



See Also: [Handover Checklists Improve Quantity & Quality of Information](#)

Potential improvements were observed in 4 of 7 care processes and 2 safety climate domains, although except for 1 outcome, urinary catheter use, these findings were not significant after adjustment for multiple comparison.

In an email to *ICU Management & Practice*, Dr. Cavalcanti detailed the potential explanations for the small difference in mortality between the two trial arms:

- 1) The effect of the intervention (daily round checklist and care goals, plus clinician prompting) was only modest/moderate on care processes, which in turn was not enough to result in measurable effects on mortality;
- 2) Most care processes targeted by our checklist have uncertain effects on mortality – indeed, there is paucity of high quality evidence for most ICU interventions
- 3) It is possible that a longer period of intervention would have resulted in a higher effect on processes of care and maybe on clinical outcomes.

Dr. Cavalcanti added that they have received informal feedback from most participant ICU leaders declaring they have continued using the daily round checklists with goal setting, and clinician prompting. The control group of ICUs received the intervention after the 6 months of the study, as stipulated by the funder and local clinical leaders. ICU leaders' perceptions regarding the effects of checklists on the quality of care are very positive, said Cavalcanti.

## Next Steps

The Writing Group has planned several analyses using data gathered in the study. Dr. Calvanti said that they plan to further explore the relationships between ICU organisational characteristics, adherence to care processes and safety climate with clinical outcomes. They also are planning a a cluster randomised trial to assess quality improvement interventions for patients with sepsis.

*Claire Pillar*  
Managing editor, *ICU Management & Practice*

Sources: [JAMA](#); author email.  
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