Mutlidisciplinary Teamwork in the SICU

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Challenges in the SICU

• Pts followed by two teams:
  – Primary team (performed the surgery)
  – Critical Care team (Multi-Disciplinary Surgical Critical Care team manages the critical care aspect of the patient)
    – Both teams give orders for patient care and communicate with the nursing staff
• Communication less than desired
• No structure to the existing patient rounding process
Challenges in the SICU

• Nursing staff felt disconnected and wanted to feel more valued by the MD staff
• Physicians rounded on patients in a “silo” most of the time
  – RNs rarely participated in patient rounds
  – Respiratory Therapist (RTs) did not participate in patient rounds
  – Nutritionist did not participate in patient rounds
• Critical Care team consulted on about 50–60% of pts
  – Remaining pts were followed by primary teams
Purpose

• Surgical ICU patient populations are at risk for receiving delayed, ineffective care due to inadequate daily goal planning and team cohesiveness.

• Our challenge was to design a model that would improve:
  – daily goal planning
  – team cohesiveness
  – patient and staff satisfaction.
Description

• A 24-hour, multi-disciplinary (MDSCC) rounding model was developed and implemented in April, 2006.
• Rounds occurred in the morning and evening.
• To facilitate communication and team cohesiveness, daily, multi-disciplinary goals were identified for the patient using
  • a detailed rounding algorithm and
  • a hand-written tool.
Implementation

• Involved 4 Phases
• Assigned each person involved in rounds a role
• Included a forcing function by utilizing a detailed rounding algorithm outlining each member’s role, including:
  – What information to present to the MDSCC team
  – Sequence of when to present information
Phase I

- Implemented Multidisciplinary Surgical Critical Care (MDSCC) patient rounds in the morning.
- Team Members included:
  - MDs (Attending, Fellow, Residents)
  - Registered Nurse
  - Respiratory Therapist
  - Clinical Pharmacist
  - Nutritionist
- MDSCC team moved around the unit and rounded on the patient just outside the patient’s room
- Developed a Bedside RN report sheet
- MDSCC Team was consulted on 50 – 60% of the patients in the SICU
Phase II

• Developed a proposal for 3 Acute Care Nurse Practitioners (ACNP-BC)) positions
• Developed a plan for the Multidisciplinary Team to be automatically consulted on all patients admitted to the SICU
• Developed proposal for the MDSCC team to manage care of all SICU patients, in tandem with the primary team
Phase III

• Implemented evening (PM) rounds to include:
  – MDs (Fellow and/or residents)
  – RNs (bedside RN, Charge nurse)
  – RTs

• Implemented a Daily Goals sheet
  – Combined with the Bedside RN Report Sheet

• Continued Rounding Algorithm that allowed each participant to have input into the PM rounding process
Phase IV

- MDSCC team began following every patient admitted to the SICU
- Daily Rounding Process began to be hardwired
- ACNP-BC nurses implemented into the MDSCC team
Evaluation and Outcomes

• The 24-hour, multi-disciplinary rounding model improved patient and staff satisfaction.

• Patient Satisfaction Scores have consistently improved
  – Overall Quality of Care
  – Overall Teamwork between doctors, nurses, and staff
  – Nurses communication with pts/families

• The overall quality of care increased from the 60th to the 70th percentile and the overall teamwork between physician, nurses, and other staff increased from the 45th to the 95th percentile in the annual patient satisfaction survey.
Evaluation and Outcomes

• All items related to teamwork, communication or staff respect increased from the previous annual staff satisfaction survey.
• Feedback from staff that they feel more like a part of the team and clinical-decision making
• Feedback from staff that they enjoy the process and feel it is very beneficial for the pts
Patient Satisfaction

- Overall Quality of Care
- Overall Teamwork between Doctors, Nurses, and staff
- Nurses Communication with Pts/Families
- Overall Likelihood to Recommend
### Overall Quality of Care

#### Data Table

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*Rankings are based on PRC Norm data.*
Key Driver #1 - Overall Teamwork Between Doctors, Nurses, and Staff

- Start of Phase I
- Start of Phase II
- Start of Phase III
- Start of Phase IV

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Key Driver #2 - Nurses' Communication with Patient/Family

Start of Phase I
Start of Phase III
Start of Phase IV

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Community Survey Improvements
2006 vs. 2007

• All items that focused on teamwork, communication, nurse/MD interaction increased
Keys to Success

• Determined need for improvement
• Persistence
• Developed a “forcing” algorithm
• Obtained buy-in from each respective role prior to implementation
• Staff desire, dedication, and hard work