Effective Floor and ICU Rounding

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Objectives:
• Identify the elements of effective rounding
• Summarize the ideal data that is documented in a daily progress note
• Discuss barriers to effective rounding and strategies to overcome them
Effective Floor and ICU Rounding.

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I have no disclosures
Rounding Topics

- Why
- When
- Where
- Who
- How
When

Generally, the earlier the better: gives you more opportunity to accomplish goals earlier in the day before the inevitable interruptions.

Round more than once if you have time. Follow up on diagnostics and therapy changes.
Why

- Identify, review, and summarize patient data
- Identify patient/family problems
- Define goals and discuss progress
- Identify interventions
- Revise goals and plans
- Making and clarifying responsibilities
- Improve communication with all parties
- Address patient and family concerns and answer questions
Where

• **Stationary:** Sitting in a rounds in a room with a projector
  - **Good:** no moving required, can view images easier.
  - **Bad:** takes nurse away from bedside, family not involved, can’t examine patient while rounding.

• **Bedside:** walking rounds
  - **Good:** family involved, nurse at bedside, examine patient while rounding, you can see tubes/lines/drain.
  - **Bad:** mobility, large group takes up room and may be disruptive
Who

- Multidisciplinary team:
  - Bedside nurse
  - Attending physician
  - Family
  - PA/NP (APCs)
  - Clinical pharmacist
  - Respiratory therapist
  - Nutrition support
  - Social work/case management
  - Therapies: PT/OT/speech pathology
  - Student(s)
Advantages to Multidisciplinary Rounds

- Literature suggests:
  - Improves outcomes
  - Reduces errors
  - Streamlines services
  - Promotes effective use of resources
  - Decreases length of stay
  - Happier staff, patients and families

- Summarized from: *Multidisciplinary Ward Rounds: A Resource*

- NSW Health website www.health.nsw.gov.au
MDR cont.

- Real-time fact finding and decision making
- Consistency!
- Resolution of concerns and problems
- Unified approach with the family – everybody hears the same thing.
- Review and implementation of protocols and guidelines
- Teaching opportunities

**Barriers:** time constraints, availability, noise, interruptions (cell phones)
How

• Pre-rounds vs. discovery rounds
• Prioritize: procedures, discharge
• One person is the leader
• Problem list – make it specific, up-to-date, and include dates and procedures.
• Someone to write orders
• Everyone should feel welcome and encouraged to participate.
• Follow a general outline - checklist
Checklist

- Medicine often compared to commercial aviation.
- A checklist helps you to be consistent in fact finding and planning.
- As in commercial aviation, checklists contribute to safety.
Example

- Ventilator settings and weaning progress
- Sedation holidays
- HOB 30 degrees
- Nutrition
- Review of indwelling catheters and need for each
- Stress ulcer prophylaxis
- DVT prophylaxis
- Activity
Example cont.

- Activity
- Pain control
- Simplification of medication list
- Antibiotics:
  - Is it the right antibiotic for the right indication?
  - How many days?
  - Can it be narrowed?
  - Review of culture data daily
  - Follow your protocols and guidelines
Resources for ICU Checklist

Measurable outcomes of quality improvement using a daily quality rounds checklist: one-year analysis in a trauma intensive care unit with sustained ventilator-associated pneumonia reduction.

Enhancing patient safety in the trauma/surgical intensive care unit.
J Trauma. 2009 Sep;67(3):430-3; discussion 433-5.

Measurable outcomes of quality improvement in the trauma intensive care unit: the impact of a daily quality rounding checklist.
Thank You!