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Dynamic Practice Guidelines for Emergency General Surgery

Committee on Acute Care Surgery, Canadian Association of General Surgeons

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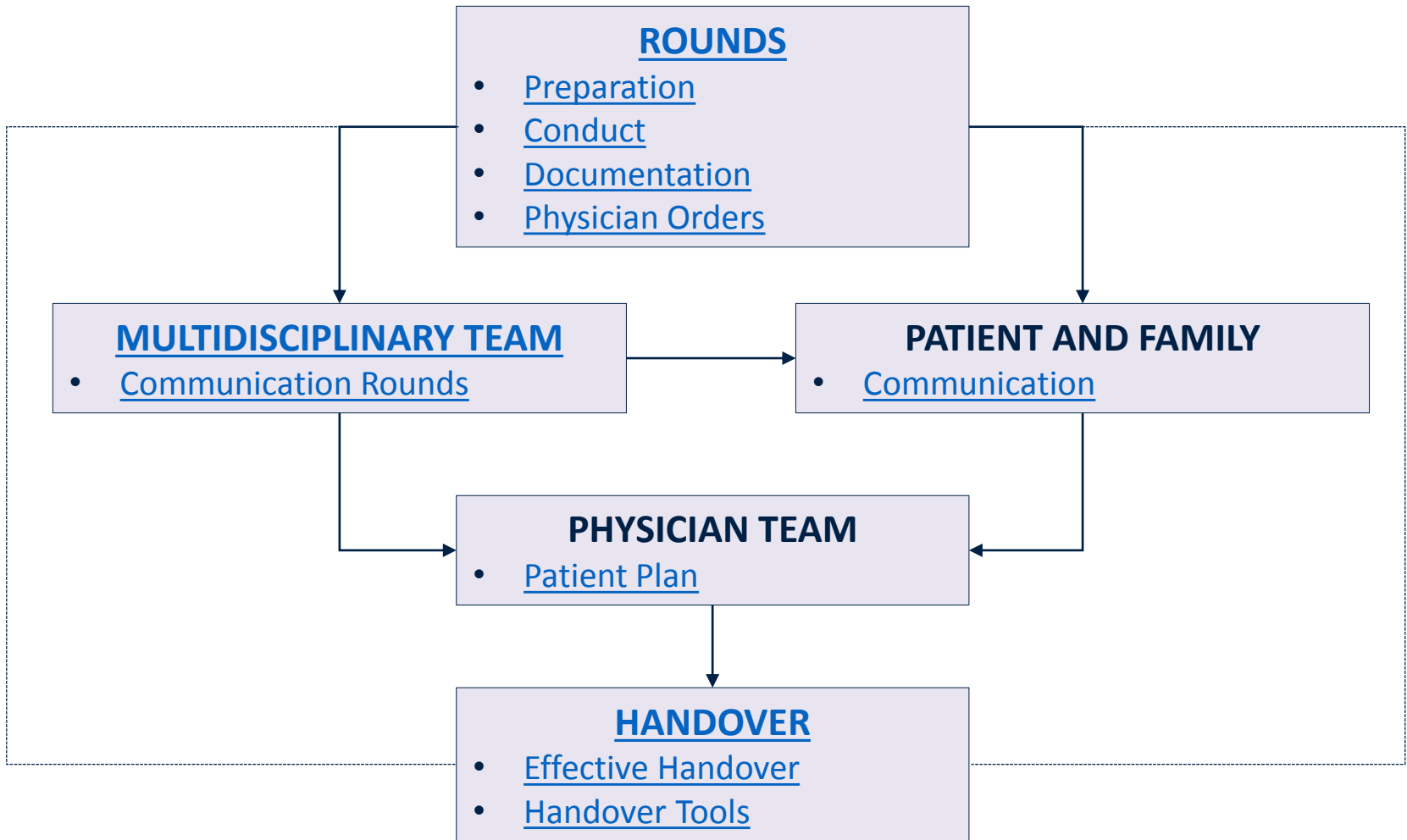
ROUNDING AND HANDOVER

Dynamic Practice Guidelines for Emergency General Surgery

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ROUNDING AND HANDOVER



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](#)

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 takes time; 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 dissatisfaction¹

¹ [CMPA Resource on Documentation](#)

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

Multidisciplinary Team

Responsibilities for patient care extend well beyond the physician team.

Care Provider	Role and Responsibilities
Nurse	<ul style="list-style-type: none">• Provide 24 hour care and support to assigned patients• Monitoring and communicating changes in patient condition
Nurse Manager	<ul style="list-style-type: none">• Nursing assignments, education, and safety• Patient flow through ward
Physiotherapist	<ul style="list-style-type: none">• Assist in returning patient to baseline physical function
Occupational Therapist	<ul style="list-style-type: none">• Assess patients activities of daily living; identify aid needs• Provide aid access in hospital and on discharge
Social Worker	<ul style="list-style-type: none">• Address psychosocial needs both in and out of hospital• Integral role in complex discharge planning
Respiratory Therapist	<ul style="list-style-type: none">• Assist in diagnosis and management of ventilatory issues
Speech Language Pathologist	<ul style="list-style-type: none">• Swallowing assessments and suggestions
Ward Aide	<ul style="list-style-type: none">• Assist with patient transfers, ward cleaning, patient linens

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](#)

Family Communication Meetings

Respecting patient autonomy mandates involvement in their own care plan

- Physicians, patients, and families have positive attitudes towards family involvement in rounds¹

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](#)

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
-

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](#)

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

Established Handoff Tools	Important Themes for Surgical Residents										
	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](#)