

The background of the slide is a grayscale photograph of a modern building, likely a hospital, with a prominent curved facade and large windows. The word 'Grady' is visible in large, stylized letters on the building's exterior. The title text is centered over this image.

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

Rosiland Harris, DNP, RN, RNC, ACNS-BC, APRN

# Grady Health System

- Level I Trauma Center
- Burn Center
- Comprehensive Stroke Center
- Level III PCMH Network
- Regional Cancer Center
- Infectious Disease Program
- 6 Neighborhood Health Centers
- Largest LTC and Rehab Facility in Georgia
- Primary Training Site for Morehouse and Emory Schools of Medicine



# Grady Health System

- The largest public hospital-based health system in the Southeast, providing more than 200 specialty and subspecialty health care clinics
- It is the safety net provider for uninsured and underinsured Atlanta residents.
- Inpatient nursing care is provided by the 1,500 professional registered nurse staff.
- The National Association of Public Hospitals has three times recognized Grady in the First Place Safety Net Award Category.

# GHS Mission

Grady improves the health of the community by providing quality, comprehensive healthcare in a compassionate, culturally competent, ethical and fiscally responsible manner. Grady maintains its commitment to the underserved of Fulton and DeKalb counties, while also providing care for residents of metro Atlanta and Georgia. Grady leads through its clinical excellence, innovative research and progressive medical education.

# Description of Current State

- Interdisciplinary patient care rounds do not occur at the bedside.
- Multidisciplinary table top rounds occur daily, biweekly and/or weekly in various location through out the facility lacks patient/family involvement and are not patient care centered
- Information captured during multidisciplinary table top rounds is not documented in the medical record and not always communicated to the patient/family.
- The health care disciplines have not been formally trained to work as a collaborative inter-professional team to achieve patient centered goals.
- Patient desired goals are not currently identified and documented.

# Identified Gap(s) in Care Delivery

- Challenges in care are impacted by patients with limited access to healthcare, chronic severe diseases, low health illiteracy, language barriers and complex discharge needs
- Communication gap exists between patients and their providers as well as and between health care disciplines
- Care coordination is often fragmented, inefficient and unsatisfactory for both the patients and health care personnel.
- To address communication and care coordination gaps, through grant funding, the health care organization has implemented Project I-CARE, utilizing a diverse team of health care professionals to conduct bedside patient care rounds.

# 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 on those patients with complex discharge planning needs.

# Objective Statement

In patients with complex discharge planning needs, 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.



# Learning Objectives

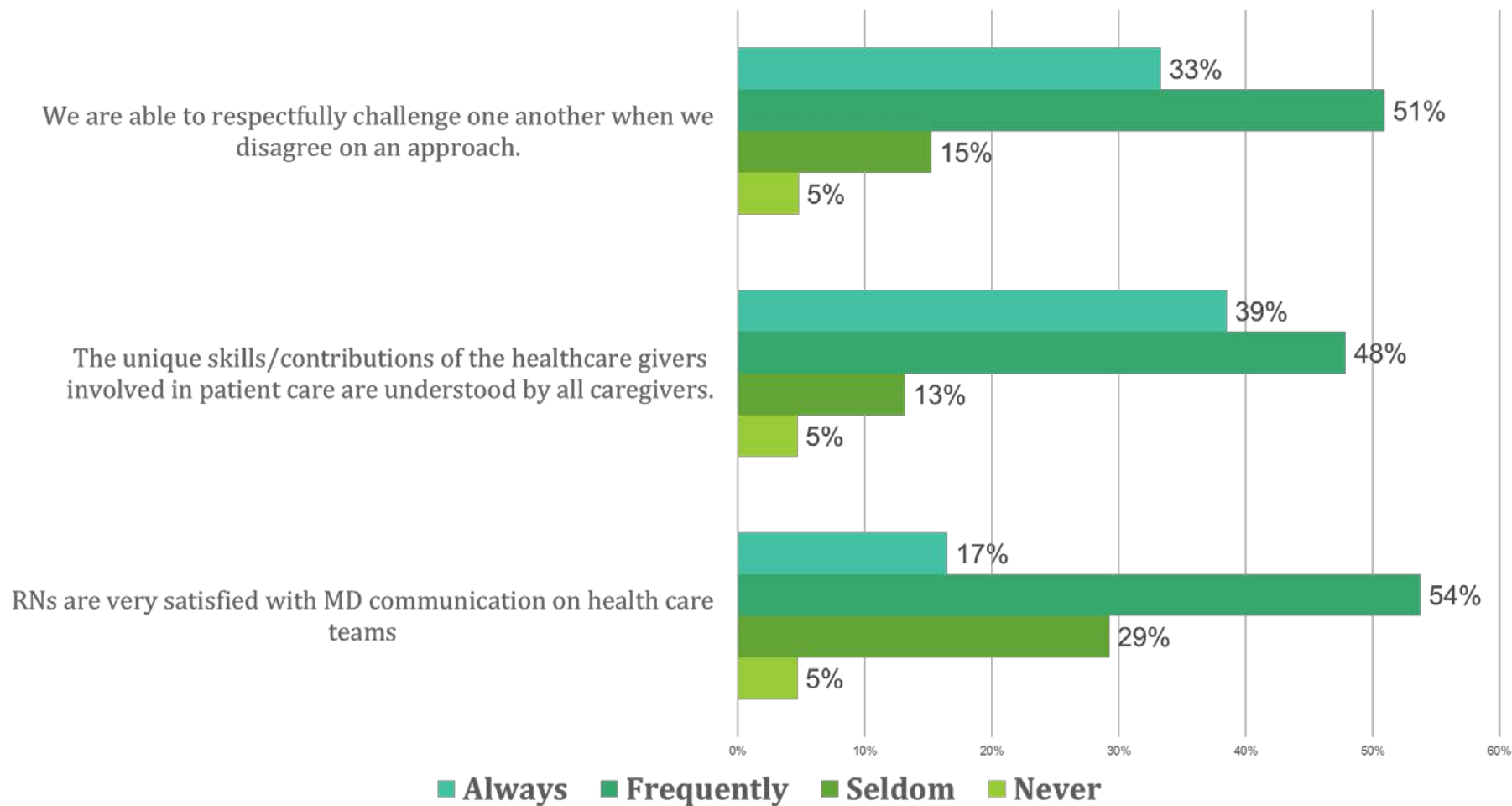
1. Discuss implementation of interprofessional clinical bedside rounds including achieving buy-in of all health professions, awareness training, roll out process, and support of rounds facilitators/educators.
2. Identify challenges and actions taken to sustain the I-CARE rounding process as various units go-live throughout the health system.
3. Describe the interprofessional education/training implemented related to the I-CARE rounding process.
4. Review the development and use of a comprehensive team based patient centered care plan.

# Implementation Strategies

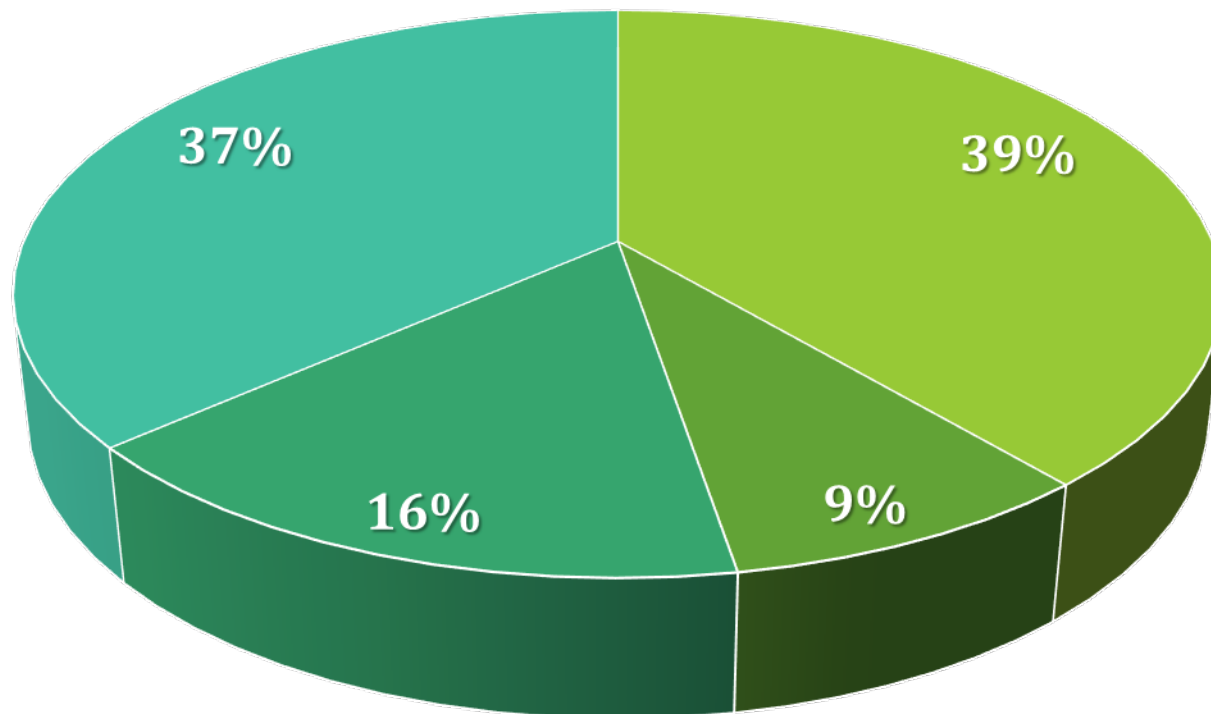
- Survey RN Staff on perception of team based care and communication among health care team
- Education awareness and training to health care team
- Identification of patients with complex discharge needs
- Creation of electronic I-CARE interdisciplinary care plan template
- Establishing ongoing collaboration with chiefs of medical staff and directors of ancillary health care staff

# Results

Nurse Questionnaire  
N= 213



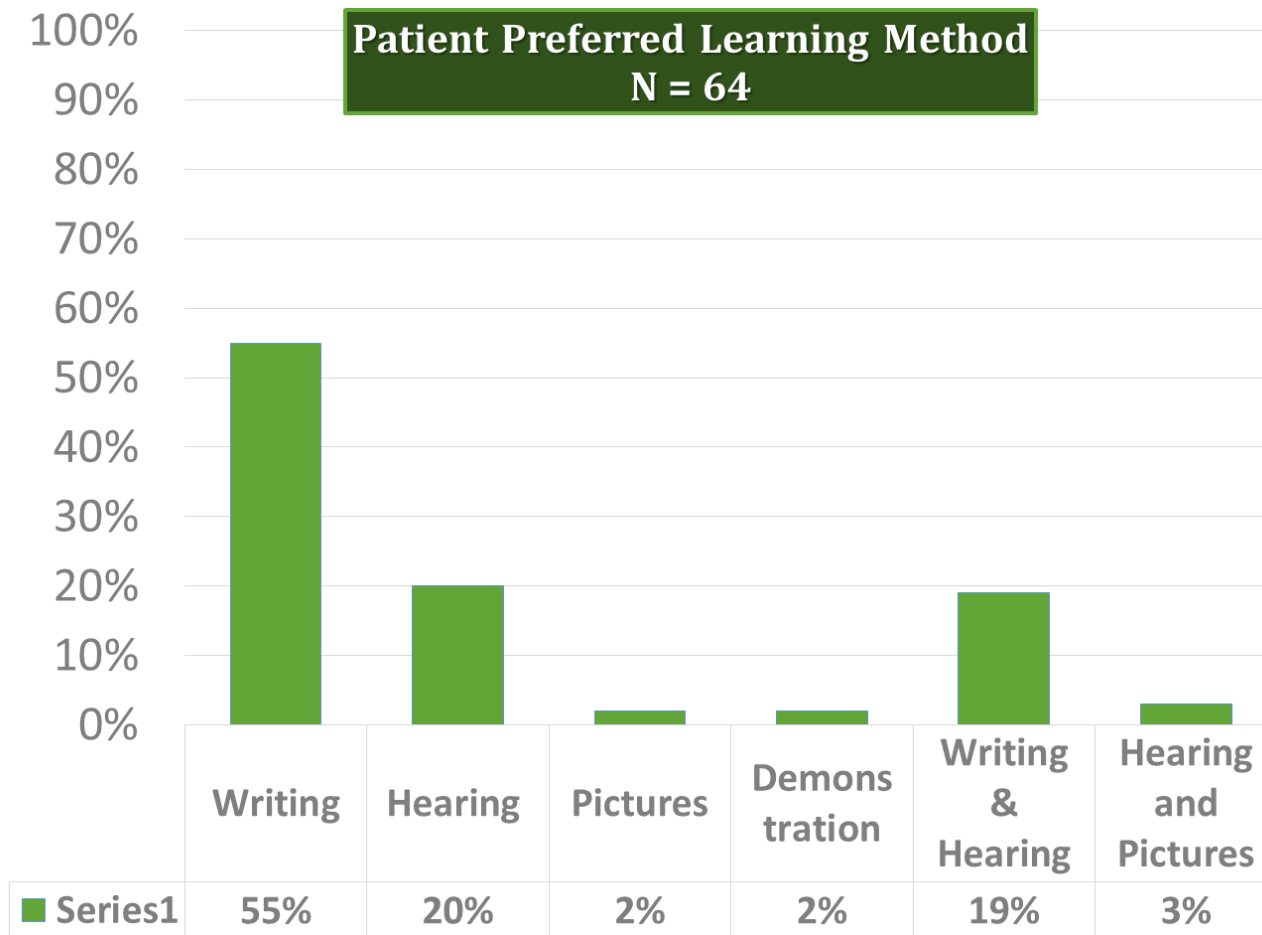
## Characteristic of Complex Patients N=304



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

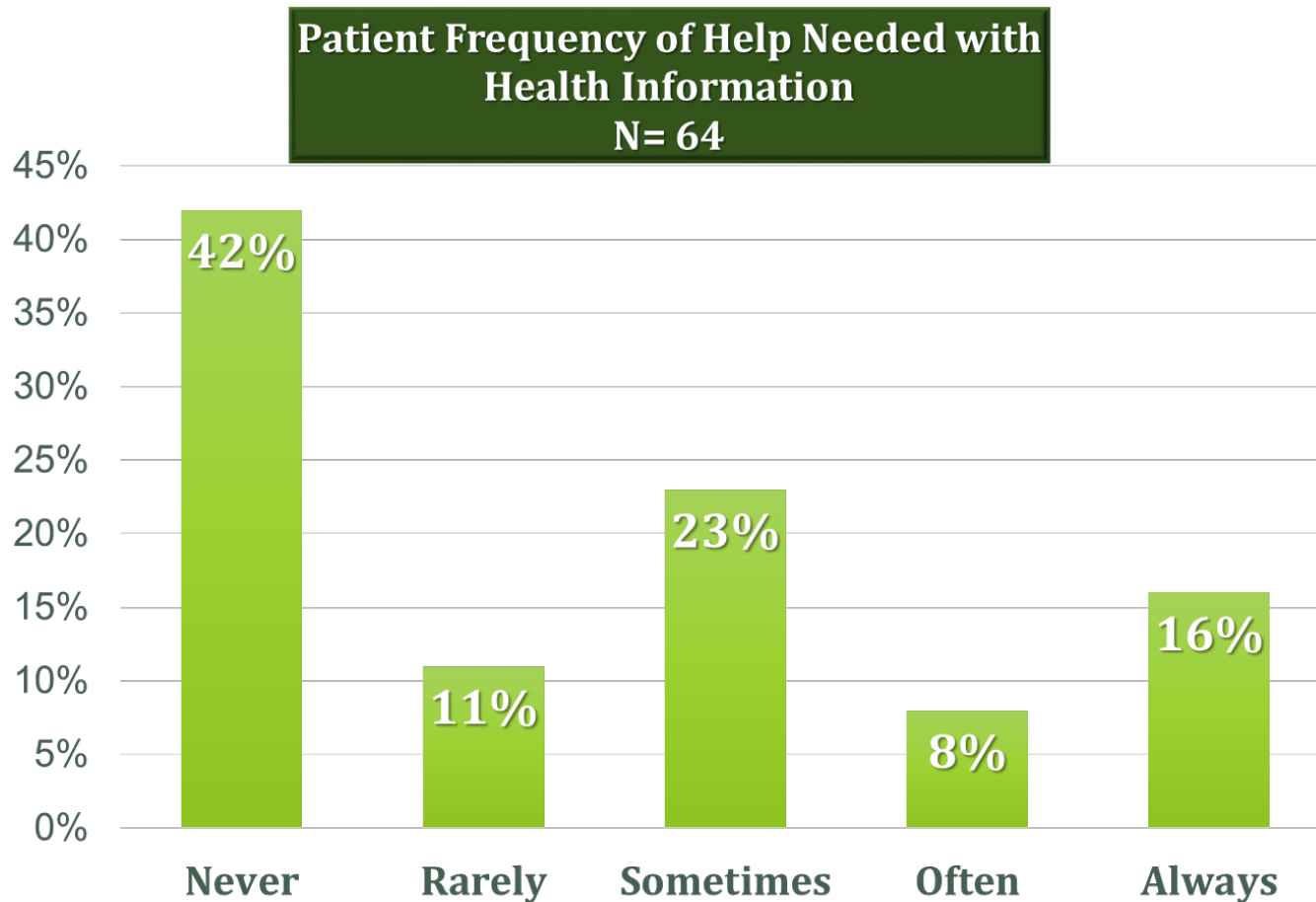
# Learning Method

Tell me how do you learn best?

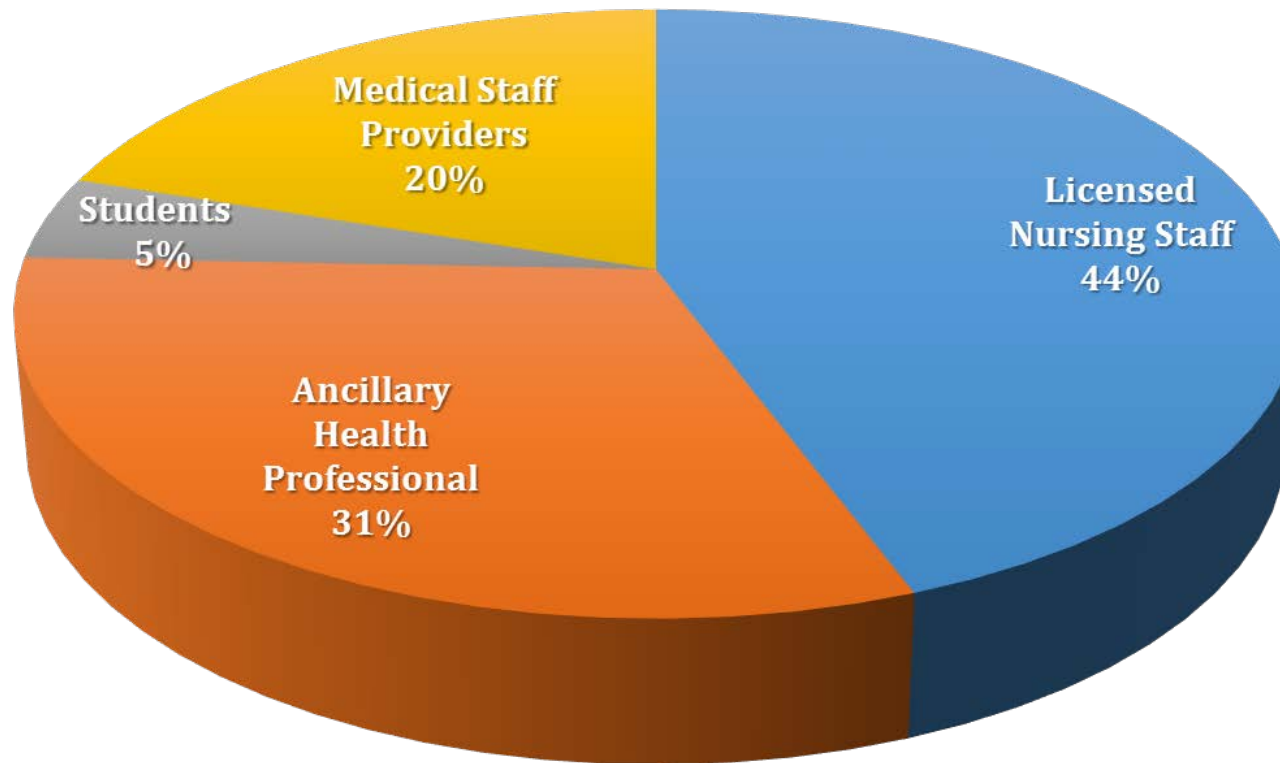


# Health Literacy

How often do you need to have someone help you with the instructions for taking your medicine or other written instructions from your doctor or pharmacy?



## Healthcare Professionals Trained N=323



■ Licensed Nursing Staff

■ Ancillary Health Professional

■ Students

■ Medical Staff Providers

# Barriers

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- Initiation of rounds on multiple units simultaneously. The coordination of four different I-CARE teams on eight units and allowing time for one physician to cover two patients.
- Coordination of pharmacist coverage to cover two patients.
- Nurses required additional support to assume the leadership role of the I-CARE team.
- Variation in level of preparation for I-CARE rounds and completion of pre-rounding tools.
- Selected patients for the I-CARE round scheduled for diagnostic procedures planned or unplanned.



# Actions Taken to Resolve Barriers

- Implement standard I-CARE rounding times on each unit.
- Provided additional support by grant staff, educators, charge nurses, CNS and advance clinical nurse educator.
- Develop a training video for all disciplines to view in a variety of setting to see how the I-CARE rounds should be performed. Also incorporate I-CARE rounds into nursing orientation and physician orientation each month by the chiefs of each service.
- Collaborate with the director of pharmacy service to help provide additional support to units that do not have a unit based PharmD.
- Grant staff serves as role model and facilitators for I-CARE rounding. Clinical Nurse Specialists, Advanced Nurse Educators, and Charge Nurses also assisted the primary nurses in preparation for I-CARE rounds.
- Collaboration with Chief residents of Morehouse and Emory to develop line of communication to notify the residents of which patients will be rounded on.

# Description of Desired/Achievable State

- Increasing health care teams knowledge of the three main factors that affect communication with patients: health literacy, cultural competency, and low English proficiency.
- Facilitating inter-professional collaborative practice education and TeamStepp training.
- Implementing daily bedside, patient-centered, inter-professional clinical rounds for patients with complex discharge needs utilizing team-based care to identify patient problems and to develop, modify, and execute patient-centered care plans at the bedside.
- Identifying and addressing the specific cultural needs of ethnic minorities and vulnerable patient populations with chronic disease, pain, end of life needs, and health illiteracy.
- Helping patients with disease self-management, pain management, and health literacy through the use of a pharmacist, clinical pain management nurse specialist, patient educator, and community health workers with strong cultural preparation.

# Description of Desired/Achievable State cont.

- Ensuring patients become partners in their treatment and care emphasizing comprehensive education on medications, patient safety, hospital routines, disease management, health education, and discharge teaching.
- Promoting communication between nurses, health professionals, and patient/family unit for the development of comprehensive patient-centered care plans to include patient specific post-hospitalization follow-up activities with community health worker.
- Expanding the number of nurses and other health care professionals with skills and experience to practice in an inter-professional environment.
- Increasing patient satisfaction with health care provider communication, discharge education and pain management.
- Identifying adverse patient safety issues and changing processes to prevent medical errors.
- Utilizing athletic principles as the conceptual framework.
- Involving patients in the discussion by asking open ended questions.
- Developing interdisciplinary care plans that includes patients personal goals.

# I-CARE Process Overview

Interprofessional Clinical Assessment , Rounding and Evaluation  
(Based on Athletic Principles )

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:

- TeamSTEPPS
- 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 questions
- 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

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



Rosiland Harris DNP, RNC, ACNS, BC, Pamela Gordon DNP, RN, CPNP, Lila Gunter PhD(c), RN, Terri Summers DNP, RN, Angela Thompson-Williams MSHA/INF, Felicia Morton MPH

## 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 on those patients with complex discharge planning needs.

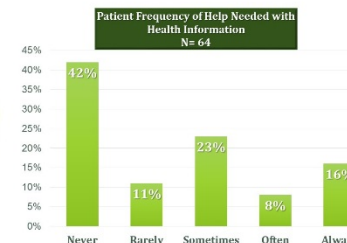
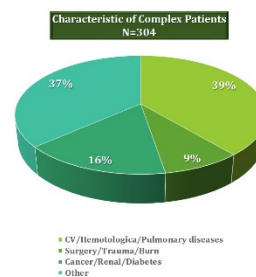
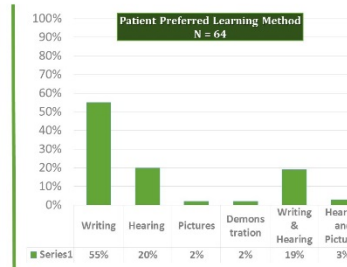
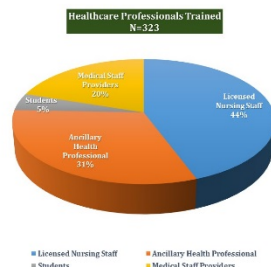
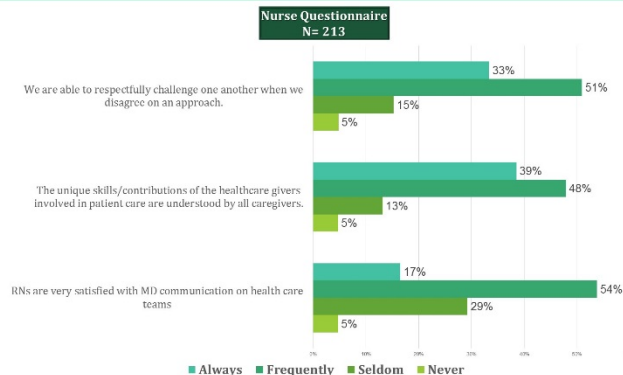
## Objective Statement

In patients with complex discharge planning needs, 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.

## Learner Objectives

1. Discuss implementation of interprofessional clinical bedside rounds including achieving buy in of all health professions, awareness training, roll out process, and support of rounds facilitators/educators.
2. Identify challenges and actions taken to sustain the I-CARE rounding process as various units go live throughout the health system.
3. Describe the interprofessional education/training implemented related to the I-CARE rounding process.
4. Review the development and use of a comprehensive team based patient centered care plan.

## Results



## I-CARE Process

Interprofessional Clinical Assessment, Rounding and Evaluation  
(Based on Athletic Principles)

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:
  - TeamSTEPPS
  - 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
  1. 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
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  - 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
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  1. Outside patient's room
  2. Evaluate effectiveness of team communication and roles.
  3. Discuss follow-up recommendations including consults.
  4. Update Care Plan

## References

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