



Evidence Based Practice on Multidisciplinary Rounding

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Background

- According to Joint Commission, almost 70 percent of patient adverse events cite the lack of collaboration as a main cause of clinical errors.
- Traditionally, physicians have rounded on patients with or without residents, and prescribe orders based on their assessment of the patient.
- Multidisciplinary Rounding (MDR) is a team approach that involves other healthcare members such as nurses, pharmacists, nutritionists, and physical therapists to collaborate on a treatment plan for the patient.
- MDR improves communication, thereby providing a collaborative, patient-centered and holistic approach to improve patient outcomes.

PICO

On an adult medical-surgical unit, will the implementation of MDR, compared to current practice, decrease readmission rate, decrease length of stay (LOS), and decrease cost?

Review of Literature

Six (6) articles were graded using the ANC Rating System for Hierarchy of Evidence and the John Hopkins Nursing Quality of Evidence Appraisal:

- 1 Level II (randomized control trial); Grade A (high quality)
- 3 Level IV (well designed case-control and cohort studies); 2 Grade A and 1 Grade B (good quality)
- 2 Level V (systematic review); Grade B

Process of Implementation

- The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care was the model used to implement.
- Formed a pilot team that consisted of Family Medicine attending and resident physicians, staff nurses, inpatient pharmacist, and case manager.
- Staff was educated on purpose and implementation of MDR, supporting patient-centered, collaborative care.
- Prior to each patient visit, the provider would notify the assigned nurse before assessment, facilitating fluid dialogue with consideration to the patient's preferences and values.

Outcomes

Baseline data:

- 30 day readmission rate of 10.5 patients
- Average LOS of 2.3 days
- Average cost at disposition/patient: \$6,920 per month.

Three (3) months post-implementation:

- 30 day readmission rate of 9 patients
- Average LOS of 2.275 days
- Average cost at disposition/ patient: \$ 6,059 per month.

Lower readmission rates, LOS and cost after three months of implementation.

Will collect data again at six (6) months.

Nursing Implications

- MDR is essential in establishing patient-centered communication and collaboration amongst the multidisciplinary team in real-time.
- This increases patients satisfaction, decreases variances in the administration of healthcare services, and decreases adverse events.

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