

# Alphabet Rounds in the SICU: ABCDEF Bundles



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## BACKGROUND

- The Society of Critical Care Medicine (SCCM) **ABCDEF bundle** optimizes resource utilization to ensure that Intensive Care Unit (ICU) patients can participate in high-level physical and cognitive activities as early as possible during their ICU stays. The bundle is an integrated and interprofessional approach to managing symptoms during critical illness and consists of:
  - Assess, Prevent and Manage Pain
  - Both Spontaneous Awakening and Breathing Trials
  - Choice of Analgesia and Sedation
  - Delirium Assessment and Prevention
  - Early Mobility
  - Family Engagement
- There is a lack of a standardized Surgical ICU (SICU) daily progress note being used by all providers that incorporates the ABCDEF Bundle at ECU Health.
- This can lead to inconsistency in daily discussions, lack of common vocabulary with multidisciplinary team members, loss of valuable communication between varying versions of the template, and negative impact on fundamentals of ICU care (such as decreased length of stay, time on the ventilator, and mortality).

## PROJECT AIM

To create and implement a standardized template for daily SICU notes that incorporates the ABCDEF bundle to track quality metrics and improve patient outcomes.

### Phase 1- (Creation)

- Create a daily progress note utilizing the ABCDEF Bundle.

### Phase 2- (Implementation)

- Achieve 90% usage compliance of daily ICU progress note with ABCDEF bundle within 6 months of implementation.

## PROJECT DESIGN/STRATEGY

- Prior to beginning Phase 1, the team gathered feedback regarding current note templates from attendings in the SICU.

### Phase 1:

- Amended current progress note to include the ABCDEF bundle using SCCM resources.
- Observed/studied use of current note templates over a 21-day period, and amended progress note to incorporate new findings.
- Built template within the Epic electronic medical record system.
- Implemented note as medical student note template over five days.
- Iterated note template each day to improve the outcome of: time to complete note template.

### Phase 2:

- This phase is currently in progress. Plan for implementation is outlined in the Next Steps section.

### Measures

- The process measure of *time to complete SICU progress note* was tracked during phase 1. Other outcome, process, and balancing measures for phase 2 are outlined in Next Steps.

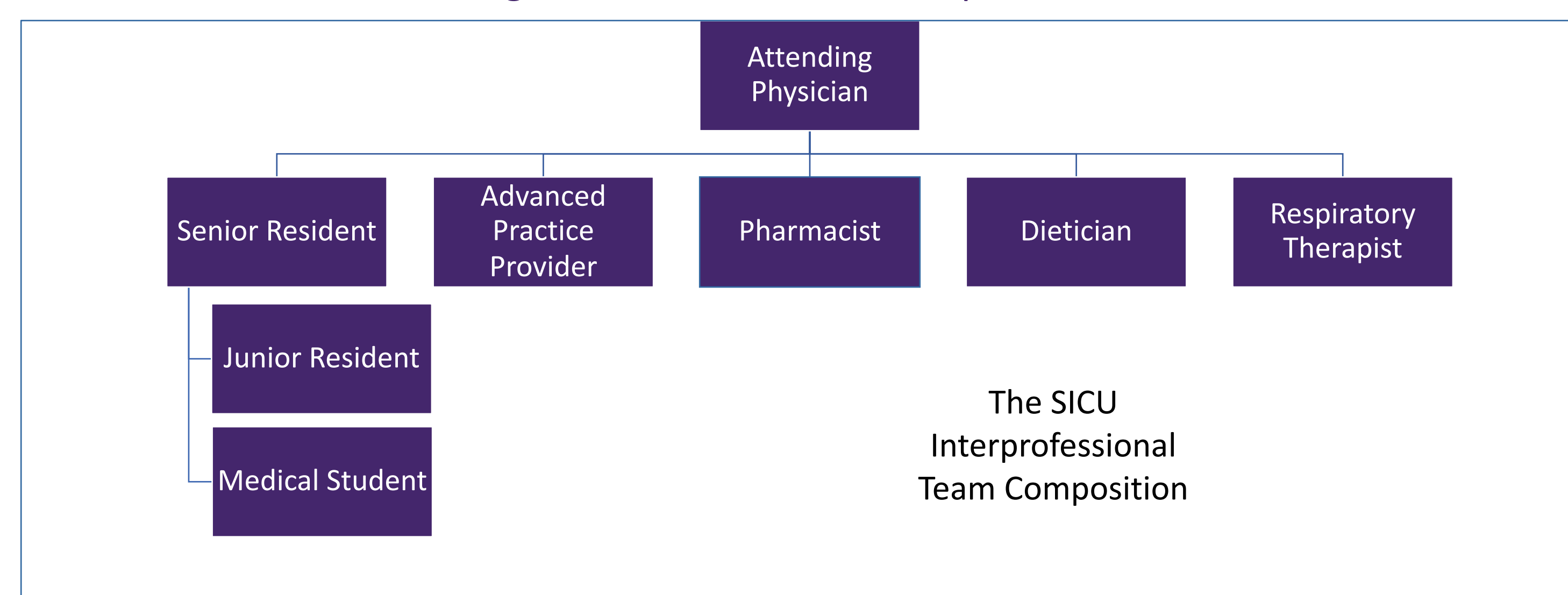
## CHANGES MADE (PDSA CYCLES) & RESULTS

### PDSA 1-4 | 2.18.22 to 4.8.22

Creation and revision of note template incorporating ABCDEF Bundles

### PDSA 5 | 8.1.22 to 8.19.22

Observing use of Current Note Templates in SICU



### PDSA 6-7 | 8.19.22 to 9.26.22

Creation of template in Epic & Incorporating observations

Surgical ICU Progress Note

HPI  
@AGE@ old @SEX@ status post @FFROB@ \*\*\*  
@PROBLACTHOSP@  
Overnight events: \*\*\*  
Subjective: \*\*\*

ABCD: Neurology/Pain/Sedation/Delirium  
@FLOWP@PARA:300013,300014,301129,301134,300041,lanj@COMA EYES:17291  
[COMA VERBAL:17292] [COMA MOTOR:17293]  
GCS: \*\*\*  
CAM ICU: [CAM ICU:25880]  
Pain:  
Meds: \*\*\*  
Controlled? (YES/NO:518264)  
Sedation:  
Meds: @RRV@MEDS@  
RASS score: (RASS Score:25883)  
Sleep: Slept Last night? (YES/NO:518264)  
Other Meds: \*\*\*  
Delirium Precautions: (YES/NO:518264)  
Assessment/Plan: \*\*\*  
\*\*\*  
RASS goal: \*\*\* to \*\*\*  
Medication changes: \*\*\*

Infectious Disease  
@TMAX(12)@  
@LABRNTCOMP(WBC:3)@  
Antibiotics: \*\*\* (Day \*\*\* of \*\*\*) for \*\*\*  
Cultures: +/-  
For \*\*\*  
Assessment/Plan: \*\*\*  
\*\*\*

E: Musculoskeletal  
OOB:  
Greatest Level of activity:  
PT/OT/ST:  
Ordered: (YES/NO:518264)  
Seen Yesterday: (YES/NO:518264)  
Weight bearing ordered? (SICU WB2:26083)  
Assessment/Plan: \*\*\*  
\*\*\*  
- mobilization goal: \*\*\*

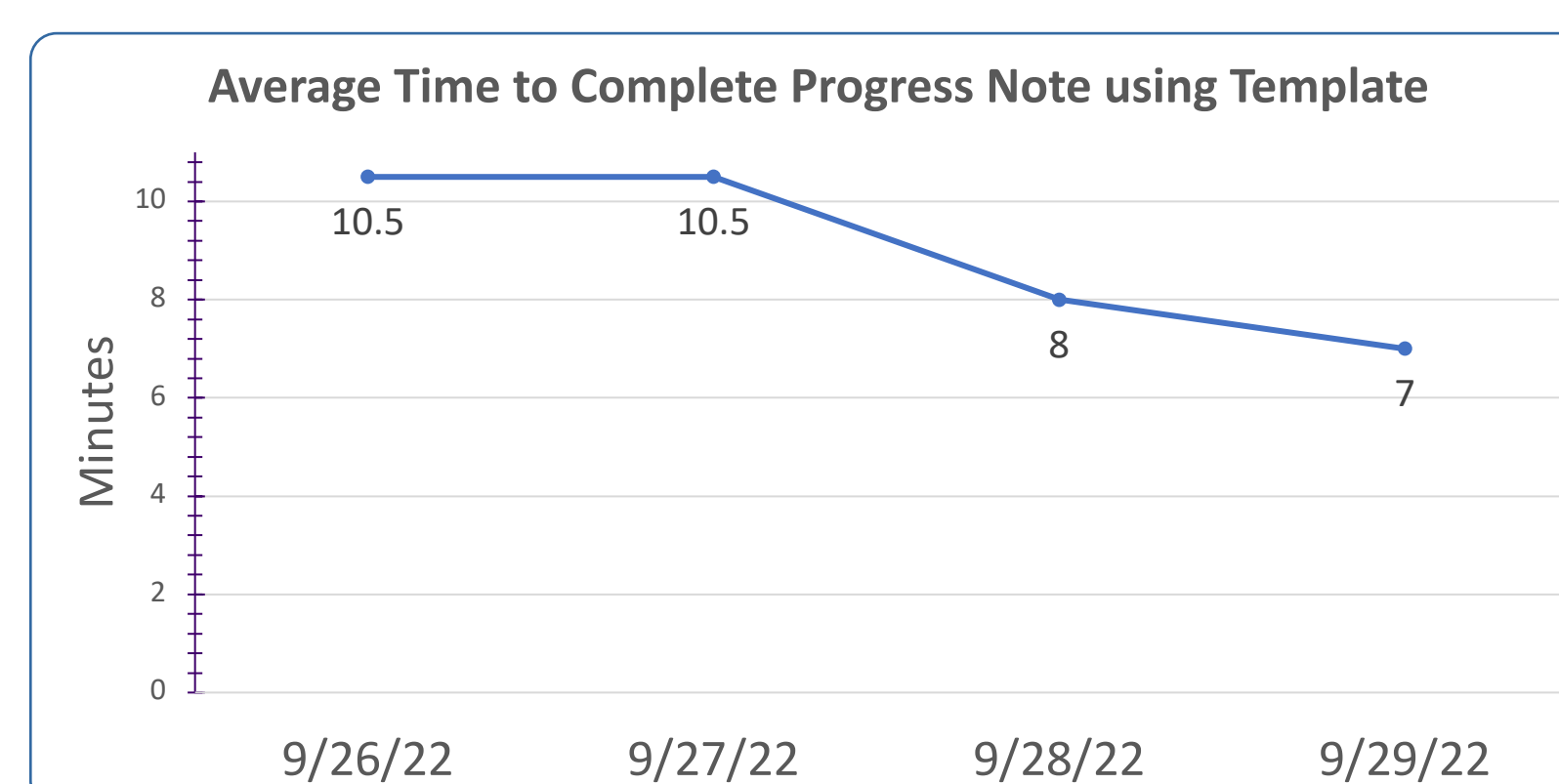
Skin/Extremities/Wounds (types of dressings)  
Extremity/Pulses: \*\*\*  
Skin breakdown: \*\*\*  
CVL Site: \*\*\*  
Wounds/Dressings: \*\*\*  
Assessment/Plan: \*\*\*  
\*\*\*  
-Continue Low airflow bed/SCDs  
-DVT ppx: Chemical (YES/NO:518264) Reason \*\*\*  
Mechanical (YES/NO:518264) Reason \*\*\*  
-Last wound team consult: \*\*\*

Lines/Tubes  
Foley: \*\*\*  
Other Lines: (SICU Lines:26084)  
Assessment/Plan: \*\*\*  
\*\*\*  
- Remove any lines? \*\*\*

F: Disposition  
Status: @rrcodestatus@  
Disposition: (SICU Dispo:2:26086)  
Case Management Consulted: (YES/NO:518264)  
Code: (SICU Code Status:26087)  
Status Change: Yes, New Status: (SICU Code Status:26087)  
Family Update Needed? (YES/NO:518264)

### PDSA 8-10 | 9.26.22 to 9.30.22

Implementation & Adaptation as medical student note



## LESSONS LEARNED

- Quality Improvement projects that require changing a daily behavior can be difficult to implement.
- It is critical to gather buy-in during every phase of development to ensure that the solution being created will be utilized by all users.
- Before building a new version of a note template, study the current versions being used and understand possible barriers or resistance to change.
- While creating note template iterations, it is important to track small changes and understand how it impacts the user experience to be able to switch back and forth between older and newer versions.
- When implementing a change within an interprofessional team, it may be helpful to gather insight and advice from the interprofessional team members regarding changes being made (i.e., asking a respiratory therapist what smart phrase to use for ventilator settings.)
- Build a robust tracking system to understand the impact that a new note template has on overall outcomes.

## NEXT STEPS

### Phase 2

- Share plan to change the note template with surgical residents on the SICU team during Thursday fellow conferences.
- Develop a plan to assess usage compliance and feedback from note template users.
- Initiate implementation in the SICU over a 4-week period.
- Evaluate for note template improvement by tracking feedback responses and measures outlined below.
- Assess/evaluate possible integration of note template with interprofessional staff including nurses, PT/OTs, respiratory therapists, pharmacists, and dieticians.

### Measures

- Outcome: Length of Stay, overall mortality, transition to SIU, number of ventilator days, PSI of DVT, CAUTI, CLI, VAP, and GI bleeds
- Process: Continue tracking time to complete SICU progress note, and add total time spent on team rounds per patient
- Balancing: Patient/family satisfaction, interprofessional team satisfaction (RT, PT, OT, etc.)

## ACKNOWLEDGEMENTS

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- SCCM | ICU Liberation Bundle (A-F). Society of Critical Care Medicine (SCCM) Web site. <https://sccm.org/Clinical-Resources/ICULiberation-Home/ABCDEF-Bundles>. Accessed Aug 5, 2022

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