

CUSP Tool: Conducting a Morning Briefing

PROBLEM STATEMENT:

ICU physicians could increase communication with nursing staff while more efficiently prioritizing patient care delivery and ICU admissions and discharges.

WHAT IS A MORNING BRIEFING?

A morning briefing is a dialogue between 2 or more people using concise and relevant information to promote effective communication prior to rounds in the inpatient unit.

PURPOSE OF TOOL:

The purpose of this tool is to provide a structured approach to assist physicians and charge nurses in identifying the problems that occurred during the night and potential problems during the clinical day.

WHO SHOULD USE THIS TOOL?

- Physicians who conduct patient rounds.
- Charge nurses and nurse managers who make patient assignments and are responsible for the entire patient population and staff within the inpatient unit.

HOW TO USE THIS TOOL:

Complete this tool daily prior to starting patient care rounds by meeting with the charge nurse.

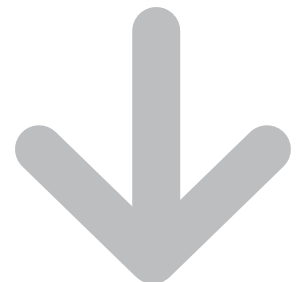
BRIEFING PROCESS

I. What happened overnight that I need to know about?

- After an update on the patients proceed to question II unless there was an adverse event involving one of the patients.
- *If an adverse event occurred you may implement **How to investigate a defect?***

II. Where should I begin rounds?

- **Below is a framework to help review your patient population, planned admissions and discharges.** Based on your assessment after reviewing the following questions, you should be able to identify if you start rounds because of patient acuity or if you start rounds with the first patient to transfer out to more efficiently prepare for the unit's first admission.



BRIEFING PROCESS

1. Is there a patient that requires my immediate attention secondary to acuity?	YES <input type="radio"/> NO <input type="radio"/>	Name / Room Number
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NAME	ROOM NUMBER
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2. Which patients do you believe will be transferring out of the unit today?

3. Who has discharge orders written?

4. How many admissions are planned today?

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5. What time is the first admission?

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6. How many open beds do we have?

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7. Are there any patients having problems on an inpatient unit?

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III. Do you anticipate any potential defects in the day?

SPECIFIC THINGS TO CONSIDER?	PROBLEM IDENTIFIED	PERSON ASSIGNED TO FOLLOW UP	ACTION TAKEN
Patient scheduling			
Equipment availability/ problems			
Outside Patient testing/Road trips			
Physician or nurse staffing			
Provider skill mix			