

**Project Title:  
Inter-professional Clinical  
Assessment Rounding & Evaluation  
(I-CARE)**

Rosiland Harris, DNP, RN, RNC, ACNS-BC, APRN – Project Director  
Pamela Gordon, DNP, RN – Project Manager




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**Grady Memorial Hospital**

- Founded in 1890 and opened in 1892
- Provides medical care for the underserved residents of the Atlanta community
- Operated by the City of Atlanta
- 1940s developed a relationship with Fulton and DeKalb Counties



Grady Hospital, 1890.




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**Grady Health System**

- The largest public hospital-based health system in the Southeast,
- Level I Trauma Center
- Burn Center
- Comprehensive Stroke Center
- Level III PCMH Network
- Primary Training Site for Morehouse and Emory Schools of Medicine
- Inpatient nursing care is provided by the 1,500 professional registered nurse staff





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## Learner Objectives

1. Participants will understand how to apply TeamSTEPP principles towards the development and implementation of inter-professional collaborative patient centered bedside rounding.
2. Participants will understand how to apply athletic principles to inter-professional collaborative patient centered rounding

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## Current State

- Interdisciplinary patient care rounds
- Table top rounds
- Medical record documentation
- Health care disciplines training
- The patient desired goals

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## Identified Gap(s) in Care Delivery

- **Challenges**
- **Communication gap**
- **Care coordination**

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## Purpose

Utilizing a nurse led inter-professional collaborative practice team, the purpose of Project I-CARE is to allow for comprehensive team-based patient-centered care planning to occur at the bedside with the patient involvement on those patients with complex discharge planning needs.



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## Objective Statement

In patients with complex discharge planning needs, nurse led bedside patient care rounds can positively impact the patient care experience, communication between the patients and their providers and communication among healthcare disciplines through the development of an integrated care plan that includes the patients identified educational needs and personal discharge goals.



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## Intervention

- Project I-CARE consist of five intervention
  - TeamSTEPPS principles.
  - Bedside rounding simulation scenarios.
  - Cultural competency training sessions.
  - Debriefing and evaluation of inter-professional team rounds.
  - ICARE rounds on 19 inpatients unit by the end of the project.



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## I-CARE Model

### Interprofessional Clinical Assessment, Rounding and Evaluation

(Based on TeamSTEPS Principles using Athletic Strategies )

An interaction between nurses and one or more health professionals that allows knowledge and skills of all the healthcare providers to synergistically influence the patient care being provided (Vazhapiro & Cowan, 2005).

1. **Education of Interprofessional Team Members:**
  - TeamSTEPS
  - Cultural Diversity
  - I-Care Simulation
  - Debriefing & Evaluation of I-CARE
2. **Selection of Patient**
  - One patient per unit Monday-Thursday:
  - Patients with Renal, Respiratory and Cardiovascular disorders, Diabetes, LOS >4 days, readmission within 30 day, non-English speaking and low health literacy
3. **Notification of Core Team & Ad Hoc Team Members**
  - Email/phone/face-to-face
  - Core Team: RN, Provider, Physician, Pharmacist and Social Service.
  - AD HOC: team members: Rehabilitation, Nutrition, Respiratory therapy, Pain nurse specialist, Education Specialist, Child life Specialist and Community Health worker
4. **Pre-Game**
  - Prepare Patient
  - Completion of assessment tool (SBAR)
  - Meet outside patient's room at designated time
  - Discuss sensitive patient information
5. **Game**
  - "U" shape around patient's bed
  - Nurse-led with introduction of all team members using ADIET
  - Encourage Patient/family involvement using open-ended question
  - Ask patient his/her goals (Include family/caregiver as needed)
  - Develop a plan of care.
6. **Post-Game (debriefing)**
  1. Outside patient's room
  2. Evaluate effectiveness of team communication and roles.
  3. Discuss follow-up recommendations including consults.
  4. Update Care Plan




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**TeamSTEPPS Principles**

1. What TeamSTEPPS principles were used to develop an I-CARE Team?
2. What TeamSTEPPS communication principles were used amongst the I-CARE team?
3. What TeamSTEPPS principles were used to implement I-CARE Rounds



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**TeamSTEPPS Principles**

- Team Structure
- Leadership
- Communication
- Partnering with Patients
- Situation monitoring
- Mutual support



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## Team Structure

- Multiple team system teams working towards a common goal.
- Have shared team goals and individual team goals.
- A team of teams – core, contingency, coordinating, administrative.




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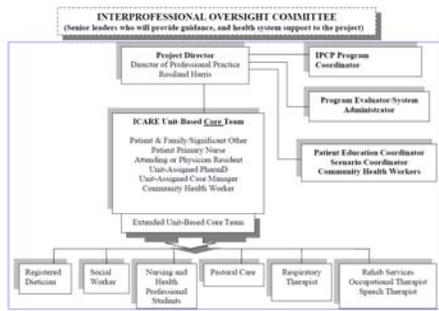
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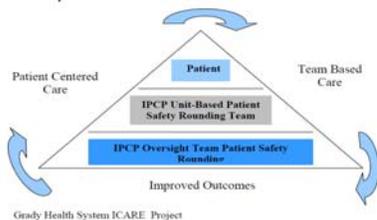
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## Conceptual Model




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### High Performing Teams:

- Regular feedback
- Team goals and plans.
- Anticipating and reviewing issues
- Diagnosing tea
- Coordinate and generate ongoing collaboration.
- Optimize performance outcomes.



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### Barriers to Team Performance

- Lack of time
- Lack of information sharing
- Conflict
- Lack of coordination and follow-up
- Work load



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### Leadership

- **Effective team leaders** – any team member
- **Two types team leader** – designated team leader ; situational leader.
- **Skills** - goal setting, , care plan development, communicate, assessing team performance.
- **Establish rules of engagement** - manage and allocate resources, information sharing, conflict, teamwork



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**Team Leader Strategies**

- Briefs
- Huddles
- Briefing checklists
- Conflict resolution
- debriefing checklists

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**Communication**

A lifeline of a well-functioning team  
Must meet four standards to be effective: complete, clear, brief, and timely.

**Communication challenges:**

- Language barriers
- Distractions
- Physical proximity
- Personalities
- Workload
- Varying communication styles
- Conflict
- Lack of verification of information
- Shift change

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**Communication Tools**

- **SBAR**
- **Check-Back**
- **Hand off**

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### Partnering With the Patient

- Including the patient in bedside rounds.
- Conducting handoff at the patient's bedside.
- Providing patients with tools for communicating with their care team.
- Actively enlisting the patient's participation.



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### Working with Patients and Families As True Partners Includes

- Listening to patients and their families.
- Asking patients how involved they prefer to be in their own care.
- Asking patients about their concerns.
- Speaking in lay terms.
- Allowing time for patients and families to ask questions.
- Providing patients and families for feedback and to be proactive participants in patient care.



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### Situation Monitoring

**Situational Awareness** -Away for team members to be aware of what is going on around them

- an individual outcome
- the status of the patient, other team members, environment; and progress toward goal



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Mutual Support

- Involves team members
- Back up behavior
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Shared Mental Model

- A **shared mental model**
  - Helps to ensure every one is on the same page;
    - *Use of huddles, briefings, monitoring and communication*
- **Outcomes:**
  - Adaptability
  - Team orientation
  - Mutual trust
  - Team performance



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Survey Questions for Shared Mental Model and Mutual Support

- How can ICARE rounds help leadership and staff reach their individual, unit, and/or department goals (what's in it for me)?
- What benefits would the department heads desire to see as a result of their staff participation in ICARE rounds?
- What needs to be done to get staff more motivated to participate, value and appreciate ICARE rounds?
- List personal experience, observation and/or perception about ICARE Rounds.



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## A story

ICARE identified that the patient A discharge care team needed to validate the patient care coronation at home and feeding tube and trach education with care givers.

ICARE round identified that their was a delay in patient X chemotherapy and with the collaboration of the team the process was corrected.

ICARE round identified that patient C had a discharge order for a PICC and home order with IV antibiotics but no PICC line was placed or education regarding line usage and meds.




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## JVION

Patient Name	Age/Gender	Problem	Discharge Risk	Med	New Risk	Discharge	Adm	Prevalence	Risk Level
AD761	None / F	None	Low		147 d				High Risk (27) FALL CAUSE HEADMISGONS
7.2113	None / F	None	Low		274 d				High Risk (27) FALL CAUSE HEADMISGONS
7.2113	John / M	None	Low		274 d				Low Risk (27) FALL CAUSE HEADMISGONS
7.2113	John / M	None	Low		274 d				Low Risk (27) FALL CAUSE HEADMISGONS
7.2113	John / M	None	Low		274 d				Low Risk (27) FALL CAUSE HEADMISGONS
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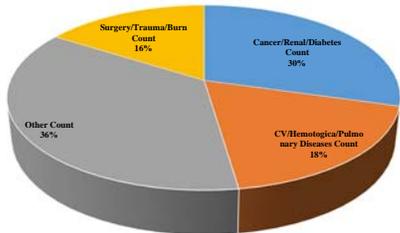
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Characteristic of Complex Patients  
N=751



- Cancer/Renal/Diabetes Count
- CV/Hemotologica/Pulmonary Diseases Count
- Other Count
- Surgery/Trauma/Burn Count




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**Inter-professional Collaborative Assessment Rounding and Evaluation (I-CARE)**

Katantoni with DNP, RN, ACNS-BC, Patricia Gordon DNP, RN, CPNP, U of Alberta / 250(2), Jill Tenn-Sommer DNP, RN, U of Alberta / 250(2), and Michelle Gordon, RN, PhD

**Purpose**

Utilizing an inter-professional collaborative practice team, the purpose of Project I-CARE is to allow for comprehensive team-based patient centered care planning to occur at the bedside with the patient involvement as those patients with complex discharge planning needs.

**Objective Statement**

In patients with complex discharge planning needs, bedside patient care rounds are performed weekly by the patient care representatives, coordinated with bedside RN, physician and other providers, and coordinated with ongoing healthcare disciplines through the development of discharge plans for patients that address the patient identified discharge needs and personal discharge goals.

**Leadership Objective**

1. Assess implementation of inter-professional clinical rounds including addressing key to all health professionals, basic to highly skilled positions, and hospital wide health professionals.
2. Identify strategies and actions taken to sustain the I-CARE rounding process as evidenced by staff and patient engagement efforts.
3. Measure the inter-professional and patient engagement evidenced by the I-CARE rounding process.
4. Assess the development and call of a discharge plan for each patient based on care plan.

**Results**

**I-CARE Process**

**Interprofessional Clinical Assessment, Rounding and Evaluation**

Interprofessional clinical assessment, rounding and evaluation (I-CARE) is a patient centered approach to patient care that involves all members of the healthcare team. The purpose of I-CARE is to provide a structured approach to patient care that is patient centered and team based. The process involves the following steps:

1. Identify patient care needs
2. Develop care plan
3. Implement care plan
4. Evaluate care plan
5. Discharge patient

**Benefits of I-CARE**

- Improved patient care
- Increased patient satisfaction
- Reduced patient length of stay
- Improved patient safety
- Increased patient engagement
- Improved patient education
- Improved patient communication
- Improved patient coordination
- Improved patient collaboration
- Improved patient cooperation
- Improved patient compliance
- Improved patient adherence
- Improved patient participation
- Improved patient involvement
- Improved patient contribution
- Improved patient commitment
- Improved patient dedication
- Improved patient loyalty
- Improved patient devotion
- Improved patient passion
- Improved patient enthusiasm
- Improved patient energy
- Improved patient excitement
- Improved patient anticipation
- Improved patient eagerness
- Improved patient readiness
- Improved patient willingness
- Improved patient ability
- Improved patient skill
- Improved patient knowledge
- Improved patient understanding
- Improved patient awareness
- Improved patient insight
- Improved patient perception
- Improved patient opinion
- Improved patient view
- Improved patient belief
- Improved patient faith
- Improved patient confidence
- Improved patient trust
- Improved patient respect
- Improved patient dignity
- Improved patient privacy
- Improved patient security
- Improved patient health
- Improved patient well-being
- Improved patient happiness
- Improved patient joy
- Improved patient peace
- Improved patient love
- Improved patient hope
- Improved patient faith
- Improved patient charity
- Improved patient kindness
- Improved patient gentleness
- Improved patient meekness
- Improved patient mildness
- Improved patient docility
- Improved patient obedience
- Improved patient submission
- Improved patient humility
- Improved patient lowliness
- Improved patient modesty
- Improved patient simplicity
- Improved patient plainness
- Improved patient unadornedness
- Improved patient plainness
- Improved patient unadornedness
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- Improved patient unadornedness

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