

Do Goals Set on Rounds Match Patient Care Interventions in a Surgical ICU?

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1 Background

For the last 14 years, the daily goal sheet (DGS) has been used in our surgical ICU's to improve communication and ensure best practices for patient care. They have been shown to improve patient care, communication between providers and patient safety (Pronovost et al., 2003). Patient care goals (PCG) are determined on rounds then executed and communicated through orders and protocols.

Previous studies of staff satisfaction and use of DGS found that the least and most experienced RN's (< 1 year, >6 years) utilized the DGS most often. The value of the DGS as a communication tool varied based on role of the staff (Swoboda et al 2010).

This study reviewed the DGS for the plan of care and patients medical record to track completion of goals determined on rounds.

The aim of this study was to further explore the utility of the form and whether goals determined on rounds were actually met to reach patient ICU discharge criteria.

2 Methods

Over 3 months, DGS were collected and medical records were reviewed to categorize goals and verify the implementation of corresponding orders and interventions to meet patient care goals. Descriptive statistics were utilized to describe the effectiveness of care

3 Results

- 81 daily goal sheets were collected on 41 patients
- Average ICU day 11 (range 1-75 days)

The primary reason for continued ICU stay was hemodynamic instability.

Daily Goals Set in the ICU		
Goal	% of Time Met	Method
Pain 3/10	79%	PCA oral agents
Hemodynamics Heart Rate <100 MAP >65	81%	Vasopressors (56%) Beta Blockers (28%)
Fluid Status	94%	CVVHD (61%) Diuretics (26%)
Pulmonary and Physical Activity	98%	Ambulation Out of Bed Weaning Artificial Ventilation
PPI /DVT prophylaxis Nutrition	74%	Medications TEDS/SCDS Diet Evaluations
Communication with primary service and family	91%	Rounds Family Meetings

Definitions of Goal Categories

- Hemodynamics:** blood pressure management, weaning vasoactive agents, fluid management and diuresis
- Pulmonary:** ventilator management, weaning, extubation and non ventilator management
- Procedures:** Diagnostic tests and line placements
- Activity:** OOB, ambulation, Physical therapy
- Pain:** pain management goals, sedation
- Other:** Nutrition, infection control issues, communication

4 Conclusions

- DGS continue to serve as an effective guide to meet the patient plan of care
- In immediate post-operative patients a pain goal of 3/10 is achievable
- The majority of goals determined on rounds are achievable
- Communication with the primary service and family is achievable
- The DGS is a useful tool to guide staff in patient care

5 Future Directions

- Examine strategies to improve PPI/DVT and nutrition patient care goals
- Explore differences in use of DGS between teams of care providers, (are established goals determined and met based on differences in Attending physicians or care providers?)
- Concurrently match satisfaction and utilization of DGS by staff to determine strategies to improve the process of patient care delivery

6 References

- Pronovost P, Berenholtz S, Dorman T, Lipsett PA, Simmonds T, Haraden C: Improving communication in the ICU using daily goals. *J Crit Care* 2003, 18:71-75.)
- Swoboda SM, Shaffer D, Young, S, Simmons J, Lipsett PA. Do Daily Goal Sheets Still Serve as an Effective Communication Tool in the ICU? *Crit Care Med* 2010 Vol. 38, No. 12

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