Presentation Objectives: The objectives of this presentation are to:
- Provide situational background
- Up to date Process education, including the tools we are using and support available
- Our evaluation methods for continuous improvement

Situation Background: Multi-disciplinary trauma service rounds are inclusive and the participants are in close proximity... inches apart instead of 6’ apart. Distancing 6’ apart is one method to reduce the risk of virus exposure & transmission.

As we were brainstorming in our Surgical Trauma ICU leadership meeting how to address congestion, I had a concept of using video conferencing to decrease the numbers of individuals so we could have more opportunity to distance those present, and yet still have inclusive, informative rounds. I developed the draft process, we trialed it, and it’s been a team build since that moment.

Thursday March 19 we began our Trauma Service Distancing Rounding which was within 12 hours of concept. Within 3 days the dynamic process was being applied to the Surgical ICU rounding also when the same attending was rounding.

Trauma Service Distance Rounding Objectives:
- To promote 6’ distance of team members during walking rounds
- To enable multi-disciplinary participation remotely
- To be non-disruptive
- To be dynamic seeking to agree on a consistent approach
- To simplify the process where feasible
- To share our process
- And to learn from others who may implement distancing rounding

Tools & Process Leader Identification: cell phones, audio/speaker tool such as ear bud, HIPPA compliant video conferencing tool, an identified process leader (can manage remotely quickly). It’s ideal to have a unit conference room with computer, wall monitor and speaker phone. We are pursuing a video camera & audio capabilities on our rolling rounding computer.

Dynamic Process Overview as of Thursday March 26th Please view the dynamic google document for details https://docs.google.com/document/d/19s3ICvcoOZllhaSqw5yVQ4r3FJF22-Wd4uUGk6m0b2b8/edit?usp=sharing

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