


Supplemental Data File:

**Manuscript: Improving Daily Patient Goal-Setting and Team Communication: the
Liber8 Glass Door Project**

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Appendix A: Paper-based Daily Goals Checklist, McMaster Children's Hospital

PICU DAILY GOALS CHECKLIST (DGC)

PRE-ROUND CHECKLIST					LIBERATION GOALS	 IMPRESSION and PLAN
Patient name: _____ Room # _____ Date: _____						
C N S	PAD Alert?	Y	N	n/a	Allow Awakening ↓ Pain, Agitation, Delirium Choice of Sedation	Imp:
	Analgesia Tier	1	2	3		PAD plan:
	Sedation Tier	1	2	3		
	Pain Score _____ Comfort _____ WAT-1 _____ CAP-D _____			n/a n/a		
R E S P	Weaning plan initiated?	Y	N	n/a	Spontaneous Breathing	Imp:
	Spont. breathing mode?	Y	N	n/a		Plan
	Ready for extubation ?	Y	N	n/a		Gases Q Next CXR: _____
	VAP bundle compliance	Y	N	n/a		
C V S	Target BP/HR:				Optimize perfusion/hemodynamics	Imp:
G I	Can feed enterally?	Y	N	n/a	Good nutrition	Plan:
	Nutritional target met?	Y	N	n/a		Imp:
	Bowel regime adequate?:	Y	N	n/a		Nutrition goal and plan:
	Stress ulcer Px still needed?	Y	N	n/a		
G U	TFI optimized?	Y	N	n/a	Neutral/negative fluid balance	Target fld balance:
	Electrolytes/gluc optimized?	Y	N	n/a		Plan:
H E M	Target Hb:				Minimize blood sampling Restrictive transfusion targets	Plan:
	Other: Bloodwork freq. reviewed?	Y	N	n/a		Bldwork frequency: Q _____ Targets:
I D	Sepsis surveillance:				Reduce risk for sepsis	Imp:
	• Cultures reviewed?	Y	N	n/a		
	• D/C lines, tubes?	Y	N	n/a		
	• CVL bundle compliance	Y	N	n/a	Antibiotic Stewardship	Plan:
	Antibiotic stewardship SSCC :					
	• Stop?	Y	N	n/a		
• Switch to PO?	Y	N	n/a			
• Change/Continue	Y	N	n/a			
A C T I V I T Y	Safe to Move?	Y	N	n/a	Early mobilization	Set the Goal & Make it happen!:
	Activity order: _____					
F A M I L Y	Braden Q score risk	mild	mod	high		
	Eligible for research Study?	Y	N	n/a	Engage in research	Studies:
	Family updated	Y	N	n/a	Family engagement	Plan:
	POST in chart	Y	N	n/a		
P H A R M	Nonpharmacolog. optimized?	Y	N		Humanism	
	• white board					
	• Sleep, noise control					
	• Childlife					
P H A R M	D/C unnecessary meds?	Y	N	n/a	Minimize polypharmacy	Plan: (if not already covered in systems above)
	Doses optimized?	Y	N	n/a		
	IV to PO where possible?	Y	N	n/a		
	Med Rec completed?	Y	N	n/a		
Additional concerns:					Disposition Communication	<input type="checkbox"/> PICU <input type="checkbox"/> D/C <input type="checkbox"/> Transfer <input type="checkbox"/> Repatriate Note & orders completed <input type="checkbox"/> Medical handover done <input type="checkbox"/> RN <input type="checkbox"/> MD

Modeled after: Use of a daily goals checklist for morning ICU rounds: a mixed-methods study

J. E. Centofanti, E. H. Duan, N. C. Hoad, M. E. Swinton, D. Perri, L. Waugh, et al.

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Appendix B: Focus Group results - Daily Goals Checklist

Themes	Barriers	Facilitators	Opportunities for Improvement	Relevant Quotes
Content and Format	Lack of clarity on some items; lack of space to document; not all DGC content is applicable every day to every patient; too many items to complete; DGC not visible to all stakeholders (DGC often taken away by MDs)	The DGC is well structured for rounds, provides a cue for standardized discussion (Residents)	Improve the format, increase the size; make it more visible to all, laminate it and place on the wall or door of the patient's room	"I really like the idea of it being bigger and laminated on the wall. So, then it's in your face and anyone could fill it out."; "Just on the window or something, or even by the door."; "And then when we're rounding, we can see it. Everyone can see it, instead of the person reading it."
Objective/Purpose	Confusion regarding the purpose and objectives of DGC (RNs); Confusion around who is supposed to complete the DGC; Content is not triggering action as intended; not referred to after rounds; unclear plan amongst team members	A good reminder to think about the systems and to organize thoughts (RNs); a communication tool for the staff to collaborate about their patient's care (Residents)	Avoid duplication in documentation. Should be official document in chart.	"There is a lot of prompting questions on there that are supposed to limit some of the issues we have, and I do find that a lot of times it's just sort of filled out by [...] or not filled out, and some of those key trigger questions aren't actually triggering things...I don't know what we can do to make that better, because there is a purpose to it and it's not just a piece of paper that just has to happen and nobody pays attention to."
Education	Lack of resident orientation to DGC yet expected to fill in checklist. Residents do not feel the checklist is facilitating learning	Residents reported being informally introduced to the daily goals checklist; Majority reported being aware of the DGC	Make it an educational opportunity (resident).	"I think it's very hard as a resident cause you are there for learning and you're also there for service and this feels like more service to you but I don't think I learned.. you know about delirium anymore cause of a checklist that I have to do." (resident)
Team Collaboration	Inconsistency in team collaboration to fill checklist; lack of buy-in from nurses; lack of support from RNs (residents); inconsistency in collaboration by RT (RNs); inconsistencies in use of DGC by rounding MD	RNs appreciate the collaboration of residents to fill out the checklist that help to orient everyone to the same care components for discussions and rounds; Residents reported that some nurses were eager to complete the DGC	DGC completion responsibility should be shared by PICU team members	

Acceptability	"score fatigue" with all forms and checklists to complete (RN); Duplication of work for residents and RNs; lack of time to complete DGC before rounds; competing with priorities in patient care (residents); not sustainable		DGC should be improved or replaced by a better tool	
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Focus Group results: Post Glass Door implementation

Themes	Barriers	Facilitators	Opportunities for Improvement
Content and Format	Concerns about sharing patient information in the door especially writing confidential information like substance abuse, domestic violence, etc. and suggest to not include such information.	Second nature to the fellows; Easy to understand and use; takes little time to fill in their section (allied health). Reduces paper compared to DGC (RNs). Most indicated that no break in confidentiality.	Add patient weight (residents); add ETT position; add time of completion
Objective/Purpose	variability in opinion about its value and priority (allied health); Some RNs perceive that it is primarily an MD handover tool; Expectations and process need to be clarified. Used less in less ill children (RN).	Standardizes the approach for patient goals; triggers patient goal-setting; facilitates interprofessional communication; enhances efficiency and team collaboration; allows care team and families to know patients' goals at a quick glance; reduces misinformation between day and night shift;	Should be a focal point of rounds, should be considered standard work (Attendings); Suggestions made to amalgamate RN and MD handover tools using the GD
Education	Some RNs know when and how to complete/update, others don't; Sometimes confusion regarding when to complete (residents); Concerns about sharing patient information in the door especially writing confidential information like substance abuse, domestic violence, etc.		Ongoing education regarding content and privacy when using the Glass Door
Team Collaboration	Inconsistent use among attendings, variable buy-in (RNs); inconsistent frequency of updating it (RNs) Lack of consistent messaging in use and expectations (Attendings).	An improved communication tool compared to DGC; fellows are seen as champions of the glass door (RNs); facilitates interprofessional communication; enhances efficiency of discussions at rounds and team collaboration; serves as a conversation tool for bedside and family providers (Allied health); engages family	Shouldn't replace verbal communication

Acceptability	RN support for use of the Glass door appears to be mixed; some RNs feel it duplicates documentation	Many prefer it to the DGC; many perceive that it is better than DGC (easier to update, encourages shared team responsibilities, paperless) (MD trainees, RNs); Many are supportive (MD trainees, attendings and allied health)	RN buy-in considered key for sustainability (attendings MDs)
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Members indicated in parentheses are the themes or subthemes arising from the predominant group
DGC Daily goals checklist; RN registered nurse; MD medical doctor; ETT endotracheal tube

Appendix C: Parent Information Sheet



What do the goals mean?

PICU Liber8 Date: ____/____/20____ Shift: Day / Night

Goal/Target **Current Progress**

Awake-Sleep RASS: CAPD: Pain: ☐ ☐

(day) (night) CAPD: < 9 Pain: < 4

Breathing ☐ ☐

CVS ☐ ☐

Diet ml/hr: kcal/kg/d: ☐ ☐

Early Mobility ☐ ☐

Fluid/Metab TFI: Bal: ☐ ☐

Family/Other ☐ ☐

Planned tests/procedures: *Review Meds & catheters Discharge Readiness: Research Studies: ☐ ☐ ☐

Amber means the goal is in progress. This means we need to keep on working towards the goal, or perhaps reconsider it and set a new goal

Green means the goal has been achieved This means that progress has been made and we should move on to setting the next new goal to work on!

Prolonged bed rest can make critically ill children weaker. This goal helps us set activity targets as soon as it is safe, to prevent complications

This goal reminds us to optimize the fluid and electrolyte needs of your child.

This goal encourages us to balance medications to keep your child comfortable all the time and allow them to be alert.

This goal reminds us to set the most appropriate level of breathing support throughout the day for your child.

This stands for "cardiovascular". This goal helps us set targets for your child's blood pressure and circulation.

This one is for you! Family presence is comforting and can help children recover faster. Let us know what you want us to work on to help your child's care.

This goal helps us ensure that we are providing your child the nutrition they need to heal and recover.

Frequently Asked Questions

How is my child's privacy protected?

Your child's privacy is very important to us. The Liber8 Daily Goals will not include any of your child's personal information, just the goals for the day. This initiative has been approved by McMaster Children's Hospital's Privacy Office. The Liber8 Daily Goals are completely voluntary, if you prefer your child's daily goals not to be displayed, just let us know.

I don't know what to do for my family goal, any ideas?

Great question! You can add a family goal on the Glass Goals list if you want to ensure the entire team sees and incorporates it into the daily plan. Examples of these goals may be: if you want to be present during rounds, if you want to set up a family meeting, or if you want to be part of any of your child's therapies like physiotherapy and mobilization. This is completely optional and voluntary. If you don't feel comfortable writing your family goal for your child, your nurse or doctor may do so on your behalf. Don't worry, don't feel like you need to include a goal on the Liber8 Glass Goals list.

Discharge Readiness

Not ready to leave the PICU, feel free to ask the medical team for an estimated length of stay

Ready to leave the PICU in the next 24 hours

Ready to leave the PICU

Glossary

RASS: Richmond Agitation Sedation Score. This score measures how agitated or sedated a child is.

CAPD: Cornell Assessment of Pediatric Delirium. This score is used to measure how confused a child is in their current environment.

CVS: Cardiovascular. Your cardiovascular system involves your heart and blood vessels. This system picks up oxygen in the lungs and carries it throughout the body.

TFI: Total Fluid Intake. This is the total amount of fluid that a child has taken in during the last 24 hours.

Bal: Fluid Balance. This is the balance between a child's fluid intake and their fluid output over the last 24 hours.

Figure: Glass Door in Practice

