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SMART Rounding: development of a nurse-driven rounding checklist as a sustainable intervention for improved care communication

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SMART Rounding: development of a nurse-driven rounding checklist as a sustainable intervention for improved care communication.

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IRB Number (if applicable): N/A

Describe role of Submitting/Presenting Trainee in this project (limit 150 words):
During this project, I served as the resident representative on the committee that assisted with implementation and editing of the SMART checklist. The checklist itself had already been developed and implementation had begun about one month prior. I assisted with the next two PDSA cycles. This included editing the auditing process due to the ongoing pandemic. It also included adding in how the checklist would affect different resident teams, providing residents perspectives on rounding checklists, and emphasizing ways to encourage residents to buy in. Now, as the project is rolling out hospital wide, I will continue to represent residents on the committee. I also will continue to advocate for multidisciplinary rounds and this checklist and encourage my colleagues to do the same.

Problem Statement/Question:

Communication within the multidisciplinary team on rounds often does not cover all of the details necessary for efficient and effective patient care. Baseline data from one of our inpatient floors indicated discussion of key items concerning patient safety and discharge planning during 9-83% of daily rounds. This can lead to the family receiving different messages, unnecessary interventions, delay discharges, and potentially lead to a patient decompensating on the floor if warning signs not discussed. We hypothesized that a rounding checklist, which prompted daily multidisciplinary discussion of safety/quality items, could be successfully implemented on a floor at our hospital.

Background/Project Intent:

Use of checklists in the healthcare setting is increasingly common and is important to the development of high reliability and standard avenues for communication. At our tertiary care freestanding pediatric hospital, there was no widely used rounding checklist that discussed items important to quality care and patient safety outside of the intensive care

unit. The development and implementation of medical checklists for the standard patient floor are inadequately described.

We will develop and implement a rounding checklist with at least 80% daily checklist use sustained over 6 months. Team members will report improved multidisciplinary discussion of patient safety and clinical plans.

Methods:

Key stakeholders in the rounding process (subspecialty and general pediatrics physicians, resident physician, bedside nurses, and nursing leadership) modified an existing PICU rounding checklist for use on the floor. We titled it SMART, as it included discussion of items related to : Situational Awareness, Medications, Access, Routine, and Transition. (Figure 1). To foster open multidisciplinary communication and project sustainability, bedside nurses owned the task to prompt daily review of checklist items with the team during rounds. We developed badge buddies as an aid and an audit tool to assess checklist compliance. Iterative Plan-Do-Study-Act (PDSA) cycles assessed checklist compliance. The first PDSA cycle implemented unit-wide education and distributed badge buddies to eligible providers. Our second PDSA cycle created a simpler audit tool to encourage compliance during the ongoing COVID-19 pandemic. A 6-month post implementation survey of nurses, residents, and staff measured acceptability of the checklist.

Results:

Daily audits showed between 75%-88% checklist use (Figure 2). 29% of eligible providers (physicians, nurse practitioners, PAs, and nurses) completed the survey (n=51) (Table 1). 77% of respondents perceived communication improvement with SMART card usage with 4% disagreement. 66% reported discussion of vital patient care details that would otherwise have been missed. Only 2% found the checklist led to delays in patient care. A majority responded that checklist completion took 30-60 seconds.

Conclusions:

This project emphasizes the importance of multidisciplinary teams in development and implementation of a daily rounding checklist for a pediatric floor. We demonstrate the feasibility and acceptability of inserting a rounding checklist into the workflow of a multidisciplinary pediatric care team. These early results led to acceptance of SMART tool use across all medical-surgical units to improve care communication. Further study is needed to determine long-term effects on this initiative on discharge timeliness and patient safety outcomes.

Figure 1: SMART Checklist Badge Buddy

S **Situational Awareness**	• Does patient need SA? • Does patient still need O2 and/or CR monitors? • Behavioral/restraint needs?
M **Medications**	• Meds converted from IV to PO? • Can IVF be DC'ed? • Today's med changes
A **Access**	• Vascular access needed? If so, central and/or peripheral? • Can central line entries be consolidated? • Other lines? (Foley, NG/GT)
R **Routine**	• Scheduled labs/imaging in the next 24h?
T **Transition**	• Anticipated Discharge Date? • Med rec / Rx / Prior auths • Meds to Beds? • Discharge Teaching? • Follow-up (PCP/subspecialty)? • Home care / DME orders? • Vaccines?

Figure 2: Rounding Compliance Run Chart

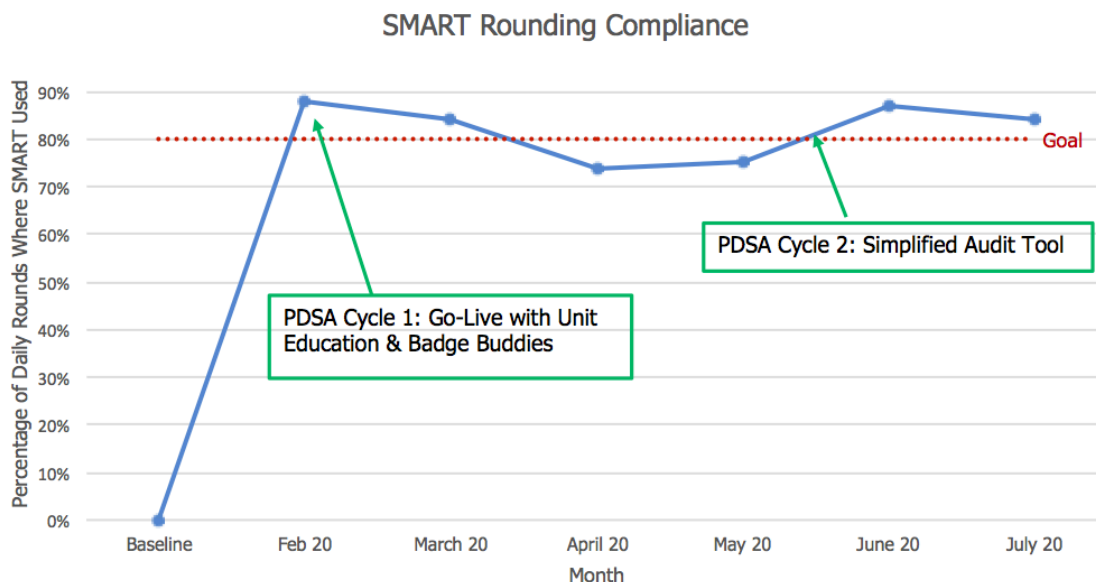

Table 1: SMART post-implementation survey

Table 1: Post-Implementation Survey (n=51)					
Agreement with following statements	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
This rounding tool improves communication within multidisceplinary care team	21.6% (11)	54.9% (28)	19.6% (10)	3.9% (2)	0%
Use of the SMART checklist brought up important issues that otherwise would not have been discussed on rounds	17.6% (9)	49% (25)	27.5% (14)	5.9% (3)	0%
The SMART checklist makes me more aware of potential safety issues with my patient.	9.8% (5)	47.1% (24)	31.4% (16)	11.8% (6)	0%
The SMART cheklist improves discharge planing	11.8% (6)	31.4% (16)	471.% (24)	7.8% (4)	2.0% (1)
The additional time associated with the use of the SMART checklist is acceptable to me.	17.6% (9)	60.8% (31)	19.6% (10)	2.0% (1)	0%
		Yes		**No**	
Did the use of the SMART checklist lead to any delays in other tasks/patient care?		2.0% (1)		98.0% (50)	
Do you feel the use of the SMART checklist was disruptful to rounds?		6.0% (3)		94.0% (47)	