Nightly ICU Rounds: Reducing Conflict by Increasing Communication and Education
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Introduction:
According to Azoulay et al.¹, over 70% of intensive care unit (ICU) workers report conflict, perceiving it as harmful, dangerous or severe. Intra-team conflicts (conflicts between intensivists and ICU nurses), occur as a result of inconsistent goals and lack of clear communication regarding patient goals.² Goal mismatch and lack of communication seem to have a simple solution: improve communication and education.

We recognize the need for improved communication and education in our unit. Thus, quality improvement objectives surfaced from staff concerns: Communication was deficient as evidenced by the volume of phone calls physicians received. Night nurses were requesting more explanation and education about patient care issues. Finally, physicians perceived that patient care might improve with timely notification of escalating patient issues. Thus, the overall objectives of this study were to improve nurse/physician communication and education, as well as perceived patient care through the implementation of nightly ICU rounds.

Methods:
To evaluate the effectiveness of this communication intervention, a pre-post test design was utilized. Pulmonary/critical care medicine (PCCM) fellows (11) and night nurses (25) received surveys including quantitative (Liker-style) and qualitative (open-ended) questions. After data collection, the intervention consisted of a face-to-face meeting with the PCCM fellows outlining goals and a follow-up email. Additionally, nurses received an email outlining similar information. The instructions included: Conduct nightly ICU rounds for medical ICU patients between 8:00 and 10:00 PM; PCCM fellow, resident and intern, bedside nurse and charge nurse are expected to participate; Bedside rounds should be short (about 1 hour) with the goal of discussing the nighttime plan, identifying issues early to limit future phone calls and provide bedside education. In addition to the pre-post tests and intervention, compliance with nightly ICU rounds was documented.

Results:
Evaluation of the pre-intervention data reveals that the PCCM fellows perceive communication is at an appropriate level with all qualitative questions averaging in an acceptable range, while nurses see a need for improvement with 8 of 15 qualitative questions demonstrating a need for improvement. This trend was also followed in the qualitative data. Only one PCCM fellow chose to answer the open-ended questions, while 21 nurses answered at least one of the two questions. In addition to the communication discrepancy, there was also a discrepancy in perception of whether nightly ICU rounds were being conducted (44% of nurses and 81.8% of physicians described nightly ICU rounds as occurring).

Conclusion:
This preliminary research, which remains in progress, has provided valuable information for quality improvement and highlights the need for improved communication and the potentially false perception of its adequacy. This information should help further describe breakdowns in communication and education that often contribute to intra-team conflict and ultimately affect patient care.

References: