussion of daily best practices
- Open communication enhanced with use of checklist

Implications for Economics:

- Evidence shows that standardized checklists for multidisciplinary rounds in the ICU can decrease LOS and ICU costs
- Lemkin et al. (2020) explains that by initiating a standardized safety smart tool, it decreases ICU cost by \$1218 per day

Implications for Quality/Safety:

- Daily best practices were discussed more frequently and consistently
- Created a safety net for patient with open communication

References:

Contact: emmanicholas95@yahoo.com

