Optimizing Multidisciplinary Rounds:
Improving Outcomes Through Collaboration

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Introduction

Acute care hospitals in the United States face challenges including workforce shortages, limited inpatient beds, an aging and increasingly frail population, and the prevalence of safety, quality, and communication issues. CNSs impact outcomes in three spheres: patient, nurse, and organization and are uniquely prepared to address and mitigate these challenges. Multidisciplinary rounds (MDRs) present an opportunity for CNS participation to advocate for nursing care, increase hospital efficiency, meet complex patient care needs, prevent harm, and enhance interprofessional communication.

Problem Identification

- Lack of standardization, efficiency, and clear purpose
- Key stakeholders such as nursing and therapy teams were often absent
- Lack of focus on discharge planning
- Poor utilization of technology to support, no visual management tool
- Harm prevention strategies not included
- Difficult environment for interprofessional collaboration, not conducive for all disciplines' voices to be heard

Goal/Aim

1) Enhancing communication and collaboration between disciplines
2) Reducing patient harm events
3) Maximizing hospital throughput

MDRs at our facility have a lengthy history of redesigns and iterations. Early in 2023 a Value Stream Steering Team (VSST) was created to improve capacity management at our hospital by decreasing our length of stay (LOS) and length of stay index (LOSi). The team identified MDRs as a primary driver of LOS and LOSi.

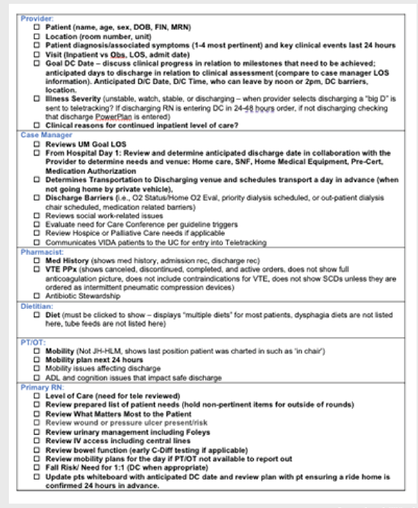
Methods

An interprofessional team including the hospitalist director, pharmacists, dietitians, case managers, an outcomes specialist (CNS student), nurses, leadership, and a clinical informaticist. The team was led by the patient throughput operations manager. During an all-day intensive work session the team reviewed current practice, future goals, and discussed the adoption of a visual management tool for rounds. The hospitalist director and outcomes specialist (CNS student) partnered to trial an electronic "Multi-D Rounding." Over several weeks of collaborative effort and review of evidence available, the standard work for rounds was modified to match the visual tool and optimize discussion and flow during MDRs.

Once the optimized version of the multi-d tool and standard work for rounds was finalized, the patient throughput operations manager worked to disseminate the practice throughout the hospital through at-the-elbow coaching, administrator rounding, and daily data collection on MDR performance. Nursing participants at MDR were asked to complete a daily tracking tool recording participants, length of discussion, and adherence to standard work. The hospitalist director provided coaching and education to the hospitalist team.

1

Cerner Screenshot of Multi-D Rounding Tool



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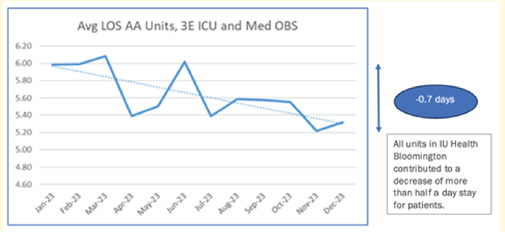
Standard Work

Evaluation/Outcomes

- MDRs now standardized throughout hospital with improved communication and collaboration between disciplines
- Enhanced focus on interprofessional harm prevention
- Incorporation of electronic visual management tool
- Improved hospital throughput
- Revised standard work guarantees space for each discipline to have a voice
- LOS decreased from 6 to 4.8 on first trial unit after 3 months of implementation
- Average LOS on all inpatient units decreased by 0.7 days after 9 months of implementation
- No substantial difference in readmission rates
- Increased attendance from all disciplines at MDR
- Nursing team had previously been absent on 2 units and now attend greater than 97% of the time



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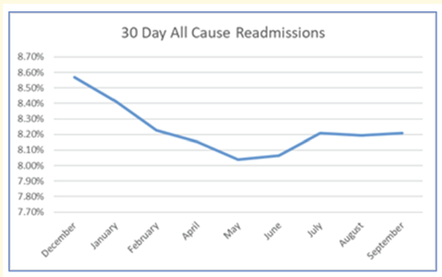
Decrease in LOS



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Readmission Rate

Conclusion

MDRs present a unique opportunity for the healthcare team to collaborate on patient care and outcomes. Creating standard processes that support organizational goals to improve healthcare for the community is essential to optimize this time. Electronic visual management tools may help reduce clinician workload, enhance the discussion during MDR, and provide an infrastructure for the flow of rounds. Effective interprofessional implementation of standard work can improve collaboration, reduce patient harm, and increase hospital capacity.

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