Inter-professional Collaborative Assessment Rounding and Evaluation (I-CARE)

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Problem
Health professional work in defined teams but that does not necessarily mean they are engaging in teamwork!

Research Question
In patients with complex discharge planning needs, what is the effect of I-CARE on the patient’s integrated care plan centered on patient needs and personal discharge goals?

Purpose
- To improve the safety and health of our patient population through the use of inter-professional rounding.
- To facilitate team based care planning.
- To monitor, report, and prevent medical errors.
- To enhance the health literacy of our patients.
- To improve Self Management.
- To develop the inter-professional collaborative the skills of health care professionals.
- To increase nurse/physician communication.

Objectives
1. Implement daily bedside, patient-centered, inter-professional clinical rounds on patients with complex discharge planning needs.
2. Increase the proportion of patients with documented educational goals that address, pain, health literacy and self-management skills (Healthy People, 2020).
3. Utilize team-based care to develop, modify, and implement patient-centered care plans at the bedside.
4. Expand the number of nurses, other health professionals and students with skills and experiences to practice in interprofessional collaborative practice (ICP) setting.

Results

<table>
<thead>
<tr>
<th>Number of Complex Patient Evaluated</th>
<th>Year 1 Jan-June 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>n (%)</td>
<td></td>
</tr>
<tr>
<td>Surgery/Trauma</td>
<td>12</td>
</tr>
<tr>
<td>Diabetes</td>
<td>26</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>37</td>
</tr>
<tr>
<td>Renal</td>
<td>10</td>
</tr>
<tr>
<td>CHF</td>
<td>16</td>
</tr>
<tr>
<td>Cancer</td>
<td>13</td>
</tr>
<tr>
<td>Stroke</td>
<td>19</td>
</tr>
<tr>
<td>LOS&gt;4</td>
<td>5</td>
</tr>
<tr>
<td>Hypertension</td>
<td>81</td>
</tr>
<tr>
<td>Burn</td>
<td>14</td>
</tr>
<tr>
<td>Acute Coronary Syndrome</td>
<td>8</td>
</tr>
<tr>
<td>Hematology/Sickle Cell</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>106</td>
</tr>
<tr>
<td>Total n = 304 100%</td>
<td></td>
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</tbody>
</table>

I-CARE Process

Interprofessional Clinical Assessment , Rounding and Evaluation  
(Based on Athletic Principles )

An interaction between nurses and one or more health professionals that allows knowledge and skills of all the healthcare providers to synergistically influence the patient care being provided (Vazhapiro & Cowan, 2005).

1. Education of Interprofessional Team Members:
   - TeamSTEPPS
   - Cultural Diversity
   - I-Care Simulation
   - Debriefing & Evaluation of I-CARE

2. Selection of Patient
   - One patient per day Monday-Thursday:
     - Patients with Renal, Respiratory and Cardiovascular disorders, Diabetes, LOS >4 days, readmission within 30 day, non-English speaking and low health literacy

3. Notification of Core Team & Ad Hoc Team Members
   - Email/phone/facetime
   - Core Team: RN, Provider, Physician, Pharmacist and Social Service.
   - AD HOC: team members: Rehabilitation, Nutrition, Respiratory therapy, Pain nurse specialist, Education Specialist, Child life Specialist and Community Health worker

4. Pre-Game
   - Prepare Patient C
   - Completion of assessment tool (SBAR)
   - Meet outside patient’s room at designated time
   - Discuss sensitive patient information

5. Game
   - “U” shape around patient’s bed
   - Nurse-led with introduction of all team members using ADIET
   - Encourage Patient/Family involvement using open-ended question
   - Ask patient his/her goals (Include family/caregiver as needed)
   - Develop a plan of care.

6. Post-Game (debriefing)
   - Outside patient’s room
   - 2 Evaluate effectiveness of team communication and roles.
   - Discuss follow-up recommendations including consults.
   - Update Care Plan

References