SCC Daily Operations, Expectations, Resident Responsibilities & Quality Initiatives.

Surgical Critical Care

Updated 5-25-2020

Our Goal

- A Surgical Critical Care service that provides high quality critical care to a myriad of surgical patients and is a collaborative & supportive environment for resident, student and graduate medical education. We strive to be:
  - Safe
  - Efficient
  - Professional
  - Compliant with regulations
  - Research-friendly
  - Family-friendly
  - A good place to work

Rotation expectations

- Be a useful part of the team
- Put the patients and their families first
- Respect your interprofessional colleagues
- Ask for help if you need or might need help
  - We all have limitations and should try to anticipate and ask for help
- Ask questions
- Include attendings in new findings/events and decisions
- Document completely and accurately
  - Do not copy forward old information, documentation should be reflective of the current clinical situation and plan of care
- Learn about critical care clinical issues & your colleagues
- Support and participate in critical care research as opportunities present themselves
- Provide feedback to SCC Attending, preferably in a non-delayed fashion. This will facilitate early clarification and as needed changes and accommodations.

Morning Rounds

- AM resident/APP/student sign out is at 0530 in the SCU classroom Monday through Friday
  - On Saturdays, Sundays and holidays the sign out is at 0600 (same location)
- 0630-0700 morning report in the R3 conference room where team discussion and attending to attending report regarding new SCC admissions, any overnight events on the SCC service and movement of patients to/from the SCC service will occur
  - On Saturday and Sunday this will be at 0700.
- Formal SCC walk rounds will begin at 0815 Monday, Tuesday, Wednesday, Friday. On Thursday they will begin at 1015am
  - On Saturday and Sunday and holidays this will be at 0730.
  - One provider presents the patient to the entire SCC team.
  - A different provider should have EPIC and/or IMPAX open and ready to access data, enter orders, or review imaging during rounds.
  - Orders will be entered during rounds (not after) to expedite patient care.
  - Bedside Nurse and, as appropriate, Respiratory Therapist and Pharmacist will be present during rounds.
  - Family members may be present – choose your words thoughtfully and consider prepping the family for those so they are in the loop and can make themselves available.

Call shifts

- The SCC service is covered by a resident at night, this is listed on AMION.
- The SCC will be staffed with 1 APP during the day 7 days a week except under extreme circumstances.
  - Anticipate 24/7 APP coverage soon.
- SCC attending during the day will be the same Monday – Sunday.
  - On Saturday, the nighttime SCC attending will either be the surgical intensivist who covered that week, or the surgical intensivist who has been co/backup rounding when the weekday SCC attending is an anesthesiologist.
  - Both Friday night and Sunday after morning SCC rounds, the trauma critical-care attending on call will be the nighttime SCC intensivist.
- Residents and APPs work as a team, assisting each other as needed
  - COMMUNICATION between providers should be open and often.

Response to ED for Trauma

- **Level 1 Traumas:** An SCC resident will respond to Level 1 traumas as these represent high likelihood of admission to the SCU. The SCC response is to facilitate an early evaluation, and seamless admission and transition of care from the ED to the SCC.
  - This response does not make an SCC resident into a "trauma" or "ED" resident with regards to role in patient care. The SCC resident will start the initiation of critical care, learn about the patient and get the patient to the SCC service and admitted with no gaps in care.
  - The SCC resident responding is able to be from any residency specialty.
    - There should be a rotation of SCC residents responding to Level 1 Traumas (i.e. not just the surgery resident).
- **Non-Level 1 Traumas:** SCC residents may be called to by the trauma team to support the care of Level 2 & 3 trauma patients IF:
  - Patient is going to be admitted to the SCC service: SCC resident will provide service/care as for a Level 1 Trauma.
  - Trauma team is overwhelmed and calls for help. Help can be provided as SCC patients' needs permit.
  - Trauma team sees an opportunity for a procedure and wants to offer it to the SCC residents. Again only if SCC patients' needs permit.

Response to Operating Rooms

- An SCC provider may be called to the OR by a surgical specialty when a patient is potentially going to require SCU level care.
  - SCC provider will go the OR and perform a rapid intraoperative consult.
  - SCC provider will notify SCC attending of the patient, situation and provide details of the case.
  - The SCC Attending may choose to go the OR with the SCC provider to discuss care needs and perform advanced patient assessment and service to service communication.

Regulatory compliance

- Consent forms: Time and date on all consent forms
  - Non-critical care related procedures are the responsibility of the operative/procedural service
- Do not remove privacy screens from WOWs and plug in WOW's when you are finished
- Do not carry forward inaccurate information in progress notes. Keep findings, diagnoses and plans up to date
- No food or drinks allowed in clinical areas
- Protect PHI: Do not leave it laying around or walk away from a computer you are logged into, be mindful of who might be listening to rounds/conversations.
- Be aware of laws related to physical restraint usage and the reporting of suspected abuse
  - http://policy.mmc.org/CMS/mmc/production/Site_Published/policyweb/SiteSearch.aspx?s=1&searchKeyword=restraints
  - https://my.mainehealth.org/mbh/Policies/Mandated **Reporting** of **Abuse**, Neglect and Exploitation of Clients AT0021.doc

Special Note - Notes

- Non-Critical Care notes:
  - non-ICU specialty consults, trauma tertiaries, anesthesia pre-op notes, etc are the responsibility of the non-ICU service
  - Caveat: currently because of service-related limitations, patients on SCC service who are traumas and need a trauma tertiary, the tertiary exam and documentation will be done by SCC personnel but staffed with trauma attending.

Special Note - Devices

- Non-ICU placed devices:
  - Tubes, lines, drains, devices (c-collars, braces) that are placed by a non-ICU service are the primary responsibility of that service however optimally will be co-managed with the ICU team
  - management or removal of these devices can be performed by the ICU team but only in direct communication with the non-ICU service
  - Ex: surgical drains, epidurals, t-tubes, TLSO/braces, c-collars, vasc sheaths, etc
  - Any removal/adjustment of devices after direct discussion should be documented with whom was spoken to

Special Note - Management

- PICU
  - A trauma patient may meet age requirements for being placed into the PICU rather than the SCU. This is related to age. These patients are still SCC primary patients and the primary responsibility of the SCC service.
  - The PICU team will engage as an automatic consult. SCC remains primary —> orders, interventions, etc will only be done by the PICU service in consultation with SCC team.
  - Should the pediatric team assume primary care of the patient for peds-related continuation of care without need for SCC, only then will SCC sign off and as appropriate and trauma surgery will either sign off or continue to follow for trauma specific issues.
- AVU
  - Currently, due to service-related limitations, SCC trauma patients transferred to the AVU location for ventilatory weaning will remain SCC primary until critical care issues/vent weaning is resolved.
  - All other SCC patients transferred to the AVU for vent weaning purposes will be the primary patient of that surgical service with a pulmonary consult for vent weaning management.

Multidisciplinary Issues

- You are part of a team and **your ability to collaborate with non-physicians is a major part of your evaluation**
- We expect excellent communication, mutual respect and professionalism
- Assist with APP workload for "fair" division of patients and workload.
- Orders should be accompanied by **verbal communication to the bedside nurse**
- **Nursing should always be included in rounds**

ICU-Procedures

- The attending expects to supervise the procedure.
  - Based upon resident competency sign offs, patient variables and scheduling, attending presence will be determined by the attending.
- Consent with time and date in chart, or DOCUMENT emergency (implied) consent.
- The resident or APP taking direct care of the patient has right of first refusal
- Some procedures are not appropriate for novices – the patient's well-being comes first.
- "Time outs" are necessary – RN or others may stop procedure if concerns exist.

Educational Conference

- Every Friday at noon there were be an hour long lecture on 1 of 10 topics given by the SCC attending.
- The lecture will occur in the SCU Classroom outside of SCU4 most weeks. However, this room isn't available generally the first Friday of the month during which the lecture will be in the booked library conference room or in another location determined by the SCC attending.
- Lectures may be attended by providers who are on or off service.

Educational Conference Schedule
2020

1) Mechanical Ventilation
December 6, 2019
February 14, 2020
April 24, 2020
July 3, 2020
September 11, 2020
November 20, 2020

2) Acid-Base Disorders
December 13, 2019
February 21, 2020
May 1, 2020
July 10, 2020
September 18, 2020
November 27, 2020

3) Renal Failure
December 20, 2019
February 28, 2020
May 8, 2020
July 17, 2020
September 25, 2020
December 4, 2020

4) Sedation, Analgesia and Paralytics in the ICU
December 27, 2019
March 6, 2020
May 15, 2020
July 24, 2020
October 2, 2020
December 11, 2020

5) Nutrition
January 3, 2020
March 13, 2020
May 22, 2020
July 31, 2020
October 9, 2020

6) Cardiovascular physiology
January 10, 2020
March 20, 2020
May 29, 2020
August 7, 2020
October 16, 2020
January 3, 2021 (NOTE: Dec 25 & Jan 1 are
the immediately preceding Fridays).

7) ICU Housekeeping
January 17, 2020
March 27, 2020
June 5, 2020
August 14, 2020
October 23, 2020

8) Shock
January 24, 2020
April 3, 2020
June 12, 2020
August 21, 2020
October 30, 2020

9) TBI
January 31, 2020
April 10, 2020
June 19, 2020
August 28, 2020
November 6, 2020

10) ICU Infections
February 7, 2020
April 17, 2020
June 26, 2020
September 4, 2020
November 13, 2020

ICU Reading – Self Directed

- There should be ongoing self-directed reading/learning before and during the SCC rotation
- Marino's The ICU Book
- Important Critical care articles inclusive of vents, shock, sedation/analgesia, nutrition, etc

Protocols & educational material

- Consult the Maine Medical Center Trauma/SCC CPGs
- Department of Critical Care Medicine intranet site also has some material
- There are multiple high quality websites
- Please tell faculty if materials are out of date

https://home.mainehealth.org/2/MMC/TSCC

https://www.surgicalcriticalcare.net/guidelines.php

https://www.vumc.org/trauma-and-scc/MDSCC-Manual

https://westerntrauma.org/algorithms/algorithms.html

https://www.east.org/education/practice-management-guidelines/category/trauma

Family Communication

- **Daily family contact is desired and appropriate, and must be documented**
  - Family and patient satisfaction is directly related to your ability to communicate appropriately and effectively.
- If you are going to conduct a family meeting without an attending physician present, please clarify the goals and information to be communicated, ahead of time, with the attending(s) of record and, when appropriate, with consultants.
- Use standard documentation tools
  - e.g. family meeting form in rounding tab
- Resources: Care coordinator, social worker, pastoral services, ethics consultation, security, nursing, nursing coordinator

Family Meetings

- Have a goal for the meeting. Communicate the subject/goals to team members and the family.
- Coordinate attendance by key team members. **Always include** the SCC attending (at least to be aware), the patient's nurse and the resident or APP caring for the patient. Often include key consultants, social work, case management, other support services and anyone else relevant to the discussion.
- Reserve or find a private room. Talk to the SCU front desk customer service or supervisor for this.
- Before the family meeting, an internal meeting of the SCC team members and communication with the primary surgical service is important. Nothing is worse than a medical team not on the same page during a family meeting.
- Up to Date has a good overview called "Communication in the ICU: Holding a Family Meeting"
- Be patient and professional always

Consultations

- The SCC attending will be notified before consults are placed to other services.
- Additonally: The primary surgical/operative team (example: Trauma, Vascular, ENT, EGS, etc.) need to be notified and aware of consults. MOST NOTABLY: Consults related to end of life decisions MUST include the primary surgical/operative team prior to consult (example: Palliative Care) being placed or decisions to transition to comfort measures only care are made.
  - Certain topics are very sensitive. The operative surgeon and her/his team therefore must be involved. The SCC service strives to provide global care of patients *but is not the primary surgical service*.

CLABSI

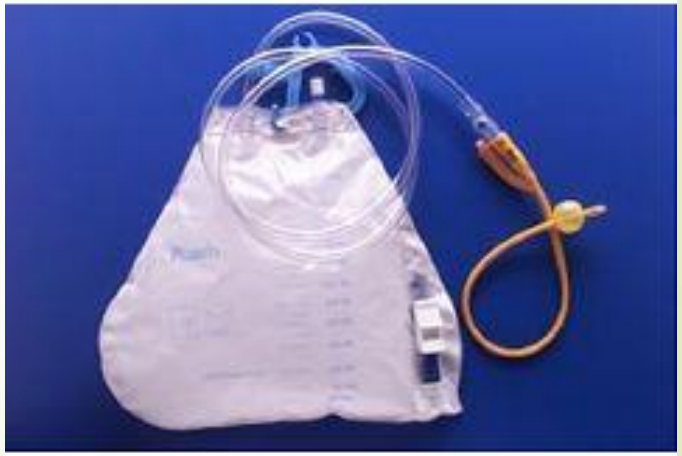
Central Line Associated Blood Stream Infection

- Careful attention to sterile insertion technique
- Documentation using the vascular access tab
  - **Insertion order set**
  - **Order to use/maintain line (CVC Maintenance order set)**
  - **Line tip location verified by CXR (via CL Tip of line in Vascular Access tab)**
  - **Line necessity (daily via Daily Necessity in Vascular Access tab)**
- During placement of a central line an **observer** is mandatory
- Fastidious maintenance of catheter hubs and insertion sites
- **Remove as soon as medically appropriate**
- Replacement of catheters when insertion technique is unknown
- CVC policy can be found and reviewed at: http://policy.mmc.org/CMS/mmc/production/Site_Published/policyweb/SiteSearch.aspx?s=1&searchKeyword=central+line

CAUTI

Catheter Associated Urinary Tract Infection

- Careful attention to sterile insertion technique
- RN-inserted catheters MUST have **supporting orders** from the providers
  - Insertion order (Urinary Catheter Order Set)
  - Removal order (Urinary Catheter Discontinue)
- Catheter maintenance bundle – usually driven by nursing
- **Remove as soon as medically appropriate**
  - Strict I/O
  - Urinary retention
  - Skin injury
- Urinary Catheter policy for review:
  - http://policy.mmc.org/CMS/mmc/production/Site_Published/policyweb/SiteSearch.aspx?s=1&searchKeyword=urinary+catheter



Pressure ulcers

- Skin assessment MUST be documented by a doctor or APP **at the time of admission**
  - **Must document all injuries, or they are assumed to have occurred at MMC**
- Decubitus ulcers stage III-IV are reported to the state for Root Cause Analysis – you will be involved
- Decubitus ulcers stage II-IV are publicly reported

Hand Washing

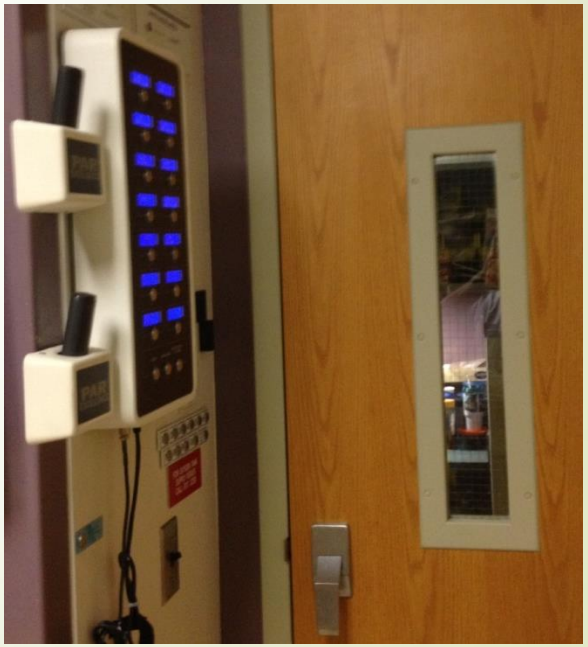
- You should **never enter or leave an ICU room without cleaning your hands**, *whether or not you touch anything*.
- Wash hands with soap and water or use alcohol gel
  - Always soap and water if there is possible C.Diff exposure
- Expect to be approached by staff if you are not doing this every time!

Gowning and precautions

- Tied or snapped twice in the back – wear 2 gowns in opposite directions if too small
- Do not go in a precautions room w/o gown, even if "not touching anything"
- Make sure orders match signage

Par-X Charging

- The SCUs are financially dependent on you charging for the equipment you use.
- **White-tagged items in the clean supply rooms MUST be charged using a wand.**
- The unit secretaries can help if there are problems



Organ donation

- The **NEDS (New England Donor Services) should be contacted, as early as possible**, when:
  - Withdrawal of life support measures is anticipated
  - A patient is admitted with a catastrophic brain injury
- This is a very sensitive issue and should be co-managed with your attending physician
  - NOTE: The conversation regarding potential donation is between the NEDS and the family and not initiated by the SCC team.
- The MMC Brain Death Policy is on the Neurocritical Care Website:

https://my.mainehealth.org/mmc/Departments/CC/NCC/default.aspx

Research

- We have some exciting research going on in the ICU. You may manage patients enrolled in clinical trials. Research specific co-management may be a part of their care.
- Familiarize yourself with the trials
  - Be able to identify potential research patients to your attending.
- Defer protocol – related questions to the research team
- **Be careful not to cause protocol deviations – check with the research team when making adjustments to the care plan, even after the study intervention is over**
- **Let the research team know before the patient is discharged**
- Any questions? Research pager: 741-3257

Self Care

- If you have doubts, concerns or your own strong emotions while in the ICU you are normal
  - Let your attending of the week know about issues that are troubling you
  - Attend debriefing sessions about events that are relevant to you
  - If there isn't a debriefing planned but you want one, speak up, others may feel the same and would benefit.
  - Don't try to stay silent and fight alone. Call for help when you think you might need it in order to take care of a patient or yourself!