Background

In today’s healthcare market, we often see care that is fragmented, inefficient, and could potentially harm the patient. As healthcare workers, we want to deliver the best quality care to our patients. There are many disciplines in and out of a patient’s room, providing information, often leaving gaps in the care continuum, and leaving the patient with disjointed information. Multidisciplinary rounds is a patient-centered approach that brings multiple members of the care team together to provide safe, efficient, collaborative care to the patient.

Will Multidisciplinary patient rounding
• decrease patient length of stay?
• foster collaborative interprofessional relationships among disciplines?

Methods

On March 6, 2013, multidisciplinary patient rounding was set to be conducted every day at 9am.

• Staff was educated on the rounding process.

• The multidisciplinary team is composed of consistent team members: a Hospitalist, Physician Assistant, Charge RN, Registered Nurse, Pharmacist, Care Manager (CM), Social Worker (SW), Physical Therapist, and Dietitian.

• The rounds began outside of the patient’s room.

• The team entered the patient’s room together.

• The patient was able to participate in his/her plan of care. Since all members of the patient care team were present, a more collaborative plan of care was developed.

Questions

Survey Results*


Discussion

• 24 nurse surveys were returned (66% return rate). Two physicians, 1 Physician Assistant (PA), and 1 pharmacist completed a similar survey on communication and collaboration.

• The physicians, PA, and pharmacist strongly agreed that there was good communication and collaboration with nurses.

• Nurses and physicians believed that since the rounding process began, there has been improved teamwork among disciplines.

• The team expressed that there were fewer delays in relaying information regarding patient care since the initiation of rounding.

• Additionally, since rounding is done at the bedside, the relationships with patients and families have improved and provided an opportunity to address needs and concerns.

• Nurses agreed/strongly agreed (100%) that multidisciplinary rounding enhanced their knowledge of the patient’s overall condition; 82% agreed/strongly agreed that there were fewer delays in relaying information regarding patient care.

Results: Length of Stay

LOS DECREASED FROM 3.69 IN 2013 TO 2.70 IN 2015

Implications/Opportunities

This rounding process is a strategy that has demonstrated a positive impact on meeting patient needs and improving interprofessional relationships. It would have been more advantageous if pre-survey data was collected before beginning the QI project. The rounds have the potential to impact quality indicators (healthcare associated infections, Falls, Pressure Ulcers). There have been no CAUTI, CLABSI, MRSA on the department thus far in FY2014-15. Other areas that may be impacted by multidisciplinary rounding are adverse drug events (near misses), mobility, and patient satisfaction.

Conclusions

Accessibility of the physician on the department has facilitated better interprofessional relationships. The rounds have improved quality, efficiency, and reduced patient days in the hospital.