Innovation on Blake 12

Interdisciplinary rounds

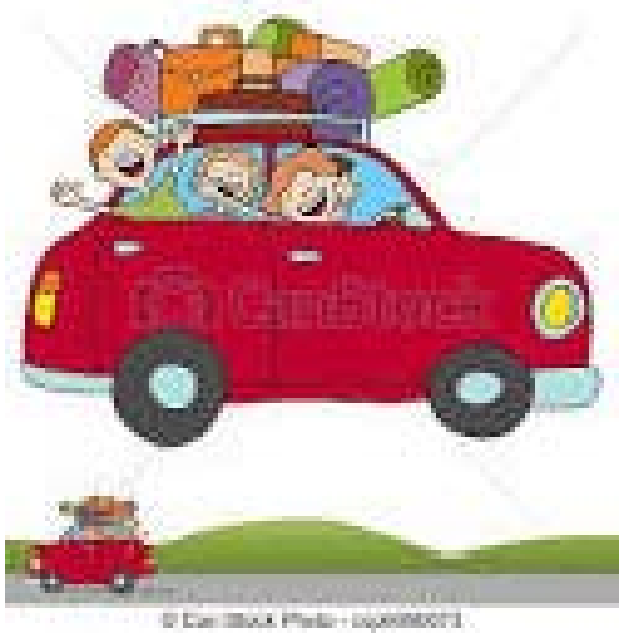
Today's Objective

Review the Blake 12 road map for interdisciplinary rounding:

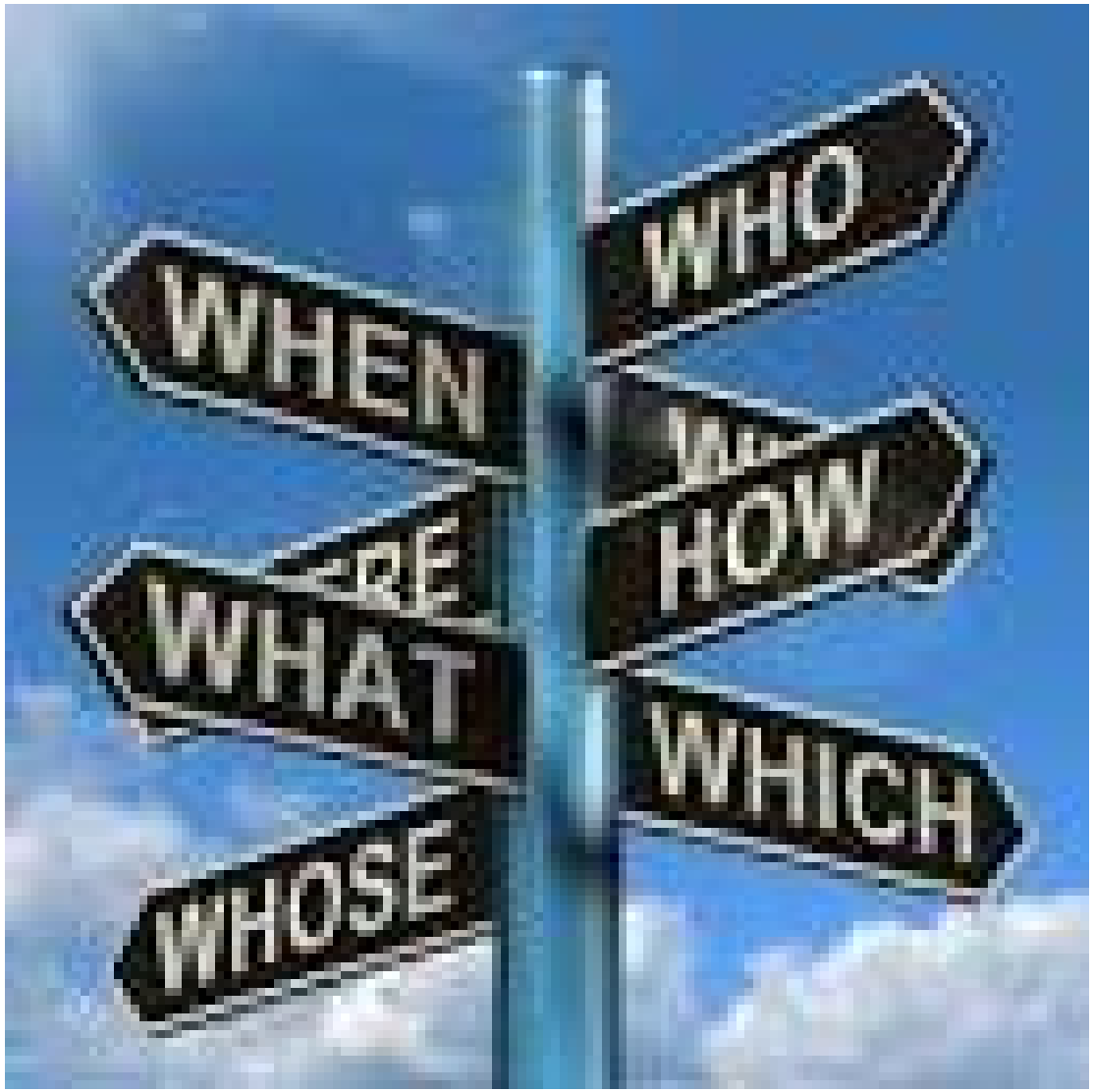
Where we started.

Where we went…..

Where we are going?



The start:



Questions at the start:

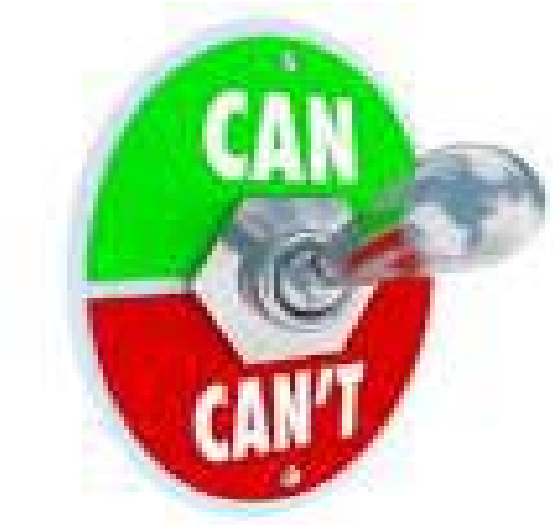
- **Who** was needed to make rounding successful?

- **What** could realistically be done during these rounds?

- **Where** and **When** would rounding occur?

Who was needed…….

- Any discipline that has a shared conviction to address the important/complex needs of our patients and their families’.

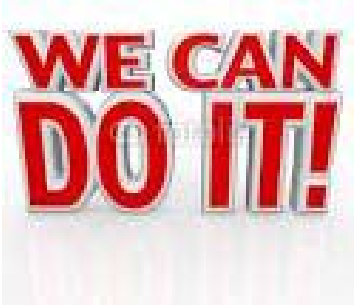


Who we invited:

- We welcomed every one who wanted to attend!

Our Team:

- Attending Physician, Fellows, Residents, Nurse Practitioners.
- Case Manager: Kathleen Buckley
- Social Worker: Caitlin Laidlaw
- Physical Therapy: Karen Waak, Kristin Morris
- Occupational Therapy: Logan Sharma, Leslie McLaughlin
- Respiratory Therapy: Dan Chipman, covering RT
- Nutritional Support: Erin Gillis
- Pharmacist: Kelly Newman and Hsin Lin
- Clinical Nurse Specialist: Stephanie Ball
- Patient Advocacy: Denise Flaherty
- Speech Therapy: Jennifer Mello, Amy Maguire
- Pain CNS: Paul Arnstein
- Chaplain: Shula Izen
- Nursing Director: Mary Elizabeth McAuley
- RN staff, ARN

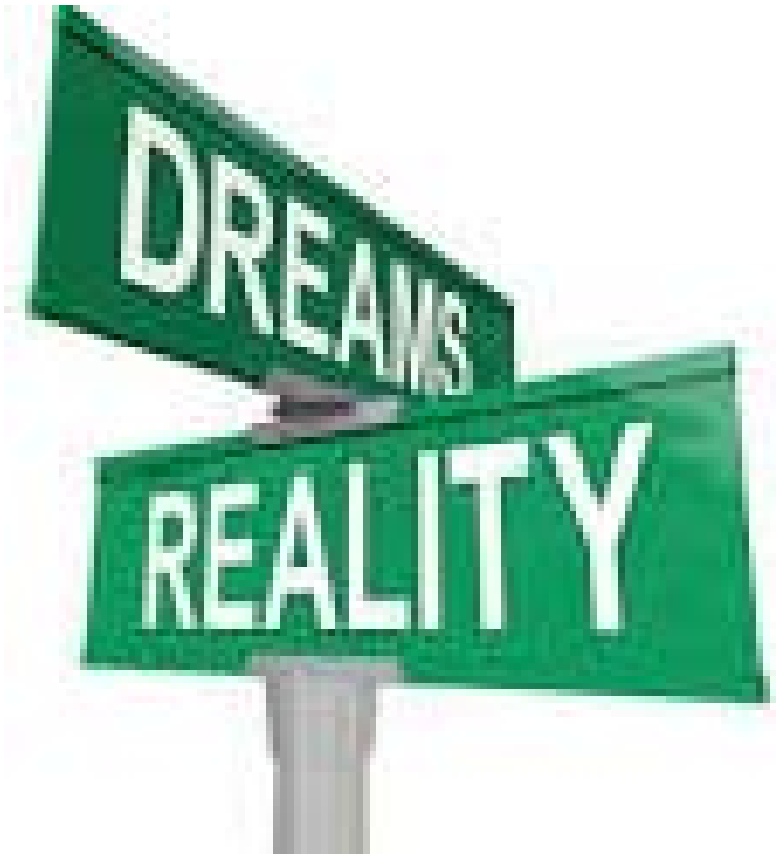


Days and Times:

- Based on the flow and the work demands of each professional it was not realistic to hold full interdisciplinary rounds every day.

Hold 15 minute rounds 4 days a week and 60 minute complex rounds one day a week.

What can get done during rounds?



When focused!

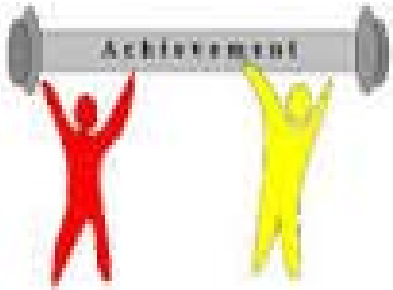
- In 15 minutes, 18 critically ill patients can be reviewed.
- In 60 minutes, 4 providers are able to present their patient' lists to our interdisciplinary group.
- The discussion is rich. Care planning is collaborative and meaningful to all.

Interdisciplinary

- **Interdisciplinary** involves the combining of two or more academic disciplines into one activity (research project/planning patient care). (Interdisciplinarity at Wikispaces March 31, 2014).

Notes from ARN on dynamic collaboration:

- Our rounds focus on the importance of collaboration between the disciplines.
- Each discipline arrives to rounds with a clear professional framework. (We are not crossing professional boundaries, but we do cross perceived boundaries-we think bigger together.)
- All members of our team are actively engaged in dynamic collaboration to raise the bar higher on what is “excellence” in patient care.

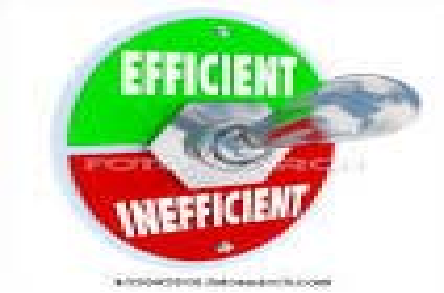


Complimentary Strategies for rounding:

- “Having 15 minute rounds 4 days a week is a really efficient way of getting to know quickly what is needed from each discipline.”

- “The weekly one hour rounds with the team allows us to really understand the trajectory of planned care for each patient quickly. We don’t have a lot of time for rounding, but when it is efficient it really is worth the time”

Karen Waak, PT.



Everyone has a voice:

"We use a true teamwork approach to meeting patient care needs during our weekly meetings on Wednesdays. We discuss how best to provide holistic patient care. When I listen to my colleagues and their thoughts on each patient my perspective is broadened and the social work interventions that I am using are augmented."

"Everyone has a voice at the table. During rounds it is easy to communicate any concerns or successes with all the people involved in a patient's care. Our team work has an impact on continuity of care and on the identification of unrealized patient' needs."

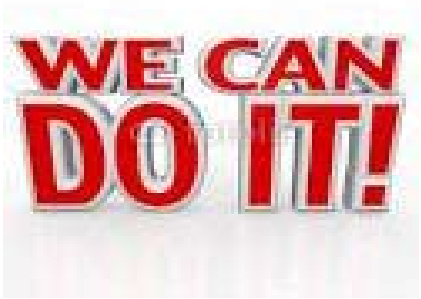
Social Worker: Caitlin Laidlaw

Commitment of Leadership:

- Was essential for the success of our rounds.
- Fostered a true interdisciplinary review of all patients' care.
- Laid the foundation for the shared belief in the importance of rounding.

Lessons' Learned

- When the value of rounding was understood; it became embedded into the culture of Blake 12. Rounding now requires little to no direction from leadership or nursing…….



- YES! Our team has rounded without the presence of nursing!

What are our rounds like?

- Each discipline comes to the table with the same focus to provide the best care for the Blake 12 patients and families.
- No one discipline dominates the focus of rounds.
- We better understand the work of each discipline and how we can best help each other as advocates for our patients.

What are we getting done:

- We are longitudinally mapping plans of care for each of our patients that is patient/family focused.
- We identify needs.

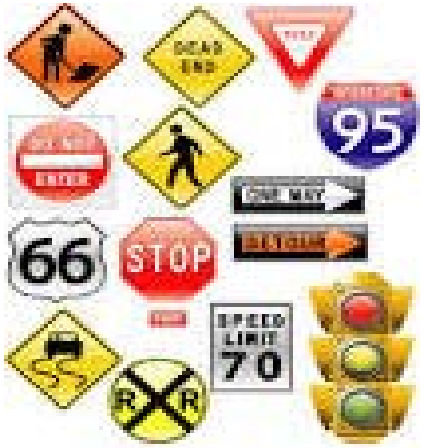
- We learn from each others best practices and identify and document gaps in care.
- We commit each week to want better of ourselves.

Rounds

- Respectful of each other
- Truthful
- Reflective
- Question direction of patient care
- Plan direction of patient care

Rounding:

- WE ARE BUILDING A ROAD MAP TO EXCELLENCE IN CARE!!!!



- BEING INNOVATIVE!
- LISTENING TO SUGGESTED DIRECTION FROM OTHERS THAT HAVE THE SAME “CAN DO” SPIRIT.

Surprise:

- While we have been building a road map for our patients-we are noticing that our group is also building a better practice for care of Blake 12.
- Each week we unearth knowledge of a way to better help each other, our peers, our patient and their families.
- The richness of rounding is improving knowledge that is supporting synergistic care.

Synergistic Communication:

- Is respectful of one another- allowing for honest sharing of concerns.
- Is supportive of each other in having the crucial conversations that are required to create a culture of safety.
- Builds skills to continue outside of rounds as a strong patient advocate.
- Identifies ethical issues that require additional hospital resources.

Blake 12's Road map for improvement:

- Improving practice through quality, communication, research, and education.

  - Early mobilization-move it!
  - Nutrition (Eat It!)
  - Patient/Family communication-Including EOL.
  - Pharmacy related areas for improvement: Antibiotics/sedation/agitation/glycemic protocols
  - Critical care/Trauma care excellence-Early planning toward rehabilitation.
  - Reduction of iatrogenic Infections, pressure related injury, falls, restraint use on Blake 12.

The Team:

Thank You:

References:

- *www.aacn.org/WD/practice/docs/publicpolicy/**silencekills**.pdf*
- http://www.mghpcs.org/Innovation_Units/
- Dyer J. A. (2003). Multidisciplinary, interdisciplinary and transdisciplinary educational models and nursing education. *Nursing Education Perspectives, 24* (4), 186-188.