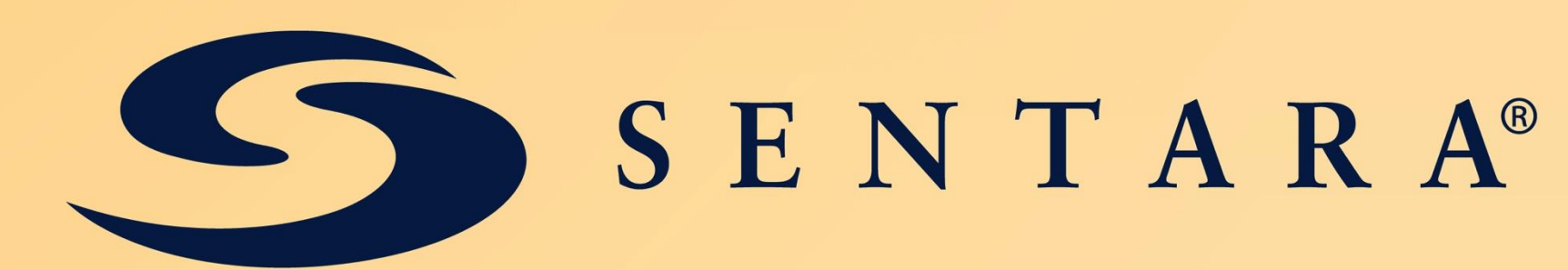




Interdisciplinary Rounds: Impact on Interprofessional Collaboration and Clinical Outcomes

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Introduction

In early 2013, interdisciplinary team members at SWRMC recognized an opportunity to improve communication and collaboration among the interprofessional team. With a focus on safety and quality, the team identified implementation of daily interdisciplinary rounds (IDRs) as a method to improve overall teamwork, coordination of care, and transition planning. The vision was for the interdisciplinary team to come together early in the patient's hospitalization to establish a plan, set goals, identify barriers, and coordinate services to achieve the goals. While IDRs had been routine in critical care for many years, the team was interested in developing a model that would also benefit non-critical care patients.

Significance

Interdisciplinary Rounds enable multiple members of the care team to come together in real time to discuss patient care. Informed by their clinical expertise, professionals from multiple disciplines meet to coordinate patient care, determine care priorities, establish daily goals, and plan for transitions in care (IHI, 2015).

Reported benefits of IDRs include improved communication and collaboration among team members, increased compliance with process measures, facilitation of evidence-based, best-practice initiatives and better patient outcomes (IHI, 2015).

Interdisciplinary Rounds provide a formal mechanism for identification and communication of current patient status, daily goals, safety risks, and transition barriers.

Objectives

The primary objective of this project was to design and implement an efficient and effective interdisciplinary rounding process that includes representatives from multiple, cross-continuum, interprofessional departments.

A secondary objective was to track and trend the impact on clinical outcomes for specific patient populations. Specific outcome measures identified were length of stay, mortality, and readmissions for patients with Heart Failure, Pneumonia, and Sepsis.

Methods

Develop a model for successful implementation of IDRs.

- Identify a leader/facilitator
 - Define role/responsibility; keep team on track; timekeeper
- Establish Structure and Process
 - Determine a schedule: Daily IDRs Monday-Friday at 0830
 - Centralized versus Decentralized
 - SWRMC currently follows a centralized model
 - Pros & Cons
 - Identify key concepts and focus of the rounds
 - Be consistent, effective, & efficient!
- Identify Team Members & Discussion Topics
 - Physician/Hospitalist
 - Nursing Representatives from each unit
 - Clinical Nurse Specialist
 - Care Coordination (Case Managers)
 - Social Workers
 - Pharmacist
 - Rehabilitation Services Representative (PT, OT, Speech)
 - Clinical Nutritionist
 - Infection Preventionist
 - Palliative Care Nurse
 - Hospice Social Worker
 - Home Care Liaison
 - Respiratory Therapist
 - Chaplain Services
- Follow Up
 - Centralized process requires follow up and communication with bedside nurse, patient, and family.

Challenges

- Scheduling
 - Try different times/methods.
- Staying on track
 - Establish guidelines for discussion; Stay focused!
 - Take complex situations off-line.
 - Review meeting etiquette as needed.
- Addressing non-hospitalist patients
 - Community MDs, Specialists



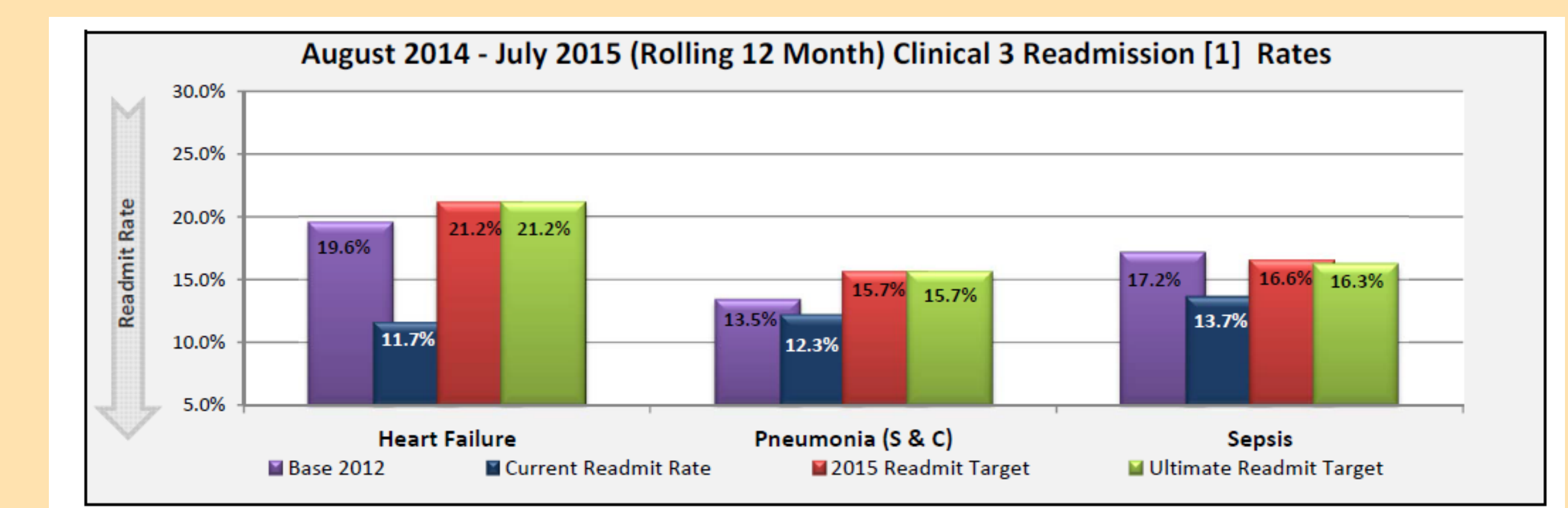
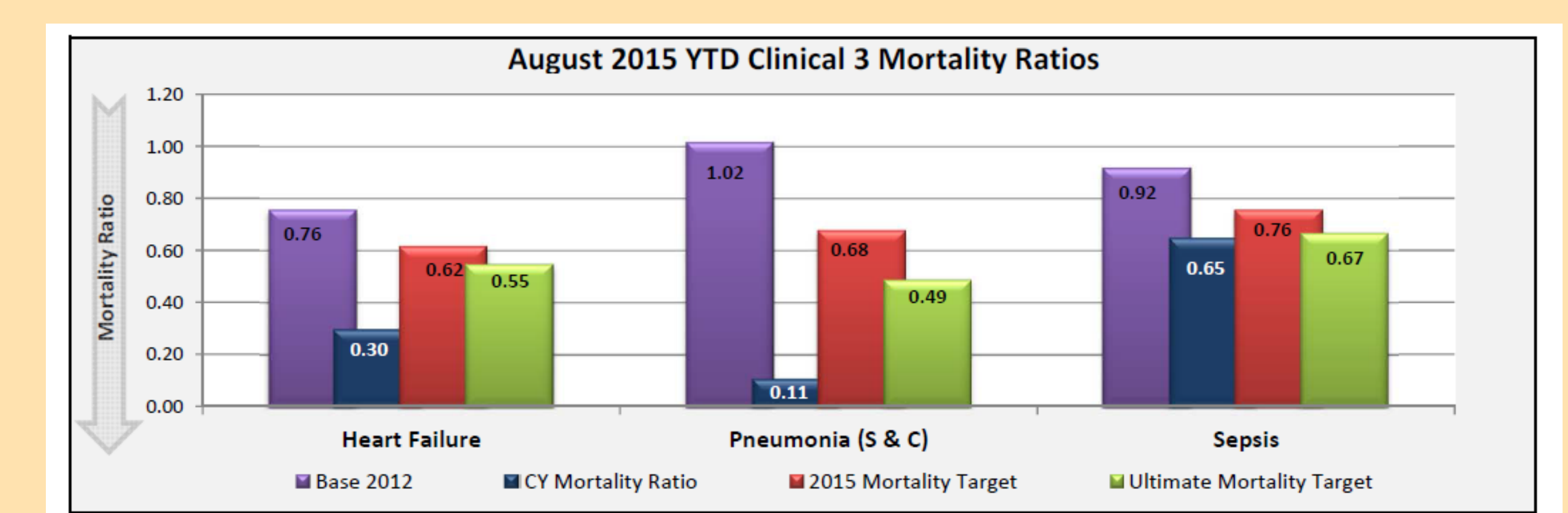
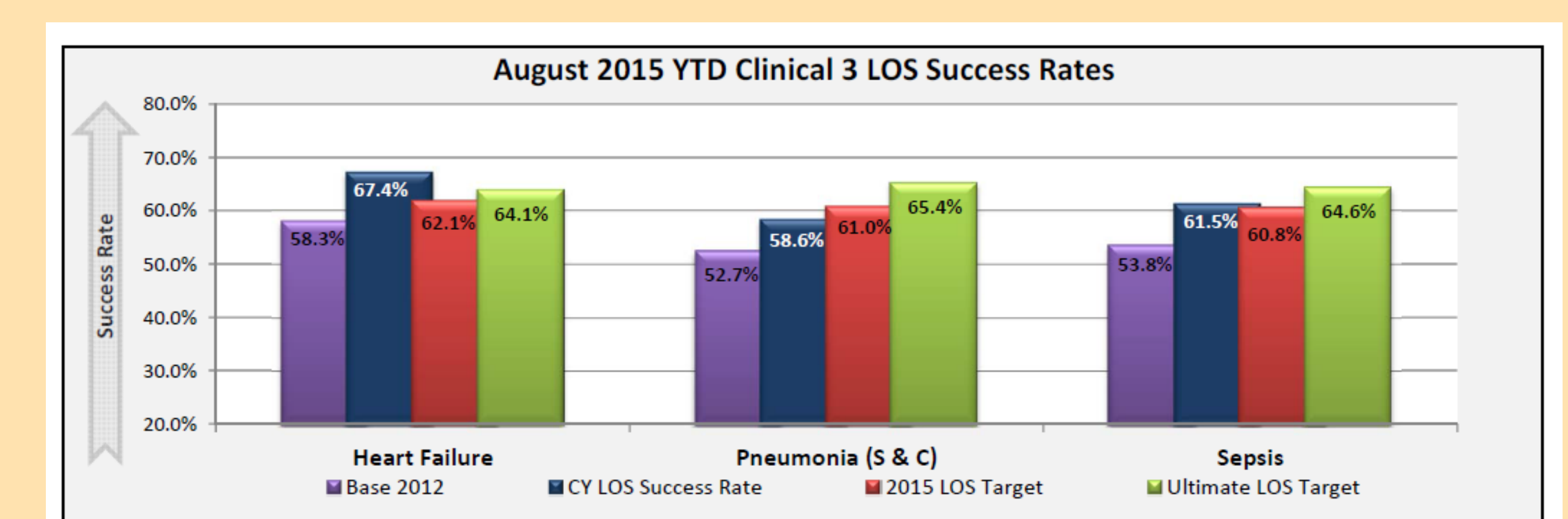
Members of the Interprofessional Team at SWRMC

References

Institute for Healthcare Improvement. (2015). *How to guide: Multidisciplinary Rounds*. Retrieved from <http://www.ihl.org>
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Outcomes

Primary Outcomes: In conjunction with numerous other performance improvement efforts, IDRs contributed to overall improvement in length of stay success rates, mortality ratios, and readmission rates for patients hospitalized at SWRMC with Heart Failure, Pneumonia, and Sepsis between January 2013 and August 2015.



Source: Truven CareDiscovery Database

Secondary benefits were also appreciated:

- Decreased device utilization ratios
- Improved turn-around time on ancillary consult orders
- Early identification and resolution of medication safety concerns
- Earlier palliative care and hospice consultations
- Enhanced sense of teamwork and collaboration

Conclusion

Daily IDRs are an effective strategy to improve interprofessional teamwork and positively impact clinical outcomes.

Interdisciplinary team members perceive enhanced coordination of care, more timely interventions, and earlier removal of transition barriers.

Effective and efficient IDRs can be accomplished outside of critical care with a dedicated, interprofessional team who is committed to excellent patient outcomes.

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