

Standard Work

Job Name	WRH Standardized Care Rounds (Pre-Rounds) · Page 1 of 3 ·	Objective: To support proactive discharge planning through identifying barriers to discharge and creating action plans to address patients' barriers and plan of care.	Date: <u>April 20,2018</u> Owner: <u>Critical Care</u>
-----------------	--	---	---

	Process Steps	Freq	Visual Aid																																																															
	In Critical Care additional rounds occur including the following: Bullet Rounds: Standard time: O-ICU 08:30- required attendees- Intensivist, RP, RT, CPM, NP, OM, RN- update board as required including barriers, transfer action plan, todays plan of care (urgent issues), consults and comments. Bed Management Board will be used to summarize unit flow utilizing Care Round Board as required. X Ray Rounds- occur prior to MD Rounds- Care Round Board to be updated by CRN/RP with applicable information. The Standard Work that follows is in reference to the Multidisciplinary Rounds occurring daily 7 days per week lead by the Intensivist or Cardiologist. Other rounds may be referenced as applicable in the MD rounds.																																																																	
1	Operations Manager (OM): Determine which Care Team members will be provided permissions to access the unit's care round board for the purpose of OM coverage and updating their respective information on the board during rounds	as required	<table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr style="background-color: #4f81bd; color: white;"> <th>Room</th> <th>Patient Name</th> <th>Entry Date</th> <th>Days in ICU/CCU</th> <th>M/F</th> <th>Age</th> <th>Nurse</th> <th>Secondary MD</th> <th>Consults</th> <th>Diagnosis</th> <th>Trauma</th> <th>Resp.</th> <th>Neuro</th> <th>Dialysis</th> <th>Trillium Met</th> <th>Pacemaker</th> </tr> <tr style="background-color: #cccccc;"> <th>First 3 Letters</th> <th>Enter Admit to ICU/CCU Date</th> <th>Automatic</th> <th>Use Drop-Down</th> <th>#</th> <th>Enter First Name</th> <th>Enter Last Name</th> <th>Enter names of other consults</th> <th>Free text</th> <th>Y</th> <th>Vent, BIPAP, or OptiFlow, Trach, Etc.</th> <th>N</th> <th>CCRT, HD, PD</th> <th>Y/N</th> <th>Use Drop-Down</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">323</td> <td style="background-color: #008000; color: white;">JOBI</td> <td>Wed, Apr 11</td> <td style="text-align: center;">13</td> <td style="text-align: center;">F</td> <td style="text-align: center;">48</td> <td></td> <td>JHAWAR, QUAN, THORAC, S</td> <td></td> <td>epidural abscess</td> <td style="text-align: center;">Y</td> <td></td> <td style="background-color: #008000; color: white;">N</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">324</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Room	Patient Name	Entry Date	Days in ICU/CCU	M/F	Age	Nurse	Secondary MD	Consults	Diagnosis	Trauma	Resp.	Neuro	Dialysis	Trillium Met	Pacemaker	First 3 Letters	Enter Admit to ICU/CCU Date	Automatic	Use Drop-Down	#	Enter First Name	Enter Last Name	Enter names of other consults	Free text	Y	Vent, BIPAP, or OptiFlow, Trach, Etc.	N	CCRT, HD, PD	Y/N	Use Drop-Down	323	JOBI	Wed, Apr 11	13	F	48		JHAWAR, QUAN, THORAC, S		epidural abscess	Y		N				324															
Room	Patient Name	Entry Date		Days in ICU/CCU	M/F	Age	Nurse	Secondary MD	Consults	Diagnosis	Trauma	Resp.	Neuro	Dialysis	Trillium Met	Pacemaker																																																		
First 3 Letters	Enter Admit to ICU/CCU Date	Automatic		Use Drop-Down	#	Enter First Name	Enter Last Name	Enter names of other consults	Free text	Y	Vent, BIPAP, or OptiFlow, Trach, Etc.	N	CCRT, HD, PD	Y/N	Use Drop-Down																																																			
323	JOBI	Wed, Apr 11		13	F	48		JHAWAR, QUAN, THORAC, S		epidural abscess	Y		N																																																					
324																																																																		
2	Operations Manager (OM)/Chief Critical Care/Chief Cardiology: 1) Establish a standard start time for care rounds to take place 7 days/week at the Care Round board and communicate any changes in start time to the appropriate care team members 2) Designate when nursing staff are to attend rounds in order to efficiently utilize resources (e.g., rotating buddy system) 3) Ensure proper coverage in the event that the RP/OM is not available (by exception i.e. vacation, illness, meetings) to lead rounds, arrangements will be made with the CPM/CPC for the dept.	as required																																																																
4	IPAC: Complete the patient IPAC status	Each morning except weekends and holidays																																																																
5	Care Team: 1) Access the care round board to provide updated information with respect to their standardized role/responsibilities, i.e. PT, OT, SW 2) Come prepared with an understanding of the plan of care 3) Be prepared to provide an update on patient status, patient goals, today's plan of care, barriers to discharge 4) If unable to attend rounds ensure updates completed and follow up with CRN/RP/assigned nurse	daily																																																																
6	At the end of the Pre-Bullet rounds the CRN/RP/OM or designate will enter into VIBE those patients who are identified as green and the unit that patient will be transferred to. Also Identified are patients who are potentially able to be transferred out of the unit, pending a decision by the physician. The flow board is updated with this information at the same time. The Care Round board is updated with this information at this time.	daily																																																																
7	Nursing staff: Come prepared to update for patient status using the following tools: the Patient Summary Tool is to be used to capture barriers to discharge. Note: In lieu of the new Patient Summary Tool, staff providing report will have the following information for each patient: Critical Care Flowsheets, chart and/or shift report as applicable	daily																																																																

 	Revision Date : April 18,2018 Review Date:
--	---

Standard Work

Job Name	WRH Standardized Care Rounds - Post Rounds · Page 3 of 3 ·	Objective: To support proactive transfer planning through identifying barriers to transfer and creating action plans to address patients' barriers and plan of care.	Date: <u>April 20,2018</u> Owner: <u>Critical Care</u>
-----------------	--	---	---

	Process Steps	Freq	Visual Aid
1	<p>CRN/RP or designate:</p> <ol style="list-style-type: none"> 1) Ensure follow-up actions related to transfer barriers and/or plan of care are addressed by all care team members (including nursing staff) 2) Conduct a post-round discussion with applicable care team members to address patients with complex transfer and/or care plans as required (e.g. patients awaiting transfer greater than 4 hours) 3) Follow-up with outstanding consults and report back to most appropriate team member and/or escalate as necessary (e.g. OM, Command Center, physician, physician advisor),procedures, diagnostics needing completion (e.g., call cardiology for outstanding echo, call laboratory for results, etc.), and SW, PT, OT 	daily as needed	
2	<p>Nursing Staff:</p> <ol style="list-style-type: none"> 1) Ensure that the plan of care ,transfer status, expected transfer date and time on the patient's in-room whiteboard reflects the patient's plan as discussed at care rounds 2) Will ensure that follow-up of transfer and plan of care are addressed and those not complete are escalated as appropriate. Nurse will chart actions accordingly. 3) Inform patient/family/SDM/POA Healthcare if not present during rounds of any significant changes in plan of care or transfer status 	daily	
3	<p>Care Team:</p> <ol style="list-style-type: none"> 1) Responsible for removing barriers to transfer according to their standardized roles and responsibilities. This may involve future planning with the other interdisciplinary team members. 2) Care team members will escalate any challenges to removing barriers (e.g. missing orders, order clarification etc.) 	daily	
4	<p>Unit Clerk:</p> <ol style="list-style-type: none"> 1) The Clerk will update the Care Round Board from their workstation throughout the shift by removing discharged patients and adding/updating admitted patients. 2) Information to be added/updated includes: Patient (using first three/four letters of the patient's name), admit date; age; sex; primary nurse assigned to day shift; most responsible physician (MRP); diagnosis. <p>X:\UnitRounds\Care Round Boards</p>	daily	
5	<p>Nursing Staff Use the following scripting (as applicable) to communicate the patient information regarding their discharge status:</p> <ul style="list-style-type: none"> • RED: Hi. My Name is _____. The health care has determined that it would not be appropriate to transfer you out of the unit at this time. Are there any concerns that I can help you with? The doctor will make the final decision when you are ready to be discharged. (Note: In this stage, the care team is actively addressing barriers to discharge/transfer. This status is also used for ALC patients without a definite date for discharge and those patients with 'pi.) • YELLOW: Hi. My Name is _____. The health care team reviews your plan of care daily and if your condition continues to improve, you may be transferred to another unit in 48 hrs. The team will review you daily and keep you updated. Are there any concerns that I can help you with? The doctor will make the final decision when you are ready to be discharged. We want to ensure that you have a ride when you are ready to go home (Your discharge/ transfer time is __:__). Please ask your family to bring in any personal items you may need. • GREEN: PATIENT DISCHARGE Hi My Name is _____. The health care team has determined that your condition has improved and that you are to be transferred to ____ unit and you will be transferred today by __:__. Would you like me to notify your family on your behalf? • Blue: ALC on the Care Round board <p>PATIENT TRAFER Hi. My name is _____. Your bed has become available at _____. Transport service will be here at __:__. We have notified your family on your behalf.</p>	as required in accordance with discharge status and when changes are made to discharge status	