



Novick
Cardiac
Alliance

Nurse Led Rounds

11th Global Forum of Humanitarian Assistance in Cardiology and
Cardiac Surgery

**International Quality Improvement Collaborative
(IQIC) Learning Sessions**

Geneva June 24-27 2015



Frank Molloy RN, MSC ANP (UK)
Clinical Nurse Specialist, Educator & Co-Founder
The William Novick Global Cardiac Alliance



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Disclosures

- Personal and professional observations from over 15 years of international assistance work
- Covers two large NGO's
 - (current - NCA and former ICHF)
- No work is proprietary

Core Messages

Core messages

- Rounds - define
- Other communication agendas
- Nurse led rounds - how to
- Experience from sites
- Visiting teams
- Pro and con nurse led rounds

Rounds

Frank Molloy RN, MSC ANP (UK)
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Rounds

“Bedside visits by a physician—or other health professional—to evaluate treatment, assess current course and document the patient’s progress or recuperation”

<http://www.thefreedictionary.com/round>

Rounds

“In a teaching conference ... which the clinical problems encountered in the practice of medicine, dentistry, nursing, or other service are discussed.”

<http://www.thefreedictionary.com/round>

Rounds

Rounds

- Rounds - treatment planning, as a bedside event
 - Information - sequence
 - Discussion and decision
- Almost always includes teaching
- Discussion and decision - plan

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clinical “communication agenda”

Communication Agendas

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Communication Agenda

- Defined Speaker(s)
 - Specific information
 - Defined time
- Listeners and Participants
 - Relevant to the information presented

Communicaton Agendas

Communicaton Agendas


- Examples
 - Airline Safety briefing
 - Preoperative time out

Communication Agendas

• Examples



ing
out

 Congenital Heart Surgery Check List		
Before Induction SIGN IN	Before Skin Incision TIME OUT	Before Patient Leaves OR SIGN OUT
<p>HAVE THE CIRCULATOR AND ANESTHESIOLOGIST TOGETHER, CONFIRMED:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PATIENT IDENTITY? <input type="checkbox"/> OPERATIVE SITES? <input type="checkbox"/> PROCEDURE(S) TO BE PERFORMED? <input type="checkbox"/> MEDICATION ALLERGIES? <input type="checkbox"/> PLAN FOR KEEPING PATIENT WARM? <input type="checkbox"/> NEED FOR BLOOD PRODUCTS <ul style="list-style-type: none"> <input type="checkbox"/> IF YES, HAS THE BLOOD BANK BEEN NOTIFIED? <p>HAS THE ANESTHESIOLOGIST CONFIRMED:</p> <ul style="list-style-type: none"> <input type="checkbox"/> IV ACCESS IS ADEQUATE FOR ANTICIPATED PROCEDURE(S)? <input type="checkbox"/> POSSIBILITY OF DIFFICULT AIRWAY/VENTILATION? <ul style="list-style-type: none"> <input type="checkbox"/> IF YES, HAS A PLAN BEEN DISCUSSED TO ADDRESS THIS POSSIBILITY? 	<p><input type="checkbox"/> HAVE ALL TEAM MEMBERS INTRODUCED THEMSELVES BY NAME AND ROLE?</p> <p>HAS THE SURGEON VERBALLY CONFIRMED TO TEAM:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CORRECT PATIENT, SITE, AND PROCEDURE? <input type="checkbox"/> RELEVANT IMAGING AND STUDIES REVIEWED? <input type="checkbox"/> EQUIPMENT SETTINGS APPROPRIATE? <input type="checkbox"/> ANTICIPATED LENGTH OF PROCEDURE? <input type="checkbox"/> NEED FOR IMPLANTS OR OTHER PROSTHETICS? <p>HAS THE PERFUSIONIST VERBALLY CONFIRMED:</p> <ul style="list-style-type: none"> <input type="checkbox"/> RELEVANT DETAILS REGARDING CANNULAE? <input type="checkbox"/> TARGETED CORE TEMPERATURE? <input type="checkbox"/> NEED FOR OLJECTIVE CEREBRAL PERFUSION AND/OR CEREBRAL COOLING WITH ICE? <input type="checkbox"/> NEED FOR CARDIOPLEGIA, CIRCULATORY ARREST, LEFT VENTRICULAR VENTING <input type="checkbox"/> PRESENCE OF SIGNIFICANT SHUNTS, COLLATERALS OR AORTIC REGURITATION <p>HAS THE ANESTHESIOLOGIST VERBALLY CONFIRMED:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ANTIBIOTICS GIVEN WITHIN 60 MINUTES OF INCISION? <input type="checkbox"/> PLAN FOR REDUCING ANTIBIOTICS DURING CASE? <p>HAS THE CIRCULATING NURSE VERBALLY CONFIRMED:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CONSENT MATCHES PROCEDURE(S) VERBALIZED ABOVE? <input type="checkbox"/> AVAILABILITY OF IMPLANTS/PROSTHETICS IF NEEDED? <p>EACH TEAM MEMBER MUST VERBALIZE THEY HAVE NO CONCERNS WITH PROCEEDING</p>	<p>HAVE THE SURGEON AND CIRCULATOR TOGETHER CONFIRMED:</p> <ul style="list-style-type: none"> <input type="checkbox"/> SURGICAL PROCEDURE(S) PERFORMED? <input type="checkbox"/> INSTRUMENT, SPONGE, AND NEEDLE COUNT? <p>SAFE HANDOVER TO ICU</p> <p>HAS THE SURGEON DISCUSSED:</p> <ul style="list-style-type: none"> <input type="checkbox"/> THE NATURE OF THE REPAIR/PROCEDURE(S)? <input type="checkbox"/> COMPLICATIONS & RISK FOR FURTHER BLEEDING? <p>HAS THE ANESTHESIOLOGIST DISCUSSED:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CONCERNS REGARDING AIRWAY MANAGEMENT <input type="checkbox"/> HEMODYNAMIC STABILITY AND PROSCOR SUPPORT <input type="checkbox"/> PLAN FOR VENTILATION MANAGEMENT? <input type="checkbox"/> TEE FINDINGS & SATURATION DATA DURING CASE <input type="checkbox"/> AVAILABILITY OF BLOOD PRODUCTS IF NEEDED? <p><input type="checkbox"/> HAS THE ANESTHESIOLOGIST, SURGEON AND ACCEPTING CRITICAL CARE PHYSICIAN DISCUSSED NEED FOR LAB/IMAGING OVER THE NEXT 24 HOURS?</p>

Communicaton Agendas

- Examples
 - Airline Safety briefing
 - Preoperative time out

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- Examples
 - Airline Safety briefing
 - Preoperative time out
 - Reading the rights

Communication Agendas



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Communicaton Agendas

- Examples
 - Airline Safety briefing
 - Preoperative time out
 - Reading the rights
- Information relevant to listener... and within the scope of responsibility of the speaker

Golden Rules - Communication Agenda

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- Everybody listen

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- Everybody listen
 - No background conversations

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- Speaker - be concise - and correct

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 - No background conversations
 - No taking calls or looking at phones
- Don't interrupt
- Speaker - be concise - and correct
- Listeners - be patient and attentive

Communication Agendas



Communication Agendas





"Ladies and gentlemen, it is now safe to take your phones out of 'hide it from the flight attendant' mode."

Rounds - Structure

Rounds - Structure

- Someone is speaking

Rounds - Structure

- Someone is speaking
- Team is listening

Rounds - Structure

- Someone is speaking
- Team is listening
- Sequence of information

Rounds - Structure

- Someone is speaking
- Team is listening
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- Added information other team members

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- Insights, conclusions,

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- Questions and Plan

Rounds - Structure

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- Team is listening
- Sequence of information
- Added information other team members
- Insights, conclusions,
- Questions and Plan
- move on....

Making it work

Making it work

- Presenting structure

Making it work

- Presenting structure
 - Primary presenter - who ?

Making it work

- Presenting structure
 - Primary presenter - who ?
 - Additional information

Making it work

- Presenting structure
 - Primary presenter - who ?
 - Additional information
- Listening structure

Making it work

- Presenting structure
 - Primary presenter - who ?
 - Additional information
- Listening structure
 - Know the sequence

Making it work

- Presenting structure
 - Primary presenter - who ?
 - Additional information
- Listening structure
 - Know the sequence
 - Dont interrupt

Making it work

- Presenting structure
 - Primary presenter - who ?
 - Additional information
- Listening structure
 - Know the sequence
 - Dont interrupt
- Part of the routine

Rounds, Handover, OR signout

Rounds, Handover, OR signout

- Common features
- Schedule of who should speak and when
- Every one else should be listening - or not present
- The information IS IMPORTANT
- Transferable team based skills

Nurse led rounds

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- Nurse introduced rounds - nurse is the **first speaker** on a communication agenda
- Common issues with other clinical **Communication Agendas**.... *e.g.*
 - OR-ICU (anaesthesiologist or surgeon first),
 - end of shift (end of shift person starts),

“Handovers” (Sign-outs, Sign-offs, Hand-offs)

Clinical Communication Agendas

Clinical Communication Agendas

- Quality of information spoken is important
- Quality of listening is equally important

Handovers and Rounds - Differences

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- May be less listeners (less pressure)

Handovers and Rounds - Differences

- **Handover** objective is pure information transfer
 - *Go home and don't get called with a question*
- May be less listeners (less pressure)
- Single responsible individual

Handover or Rounds - Similarities

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- **Rounds** - Basic information sequence is same
- Rounds usually closely follows a shift change
 - Nurse handovers can be a rehearsal for nurse led rounds

Handover or Rounds - Similarities

- **Rounds** - Basic information sequence is same
- Rounds usually closely follows a shift change
 - Nurse handovers can be a rehearsal for nurse led rounds
- Same **information structure** can be used in both

Information Structure - nurses

Information Structure - nurses

- With a good **Information Structure** presenting the information...
 - Can be done by nurses at all levels

Information Structure

Information Structure

- Who is the patient
 - Demographics and diagnosis
- What operation - and when
- What were the perioperative issues and early post course, recent events
- What is status and progress in last 12 hours - and now

Junior Nurses - Information presentation

Junior Nurses - Information presentation

- Fact based presentation
- May miss some rich detail
 - e.g. breath sounds, heart sounds, complexity of operative details
- Will stick to the script
- Information may be incomplete - but it is rarely “wrong”
- Listener needs to work ...
- DO NOT INTERRUPT

Junior Nurses

Junior Nurses

- Generally will not create linkages between systems
- Story will not have a bias based on an opinion

More experienced Nurses

More experienced Nurses

- Fact based presentation

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- Fact based presentation
- Add skills based observations

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- Strays from the script - appropriately links cardiac and respiratory and renal issues in a narrative

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More experienced Nurses

- Fact based presentation
- Add skills based observations
- Strays from the script - appropriately links cardiac and respiratory and renal issues in a narrative
- May be repetitive, and longer
- Forms an opinion,

Expert / Advanced

Expert / Advanced

- Rich observational information throughout
- Strays from the script - appropriately links cardiac and respiratory and renal issues in a narrative
- Summarises based on context

Depth of Presentation

Depth of Presentation

Basic - Short and Factual

Depth of Presentation

Basic - Short and Factual



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Basic - Short and Factual



**Intermediate - combines some opinions,
linkages and suggests diagnosis
from issues**

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Depth of Presentation

Basic - Short and Factual



Interemediate - combines some opinions, linkages and suggests diagnosis from issues



Advanced - Integrated thinking, informed recommendations, can outline majority of the plan

Examples - sites

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Sites

- AFIC - Rawalpindi
- STAR hospitals Hyderabad
- Beijing Childrens Hospital
- Skopje Paediatric Surgical Clinic
- Kharkiv Centre for Urgent and General Surgery
- Tobruk Medical Centre
- Guayaquil - Hosp Fco y Casa Bustamante

AFIC - Rawalpindi

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- Nurse (8-12) v Doctor (1) ratio favourable to nurse led rounds structure

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- Minimal written structure - mentored and taught sequence



AFIC - Rawalpindi

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- Sustained outcome
- Nurses respected in team - clinical judgements
- Key drivers....
 - leadership from Chief anaesthesiologist - and
 - respected visiting educator,
 - appointment of clinically expert head ICU nurse
- Handover is to all nurse team - and prepares for round





Remember
You can save a life in 15 seconds

Scrub the Hub

For 15 seconds or more before and after
scrubbing only 70% alcohol on a patient



Please Wash Your Hands Before
You Touch our Patients



STAR - Hyderabad

STAR - Hyderabad

- Collaboration Dec 2009-Dec 2011 (7 trips)
- Anesthesia led ICU - doctors busy in OR much of the day
- **Nurse led rounds** - structure introduced on 2nd or 3rd trip
- Cultural hierarchy initially different to Pakistan team



ICU Paediatric Clinical Rounds: (STAR Hospital)

(created for nurses presenting rounds)

MASKS OFF!! SPEAK LOUD AND CLEAR!!

History and Demographics

Name. Age. Diagnosis. What Operation was done – when did the patient come back. Any major operative or postoperative complications.

Respiratory Status

Tell us about the breathing

Was the patient on a ventilator after the operation? When was the patient extubated. Current breathing status (look and listen – use a stethoscope) – Oxygen, SaO2 Blood gas. Ventilator settings.

Cardiac Status

Tell us about the circulation...

Current problems and recent problems. Is the patient in Sinus Rhythm. Pulses good or bad? Hands and feel warm or cold? Chest tube drainage. In last 24 hours and in last 6 hours

Neurological Status

Waking and Sleeping. Moving limbs. Pain status.

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Renal and Fluids

Urine output and fluid balance in last 24 hours – urine output in last 6 hours. (mls / kg/ hour). Diuretics. How much fluid maintenance intake. Feeding? How much feed intake.

Infection and Lines

Temperature. Sources of infection (list all lines and tubes and how long they were in).

Drugs

List all drugs and infusions – if not already discussed

Parents

Have they visited. Do they know about the result of the surgery- or any current problems

Labs. Discussion and Plan

All team discuss – nurse ideas – doctor summarise final plan.

Any questions?

AGREE THE PLAN so EVERYBODY PRESENT KNOWS THE PLAN
WRITE IT DOWN.

You can use the same sequence of presenting for end of shift nurse to nurse handover – and report to the next shift what was the plan, what has been done – and what has changed.

Beijing Childrens Hospital

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- Collaboration 5/2004- 9/2010

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- Simple sequen
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History

病史

Breathing

呼吸

Circulation

循环

Fluid

液体

Lines

感染

Nutrition

营养

Infection

导管

Drugs

用药

Pain

疼痛

Summary

小结

Plan

计划

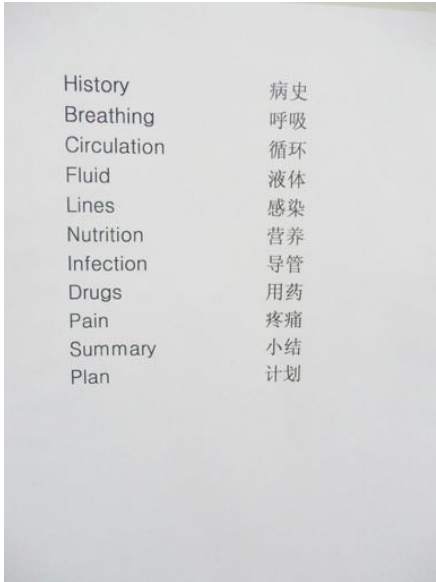
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History	病史
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Circulation	循环
Fluid	液体
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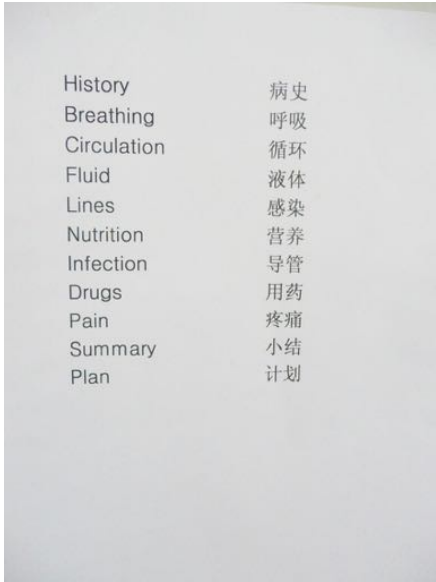
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- Simple sequence - minimal detail in structure
- NO hierarchical issues (personality of intensivist)
- Presented in Chinese initially.. then over the space of 2 years almost all nurses learned english.



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Kharkiv - Ukraine

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- Core plan made at this round

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- Many nurses are 4th year medical students
- Core plan made at this round
- Weaknesses - no individual responsibility, too much background conversation & too much for one person



Skopje - FYR Macedonia

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- Newest nurse - age 18, first to present - using guide structure - in Macedonian

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- Newest nurse - age 18, first to present - using guide structure - in Macedonian
- Now - patient allocations in SKP, one patient local nurse one visiting team nurse



Презентирање на деца од ЕИНТ

(од страна на сестри)

ЗБОРУВАЈТЕ ЈАСНО И ГЛАСНО!!

Анамнеза и генералии

Име.

Возраст.

Дијагноза.

Каква операција е направена. Пред колку дена или часа. Поголеми компликации во тек на операцијата и потоа.

Респираторен статус

Кажете ни за дишењето...

Поставен е пациентот на респиратор по операцијата? Ако е екстубиран – кога? Тековно дишење – кислородна поддршка, сатурација, гасни анализи. Белодробни звуци симетрични лево и десно? Основни поставки на респираторот.

Кардиолошки статус

Кажете ни за циркулацијата...

Тековни и скорашни проблеми. Дали пациентот е во синус ритам? Дали е на пејсмејкер? Каков е пулсот? Каква е бојата на кожата? Розева или сина или бледа? Дланките и стапалата се топли или ладни? Дренажа преку торакален дрен во последните 24 часа и во последните 6 часа.

Невролошки статус

Будност и сон. Движење на екстремитети. Болка.

ICU Paediatric Clinical Presentation

(created for nurses presenting)

SPEAK LOUD AND CLEAR!!

History and Demographics

Name: Aiden R. Bohan

Age: 5/12

Diagnosis:

What Operation was done -

when did the patient come back to ICU.

How many days or hours postoperative. Any major operative or postoperative complications.

ICU 4
had a lot of blood loss
big operation 15:30 15/6/13

- 1) 5 AM RT incision - RT PA shunt
low rate, US Dobs showed some on proximal
end of shunt
- 2) returned to theatre - shunt revision, shunt control
shunt problem
- 1) bleeding
2) low oxygenation -
CPE 15 min

Respiratory Status

Tell us about the breathing.

Was the patient on a ventilator after the operation? If extubated - when was the patient extubated? Current breathing status - Oxygen, SaO₂, blood gas result, Chest sounds equal right and left? Basic Ventilator settings.

4.5 ET, 120m on 40%
Fio 100
19/4 rate 40 FiO2 0.76

low gas - 1) pH 7.4
p/a 7.10
p/a 7.10

Cardiac Status

Tell us about the circulation.

Current problems and recent problems. Is the patient in Sinus Rhythm? Is he on the pacemaker? Pulses good or bad? Colour good or bad? Pink or blue or Pale? Hands and feet warm or cold? Chest tube drainage. In last 24 hours and in last 6 hours

- sudden low output, associated with some movement
and some pain from drain - CPE started then direct
cardiac massage at 11:00 AM, colour of
skin
- return of sinus rhythm - SpO₂ 90% → 0.05
normal 0.5

Neurological Status

Waking and Sleeping. Moving limbs. Pain status.

now maintained intubated and paralyzed.
gaps in 5-3 progressively, now clenching
teeth





Tobruk - Libya

.. nurse rounds here is a very structured handover of facts to the next shift and as yet they have not moved on to critical analysis or even patient comparison. feel more responsible for the patient if they know they have to hand over .. next trip ... will start asking for their input in planning care...

Tobruk - Libya

- Collaboration - Feb 2015
- Small Nursing team from closed benghazi centre
- Very early - nurse led handovers..

.. nurse rounds here is a very structured handover of facts to the next shift and as yet they have not moved on to critical analysis or even patient comparison. feel more responsible for the patient if they know they have to hand over .. next trip ... will start asking for their input in planning care...



Handover Sheet

Name: Age Weight:

Diagnosis: Surgery:

Major events	
Respiratory	<div>Mode Rate O2 sats WOB</div> <div>Air entry Breath sounds CXR</div> <div>Blood gas</div> <div>ETT size length location</div>
Cardiovascular	<div>HR Rhythmn BP CVP</div> <div>Cap refill Liver edge</div> <div>Chest drain output total mls/kg/hr (4 hours)</div> <div>Infusions</div>
Gastrointestinal	<div>Feeding Mode</div> <div>Amount</div> <div>Stool Bowel sounds</div>
Genitourinary	<div>Urine output mls/kg/hr Mode</div> <div>Balance</div>
Neurological	<div>GCS Pupils</div> <div>Pain</div>
Infection	<div>Temperature</div> <div>Antibiotics</div> <div>Wound</div>
Drains and lines	<div>Central line location Day</div> <div>Arterial line location Day</div> <div>Peripheral Line location Day</div> <div>Peripheral Line location Day</div> <div>NG Tube Day</div> <div>Urine catheter Day</div> <div>Chest drain location Day</div> <div>Chest drain location Day</div> <div>Other</div>

Guayaquil - Ecuador

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Guayaquil - Ecuador

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- No nurse led rounds attempted in these first 4 years
- Small number of nurses - not consistently allocated to the “cardiac side”
- Large number of paediatric residents - 2 per shift

Guayaquil - Ecuador

4



Visiting teams (or individuals)

Frank Molloy RN, MSC ANP (UK)
Clinical Nurse Specialist, Educator & Co-Founder
The William Novick Global Cardiac Alliance



Can visitors mentor good practice?

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- May be first appearance of truly collaborative interdisciplinary working

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- May be first appearance of truly collaborative interdisciplinary working
- Visiting team itself needs a structure

My Briefing to visitors - Handover

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My Briefing to visitors - Handover

- Shift Handover - is not the treatment planning round
 - Information exchange, get people home with clarity
- Presented by the person who is leaving - to ALL ICU TEAM
 - Don't interrupt
 - Save teaching for later
 - No side conversations
- Ensure all have had a chance to clarify before moving on

Language

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- Local language preferred

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- American English is not same as UK english or Indian English

Language

- Local language preferred
- American English is not same as UK english or Indian English
- English as a second language team members - who apparently speak good english still need consideration....

Language - Avoid Abbreviations

- CBC, FBC, TBC,
- BMP, U&E,
- RBG, BM,
- O's, I's and O's
- DC, IDC, ICD,
- FG & E
- CVS
- RS

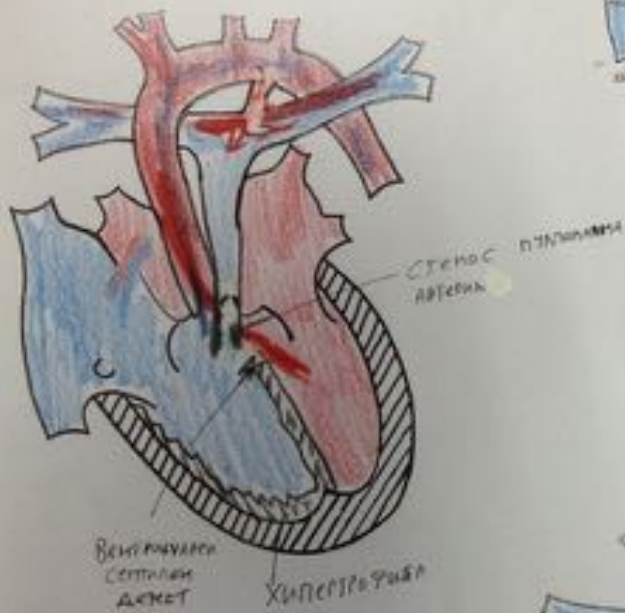
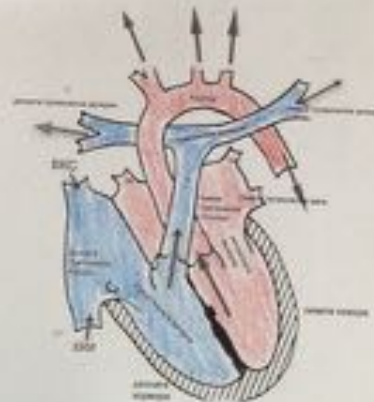
Improving the presentation

Improving the presentation

- Don't interrupt Junior staff
 - ... unless completely wrong
- Presentation should not be from memory -
 - Team responsible for accurate bedside written information
 - Visual or graphical teaching aids -

МАТЕС

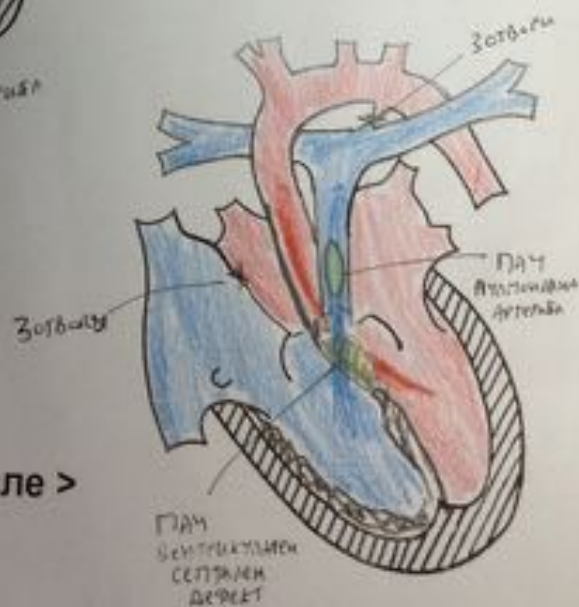
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Improving the presentation

Care planner/diary

-----Teaching example-----

Use this sheet to.....

- Record dates of operations (in red please), major interventions, lines inserted and removed
- Plan in advance treatments, investigations, suture removal, appointments
- Handover and record transfers between wards
- Record dates of starting/finishing courses of IV antibiotics
- Document one off investigations e.g. Guthrie test

Diagnosis: <i>Transposition of the Great Arteries</i>				
Week Commencing:				
	Date 1/3/99	Date 8/3/99	Date 15/3/99	Date
Mon			<i>for transfer to St Elsewhere (see discharge planner)</i>	
Tue	<i>Admitted D/W from St Elsewhere's, Vent. for transfer RAS on ward</i>	<i>Drain Sutures due out ✓ Full enteral Feeding</i>		
Wed	<i>Extubated Enteral Feeding commenced</i>			
Thu		→ RBC		
Fri	<i>OP: Arterial Switch → CCU</i>	<i>Guthrie test due ✓ done</i>		
Sat	<i>LA line removed All drains removed</i>			
Sun	<i>Extubated → D/W</i>			

If properly completed there is a clear handover already written when patient is transferred

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Week Commencing:

	Date 1/3/99	Date 8/3/99	Date 15/3/99	Date
Mon			<i>for transfer to St Elsewhere (see discharge planner)</i>	
Tue	<i>Admitted DJW from St Elsewhere's, Vent. for transfer BAS on ward</i>	<i>Drain Sutures due out ✓ Full enteral Feeding</i>		
Wed	<i>Extubated Enteral Feeding commenced</i>			
Thu		<i>→ RBC</i>		
Fri	<i>OP: Arterial Switch → CICU</i>	<i>Guthrie test due ✓ done</i>		
Sat	<i>LA line removed All drains removed</i>			
Sun	<i>Extubated → DJW</i>			

If properly completed there is a clear handover already written when patient is transferred

Pro and cons and - conclusions

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- Junior nurse may not correctly report the operation
- Some units more doctors than nurses, - residents need the practice
- Different model for morning rounds as evening rounds

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- Operation report should be easily available
- Nurse present at Operation Signout - hears same information
- Majority of patients should follow predictable course
- *Sequence* of events - predictable
- Morbidity exceptions - recognised - can trigger plan changes
- The nurses *should know* the expected plan

Features of easy implementation sites

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 - Regular cardiac surgical practice in large numbers (including adults?)
- ICU medical and nursing lead

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My experience - 40 PICU's 24 countries

- Probably not typical - but is broad
- If Rounds happen - *always* in the presence of the nurse
- Mostly open plan units
- A few sites do partial rounds in office first (x-rays etc..)
- Nurse led rounds is possible - almost everywhere - without structural change
- But we are only visitors - can show example - but may not exactly fit the local situation

final advice...

Frank Molloy RN, MSC ANP (UK)
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try to look interested...



or..



LISTEN attentively





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