

Daily Goal Sheet Initiative in the Intensive Care Units at UNC (CICU, SICU, NSICU)

AIM

Improve team performance and care of ICU patients through implementation of team-driven and patient-centered Daily Goal Sheets in the Surgical ICU, Cardiac ICU, and Neurosciences ICU at UNC. The objectives are to:

- Implement standardized rounding communication workflows within each ICU
- Achieve 80% utilization rate of goal sheets in each ICU by July 2016
- Promote adherence to ICU-specific quality initiatives
- Reduce ICU length of stay
- Reduce hospital associated complications and preventable harms, including infections

PROBLEM

Effective multidisciplinary team communication in the ICU is associated with improved clinical outcomes and adherence to process measures that reduce preventable harms. Communication failures and human factors errors, however, remain leading root causes of sentinel events and preventable medical errors. In the ICU setting, multidisciplinary team communication and methods for promoting adherence to quality and safety patient care initiatives are vulnerable to considerable variation, which may lead to unnecessary delays in patient care and hospital associated complications and preventable harms.

IMPORTANCE

Baseline survey data assessing team communication within the CICU, SICU, and NSICU at UNC indicate that there is variability in staff perception of understanding of patient daily care plans. In addition, all key stakeholder groups surveyed endorse that a shared understanding of the patient daily care plan is highly important. Daily goal sheets have the potential to strengthen reliable team communication patterns and promote adherence to unit-specific and healthcare system-wide patient safety and quality initiatives. Daily goal sheets are designed to be team-driven and team-patient centric, as opposed to physician or nurse-centric, promoting a culture of multidisciplinary team engagement and accountability. Daily goal sheets are utilized in numerous ICU practice settings, including the Pediatric ICU at UNC, and have been demonstrated to reduce delays and errors in patient care, as well as to improve staff and patient-family satisfaction.

EXPECTED OUTCOMES

- Establish a structured and more standardized approach to communication workflows, especially with regard to the process of multidisciplinary morning rounds. Establish a consistent framework for the content, information flow, and organization of rounds, with all team members possessing a shared awareness of roles and responsibilities.
- Increase team-driven adherence to ICU-specific QI initiatives, with the objective of achieving reduced rates of hospital associated complications.
- Reduce length of ICU stay and unnecessary delays in patient care. Establish the practice of team-generated estimated date of transfer and estimated date of discharge from the unit, as well as early identification of potential barriers to patient progress.
- Achieve 80% utilization of goal sheets on weekdays by July 2016. (In later phases, goal sheets will be introduced on holidays and weekends.)

MEASURES

- Outcome measures:
 - ICU LOS
 - Team satisfaction and perception of teamwork/communication
 - ICU-specific outcomes (examples below)
 - CAUTI, CLABSI, VAP rates
 - DVT, pressure ulcer, and fall rates
- Process measures:
 - Rate of goal sheet utilization
 - Duration of morning rounds (time per patient)

Daily Goal Sheet Initiative in the Intensive Care Units at UNC (CICU, SICU, NSICU)

- Number of ventilator, foley catheter, and central line days
- Readiness, engagement, and presence of key stakeholders during morning rounds
- Interruptions (number and quality) during rounds
- Non-value added or wasteful delays in rounds (number and quality)
- Balancing measures:
 - Team satisfaction
 - ICU bounce backs

Potential Barriers to Success

The major challenge will be in establishing buy-in with regard to the utility and value of daily goal sheets. It is critical that goal sheets be designed and implemented with a clear understanding of already existing communication workflow patterns, to avoid unnecessary redundancy. Staff have expressed concerns that this initiative will represent “yet another piece of paper.” In addition, team-centric tools (as opposed to nurse-centric or physician-centric) are not enmeshed within the culture of many units, and the question of “ownership” (nurses vs. providers) is present. Maintaining involvement of all stakeholder groups will be crucial to building team performance. Baseline interviews indicate that it may be difficult to establish a consistent structure and approach to morning rounds, due to individual attending physician preferences. Some stakeholders have expressed concerns that a standardized rounding structure will detract from the academic mission of teaching and learning.

STAKEHOLDERS

Stakeholder groups vary between the CICU, SICU and NSICU, depending upon the needs of the patient populations served. In general, stakeholder groups include nurses, attending physicians, advanced practice providers, fellow physicians, resident physicians, respiratory therapists, pharmacists, nutritionists, students and care managers. Process champions have been recruited from most stakeholder groups, and are involved in core multidisciplinary working group meetings on a regular basis. Stakeholder group sponsors are being updated with regard to the vision and strategy devised by the core working teams, to ensure both vertical and horizontal alignment of goals. The top 3 disease-specific patient conditions are being evaluated in each unit, to incorporate quality metrics that matter most for these patient populations. Families are not engaged in the goal sheet initiative at this time, although a future project aim is to leverage goal sheets as a tool to efficiently and effectively communicate the daily plan of care to patients and families.

SCOPE

In Scope:

- Adult patients > 18 years-old in the CICU, NSICU, and SICU, on those respective services (not boarders)
- Multidisciplinary morning team rounds

Out of Scope:

- Patients on a respective ICU service, but off-unit (boarding elsewhere)
- Patients on the unit, but not on the respective ICU service (boarders within the unit)
- Weekends and holidays

SCHEDULE

- Individual stakeholder group kickoffs: July 2015
- Preliminary surveys and informal interviews to assess perceptions across stakeholder groups/baseline needs analysis: July-August 2015
- Multidisciplinary core working group team kickoffs: September 2015
- Process mapping of current state and ideal future state (multidisciplinary rounds within each unit, as well as 24 hour communication workflows within each unit): September-early November 2015

Daily Goal Sheet Initiative in the Intensive Care Units at UNC (CICU, SICU, NSICU)

- Baseline surveys, focus groups/semi-structured interviews, and unit observations: October-December 2015
- Goal Sheet Design and Rounds Structure Design: September-December 2015
- Goal Sheet Pilot: November-December 2015
- Goal Sheet Implementation: January 2016-March 2016
- Post-Intervention data collection: April 2016-June 2016

PROJECT TEAM

Executive Sponsorship:	
Matthew Ewend, MD (Neurosurgery Chair)	Sponsor
Tina Willis, MD (IHQI)	Sponsor
Mike Pignone, MD (IHQI)	Sponsor
Angela Overman, RN (Director of Nursing Surgical Services)	Sponsor
Kathleen Short, RT (Director of Respiratory Therapy)	Sponsor
Denise Rhoney, PharmD (Chair, School of Pharmacy)	Sponsor
Project Management Team:	
Casey Olm-Shipman, MD	Project Lead
Julie Farmer, MHA (Senior Operations Analyst, UNC Neurosciences)	Project Manager
Riane Hoffman, BA (Quality Improvement Specialist, Neurosurgery)	Project Analyst
Todd Hardy, MHA candidate	Project Assistant
NSICU Project Team:	
Dedrick Jordan, MD, PhD (Director NSICU)	Sponsor
Christa Williams, RN (Nurse Manager)	Core Working Group Nurse Lead
Sharmila Sardinha-Soares, RN (CN IV)	Core Working Group Nurse Lead
Joanna Tallon, NP	Core Working Group NP Lead
Megan Brissie, NP	Core Working Group NP Lead
Helen Mitchel, NP	Core Working Group NP Lead
Ivelisse Olivencia-Simmons, NP	Core Working Group NP Lead
Heather Laughlin, NP	Core Working Group NP Lead
Kelly Sullivan, PharmD	Core Working Group Pharmacy Lead
Emily Durr, PharmD	Core Working Group Pharmacy Lead
Sarah Biancaniello, RT	Core Working Group Respiratory Lead
Marin Darsie, MD (Fellow)	Core Working Group Fellow Lead
Nathan David, MD (Resident)	Core Working Group Resident Lead
Casey Olm-Shipman, MD (attending)	Core Working Group Attending Physician Lead
CICU Project Team:	
Jason Katz, MD (Director CICU)	Sponsor
Christie Dangerfield, RN (Nurse Manager)	Core Working Group Nurse Lead
Brooke McLaughlin, RN (CN IV)	Core Working Group Nurse Lead
Carrie Neal, RN (CN IV)	Core Working Group Nurse Lead
Jonathan Cicci, PharmD	Core Working Group Pharmacy Lead
Kamal Henderson, MD (fellow)	Core Working Group Fellow Lead

Daily Goal Sheet Initiative in the Intensive Care Units at UNC (CICU, SICU, NSICU)

Greg Means, MD (fellow)	Core Working Group Fellow Lead
Josh Roark, MD (resident)	Core working Group Resident Lead
SICU Project Team:	
Sean Montgomery, MD (Director SICU)	Sponsor
Maureen Heck, RN (Nurse Manager)	Core Working Group Nurse Lead
Jennifer Apple, RN	Core Working Group Nurse Lead
Shell Brownstein, MD (attending)	Core Working Group Physician Lead
Ed Sredzienski, PharmD	Core Working Group Pharmacist Lead
Chris Biancaniello, RT	Core Working Group Respiratory Lead
Noran Barry, MD (fellow)	Core Working Group Fellow Lead