Continuity of Care Rounds

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OBJECTIVES

- Describe continuity of care rounds, an innovative multiprofessional approach to systematically address the needs of long stay MSICU patients
- Discuss the results of the data analysis of the first year of such rounds at a tertiary care teaching hospital
- Explore how key findings may help improve the quality of care of such patients in the future
CONTINUITY OF CARE ROUNDS - A DESCRIPTION

- Multiprofessional rounds
  - RN LED
  - PT, RT, SW, Speech, Spiritual care, Nutrition, staff MDs, fellows and residents
  - Patients with MSICU LOS > 30 days
  - Occur weekly at beginning of week and last 1 hour

- Unique patient needs as enter into long term ICU stays
  - Secondary ICU related complications
  - Psychological, emotional support
  - Weaning from ICU treatments: ventilator, inotropes
  - Rehabilitation and QOL usually greater focus of care

- Goals:
  - Promote better understanding of patient as person through a 360 degree team perspective,
  - Identify unique patient and family needs
  - Identify and develop short and long term patient treatment goals: both patient and team perspectives
  - Develop action plans to address patient care issues for the week and for longer term

PATIENT DEMOGRAPHICS

- Out of 52 weeks, 44 weeks available for analysis
- Total number of patients discussed: 36
- Number patients/week: 4.4 (range 2-8)
- Age: average 58.9 yrs (range: 27-86)
- Gender: male; 13; female: 23
- Admitting diagnosis:
  - Lung Tx: 10 (27.8%)
  - Pneumonia: 15 (41.7%)
  - Respiratory failure: 4 (11.1%)
  - Other: 7 (19.4%)
- APACHE II scores: average 19.4 (range 11-33)
- Capacity
  - at entry into continuity of care: 14 patients (38.9%)
  - Regained in ICU stay: 9 patients (25%)
- ICU LOS: average 82.4 days (range: 34-489 days)
PATIENT SHORT TERM GOALS

- Quality of life issues:
  - Eating/drinking/ getting to chair/ getting outside
  - Sleeping

- Issues of re-establishing control:
  - Physio scheduling and duration, type of activities, control of activities (walking, treadmill without PT)
  - Independence in ADLs,
  - Weaning control
  - Overcoming psychological issues: anxiety, depression, maintaining motivation

- Having medical care issues addressed so can move forth:
  - g-tube placements, wound debridements,

PATIENT LONG TERM GOALS

- Get out of ICU !!!! 😊
  - Go home – even if on a ventilator
  - Go to rehab or chronic care

- Re-establish control of life

- Resume active life:
  - going out with family, friends, movies, vacationing

- Not to be ventilator dependent
ICU TEAM GOALS

- Way rounds structured, team goals and action plans are tied to patient goals
- Address issues in way of achieving goals
  - Coping: patient and family
    - Motivation/ anxiety and depression—seeking help from expertise of Psych
  - Weaning plans/ nutrition/ swallowing assessment
  - Developed care plans to improve QOL: fostering independence, getting out of ICU (atrium, outside), eating/drinking, reading, DVDs, communication with distant family members
  - Addressing Anxiety re transitions of care locations
- Medical issues:
  - Treating sepsis, addressing worsening overall condition
  - Addressing failure to progress with weaning and devising DOX as to why
  - Team conflicts,
  - Staff coverage to achieve QOL care plans
- Facilitation of development of Rx goals in context of medical realities:
  - Explaining prognosis and establishing realistic Rx goals
  - Establishing short term plans for week—
    - Rounds allowed evaluation of team performance re Rx goals—both in short term and in context of "bigger picture"/long term
  - Setting limits to life—sustaining interventions as part of Rx plan that considers patient context and medical realities

SYSTEMATIC PROMOTION OF PERSPECTIVES

- Brainstorming
  - What else can be tried to achieve desired outcomes??
- Bird’s Eye View
  - Better appreciation of progress or lack thereof
  - Unique patient goals front and centre @ all times
- Multiprofessional discussion of likely prognosis and outcomes
  - Reduction in bias
  - Resolution of conflicts via development of inter-/intra-team consensus through trials of Rx with preset clear goals and timelines established in advance
  - Resolution of patient/family—team conflicts through more consistent messaging as clarity of communication improved
ROLE OF FAMILY

- Greater involvement in care at this stage of recovery/illness: most visit daily
  - Recording of events by family
  - Involvement in physiotherapy plans
  - Involvement in developing plans to improve QOL
  - Involvement in setting Rx goals and motivation schemes

- Identification of difficulties in coping:
  - anxiety, depression, discouragement, financial issues

- Team action plans
  - Addressed consistently in weekly plans
  - Comprehensive nature of care provided by team

DISCORDANCE/ CONFLICTS

- Inter-team: 7 (19.4%)
- Intra-team: 8 (22.2%)
- Team and patient/family re goals of Rx: 20 (55.6%)

- Reasons for Inter-team discord
  - Disagreement regarding prognosis: surgical team more optimistic than ICU team
  - Referring team providing family with overly optimistic information

- Reasons for Intra-team discord:
  - Disagreements regarding how long to continue “trials” life-support/ how much to put patient through when risks begin to exceed potential benefits in order to ensure clarity/certainty of prognosis
  - Disagreement re how to best establish reasonable Rx goals with family in cases of team-family conflict
PATIENT/FAMILY AND TEAM DISCORD

Two main reasons:

- **Struggle for control:**
  - Rx plan issues: aggressiveness of weaning, physiotherapy plans, eating/drinking
  - ICU team had to learn to relinquish control back to patient

- **Treatment goals:**
  - Disbelief of prognosis
  - Picture of patient as “static” / “frozen in time”
    - Either as they were prior to admission or before last deterioration
    - Results in failure to appreciate how evolution of condition/state of health affects prognosis and Rx plans and outcomes
  - Unrealistic hope
    - Re ICU discharge and/or
    - Unrealistic expectations of survival or recovery
    - Unrealistic expectations of QOL after ICU
  - Family/patients fears of transition i.e. of leaving ICU
  - Unrealistic expectation of care availability and care needs @ home

SETTING LIMITS

- Multiprofessional discussion of whether to continue, withhold or withdraw resuscitation/life support based on considerations of benefit:
  - CPR not offered by team in face of poor prognosis: 7 patients (19.4%)
  - Escalation not offered/ One way transfers out of ICU: in face of poor prognosis: 9 patients (25%)
  - Withdrawal of life support: 5 patients (13.9%)
OUTCOMES

- Survived: 20 patients (55.6%)
  - Home: 2 patients (5.5%)
  - Planned for home/ still in hospital: 13 patients (36.1%)
  - Chronic care: 5 patients (13.8%)

- Died:
  - ICU death: 14 patients (38.9%)
  - Death after left ICU: 1 patient

KEY INNOVATIONS

- Long term stay patients as individuals with short and long term goals are front and center

- Multiprofessional systematic approach to ensure
  - a 360 degree perspective to help achieve those goals
  - assessment of whether goals are achievable in view of medical realities
  - brainstorming/ problem solving re new trials of Rx to achieve goals/ determine if goals are indeed achievable

- Multiprofessional discussion re no CPR and setting limits in recognition of when life support can no longer benefit a patient

- Recognition of and deference to greater importance of RN, PT, RT, SW, Speech and nutrition in rehabbing patient back to person

- Multiprofessional approach to help families cope (emotionally/psychologically/ financially) and to support involvement in care
CONCLUSION: NEXT STEPS

- Continuity of care rounds helped identify and improve understanding of unique patient needs, improve their QOL while in ICU and explore how healthcare teams can help or hinder achieving Rx goals

- Adapt data collection to further improve this process
  - Patient capacity
  - Better documentation of inter and intra-team discord and means used to achieve resolution

- Continue to improve understanding or reasons for discord, processes of consensus building and conflict resolution skills

- Continue to improve consistency in communication, development of realistic treatment goals to decrease / assess inter-attending staff physician variability

- Continue to use such rounds to improve quality of care of all longer stay patients
  - Explore starting this process with patients with ICU LOS > 14 days