

South Health Campus ICU/CCU Calgary

Delirium team members and poster contributors:

BACKGROUND

- A ten bed medical/surgical ICU and two CCU beds
- An Intensivist/NP model with no residents. The NPs work 0630-1845; 1-2 on each day. Bedside Physicians support the unit at night.
- A very engaged PT team. The only patients they do not mobilize are the dead!

AIM

- To engage the multidisciplinary team in a daily morning bullet round to facilitate:
 - ✓ Early tests/procedures
 - ✓ Extubations
 - ✓ Mobility plans
 - ✓ Transfers/discharges

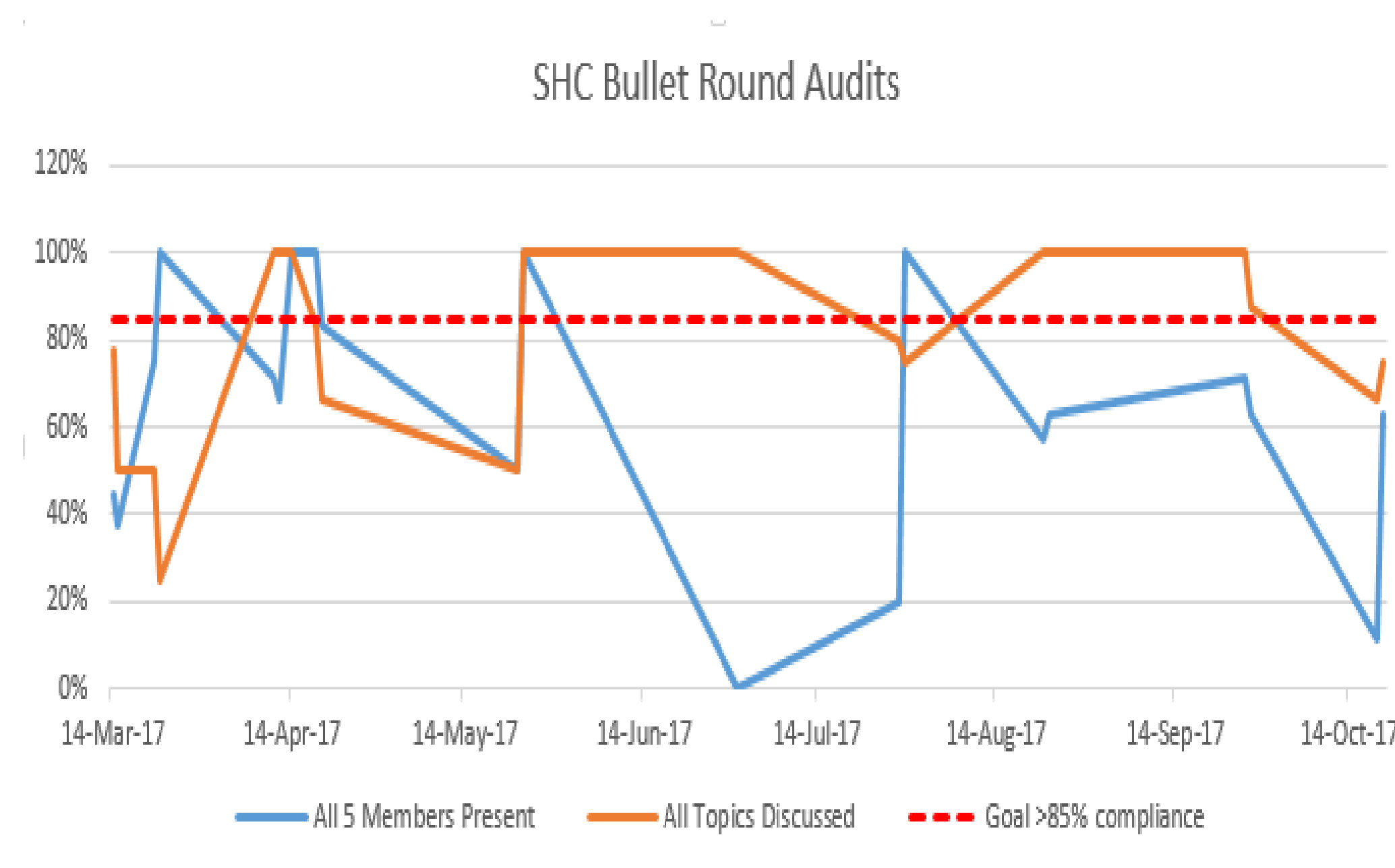
MEASUREABLE GOALS

- Presence of key 5 team members (NP/Attending, RN, RRT, NC & PT)
- All topics discussed

CHANGE IDEAS

- A Nurse Clinician led bullet round at 0810 everyday of the week with 4 questions asked for each ICU patient:
 1. Can we extubate today?
 2. What tests/procedures need to be done today?
 3. What is the mobility plan today?
 4. Can this patient be up for transfer or discharge?

RESULTS



- Average bullet round time **9.25 minutes**

LESSONS LEARNED

- The importance of having the Nurse Clinician lead the rounds. When other disciplines took this over questions were missed.
- Nursing is soooooo important to have present to help with implementing the plan!
- Some feel that bullet rounds are better than standard rounds:

“Less of the fluff and more of the stuff!”

NEXT STEPS

- Vocera that bullet rounds are starting to give the team the heads up.
- Audit on the weekends, currently audits are only done during the week.
- Do we need to audit Attending presence?