



AHRQ Safety Program for Intensive Care Units: Preventing CLABSI and CAUTI

Making It Work Tip Sheet Multidisciplinary Rounding for Patient Safety

This “Making It Work” tip sheet provides additional information to help intensive care unit (ICU) team leaders implement effective strategies and achieve goals to reduce central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) and improve safety culture at the unit level.

Purpose

Daily multidisciplinary rounds for patient safety represent a mechanism by which healthcare professionals from different disciplines and specialties can meet to discuss the patient, discuss multiple aspects of care including issues, test results, barriers, and form complete patient care plans by thinking collectively as a group. Through standardized rounds within a unit, key players of the healthcare team can be involved, better communication between groups can be achieved, and teamwork among its members can be improved. Daily multidisciplinary rounds can begin at a common area on the unit with the attending physician/ICU director and representatives from nursing, pharmacy, infection prevention, respiratory care, physical therapy, and other key team members.

Issue

Barriers to bedside rounding can often occur in a busy ICU:

- Patients are away from the unit for tests, surgery, and procedures
- Nurses have more than one patient and are involved with the patient not in the current rounding queue (patient’s nurse not available)
- An emergency situation takes place on the unit
- Poor communication for rounding start time

Suggested Strategies

Some of the issues preventing effective multidisciplinary rounding can be mitigated using the following strategies:

- Standardize performance management boards to share with staff and leadership in a central location
- Communicate order of rounds verbally to staff before they begin and use performance management boards to publicize this information ahead of time
- Educate and bring awareness through newsletters, staff meetings, physician meetings, and blast emails
- Utilize checklists during rounding



Conversation Starters

If you are starting your rounds at the performance management board, a sample script might be: “Good morning. Let’s do a brief rundown of important information before we begin our rounding process. Today our census is 32 patients, and we have two potential admissions in the emergency department waiting for bed assignments. Mr. Jones in room 3 is going for a cardiac valve replacement procedure at 8 a.m. Mrs. Smith in room 7 has an MRI scheduled at 11 a.m. Remember, our focus is on CAUTI prevention, so we need to make sure that we evaluate every urinary catheter for necessity.”

Team Roster

The very definition of multidisciplinary rounding describes the team members who gather together to discuss the care of patients in real time. At a minimum, the attending physician or ICU director, nurse manager, and any other key team members should be included. However, participation is not limited, and other team members may include:

- Medical director of the unit (or designee) – writing orders, notes, documenting plan, goals
- Resident physicians (if teaching institution) – assisting with orders, planning, and goals
- Nurse leader (manager or charge nurse) – nursing direction, planning, goals
- Assigned bedside nurse – providing up to date patient-centered information
- Respiratory therapist – patients on ventilators, oxygen and other therapies
- Physical therapist – for ambulation discussions
- Pharmacist – for adjusting medications
- Infection preventionist – healthcare-associated infection prevention efforts
- Performance improvement specialist – safety, pressure injury, and falls concerns
- Social worker – discharge planning
- Family members/patient – may be included when discussing the patient in particular as they may provide a unique perspective on needs, and inclusion increases communication

Tools and Resources

The following materials reinforce how multidisciplinary rounding can improve patient safety.

- Institute for Healthcare Improvement’s [How-to Guide: Multidisciplinary Rounds](#)
- Institute for Healthcare Improvement’s [SBAR Tool: Situation-Background-Assessment-Recommendation](#)
- AHRQ ICU Team Training Videos and Audio Interviews
 - Video – [Increasing Ownership and Engagement at Multiple Levels To Prevent Infections in ICUs](#)
 - Audio interview with Anne Donovan – [How To Increase Ownership and Engagement at Multiple Levels To Prevent Infections in ICUs](#)
 - Video – [Speaking Up During Central Line Insertion To Prevent Infections](#)
 - Audio interview with Anne Donovan – [How To Empower Staff To Speak Up To Stop a Central Line Insertion if They See a Breach in Aseptic Technique, Including How To Obtain Buy-in From Physicians](#)