2018 Dynamic Practice Guidelines for Emergency General Surgery

Committee on Acute Care Surgery, Canadian Association of General Surgeons

1 ROUNDING AND HANDOVER

Dynamic Practice Guidelines for Emergency General Surgery

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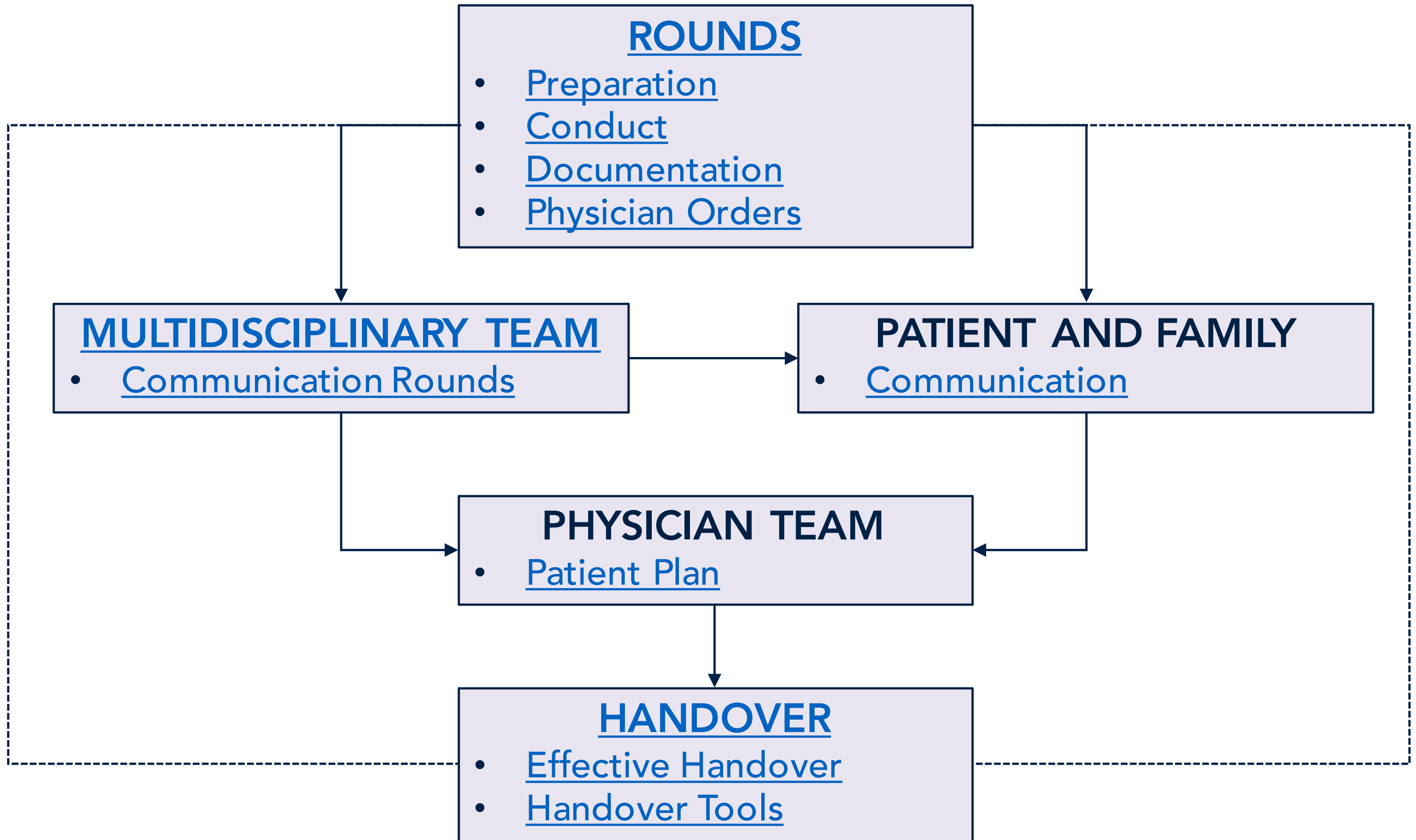
Clinical Practice Guideline

ROUNDING AND HANDOVER



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ROUNDS

- The assessment of surgical inpatients is conducted daily on every admitted patient
  - Patient Interview
  - Patient Exam
  - Review of Chart
  - Formulation of Plan
- **High quality surgical rounding has been shown to decrease patient morbidity [1]**

Multidisciplinary Communication Rounds

- The discussion of patient condition and sharing of information regarding care plan

[1] Pucher PH and Aggarwal R. 2016 Ann Surg

ROUNDING AND HANDOVER

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Preparation

Receive handover from night team

- Responsibility of both the service ("day team") and on call personnel ("night team") to communicate patient care issues identified and/or addressed overnight
  - Can be done over the phone or in person
  - Should happen at a dedicated time and place to avoid distractions
  - Handover tools such as "SBAR" can ensure important details aren't overlooked

Check electronic patient record

- Update patient lists to include all inpatients and off-service patients
- Vital signs
- Drains and catheters
- Lab work
- Imaging
- New documentation

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Conduct

Every patient needs assessment

- Assessing patients, discussing care plan, answering questions, and doing so with compassion <u>takes time</u>; afford yourself enough of it, and if you run short then plan to return later.

Tips and Tricks

- Assign roles to rounding team (e.g. patient interview, note taking)
- Always introduce yourself and team members to patients
- Verbalize your examination
  - Helps team stay engaged
  - Keeps recorded information accurate
  - Educates and involves patient
- Ask patient if they have any questions or concerns
- Update a “to do” list after each patient, and assign each task to a specific team member

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Documentation

S: Subjective

- Record pertinent answers and volunteered information

O: Objective

- Vitals, Inputs and outputs, and details of the physical exam

A: Assessment

- Overall impression of patient condition: improvement or deterioration
- Can link to plans for each patient issue

P: Plan

- Brief outline of management for each patient issue
- Disposition plan and expected time frame

Good documentation is important to ensure good communication and to protect against litigation in case of adverse outcomes/ patient dissatisfaction[1]

[1] CMPA Resource on Documentation

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Physician Orders

- Written instructions must be concisely conceived, clearly written, and flagged.
- Any STAT orders must be directly communicated to the patients nurse and/or the charge nurse.

D: Diet
A: Activity
V: Vitals
I: Investigations/ IVs (Rate/ Bolus)/Ins and outs
D: Dressings/Drains/Drugs

- Pain = analgesics; important to consider frequency and route
- Puke = anti-emetics
- Poop = consider role for cathartics; analgesics are correlated with constipation
- Pus = antibiotics; daily assessment of route, spectrum, and indication
- Prophylactic = consider roles of anti-thrombotics, anti-ulcer agents
- Previous = medications used by patients before hospital; attention to "held" agents

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Multidisciplinary Team

Responsibilities for patient care extend well beyond the physician team.

Care Provider	Role and Responsibilities
Nurse	• Provide 24 hour care and support to assigned patients • Monitoring and communicating changes in patient condition
Nurse Manager	• Nursing assignments, education, and safety • Patient flow through ward
Physiotherapist	• Assist in returning patient to baseline physical function
Occupational Therapist	• Assess patients activities of daily living; identify aid needs • Provide aid access in hospital and on discharge
Social Worker	• Address psychosocial needs both in and out of hospital • Integral role in complex discharge planning
Respiratory Therapist	• Assist in diagnosis and management of ventilatory issues
Speech Language Pathologist	• Swallowing assessments and suggestions
Ward Aide	• Assist with patient transfers, ward cleaning, patient linens

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Multidisciplinary Communication Rounds

Bringing stakeholders together to effectively integrate care needs of patients.

- Format varies between institutions, and can vary within institutions.
- Examples:
  - "Board Rounds" occur at a set time, attended by all team members.
  - "Communication Binders" are used to record written observations and requests.
  - "Check In" refers to formal communication between team members and nurse manager.

- It is critical to know the preferred method for your institution.
- Multidisciplinary rounding has been shown to *decrease* complications, *increase* resident education, and *decrease* hospital LOS[1]

[1] O'Mahony S, Mazur E, Charney P, et al. 2007 J Gen Intern Med

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Family Communication Meetings

Respecting patient autonomy mandates involvement in their own care plan

- Physicians, patients, and families have positive attitudes towards family involvement in rounds[1]

Tips and Tricks

- Establish GOC and POA early in hospital stay (within 48 hours of admission)
- Ask patient to identify preferred point of contact
- If patient wants family to be updated try for an in person visit if possible
- Schedule family visits at a time when you are certain you can attend
- Always review chart including latest results before family visit
- If a lengthy discussion regarding goals of care or disposition planning is needed then involve social work for planning of a formal Family Meeting

[1] Rotman-Pikielny P, Rabin B, Amoyal S et al. 2007 Patient Educ Couns

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Patient Plan

Building a Plan

- The patient plan incorporates multidisciplinary assessments, and needs to be evaluated each day
- Should be the focus of discussion with attending staff
- Each patient's "to dos" should be discussed and assigned to specific individuals to ensure that nothing is missed; division of tasks should be suited to the training level of team personnel

A good plan:

- Identifies most urgent issue
- Identifies patient need for surgery
- Focuses on patient disposition from hospital
- Has been discussed with patient

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Handover

Patients require 24 hour care = Shared responsibility of 'Day' + 'On-Call' Teams

- Patient handover is the moment when care responsibilities are transferred between providers
- This exists between:
  - Medical Students
  - Junior Residents
  - Senior Residents
  - Attending Staff

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Effective Handover

- Handover is now being recognized as a patient safety issue with calls for improvement and standardization coming in the past decade [1]
- A 2015 North American survey found the majority of residents do not receive training in effective handover, and that residents feel this can contribute to patient harm [2]
- Recent recommendations from the Committee on Acute Care Surgery in Canada were that handover skills be 'taught systematically' and recognized that practice is highly variable [3]
- Improvements have been seen with the use of checklists and electronic tools, however the optimal method is not known [4]

[1] Antonoff MB, Berdan EA, Kirchner VA, et al. 2013 Am J Surg
[2] Saleem AM, Paulus JK, Vassiliou MC, and Parsons SK. 2015 Can J Surg
[3] Johner AM, Merchant S, Aslani N, et al. 2013 Can J Surg
[4] Pucher PH, Johnston MJ, Aggarwal R, et al. 2015 Surgery

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Handover Tools

No gold standard exists

- Essential elements of handover are understudy; the implementation of handover techniques relies on **institutional level** training, implementation, and observed compliance.
- Barret et al. (2017) reviewed the elements of established handover tools, finding high variability [1]

Important Themes for Surgical Residents

Established Handoff Tools	Recent Events	Follow-up/To-do	Overall Treatment Plan	Important Labs	Name	Code Status	Post Operative Day	Age	Changes	Diet	Pain Plan
ANTICipate	✓	✓			✓	✓		✓	✓		
HANDOFFS		✓	✓		✓			✓	✓	✓	
I PASS the BATON	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Just Go NUTS				✓	✓						✓
PEDIATRIC		✓	✓			✓			✓		
SBAR	✓	✓							✓		
SIGNOUT	✓	✓	✓		✓	✓		✓	✓		

Fig. 3. Inclusion of important key categories in established handoff tools.

CMPA Handover Resource outlines:

- SBAR
- I-PASS
- SIGNOUT

[1] Barrett M, Turer D, Hughes DT and Sandhu G. 2017 Am J Surg