OP-1
IMPROVING AN ICU DAILY GOALS CHECKLIST: INTEGRATED AND END-OF-GRANT KNOWLEDGE TRANSLATION

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Introduction: Care of critically ill patients is dependent on a team of multidisciplinary clinicians working collaboratively. Although substantial communication occurs during morning ICU rounds, many factors jeopardize clear patient care communication and optimal patient care. In February 2012, a daily goals checklist (DGC) was introduced at our tertiary care, university-affiliated medical-surgical ICU for use during morning rounds.

Objectives: To understand the perspectives and attitudes of ICU clinicians about use of the DGC, then to improve the checklist by utilizing feedback from front line clinicians.

Methods: We utilized a mixed-methods design. (1) Field Observations: 2 investigators conducted field observations to understand how the DGC was used for 80 ICU patient rounds over 6 days. (2) Document Analysis: 72 completed DGCs from observed rounds were analyzed. (3) Interviews: We conducted semi-structured interviews of 56 clinicians, analyzing transcripts using a qualitative descriptive approach and content analysis. Triangulation was achieved by a multidisciplinary investigative team using 2 research methods and 3 data sources. Incorporating the feedback obtained from qualitative interviews using integrated knowledge translation (KT), we revised the DGC. We performed member checking at a multidisciplinary Quality Council meeting, intensivists’ meeting, and with bedside nurses on site. As end-of-grant KT, we presented our findings at several scientific meetings, locally and internationally.

Results: Clinicians identified the DGC to be a multipurpose tool impacting on 3 main domains: communication, patient care and education. It enhanced multidisciplinary communication, identified new patient care issues, and prompted teaching opportunities on rounds. The DGC was completed for 93% of our observed rounds, and appeared to foster closed-loop communication between nurses and physicians. Through qualitative analysis of interviews and subsequent member checking, we identified 4 themes related to enhancing the DGC: purpose, content, function and format. Recommendations follow (1) Purpose: expand explicit goal-setting to as many patient domains as possible, and systematic follow-up of progress between rounds. (2) Content: expand the physiotherapy section given the important role of rehabilitation in recovery. (3) Function: utilize the DGC to incorporate recent sedation guidelines. (4) Format: use phrases to facilitate critical thinking, and free text options for further context. Our KT activities led to ongoing collaboration at our own centre, and from other cardiac surgery and oncology ICUs locally.

Conclusion: The DGC at St. Joseph’s Healthcare Hamilton ICU is a locally developed tool that has helped to enhance communication, patient care and education. Integrated KT as the study was ongoing elicited ways to further enhance its use requiring periodic revision of purpose, content, function and format. End-of-grant KT generated feedback from front line clinicians for further modification before reintroducing the revised DGC into the ICU. Further study will be
required to expand the DGC into other ICUs, and to assess its impact on patient-important outcomes.

References: None