Improving Communication Utilizing (I.C.U.) Pause Amongst Healthcare Professionals

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Singapore Healthcare Management 2019

Introduction

At National University Hospital (NUH), the integration of clinical documentation (CDOC), electronic inpatient medication record (EIMR) and treatment ordering system (Aurora) has greatly improved the efficiency and clarity for the patient’s treatment. Yet, technological advancements have also changed the way healthcare professionals communicate in their daily activities. Healthcare providers adopted the use of documentation templates which allowed the doctors to copy and paste indiscriminately. Furthermore, established plans were not communicated among the team members thus resulting in discrepancies in patient’s plans and confusion.

In Surgical Intensive Care Unit (SICU), 31 safety concerns were raised out of the 77 multidisciplinary huddles held every week with the consultant, nursing officers and other healthcare professionals.

Aim

Our goal aims to enhance communication among healthcare professionals through I.C.U. Pause. At the end of each patient’s round, treatment plans are read back by the ICU doctor to ensure that all are aligned with the plans. In addition, it allows a platform for team members to clarify if unclear. With accurate information being updated and effective communication will improve patient’s safety and reduce errors.

Within 18 months of I.C.U. pause implementation, we target to improve overall clinical documentation of patient’s established plans by 75%.

Methodology

Doctor System

- Plans not read
- Not required to read back
- No practice to read back

- Plans not updated
- Did not edit after copy and paste
- Plans were not vet through
- No practice to vet plans

- Unsure of plans
- Not following rounds
- Occupied with patient care
- Interrupted by other activities

Nurse Respiratory Therapist

- Unsure of plans
- Not following rounds
- Interrupted by other activities

ACT:

1. Re-modify I.C.U. pause to achieve better compliance
   - Focus on the changes of treatment plans
   - Apply BOLD changes to patient’s plans, read back the BOLD changes during I.C.U. pause
   - I.C.U. pause (less than 1 minute) makes treatment plans clear to all team members

PLAN:

1. Check plans from the discrepancy and audit performed in July 2018
2. Findings:
   - I.C.U. Pause not performed consistently as staff felt that the unchanged plans were repeated daily and new changes not highlighted well enough
   - Interruption during ICU rounds

DO:

1. Consistently feedback from healthcare professionals during the multidisciplinary weekly huddles
2. Feedback on inaccurate information raised during multidisciplinary weekly huddles
3. EIMR discrepancies with patient’s plans; doctors copy & paste information electronically. Orders in CDOC mismatch with what was verbally discussed; tests not ordered in Aurora
4. Inadvertent I.C.U. Pause in June 2017

CHECK:

1. Consistently feedback from healthcare professionals during the multidisciplinary weekly huddles
2. Feedback on inaccurate information raised during multidisciplinary weekly huddles
3. EIMR discrepancies with patient’s plans; doctors copy & paste information electronically. Orders in CDOC mismatch with what was verbally discussed; tests not ordered in Aurora
4. Inadvertent I.C.U. Pause in June 2017

Result

Safety concerns raised during weekly huddles

<table>
<thead>
<tr>
<th></th>
<th>EIMR Discrepancy</th>
<th>Plan not update</th>
<th>Order not align with plan</th>
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</thead>
<tbody>
<tr>
<td>Before I.C.U. Pause  (n=77)</td>
<td>15</td>
<td>7</td>
<td>1</td>
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<tr>
<td>After I.C.U. Pause (n=44)</td>
<td>11</td>
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<td>0</td>
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<tr>
<td>After Modified I.C.U. Pause (n=22)</td>
<td>4</td>
<td>4</td>
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</tbody>
</table>

Conclusion

With the implementation of I.C.U. Pause, treatments can be executed without much delay and nurses no longer need to clarify with the team. I.C.U. Pause improves overall face-to-face communication and facilitates engagement of the staff involved in patient’s care.

Moving on, this will be inculcated as part of the SICU culture and to encourage all new physicians and nurses to perform the I.C.U. Pause diligently. Likewise, it will also be promulgated across all ICUs to heighten communication and reduce errors.

Consultant B: “Impressed with I.C.U. pause during rounds which helps all doctors, nurses and RTs to identify and follow up any concern or details of patient issues”

Consultant A: “I.C.U. pause is a very beneficial practice as it ensures that everyone is on the same page with regards to patient’s plans for the day”

RT: “It is very beneficial because patient’s plan is clear”

Nurse: “I.C.U. Pause makes plans for patient so clear to the nurses. During pause, we can ensure doctors’ order in the EIMR tally with plan. It allows us to carry out interventions promptly. Save time on calling and waiting for doctors to order or amend orders”