



Putting the Patient Back in the Center of Patient Centered Care:  
A Redesign of Multidisciplinary Rounds

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BACKGROUND

Communicating with our patients and their families at their bedside is fundamental and will enable us to improve the transition of care process, patient safety and outcomes and patient experience. Current rounds are held in a centralized location with the care team present lacking the engagement of the patient. This project would allow the care team to conduct decentralized rounds at the patient’s bedside to include the patient and their loved ones as well.

TRADITIONAL MDR	MDR REDESIGNED
OPPORTUNITIES	STRENGTHS
Central location	Collaboration at the bedside
Expert Model	Skilled Partnership Model with Patient and Family Engagement
Dependence	Interdependence - Patient and Family Focused

PURPOSE

The purpose of this project is to redesign multidisciplinary rounds (MDR’s) to be truly patient-centered. The objectives are to achieve earlier discharge times, overall decreased length of stay, and improved patient satisfaction scores with specific concentration on the communication domain.

METHODS

Bedside MDR’s will focus on medical-surgical patients cared for by the Hospitalist Team that are anticipated to be discharged within the next 24 hours. This will help ensure understanding and efficiency of the transition plan and identify any potential barriers to discharge.

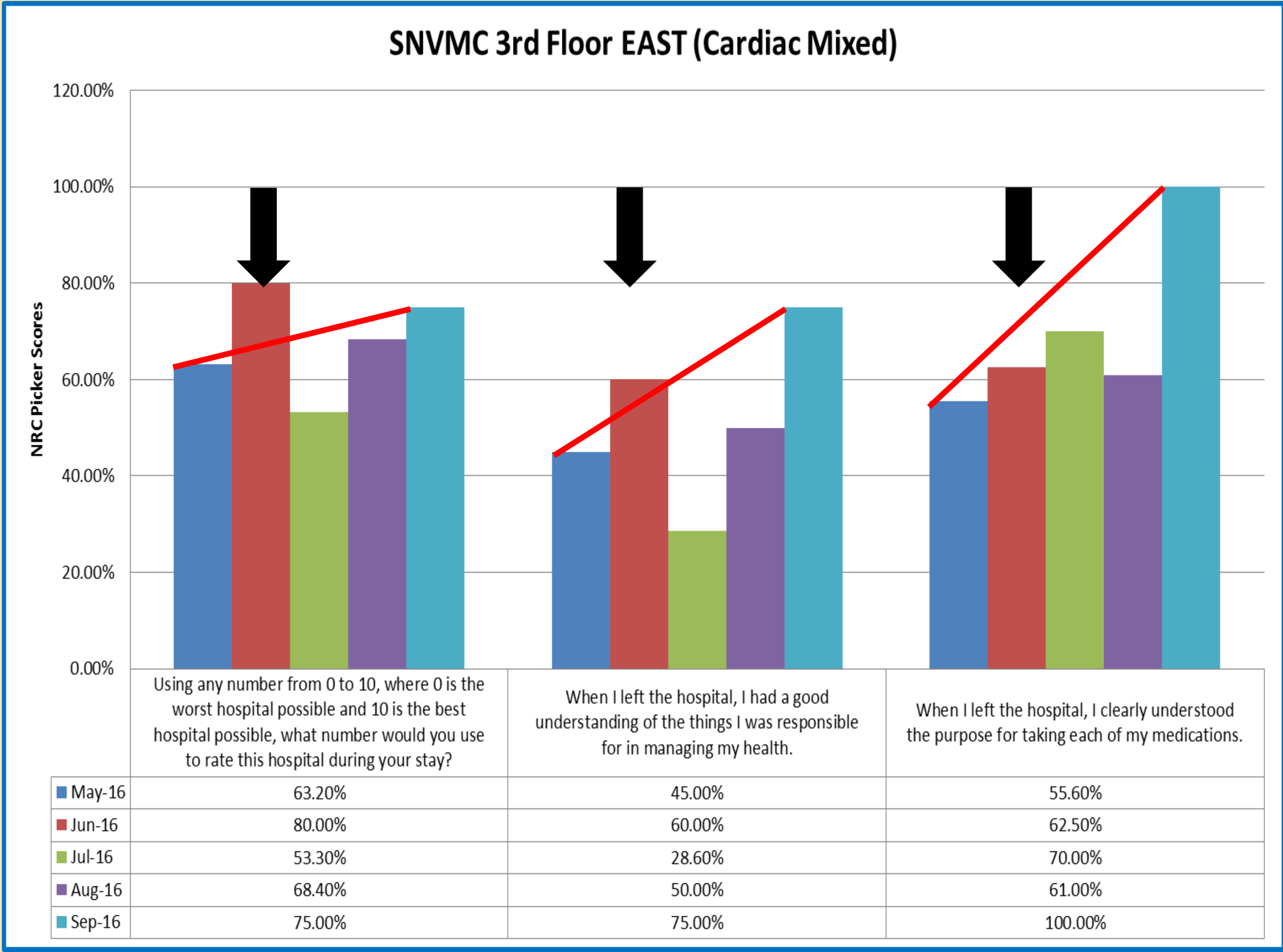
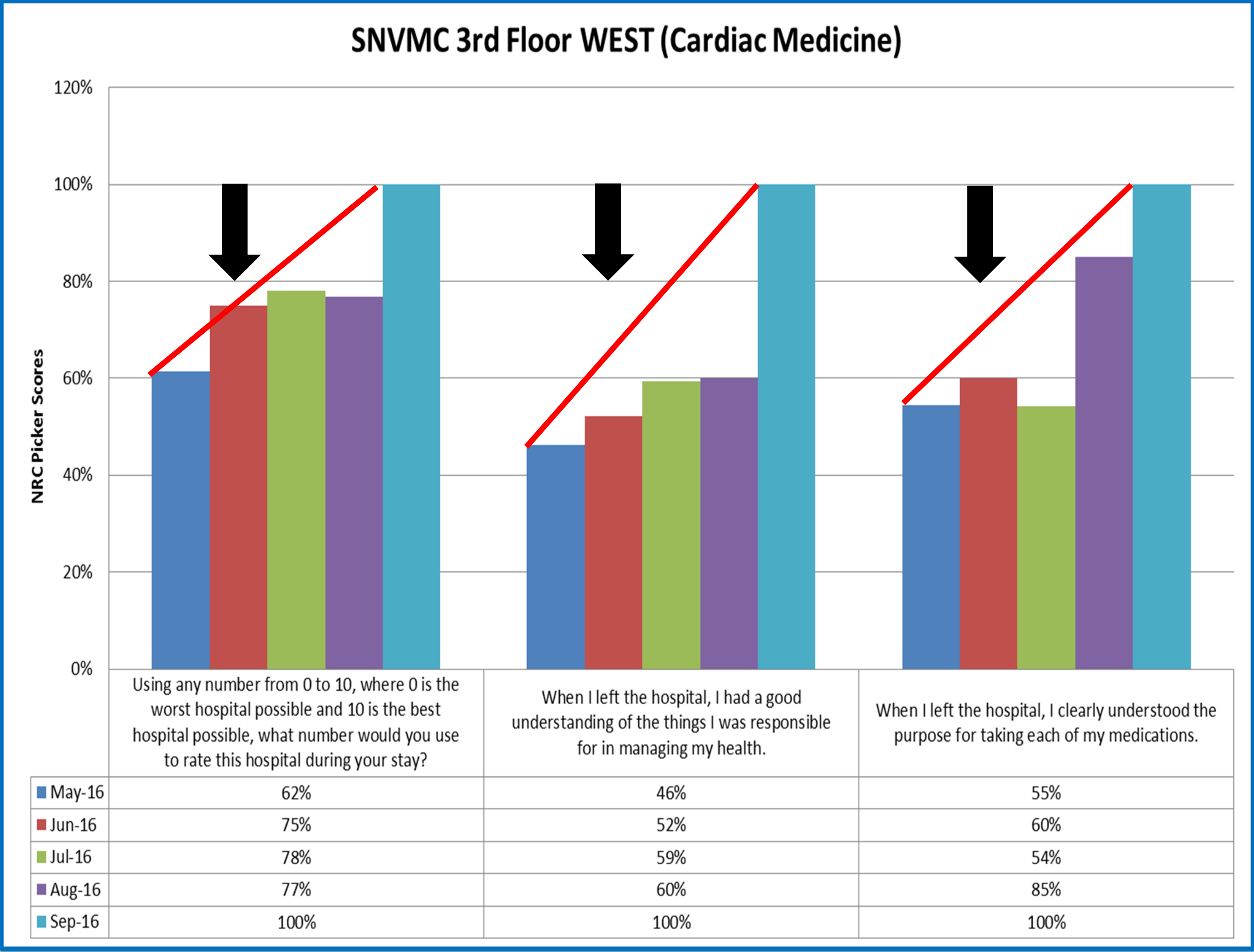
- ❖ Bedside MDRs Patient Criteria and Process
- ❖ Bedside MDR Process
- ❖ Timing and Scheduling
- ❖ Behavior Expectation

Beginning in June 2016, an initial pilot was conducted on the third floor cardiac unit with hospitalist patients. Hospitalist Team Leads Dr. Yasser Khoudeir and Dr. Driss Berrada assisted in not only the design on the pilot criteria, but leading and conducting the bedside rounds on the specified patient population. Patient inclusion criteria included hospitalist patients on the third floor cardiac unit, anticipated to be discharged in the next twenty four hours. The time selected to conduct bedside multidisciplinary rounds was 1400.

RESULTS

Positive comments with noted increased in patient satisfaction scores proved that the pilot conducted has been successful. With the favorable results of the pilot, the project is in the process of being expanded to all Hospitalist patients that will be discharged within the next twenty-four hours. Post Bedside MDR rounding also suggests positive comments from both the patient and their family members.

- Significant patient experience score improvements are as follows:
- ❖ 12-38-point improvement in overall score
  - ❖ 45-point improvement in information and education domain
  - ❖ 30-50- point improvement in continuity and transition domain



Comment Text	Coded As	Discharge Date
As far as the nurses and the doctors are concerned, I've never been in a hospital with the kind of attentiveness and the care I was given. Everything was excellent. I would say just keep doing what they are doing because it is great. I would recommend my family or anyone else to Sentara.	Access/Coord of Care, Doctor/Physician, Nurse/Nurse aide	9/16/2016
The entire staff were very professional, on time and very pleasing right down to the cleanup lady.	Access/Coord of Care, Housekeeping/Room, Respect to Patient	8/14/2016
I don't remember the name of the nurses, but one of the nurses was very helpful. They explained everything to me. When I needed something, they helped me.	Access/Coord of Care, Information/Education, Nurse/Nurse aide, Respect to Patient	8/10/2016
I was very impressed. I had excellent nurses that checked on me constantly because I was in a delicate situation. I have no complaints. I have nothing but praise for them. I had great day and night nurses.	Access/Coord of Care, Nurse/Nurse aide	8/5/2016
It was my discharge nurse. I can't remember her name now. She was excellent in every detail explaining everything that was on my discharge paper that I needed to know.	Discharge, Information/Education, Nurse/Nurse aide	8/31/2016
Well, I don't remember her name, but on the last day, the nurse was very good. They explained everything and made me understand if I did not do what they said what the results would be. I know it's confusing. I know I am confusing. I said I have been on this for five months with the problem.	Information/Education, Nurse/Nurse aide	7/30/2016
There were a lot of people involved with my care, so it is hard to say just one person because everyone did everything with my care. I had a lot of trust with the doctors. They were all there for me. It wasn't a given that I would be having this conversation with you, but they all cared for me.	Doctor/Physician, Emotional Support	8/19/2016
They gave me some assistance afterward regarding home care, and it worked out very well.	General Comment	8/17/2016
No, they were really good. The doctor who I ending up talking to, XXXXXXX, he was really good. He was a staff doctor. I didn't feel like he was rushing out, and actually cared about the patients. The nurses were good too.	Doctor/Physician, Nurse/Nurse aide, Positive Recognition, Respect to Patient	7/8/2016

CONCLUSION

Favorable pilot outcomes as demonstrated by a positive increase in patient satisfaction scores in multiple domains have prompted Bedside MDRs to be implemented on additional medical surgical areas and was expanded to the rest of the hospitalist team in August 2016.

BARRIERS

Potential barriers to the project include staffing resources, patient emergencies, participant engagement, and the manual data entry and extraction

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