Purposeful Rounding in the ICU: Enhancing Communication
New Zealand
New Zealand

Dunedin
Land of the “Long White Cloud” on a good day
My Area
Rounds:

A teaching conference or a meeting in which the clinical problems encountered in the practice of nursing, medicine, or other service are discussed.

Mosby’s medical dictionary, 8th edition 2009, Elsevier
This talk is about:

A discussion on various methods of communication to ensure best patient outcome. It will look at various types of Rounds including purposeful rounding and planned daily, or more frequent, interdisciplinary rounds.
Will look at:

Purposeful rounding

Daily interdisciplinary round
It is not going to look at:

Nursing rounds*
Nursing handover / hand-off
Shift handover / hand-off

*The impact of Nursing Rounds on the practice environment and nurse satisfaction in intensive care: Pre-test post-test comparative study
Leanne M. Aitken, Elizabeth Burmeister, Samantha Clayton, Christine Dalais, Glenn Gardner
Example from an American medical view:

Bedside round only

Rounds take too long (three hours+)

Multiple interruptions (phone, visiting specialists, calls for immediate care, X-ray and other tests)

Structure of nursing handover not useful (Long, system based and often not relevant)

Structure varies with lead doctor

Noisy unit

How could this be done better?
What happens in Dunedin Hospital?
Small Unit

300 bed hospital
12 beds, but staffed for six
Cardiac surgery, neurosurgery, paediatrics, trauma, etc.
Retrieval service – nurse and doctor on helicopter, referrals from large area

40 Full time equivalent nurses, 37 have a post graduate qualification in Intensive Care. 30% have 20 years+ experience in ICU

Most patients intubated so 1:1 nursing, separate High Dependency Unit
Daily routine:

0700 Nurse handover – 3 minutes brief all patients, then bedside 1:1

0800 **Ward Round** Sit down, Doctors, Nurses, Physiotherapist, Pharmacist. Sometimes Dietician, Biochemist, others

0900 Walk around round Doctors, Pharmacist, bedside Nurse

1700 Doctors walk around round/handover

1900 Nurse handover as above

2100 Doctors walk around round
0800 ward round:

Small Room
No air conditioning or windows
Handover structure not fully consistent
Nurses handover on Wednesday
Interruptions
Limited ability to visually present data
So how can this be better?

A Systematic Review of Evidence-Informed Practices for Patient Care Rounds in the ICU*

Daniel Lane, MSc¹; Mauricio Ferri, MD¹; Jane Lemaire, MD²; Kevin McLaughlin, MD²; Henry T. Stelfox, MD, PhD³

Critical Care Medicine, August 2013, vol 41, no. 8 pg 2015 - 2029
<table>
<thead>
<tr>
<th>Best Practice</th>
<th>Strength of Recommendation (JAMA GRADE\textsuperscript{a})</th>
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<tbody>
<tr>
<td>Implement multidisciplinary rounds (including at least a medical doctor,</td>
<td>Strong—definitely do it ((\uparrow\uparrow A))</td>
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<td>registered nurse, and pharmacist)</td>
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<tr>
<td>Standardize location, time, and team composition</td>
<td>Strong—definitely do it ((\uparrow\uparrow B))</td>
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<tr>
<td>Define explicit roles for each HCP participating on rounds</td>
<td>Strong—definitely do it ((\uparrow\uparrow B))</td>
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<tr>
<td>Develop and implement structured tool (best practices checklist)</td>
<td>Strong—definitely do it ((\uparrow\uparrow B))</td>
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<tr>
<td>Reduce nonessential time wasting activities</td>
<td>Strong—definitely do it ((\uparrow\uparrow B))</td>
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<tr>
<td>Minimize unnecessary interruptions</td>
<td>Strong—definitely do it ((\uparrow\uparrow C))</td>
</tr>
<tr>
<td>Focus discussions on development of daily goals and document all discussed</td>
<td>Strong—definitely do it ((\uparrow\uparrow C))</td>
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<tr>
<td>goals in health record</td>
<td></td>
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<tr>
<td>Conduct discussions at bedside to promote patient-centeredness</td>
<td>Weak—probably do it ((\uparrow\uparrow A))</td>
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<tr>
<td>Establish open collaborative discussion environment</td>
<td>Weak—probably do it ((\uparrow\uparrow C))</td>
</tr>
<tr>
<td>Ensure clear visibility between all HCP</td>
<td>Weak—probably do it ((\uparrow\uparrow C))</td>
</tr>
<tr>
<td>Empower HCP to promote team-based approach to discussions</td>
<td>Weak—probably do it ((\uparrow\uparrow D))</td>
</tr>
<tr>
<td>Produce visual presentation of patient information</td>
<td>No specific recommendation ((??D))</td>
</tr>
</tbody>
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GRADE = Grades of Recommendation Assessment, Development, and Evaluation, HCP = healthcare provider.

\textsuperscript{a}Based on the GRADE system, evaluating the efficacy of the intervention, balance between desirable and undesirable effects, costs (resource allocation), and quality of evidence (detailed summary of grading available on request).
What do we do right?

Multidisciplinary team
Standardised time, location and team.
Explicit roles for each team member
Reduce non essential time wasting activities
Focus discussions on daily goals
Conference room and bedside used.
Open collaborative discussion environment
What could we do better?

- Develop and implement structured tool (best practices checklist)
- Minimise unnecessary interruptions
- Better physical environment
- Improve visual presentation of patient information
Purposeful or Intentional rounding is an evidence based methodology designed to improve the patient experience through the use of a structured hourly (or longer) rounding routine.
Even has a conference!

A Practical Guide to Delivering Effective Intentional Ward Rounds

Monday 24th September 2013

Topics include:
- Obstructing Healthy Nursing Ward Round
- The patients perspective on hourly ward rounds
- Implementing effective & unresolved issues
- The key components of intentional rounding
- Obstructing variability and improvement on the ward
- Sustainability "can general wards?" & monthly ward improvement
- Is it better that hourly ward rounds make a difference and we are not sure or not sure that they do not exist?
- How do you keep the ward work to the front of your mind
- Measuring and Monitoring the quality of nursing care and patient experience on the ward
- Making the change and delivering improvement learning from the hospital failure of care pathway programmes

Speakers:
Christine Frease
Diane Sarkar
How does it work

Patient visited every hour by nurse and checked for

☑ Positioning
☑ Personal needs
☑ Pain
☑ Placement

As well as perform scheduled tasks
☑ Documentation
Variations
Who visits
How often
Structured behaviours
Documentation
Benefits (Ward based)

Call bell usage (37% decrease)
Falls (52% decrease)
Pain reduced
Pressure sore incidence (14% decrease)
Patient satisfaction (12% increase)
Nurse Satisfaction (20% reduction in distance walked!)
What about ICU?

Little evidence

One presentation to European conference about 12 hourly rounding in an ICU – reduced pressure ulcers

In Dunedin we already do hourly observations and have 1:1 nursing; so role of intentional rounding is less clear
https://www.kcl.ac.uk/nursing/research/nnrn/policy/By-Issue-Number/Policy--Issue-35final.pdf
So what should the American example do?
What about Dunedin?

Improving nurse handover during rounds in Dunedin ICU. Nurses vary but often find handover scary and stressful. Would a structure and checklist help?*

*Quality and Safety at the point of care: how long should a ward round take?
Retrieved August 2015
http://www.clinmed.rcpjournal.org/content/11/1/20.long
And what do you do?
What questions do you have?
Thank You