



ICU Liberation

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Objectives

- Discuss common barriers to interprofessional ICU care, including logistical, financial, and cultural.
- Provide strategies to overcome these potential barriers.
- Highlight newer tools and processes that might enhance interprofessional care.



SCCM A-F Bundle



Rounding Lessons

- Variation in:
 - Process
 - Participation
 - Resources
 - Communication
- Decrease distractions (i.e. personal device usage and side bar conversations)
- Rounding is different for everyone
- High turnover decreases effectiveness
- Don't want to be over prescriptive but need some guidance
- We don't leverage human resources effectively

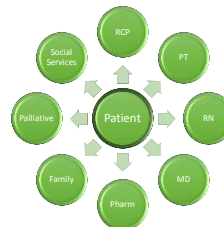


Team based professional care

- What does that mean?
- How is it done effectively?
- What is the value?
- How are team members trained initially and how do they maintain competency?



Who needs to be present?



- Great in theory...but may not be doable
- Want everyone's expertise and for them to be involved at time of rounds
- Example: Instead of palliative care utilize pastoral care or nursing expert
- Note about the discipline but awareness of what the patient needs



Scenario 1

- Resident presents a very complicated case (severe septic shock with ARDS, multisystem organ failure, cancer...) and it takes forever.
- All are distracted, checking emails/phones
- RT and pharmacist are having a side bar conversation about order needed
- Attending goes over the case, has to go over more details. Someone interrupts them and reminds them they have 17 more patients to see still.



Scenario 1

Problem: Lengthy presentation of complicated patient...first of 17

- Barriers
 - Complicated patient
 - Cut and paste notes, institutional memory
 - ACGME limitations, handoffs
 - Technology
 - Variability of goals, styles
 - Associated with increased errors

Zakari, Taha A, Wagner, C, et al. Does inappropriate selectivity in information use relate to diagnostic errors and patient harm? The diagnosis of patients with dyspnea. Am J Med 2015; 131: 12-18



Scenario 1: Never-ending Rounds

Solutions:

- Set expectations; limit repetition
- Rounding tools, templates
- Time limit
- Creative scheduling
- Simulation



Scenario 2

- Postop patient in the ICU extremely complicated from ischemic bowel, multiple drains, on the Vent, vasopressors, etc...
- Team only focuses on antibiotics, urinary catheter, prophylaxis, A-F bundle stuff
- The big picture, the family dynamics/goals of care is lacking.
- Nurse is worried about fevers, white count...but hesitates to bring it up to the team because it is not on the checklist.



Scenario 2

Problem: Checklist focus, misses problems or uses list inappropriately leading to safety issues

- Barriers:
 - Inexperienced learner
 - Dismissive/inattentive attending
 - Failure to utilize interdisciplinary team strengths
 - Too much content EMR/notes



Scenario 2: Lost in the Weeds

Solutions

- Goals of care
- Identify major problem(s)
- Verbalize plan for the day
- Use checklist for actual intent
- Cogent summary and/or independently written assessment and plan



Scenario 3

- Trainee presents an otherwise healthy 50-year-old marathon runner with a GI bleed from a simple gastric ulcer.
- Was in the ICU and had stabilized overnight, ready for the floor. Attending then breaks out into a half hour didactic at the bedside with the whole team.
- Again, someone reminds them they have 16 more patients to see.



Scenario 3

Problem: Prolonged teaching interferes with patient care

- Barriers
 - Work rounds versus teaching goals
 - Teaching style
 - Consideration for interprofessional resources



Scenario 3: The (not so) Great Educator

Solutions

- One teaching pearl
- Teachable moments
- Dedicated "Education Rounds"
 - Engaged learners: problem solving
- Distributive teaching
 - Asynchronous resources



Scenario 4

- Attending comes in, sees the patient in ICU day 6 of ventilator for Influenza, currently on vasopressors.
- Does his note/billing but has no real information regarding ventilator trends, the RT at the bedside has no information. The nurse is gone to breakfast, the pharmacist is a centralized phone number (non-critical care). So the attending enters orders, leaves.
- Family comes by later and has no idea what the plan of care is. Nurse has no idea saying the doctor is now gone "to the office and will be back tomorrow."



Scenario 4

Problem: Lack of teamwork leads to missed information, not patient/family centered

- Barriers
 - Time limits
 - Productivity concerns versus outcomes
 - Various schedules of team members
 - Misaligned goals



Scenario 4: Going it Alone

Solutions

- Scheduled interprofessional check-in
- Advanced Care Providers
- Patient/family centered rounds
- Use resources
 - Telemedicine for team-based rounding



Take Home Points

Efficiency with fewer interruptions

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Patient and family satisfaction

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Team satisfaction

↓

Improved quality and safety

↓

Improved patient outcomes



What do you need for an effective team?

- Skill and reliability of each team member
- Work together
 - Accommodate variation
 - One size does not fit all
 - Roles, constructs, capacities
- Team-based training exercises
 - Simulation
 - Debriefing
 - Interprofessional conferences



- "Interprofessional rounds benefit from distributed cognition, a phenomenon in which collaborative work leads to better performance by taking advantage of differences in individual cognitive properties"



Barriers

- Variability in resources and capabilities
- Competing priorities
- Regulatory Bodies
- Cost of equipment to safely mobilize patients
- Increase personnel
- Labor intensive
- Lack of knowledge related to healthcare finances



How to overcome...

- Seek executive support and leadership
- Know how to speak the regulatory language
 - The goal is patient safety and zero harm to patients
- Ensure policies support practitioners
- Common goals for all interprofessional teams
 - Tie it to compensation



The neglected team member...Administration



- Become better stewards of our resources
 - Innovation
- Additional FTE's are not always the answer
 - Staffing models



Evolution and Innovation

- Artificial Intelligence
- Rounding Apps
- Advanced hardware and software algorithms
 - Virtual Rounds



Resources

- Quality and PT Coordinators
- Clinical Leaders
- Administrative Leaders
- Society of Critical Care Medicine (SCCM)
 - [ICU Liberation](#)
 - Patient-Centered Outcomes Research (PCOR)
 - THRIVE
- American Association of Critical Care Nurses (AACN)
 - [AACN Clinical Resources](#)
- Agency for Healthcare Research and Quality
 - [Toolkit to Improve Safety for Mechanically Ventilated Patients](#)



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