



Patient-Centered Rounds Using the ABCDEF Bundle

Facilitator Guide for the Video Vignettes Series

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INTRODUCTION

This video series and accompanying educational materials are intended to facilitate discussion within interprofessional teams around communication and collaboration in the intensive care unit (ICU), especially as it pertains to the elements of the ABCDEF bundle. The ABCDEF bundle is a set of interconnected and interdependent evidence-based guideline-recommended interventions that includes the following elements¹⁻³:

- **A**ssess, Prevent, and Manage Pain
- **B**oth Spontaneous Awakening Trials and Spontaneous Breathing Trials
- **C**hoice of Analgesia and Sedation
- **D**elirium: Assess, Prevent and Manage
- **E**arly Mobility and Exercise
- **F**amily Engagement and Empowerment

These video series provide examples of patient care rounds that include the integration of the ABCDEF bundle elements. While none of these cases are intended to be perfect, some of the interactions are better than others. The videos are intended start conversations that will provide an opportunity for interprofessional teams to discuss how styles of patient care rounds can facilitate or hinder patient care. Additionally, they can be used to facilitate conversations about the deliberate use of tools, such as the ABCDEF bundle language, Brain Roadmap script, and goals checklists, as a strategy to organize the discussion of patient care.

This Facilitator's Guide contains:

- An overview of each video
- Strategies to create an environment in which the learners are allowed to reflect openly and recognize good and poor communication
- A template for showing the video
- Suggestions for facilitating debriefing discussions
- Additional questions to facilitate conversation on specific elements addressed in each video

BACKGROUND

The **ABCDEF Bundle** has been recommended as a grouping of evidence-based cohesive steps to implementing the Society of Critical Care Medicine (SCCM) guidelines for Pain, Agitation, and Delirium and Family Support.¹⁻³ The Institute for Healthcare Improvement (IHI) defines a bundle as a small, straightforward set of evidence-based practices that, when performed collectively and reliably, has been proven to improve patient outcomes.⁴ The use of bundles has been shown to improve communication and collaboration in the ICU and has resulted in improved compliance with guideline recommendations.

The individual elements of the ABCDEF bundle have been shown to decrease delirium days, ventilator time, ventilator-associated events, ICU lengths of stay and hospital lengths of stay, and to increase survival.⁵⁻⁷ Grouped together, the ABCDE Bundle (F had not yet been added) was synergistically reported to decrease ventilator time, decrease delirium days, and increase mobility.⁸ However, many institutions report a lag in bedside implementation of these practices. Bundling the guideline recommendations into the ABCDEF bundle provides a framework for understanding the relationships among them (e.g., the difficulty of mobilizing a deeply sedated patient).

Additionally, bundling emphasizes that, as the interventions are interrelated, the healthcare team members responsible for them are also dependent on one another. Thus, successful implementation of the bundle requires teamwork and collaboration within the interprofessional team that includes nurses, physicians, pharmacists, respiratory therapists and rehabilitation therapists, as well as the patient, family members and significant others.

While ICU clinicians and leaders need to focus on updating existing policies and procedures related to these interventions, it is equally essential for ICU teams to focus on team building and communication. In a study describing bundle implementation, Balas et al⁹ reported that the performance of daily interprofessional rounds was a key factor effecting compliance with the bundle elements. These video vignettes focus on the use of patient care rounds to facilitate communication of information and coordination of care.

Patient care rounds are gatherings of multiple healthcare providers to review individual patients and map out plans of care. Most ICUs report that rounds happen daily with an interprofessional team. Using a standardized format with structured presentations has been shown to increase the effectiveness of communication in patient care rounds.¹⁰

The **Brain Roadmap script** is one tool, directly related to pain, agitation, and sedation protocols that could be used to facilitate structured discussion.^{11,12} The Brain Roadmap is a suggested script developed to guide the bedside nurse during patient care rounds to concisely report on the patient's status as it relates to sedation and delirium. The script facilitates nursing reports on the following points:

- "Where are we going?" (i.e., What is the sedation target for the patient?)
- "Where is the patient right now?" (i.e., What is the patient's current pain level, sedation level and delirium status?)
- "How did we get here?" (What sedative, analgesic and hypnotic medications is the patient taking right now?).

A script allows the nurse to present the data in a predictable and informative way that guides the healthcare team to key discussion points. Based on the data presented, the team might ask, "Are we using the right target? If we have been carrying out daily sedative interruptions, why is the patient still oversedated?" Scripts in patient care rounds allow for teams to synchronize on goals and provide accountability for the use of the protocols.

Daily goals checklists are written forms or boards used during patient care rounds to summarize discussion regarding plans for specific patients. They have been shown to improve communication. Pronovost et al¹³ reported that including a daily goals form in patient care rounds significantly increased the staff's understanding of daily goals and simultaneously decreased patients' lengths of stay. Daily goals forms and checklists have also been shown to improve communication, synchronize care, improve adherence to guidelines and decrease infections.^{10,14-16}

The use of **scripts** and **goals forms** during **patient care rounds** could enhance interdisciplinary communication on the topic and facilitate proper usage of the ABCDEF bundle protocols, thereby improving guideline adherence. However, efforts to increase protocol use cannot focus only on teamwork and communication. Other barriers to the ABCDEF bundle interventions include reluctance to use the tools due to fears about patient safety and increased workload.^{9,17} These barriers need to be addressed through education and quality improvement projects. Interprofessional patient care rounds can also be a fruitful forum for addressing issues related to safety fears and workload, especially when bedside nurses are equipped with tools, such as goals checklists and scripts, that allow them to voice those concerns.

HOW TO USE THESE VIDEO VIGNETTES

This guide should be used by the facilitator to lead the video discussion. It is important not to label the videos as good or bad but rather to present each one as a conversation starter. Each video contains positive aspects and areas for improvement, some more than others. Create an environment in which the learners are allowed to reflect openly and recognize both good and poor communication.

This learning activity includes three videos that provide examples of patient care rounds. For consistency, each video contains the same staff, patient and family member.

- Video 1: Physician reporting at the bedside with nurse (run time 1:52 min)
- Video 2: Interprofessional team rounding at the bedside (run time 2:15 min)
- Video 3: Later in the day, after the events of Video 2 (run time 2:10 min)

It is recommended that all three videos be used and that they be viewed in order. However, if time is limited, it is recommended that at least two videos be used to provide the opportunity to compare them. For example, Videos 1 and 2 could be used together or Videos 2 and 3 could be used together.

Practical Preparation for Using These Video Vignettes

Before showing the videos, facilitators should:

- **Preview the videos and read this Facilitator's Guide.** This will equip you with strategies to facilitate constructive conversation for maximum effectiveness of the videos.
- **Review the debriefing strategies outlined in this packet.** Debriefing is a conversation that allows participants to review what happened in a particular situation and to consider the actions, reactions and interactions of the individuals involved. The conversation provides participants with the opportunity to view the situation from multiple points of view and to challenge and/or clarify assumptions and decision-making. Debriefing promotes reflective learning, which is a process by which learners grow in their reasoning skills, which, in turn, underpin their decision-making skills, which inform their future actions and reactions.¹⁸
- **Gather and test your audiovisual equipment.** You will need a computer and screen or monitor to show the videos. Ensure that sound quality and lighting are adequate.
- **Ensure that Internet access is available.** The videos are available on the Internet at www.iculiberation.org/Bundles. Facilities sometimes have firewalls that can block external websites. Ensure that the videos can be accessed on the computer and in the room in which they will be viewed.
- **Seating and room setup.** Ensure that there are sufficient seats for the audience and that each seat has good visibility.

Recommended Strategies for General Debriefing and Facilitating Group Discussion

The following general recommendations can be used for all three videos.

1. Say to the audience, "I'm going to play the video. Please pay close attention to each person's interactions and communications."
2. Play the video.
3. Say to the audience, "Now let's take a few minutes to discuss what we just saw."

The following are various strategies and questions that can be used to guide constructive discussion and facilitate reflective learning. There are several options. Select the ones that meet your objectives, fit your style and best fit the audience.

- **How did watching this team interaction make you feel?** This question allows the audience members to express and diffuse their emotions. This will then free up energy to allow them to talk more constructively about the questions that follow. If audience members are hesitant, you may need to ask someone from each profession to share. Redirect the conversation if responses turn toward blame or the "right way" to do something. The intent of this question is to release emotions. Other questions will elicit ideas for "doing it differently." It might be helpful to ask people to use one word to describe the emotions elicited—keeping the discussion focused on emotions and assuring the audience that discussion about content will follow.
 - **What facilitated patient care in this video?**
 - **What hindered patient care in this video?**
 - **Imagine if you had been that physician, how would you have felt?**
 - Ask this same question again for each profession and role represented in the video (e.g., nurse, respiratory therapist, physical therapist, pharmacist, family member, patient, etc.)
 - **What would you suggest changing to improve this interaction?**
 - **Let's redo this scenario through role playing.**
 - Who will volunteer to be the [insert each character represented in the video—doctor, nurse, respiratory therapist, family member, etc.]?
 - After the role playing, say, "Let's discuss our version now."
 - What facilitated patient care?
 - What hindered patient care?
 - What are the barriers to doing this perfectly?
 - What surprises you about this role playing?
4. To summarize, say, "Thank you for your willingness to engage in this discussion and to role-play. I hope that, even after this event, you'll continue to reflect on what you've learned and how we can continue to improve our communication and collaboration on the ABCDEF bundle elements."

Video 1: Specific Debriefing Instructions

Below are some examples of common participant responses to some of the debriefing questions listed above for Video 1. If participants remain quiet during the debriefing discussion, you, as the facilitator, may offer some of these answers to break the ice and stimulate discussion.

- **How did watching this team interaction make you feel?**

Participant responses may include:

- Mad or angry
- Sad
- Invisible
- Apathetic

- **What facilitated patient care in this video?**

- It was short and to the point.
- It happened at the bedside.
- The doctor came into the room to verbally communicate with staff.

- **What hindered patient care in this video?**

- There were no introductions.
- There was no attempt to include the family member.
- The family member was asked to leave.
- There was no eye contact.
- The nurse never looked up.
- The respiratory therapist never turned around.
- There was no shared decision-making. Orders were made without consulting either the nurse or respiratory therapist.
- Other members of the team were missing (e.g., pharmacist and physical therapist).

VIDEO 2: SPECIFIC DEBRIEFING INSTRUCTIONS

Below are some examples of common participant responses to some of the debriefing questions listed above for Video 2. If participants remain quiet during the debriefing discussion, you, as the facilitator, may offer some of these answers to break the ice and stimulate discussion.

- **How did watching this team interaction make you feel?**
Participant responses may include:
 - Validated
 - Exhausted

- **What facilitated patient care in this video?**
 - Introductions were made.
 - The family and patient were included in the discussion.
 - Specific goals were set for the day.
 - The wife was asked for additional input.
 - There was a focus on home medication reconciliation.
 - A format was used for the rounds—the nurse reported using the Brain Roadmap, and the ABCDEF bundle was used to facilitate the management discussion.
 - Shared decision-making was used.
 - The interprofessional team was involved.

- **What hindered patient care in this video?**
 - A lot of medical terminology was used, with little translation for the patient and family.
 - Specific expectations were set about the times for extubation and mobilization, which may not be realistic.

Video 1 Plus Video 2

If Video 2 is shown following Video 1, in addition to the general questions, you may find it helpful to ask the participants the following questions:

- Describe the differences between the two scenarios.
- What is the potential impact of involving an interprofessional team in patient care rounds?
- What is the potential impact of using a structured format such as the ABCDEF bundle to facilitate communication during patient care rounds?
- What difference can it make to involve family members?
- What can we do in our facility to improve communication, collaboration and follow-through?

VIDEO 3: SPECIFIC DEBRIEFING INSTRUCTIONS

Below are some examples of common participant responses to some of the debriefing questions listed above for Video 3. If participants remain quiet during the debriefing discussion, you, as the facilitator, may offer some of these answers to break the ice and stimulate discussion.

- **How did watching this team interaction make you feel?**

Participant responses may include:

- Disappointed
 - Frustrated
 - Angry at lack of physician follow-through
 - Angry at lack of loyalty (I, as a physician, would feel like I was just thrown under the bus.)
- **What facilitated patient care in this video?**
 - The bedside nurse followed up on the discussion during rounds and helped provide some translation for the medical terminology.
 - The family and patient were included in the discussion.
 - **What hindered patient care in this video?**
 - The nurse, respiratory therapist and physical therapist openly blamed the physician for the lack of coordination and expressed their frustrations openly in front of the patient and family members.
 - The team relied heavily on timing set in rounds, with little flexibility.
 - The respiratory therapist did not follow up with the physician to close the loop before updating the nurse and the family.

Video 2 Plus Video 3

If Video 3 is shown after Video 2, in addition to the general questions, you may find it helpful to ask the participants the following questions:

- Why did the plan set in rounds fall apart?
- What could have been done differently in rounds during Video 2 that could have impacted the outcome of Video 3?
- What can we do in our facility to improve communication, collaboration and follow-through?

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RESOURCES

The Agency for Healthcare Research and Quality (AHRQ) has two programs with toolkits that have been helpful for teamwork development.

- Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS):
<http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/index.html>
- Comprehensive Unit-based Safety Program (CUSP):
<http://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/index.html>

The Institute for Healthcare Improvement (IHI) provides valuable resources on the use of bundles to improve healthcare processes and better patient outcomes.

- <http://www.ihl.org/resources/Pages/ImprovementStories/WhatIsaBundle.aspx>

The following websites include materials about the ABCDEF bundle, the Brain Roadmap and goals checklists:

- www.ICUdelirium.org
- <http://www.iculiberation.org/Bundles/Pages/default.aspx>

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