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ORIGINAL ARTICLE

ROUNDS IN INTENSIVE CARE UNIT: PERCEPTIONS OF A MULTIDISCIPLINARY TEAM

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ABSTRACT

Objective: Apprehending the perceptions of a multidisciplinary team regarding the practice of bedside rounds in an Intensive Care Unit. **Method:** A qualitative study conducted in 2021 in an Intensive Care Unit of a philanthropic hospital in Parana. Seven professionals from the multidisciplinary team, active in the field of study, participated. The data were collected through a semi-structured interview, recorded, anchored in the guiding question: Tell me about the practice of bedside rounds in this Intensive Care Unit. The transcriptions were analyzed using the technique of content analysis, thematic modality, Bardin. **Results:** From the discourses, two categories emerged: *applicability of the round to the bedside: autonomy, interaction and interdisciplinary knowledge and contributions of the multidisciplinary round to comprehensive care.* **Final thoughts:** The participants perceive the multidisciplinary rounds in the Intensive Care Unit as an important strategy for the safety of the critical patient, as well as the autonomy and effective performance of the multiprofessional team.

Keywords: Patient Care Team. Teaching rounds. Intensive Care Units. Patient safety.

INTRODUCTION

The rounds or multidisciplinary visits consist of an organizational strategy of systematization of care, being conducted through meetings between members of a multidisciplinary team, to provide coordinated and safe assistance[1,2]. Commonly, in Intensive Care Units (ICUs), these meetings take place daily at the edgewhen it is possible to identify opportunities for improvements related to health and/or assistance to patients and direct the health team in making priority decisions for care[1].

According to the literature, the operationalization of this strategy in ICU favors decision-making based on the best scientific evidence, provides the execution of safe care practices, reduces the occurrence of damage from care and provides opportunities for the effective work of the health team[1,2].

For the rounds to reach the benefits mentioned, it is necessary to have the commitment of the entire health team, since the contributions of the nurse, the doctor, the physiotherapist, the speech therapist, the social worker and others, the systematization of care and the strengthening of the culture of patient safety in the institution[3].

The clinical discussion of the patient during the rounds is essential for the provision of high-quality care since each professional shares the knowledge of their area of expertise[4]. These practices play a fundamental role in the planning of interdisciplinary actions, in the promotion of effective communication, in improving the care provided and in optimizing the therapeutic response of the patient[5].

Studies[1,5] conducted in two Brazilian States,

[1]Extracted from the thesis: Multidisciplinary visit associated with the use of Checklist in Intensive Care Unit: a mixed method study, presented to the Graduate Program in Nursing of the State University of Maringá (UEM), Paraná, Brazil, 2021.

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with professionals from different areas, demonstrated that the application of multidisciplinary visits in ICUs resulted in benefits, such as: effective communication between team members, patients, and their families; improvements in the prevention of pressure injuries and reduction of hospitalization time, use of mechanical ventilation and the permanence of bladder probe delay (BPD).

In the context of harm reduction in a complex sector in Brazil, UTIs have implemented rounds because they understand that these complex sectors that use various technological devices require the integration of the multidisciplinary team to provide quality and safety in critical patient care[5].

Given the above, it is noted that the implementation of rounds favors the safety of hospitalized patients and contributes to the achievement of better institutional health indicators. Thus, instigates the perception of the multiprofessional team involved in the implementation of rounds in the work routine. Researchers[6] recognize that there are difficulties in its implementation in ICUs due to the high labor demand, with time constraints of professionals, lack of sharing of objectives, and hierarchy and management challenges in this care place.

Although national and international studies indicate the benefits of the rounds, there is a literary gap regarding the comprehensive approach of the health team's perceptions of the challenges faced and strategies that can be renewed to improve the implementation and practice of multidisciplinary visits in ICU. Thus, it is urgent to understand the perceptions of the multidisciplinary team on the practice of rounds in ICU, since the identification of perspectives, challenges, and points of view of professionals, from different areas of action to the improvement of effective strategies in high complexity places[4].

From the perspective of proposing strategies that encourage adherence and foster the participation of the multidisciplinary team in the implementation and practice of rounds in the hospital environment, it is questioned: How the multidisciplinary team of an ICU perceives the practice of border rounds bed in the work routine? To answer this question, the objective is to apprehend the perceptions of a multidisciplinary team about the practice of rounds at the bedside in the Intensive Care Unit.

METHODOLOGICAL WAY

This is a descriptive-exploratory, qualitative study conducted in 2021 with health professionals working in an Adult ICU of a high complexity hospital located in the Northwest region of the State of Parana.

For data collection, we approached participants in the workplace, individually, in a private room, with prior authorization from the Hospital Direction and scheduling of interviews according to the availability of professionals. Participants were informed about the objective of the study and the form of data collection. To those who verbalized the acceptance, the Informed Consent Form (ICF) was made available for reading, completing, and signing two copies. From this, one route was owned by the researcher and the other was delivered to the participant.

The eligibility criterion to participate consisted in being an active member of the multidisciplinary rounds in the ICU under study. The exclusion criterion was based on the absence of the professional in the period of data collection, regardless of the reason.

After the formal acceptance, the audio-recorded interview was started, based on the guiding question: tell me about your perception about the round implemented in this ICU.

The interviews were transcribed in full and submitted to the technique of content analysis, in the thematic modality[7]. To perform this technique, the texts were read exhaustively, identifying the nuclei of meaning. Then, the representative categories of the phenomenon were constructed from the similarity of the discourses. Finally, the data were treated and inferred/interpreted.

The results will be presented through excerpts/strata of the speeches. It should be noted that the clumps of language and/or repeated terms were removed, without changing the meaning of the speeches. To facilitate understanding or to suppress parts of the testimonies, terms or phrases were added between brackets, and interventions to what was said between keys. In addition, to preserve the anonymity of the participants, the interviews were identified as I1, I2, I3, successively, being "I" indicative of Interviewee and the absolute number to indicate the order of the interviews.

This study obeyed the ethical aspects, being approved by the Permanent Committee of Ethics in

Research Involving Human Beings (COPEP), of the State University of Maringa (UEM), under opinion number 4,660,168.

RESULTS

All members of the multidisciplinary team participating in the rounds in the investigated ICU were interviewed, making a total of seven participants. Of these, one was an intensive care physician, an infectious disease physician, an ICU nurse, two nurses from the Hospital Infection Control Commission (HICC), a physiotherapist and a nutritionist. Residents of the medical clinic and medical students in student activities in the ICU participate in the rounds only as guests. There was a prevalence of females (N=5; 71.4%); with anaverage age of 38; most were married (N=5; 71.4%); with specialist title (N=6; 85.7%) and all worked in ICU for at least three years.

The round was implemented at the institution under study in 2018. At the time of data collection, multidisciplinary visits were performed daily in the afternoon.

From the discourses emerged the thematic categories: *applicability of the round to the bedside: autonomy, interaction and interdisciplinary knowledge and contributions of the multidisciplinary round to comprehensive care.*

Category I: Applicability of the round to the bedside: autonomy, interaction, and interdisciplinary knowledge

In the excerpts of the interviewees' speeches, it is possible to highlight the potential arising from the practice of rounds at the bedside for the multidisciplinary team of the field of study. Participants expressed the relevance of the multidisciplinary round in ICU through the connection of expertise from professional categories. In addition, these professionals indicated that autonomy to express interdisciplinary knowledge and interaction with the multiprofessional team favors the adoption of effective therapeutic behaviors that positively impact the recovery of the critical patient.

According to the participants, professionals who are part of the multiprofessional team of rounds in the ICU are free to express the knowledge inherent in each clinical case evaluated, as shown in the following excerpts:

> {The rounds} give opportunities for everyone to have voice, opinion, and power of action. (I1)[...] is important because it indicates the need of each patient, to discuss at that time, what is best and interact with other professionals. [...] brings greater ease and benefits to the patient's treatment. (I2)

> It is important {round play} because you have this view of {knowledge} multidisciplinary. [...] the work is joint, and this adds a lot. It has a huge benefit for the patient, as a whole team is assisting him[...]. (I3)

> [...] I see wealth {interdisciplinary knowledge}, you exchange ideas, information with the nutritionist, with the physiotherapist, with the infectologist[...] often you would not have vital information, only with your daily clinical practice. (I4)

> {The round} is a tool for monitoring and better treatment of our patients, because in the numbers of HICC{in the indicators of infections related to health care}, a significant reduction was observed. (I7)

Based on the extracts presented, it is noted that the participants value and recognize the importance of rounds by the multidisciplinary team, pointing out improvements in their practice through the exchange of information in the team and operationalization of interdisciplinary knowledge.

It is also possible to identify that the practice of rounds enables active participation and empowerment (E1); individualized need and interpersonal interaction (I2); teamwork (I3); enrichment of clinical knowledge by the exchange of interdisciplinary knowledge (I4); and use as a tool for patient monitoring and treatment (I7).

Category II: Contributions of the multidisciplinary round to comprehensive care

The excerpts highlight the importance of the contribution of each professional in the process of health care of the individual as an integral Being, which has needs to be met/ healed. With this, the perception of the professionals is that the rounds assist the team in complying with the assistance guidelines that sometimes went unnoticed.

> {Through rounds} you check the patient's parameters daily and make the schedule for the removal of invasive devices [...]. For example, the physician evaluates whether the {clinical and laboratory} parameters are good, and the nursing evaluates the conditions of diaper diuresis to remove the device {BPD}. (I1)

> [...] the daily discussion with the infectologist about the need for suspension or permanence of antibiotics allows its use in a rational way. (I2)

> [...] you are in front of the patient and observe the Checklist used during the rounds, as in the case of central venous catheter and mechanical ventilation. There {the team}, in real time, performs the general and systematized evaluation of the patient. (I5)

> [...] the decrease in the use of invasive devices and medicines are related to the discussion of the team at the time of the [...]. (I6)

In the present investigation, participants reported that Checklist rounds allow programming the removal of invasive devices such as central venous catheter (CVC) and BPD(I1, I5, I6), Mechanical Ventilation (MV) (I5), to evaluate clinical and laboratory parameters (I1), suspend or exchange antibiotics (I2) and reduce the stay of patients in the ICU. In the extracts presented, it is possible to identify the integrated action and the daily evaluation (I1); rational use of antibiotics (I2); general and systematized evaluation in real time (I5); and reduction of invasive devices and drugs (I6).

The speeches of the professionals indicate that from the clinical discussion during the rounds, it is possible to draw a care plan based on the expertise of each professional and on priority goals. In addition, it is also noted that, given the daily and close monitoring by the team, the clinical evolution of the patient tends to be favored.

> The evaluation of the examinations {of the patient} at the bedside, by all professionals and the discussion of the clinical case is important. [...] sometimes, if the patient presents indicative of infection, the change of medicines is immediate and then it improves. (I2)

> [...] there are {situations of clinical injury} that nursing detects, unknown to the medical team. At the time of the round, when all professionals meet and exchange information, the patient care plan is readjusted. (I4)

> [...] through the rounds we identified the need to prevent injuries and established priority goals for the care and improvement of the patient's clinical status [...]. (I6)

The extracts show that professionals perceive collaboration among team members as a means that intensifies information sharing, promotes the autonomy of team members, and helps in establishing individual and holistic goals for patients.

According to the perception of the multiprofessional team, the round is a strategy that assists in patient care and promotes improvement in their health. This is because, to the contributions of each professional, increases the contribution of knowledge of the team, enables more assertive care and promotes integral care to the patient.

DISCUSSION

The rounds consist of a collaborative process of communication and decision-making among health professionals involved in patient care through a multidisciplinary approach[1]. In this sense, the arguments among the multidisciplinary teams that occur during the rounds consist of an important strategy to ensure the safety and adequate care of hospitalized patients, especially in ICU[8].

Cooperation between members of the multidisciplinary team increases the exchange of information in the decisions made and promotes the autonomy of the team in dealing with the challenges presented[9]. Thus, in the present study, the perception of the participants is that the realization of multidisciplinary rounds, guides the care practice of the multidisciplinary team of the since they reported that there was ample discussion about the patient's conditions and alignment of conducts to treatment and clinical recovery of the patient.

The rounds were presented as opportunities for each member of the health team to have a voice, express opinions and contribute to the patient's care plan. These actions promote collaboration and the sense of belonging of the team, aspects that are fundamental to the quality of health care[1,8,9].

During the rounds, professionals evaluate the patient's conditions, review the treatment, and discuss adjustments to maximize the effectiveness of the care[11]. These questions were referred by the professionals of this study being scored in the literature as essential practice to promote the culture of patient safety by valuing communication and joint deliberation on best practices in intensive care places[8-11].

The results of the present study showed that the professionals of the multidisciplinary team recognize the importance of performing the round and express that the intention is to align the goals and improve the care provided to the patient through autonomy, interdisciplinary knowledge, as observed

in the extracts of category I.

Corroborates the results of this research, a study conducted in an ICU in southern Brazil, which revealed that adherence to safe care practices increased significantly due to the daily application of checklist during rounds. This study also found that conducting the daily round favors the planning, organization, and systematization of care, in addition to contributing to the management of critical patient care[1].

The value of the multidisciplinary knowledge provided by the rounds is also highlighted. By bringing together professionals from different areas, the team has access to a range of perspectives, information, and skills and all this, certainly, favors decision-making and enables more comprehensive and effective care[2].

It is stated in the literature[12] that the consolidation of the round practice occurs by the understanding that each professional has of their responsibilities, associated with the ability to communicate effectively with their colleagues. This cooperation among the members of the multidisciplinary team is crucial for success in implementing safe practices defined in clinical guidelines. In addition, the recognition and appreciation of teamwork ensures greater adherence to established goals and best care practices[1].

The benefit of sharing interdisciplinary knowledge during rounds, the exchange of information between professionals from different specialties enriches the understanding of each case and can reveal crucial information that can go unnoticed in isolated clinical practices[2].

According to the participants' reports, the exchange of information among the professionals of the multidisciplinary team promotes the empowerment and autonomy of its members, which culminate in the establishment of goals and safe practices for the individual and integral care of each patient.

Clinical discussions about the patient during the rounds provide the interaction of the knowledge of the multidisciplinary team, demonstrate the commitment and collaboration of professionals in the prevention and reduction of harm to the patient[2]. These statements corroborate the excerpts from the deponents presented in category II.

The exchange of knowledge among the multiprofessional team brings benefits to the patient, such as reducing the rates of health indicators[2]. In this study, the professionals reported that the use of the round supported by Checklist made it possible to schedule the removal of invasive devices, to assist in the mitigation of infectious processes and reduction of hospitalization time in the quality and safety of care. It is well-known in the literature that the extension of hospitalization time in ICU increases the chances of up to 21.1 times of sepsis occurrence and 6.6 times of death[13].

In this perspective, a mixed method study, which analyzed the implementation of multidisciplinary rounds directed by Checklist in an ICU, identified a significant reduction in hospitalization time in pneumonias associated with mechanical ventilation (MV), in urinary tract infections, on the days of use of Mechanical Ventilation (MV) and BPD[2]. This systematized approach allows us to identify and prevent complications during patient care and to recognize the need for adjustments in the care plan, contributing to the safety and effectiveness of treatment.

Another study conducted in three ICUs of a hospital in Rio Grande do Sul, aiming to evaluate the impact of the implementation of a checklist during the rounds, identified: reduction in the length of stay in the ICU (from eight to five days) and in the time of MV (from five to two days)[14].

The rounds provide an opportunity for the multidisciplinary team to review the patient's clinical and laboratory parameters daily and decide on the permanence or removal of invasive devices, like the BPD and others, thus promoting the improvement of care and the reduction of adverse events[1,2,15]. In this sense, rounds are consistent with the patient-centered approach, being a fundamental principle of clinical practice, whose multidisciplinary discussion allows a team to adapt the care plan according to the specific characteristics and needs of each person[1,9].

Regarding the effectiveness of teamwork, also pointed out in this study, it is stated that to ensure patient safety, especially in reducing the time of exposure to invasive devices, rounds with the multidisciplinary team and the daily completion of checklists has had a positive impact[2,15].

In the present investigation, there was a reference that the presence of the infectologist in the round contributes to the reduction of infection rates related to health care. Related results are found in the literature that points to the presence of the infectologist in the multidisciplinary visit, as

primordial for the management of the use of antimicrobials and reduction of the indiscriminate use of these drugs[1,16]. Another study highlights that, through the participation of the infectologist in rounds, even with the significant reduction in the consumption of antimicrobials, adequate treatment and patient safety are ensured[16].

Daily interaction with specialists, such as infectologists, is vital for the careful evaluation of the need for continuity or suspension of antibiotics[1]. This practice is aligned with the concept of rational antibiotic therapy, resulting in optimization of the treatment and prevention of antimicrobial resistance[1,17].

The clinical pharmacist is also an important professional of the health team. According to the literature, when this is integrated into the multidisciplinary team of an ICU, there is a significant reduction in cases of prescription errors, adverse events related to medicines, treatment costs and improvement in patients' conditions[18]. However, in the present study, we note the absence of the pharmacist who was questioned and justified due to the occurrence of embezzlement in the pharmaceutical staff in the institution and this prevented him from participating in the rounds in that period.

The complementation of the knowledge of each professional area has as its focus the recovery of the patient and better health indicators[2]. In this sense, the completion of rounds and the use of checklists to analyze the patient's health indicators have positive effects, as it is an essential care strategy to provide comprehensive care and minimize possible harm[2].

For the patient to re-establish himself with quality, it is necessary to draw a care plan and goals for his treatment[19]. Thus, the completion of rounds is important to stimulate dialogue in the team, regarding the work process, the establishment of joint plans, the adoption of preventive measures and collaboration among professionals from different areas[18-20].

Based on the results of this study, it is possible to highlight some advances in understanding the practice of multidisciplinary rounds in ICUs, such as the reduction of the rate of Infections Related to Health Care (IRHC), reduction of hospitalization time and optimization of antibiotic prescription. In addition, the favoring of the collective attention of the team is highlighted, culminating in an integral assistance to the patient.

The study also emphasizes that the round is a key strategy to improve the quality of hospital care birth, particularly in ICUs, because collaborative interaction between professionals from different areas and multidisciplinary deliberation focused on the patient are specific elements essential for the continuous progression of care in the hospital context. In addition, the evidence from the fall in IRHC rates exemplifies how such practices can generate positive results in the patient's clinical outcomes.

FINAL THOUGHTS

The multidisciplinary round practice is perceived by the participants as an important strategy for safety and quality of care to the critical patient, for promoting the autonomy and effective performance of professionals. For the deponents, the rounds are configured at a time of exchange of information and knowledge among the members of the multiprofessional team, definition of priorities in the treatment and (re)planning of the care plan of the critical patient.

As limitations of this study, we highlight the fact that the multidisciplinary team does not count on the presence of the pharmacist, whose professional is extremely important for safety in the administration of drugs and for being performed in only one ICU. It is suggested that more comprehensive studies with complete teams and in several types of institutions are performed so that the rounds, especially in ICU, are widely operationalized.

ROUNDS EM UNIDADE DE TERAPIA INTENSIVA: PERCEPÇÕES DE UMA EQUIPE MULTIDISCIPLINAR

RESUMO

Objetivo: Apreender as percepções de uma equipe multidisciplinar a respeito da prática de *rounds* à beira-leito em Unidade de Terapia Intensiva. **Método:** Estudo qualitativo, realizado em 2021, em uma Unidade de Terapia Intensiva de um hospital filantrópico paranaense. Participaram sete profissionais da equipe multidisciplinar, atuantes no campo do estudo. Os dados foram coletados por meio de entrevista semiestruturada, gravada, ancorada na questão norteadora: Fale-me a respeito da prática de *rounds* à beira-leitonesta Unidade de Terapia Intensiva. As transcrições foram analisadas por meio da técnica de análise de conteúdo, modalidade temática, de

Bardin. **Resultados**: Dos discursos, emergiram duas categorias: *aplicabilidade do round à beira-leito: autonomia, interação e saber interdisciplinar* e;*contribuições do round multidisciplinar para a assistência integral*. **Considerações finais:** Os participantes percebem os *rounds* multidisciplinar na Unidade de Terapia Intensiva, como estratégia importante à segurança do paciente crítico, como também à autonomia e à atuação eficaz da equipe multiprofissional.

Palavras-chave: Equipe de assistência ao paciente. Visitas com preceptor. Unidades de terapia intensiva. Segurança do paciente.

RONDAS EN UNIDAD DE CUIDADOS INTENSIVOS: PERCEPCIONES DE UN EQUIPO MULTIDISCIPLINARIO

RESUMEN

Objetivo: comprender las percepciones de un equipo multidisciplinario acerca de la práctica de rondas a la cabecera del paciente en Unidad de Cuidados Intensivos. **Método**: estudio cualitativo, realizado en 2021, en una Unidad de Cuidados Intensivos de un hospital filantrópico de Paraná/Brasil. Participaron siete profesionales del equipo multidisciplinario, actuantes en el campo del estudio. Los datos fueron recopilados por medio de entrevista semiestructurada, grabada, basada en la pregunta guía: Háble me acerca de la práctica de rondas a la cabecera del paciente en esta Unidad de Cuidados Intensivos. Las transcripciones fueron analizadas por medio de la técnica de análisis de contenido, modalidad temática, de Bardin. **Resultados**: de los discursos, surgieron dos categorías: *aplicabilidad dela ronda a la cabecera del paciente: autonomía, interacción y saber interdisciplinar* y; *contribuciones dela ronda multidisciplinaria para la asistencia integral.***Consideraciones finales**: los participantes perciben las rondas multidisciplinarias en la Unidad de Cuidados Intensivos como una estrategia importante para la seguridad del paciente crítico, así como para la autonomía y la actuación eficaz del equipo multiprofesional.

Palabras clave: Equipo de atención al paciente. Visitas con preceptor. Unidades de Cuidados Intensivos. Seguridad del paciente.

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