



“Physician compliance reporting can be used to improve ICU physician compliance with rounding checklists when prompters are unavailable” Carlos et al (2015).

Reference:

Carlos, W.G., Patel, D.G., Vannostrand, K.M., Gupta, S., Cucci, A.R. and Bosslet, G.T. (2015) ICU Rounding Checklist Implementation: Effect of Accountability Measures on Physician Compliance. Annals of the American Thoracic Society. February 2nd. .

ICU rounding checklist reduces central venous catheter utilization [@ivteam #ivteam](http://ctt.ec/k8cbZ+)

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Abstract:

Rationale/objectives: Checklist utilization has been shown to improve multiple processes of care in the Intensive Care Unit (ICU). The ICU setting makes checklist implementation challenging particularly when prompters are unavailable to ensure checklist compliance. We performed a prospective analysis on physician compliance reporting as a means to improve attending physician compliance with checklist use during ICU rounds.

Methods: Prospective analysis of 14 attending physicians’ compliance with checklist use before and after accountability measures employed at two urban academic hospitals in the

United States. The accountability measures were bi-monthly publication of physician checklist compliance via division e-mail and during a multi-disciplinary division conference.

**Measurements and Main Results:** A total of 5,812 patient-days of ICU care were assessed from April 2013 through March 2014. Compliance with checklist use during ICU rounds improved at both academic hospitals during the intervention phase. Initial compliance rates were 67% at each institution and subsequently improved to 90% and 81% respectively after accountability measures were employed. During a 3-month washout phase in which no public accountability measures were employed compliance was maintained at 89% and 78% at each hospital. Foley catheter, central venous catheter, and ventilator utilization rates decreased following initiation of public accountability at both hospitals.

**Conclusions:** Physician compliance reporting can be used to improve ICU physician compliance with rounding checklists when prompters are unavailable. Improved physician compliance translated into decreased rates of foley catheter, central venous catheter, and ventilator utilization. These results highlight the impact physician accountability can have on patient care in the ICU.

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