

**GOAL: OPTIMAL PATIENT CARE through team development & teamwork** (“get everybody on the same page”)

**Demographics & Basic Data:**

|                            |                                   |
|----------------------------|-----------------------------------|
| Patient name: sticker      | Today’s date:                     |
| Admit date:                | Consulting services:              |
| Admit service:             | Reason for admission:             |
| Primary Diagnosis/problem: | Reason in ICU:                    |
| Primary service:           | Referring physician:              |
| Primary family contact:    | Power of Attorney:                |
| CODE STATUS:               | ADVANCED DIRECTIVES ON THE CHART: |
| Other?                     | Other?                            |

**Top 10<sup>n</sup> TARGETS For Best Care = T10<sup>N</sup>T™ 4 B<sup>2</sup>:** See separate Guidelines1, Protocols2, Bundles3, Initiatives4 & Packs5 for details. Use QI/PI Data Sheet to List Need for new Guidelines.

**1. Process Target # 1 = FAMILY INTEGRITY PROTECTION & PRESERVATION**

Guidelines: Are we doing everything possible to help the family deal with the **Patient’s** illness and care?

Score 0-1 points for this target = max score 1.0 for this target. 0.1 point for each completed task.

*(MFM NOTE to HL: There should be UP TO 10 items listed here, maybe more. I will fix the first target and you can go back to the original with all my scribbles on it to put all the stuff in there. Don’t take anything out. Just format/add and I will edit in time)*

| √ | CATEGORY and SCORE (No = 0/Yes =1)                                      | SCORE |
|---|---|-------|
|   | A. Comfort: Physical, emotional, financial issues addressed? (0 or 0.1) |       |
|   | B. Family Leader/MPA Established? (0 or 0.1)                            |       |
|   | C. Family daily communication? (0 or 0.1)                               |       |
|   | D. Family conference scheduled? (0 or 0.1)                              |       |
|   | E. Discharge planning in the works? (0 or 0.1)                          |       |
|   | F. Long term care considerations in the works? (0 or 0.1)               |       |
|   | G. Optimal Patient Support Network Established? (0 or 0.1)              |       |
|   | H.  |       |
|   | I.  |       |
|   | J.  |       |

## 2. Process Target #2 = PATIENT INTEGRITY PROTECTION & PRESERVATION

Guidelines: Are we doing everything possible to optimize the **Patient's** outcome?

Score 0-1 points for this target = max score 1.0 for this target. 0.1 point for each completed task.

*(MFM NOTE to HL: There should be UP TO 10 items listed here, maybe more. I will fix the first target and you can go back to the original with all my scribbles on it to put all the stuff in there. Don't take anything out. Just format/add and I will edit in time. You can finish Target #2 and move on to Target #3- Target #10, OK?)*

| √ | CATEGORY and SCORE (No = 0/Yes = 0.1)   | SCORE |
|---|---|-------|
|   | A. Determine Patient's Capacity to make decisions? (0 or 0.1)   |       |
|   | Can the patient make decisions? YES or NO?  | Y/N   |
|   | B. Are we providing care according to <b>Patient's wishes?</b> (0 or 0.1)   |       |
|   | C. Do we know the Patient's Wishes?   |       |
|   | D. Are the Patient's wishes in writing? (When in doubt, err on the side of life, unless medical futility has been established. See separate <b>futility docs.</b> ) |       |
|   | E. Does the Patient have advanced directives?   |       |
|   | F. On Target with Diagnosis and treatment?  |       |
|   | G. Is Patient Progressing toward therapeutic goals?   |       |
|   | H. Patient/MPOA/Family in the loop?   |       |
|   | I.  |       |
|   | J.  |       |

## 3. ALL GENERAL PATIENT PROPHYLAXIS GUIDELINES: NOSOCOMIAL COMPLICATION PROPHYLAXIS AND ENVIRONMENTAL CONTROL. ARE WE DOING EVERYTHING POSSIBLE TO PREVENT HOSPITAL, ILLNESS AND TREATMENT ASSOCIATED COMPLICATIONS?

|   |  |
|---|--|
| ID: SEPSIS, LINES, HARDWARE, VAP, UTI, GEN IMMUNIZATION AND IMMUNE BOOST. SPECIFIC<br>Holidays? Line Changes? Abx& prophylaxis end points?  |  |
| NON INFECTIOUS: DVT-PE, ASHD. EYE, SKIN, DELIRIUM, GLUCOSE, FALL, MALNUTRITION, DECUB<br>ULCER, GI BLEEDING, GENERAL DEBILITY SPECIFIC: RESTRAINTS, INSULIN, KINETICS, ROOM (LI<br>NOISE, TEMP CONTROL) |  |

## 4. SPECIFIC ORGAN PROTECTION & PRESERVATION AND TREATMENT OPTIMIZATION GUIDELINES: (GENERIC AND DISEASE SPECIFIC). ARE WE DOING EVERYTHING POSSIBLE TO OPTIMIZE PRIMARY, SECONDARY AND TERTIARY DISEASE PREVENTION?

|  |  |
|--|--|
| CNS (BRAIN & SPINAL CORD): PERFUSION & BP CONTROL? ^Na+? ^Mg++?<br>TEMP CONTROL? H/H = 10/30? EUGLYCEMIA? EUVOLEMIA?   |  |
| HEART: PERFUSION? BETA BLOCKER? HEART RATE CONTROL? ASPIRIN?   |  |
| LUNG: PERFUSION? ASNJMB Guidelines? VENT: Smallest tidal volume and lowest pressures?<br>Weaning vent? Minimize ABG draws? Sedation Holiday? VAP prophylaxis? TOF? |  |
| KIDNEY: PERFUSION? High Cardiac Filling Pressures? Euvolemia +?  |  |
| GUT: PERFUSION?  |  |
| LIVER: PERFUSION?  |  |
| MUSCULOSKELETAL: PERFUSION? KINETICS?  |  |
| SKIN: PERFUSION? KINETICS  |  |

5. DOCUMENTATION IN RECORD:

|   |  |
|---|--|
| Diagnoses and Problems listed in PRIORITY order?  |  |
| PROGRESS NOTES?                                   |  |
| Procedure notes include DX?                       |  |
| Separate Procedure note for each procedure?       |  |
| ORDERS?   |  |
| BILLING: Proper documentation to reflect charges? |  |

6. QUALITY AND PERFORMANCE IMPROVEMENT ISSUES

|  |  |
|--|--|
| : Q & PI Documentation on separate encounter form? |  |
|--|--|

7. STAFFING

|            |  |
|------------|--|
| Physicians |  |
| RNs        |  |
| Other      |  |

8. PHYSICIAN'S TIME WELL SPENT? (staffing use of time)

|            |  |
|------------|--|
| High value |  |
| Breaks     |  |
| Sleep      |  |

9. SURGE CAPACITY

|  |  |
|--|--|
|  |  |
|  |  |

10. OVERALL

|               |  |
|---------------|--|
| Smooth        |  |
| Quiet         |  |
| Swift         |  |
| Timely        |  |
| Precise       |  |
| Accurate      |  |
| Effective     |  |
| Communication |  |
| Coordination  |  |
| Control       |  |

TODAY'S TARGETS & PLANS:

|  |
|--|
|  |
|--|

**NAMES/SIGNATURES:**

|                |                 |
|----------------|-----------------|
| SICU RESIDENT: | SICU ATTENDING: |
|----------------|-----------------|

|   |                             |
|---|-----------------------------|
|   |                             |
| PATIENT, or FAMILY REPRESENTATIVE/MPOA: | TEAM PHARMACIST:            |
| BEDSIDE NURSE:                          | TEAM RESPIRATORY THERAPIST: |
| TEAM DIETICIAN:                         | PRIMARY ATTENDING:          |
| CONSULTANT ATTENDING:                   | OTHER:                      |