Multidisciplinary Rounds: Professional Practice and Autonomy

Results in Quality Patient Outcomes

Josh Hawkins, BSN, RN; Hugh Jarnagin, BSN, RN; Deborah Stuart, MHA, RN; Tracy Tramel, BSN, RN
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Background

- The Neuro/Stroke Unit is a 21 bed acute care telemetry unit
- Stroke Team members include: nurse manager, registered nurses, speech pathologists, physical/occupational therapists, case managers, pharmacists, physicians, stroke nurse practitioners, stroke director/coordinator, dietitians, and pastoral care
- Multidisciplinary rounds were initially conducted biweekly on Tuesdays and Thursdays. Rounds were patient and family centered, focusing on daily goals and included discharge planning
- When rounds were not conducted we noted gaps in communication and inconsistency in care delivery
- Literature review of evidence-based practices demonstrated benefits of multidisciplinary rounds. Benefits noted in the literature include increased compliance with core measures and quality measures, reduction in adverse events, improved patient and staff satisfaction, improved patient outcomes and reduced length of stay

Methods

- Multidisciplinary rounds improve communication and coordination of patient and family care. Each team member contributes to the success of the rounds:
  - Nursing provides patient information, current condition, patient perceived goals, anticipated needs and steps taken to prevent adverse events, and current compliance with core/quality measures
  - Team Leaders, nurse manager and stroke coordinator facilitate and collect data
  - PT/OT collaborate with nursing to maximize mobility and daily activities
  - Dietitians and speech therapists collaborate to assist the patient with swallowing, language therapies, dietary and caloric intake goals
  - Pharmacists review medications to ensure core measure compliance, appropriate regimen, optimal route and therapeutic monitoring
  - Case manager participates in discharge planning and works with the physicians, stroke team members, patient and family to ensure appropriate resources are available upon discharge
  - Pastoral Care assists in supporting the emotional and spiritual needs of the patient and family

Multidisciplinary Rounds Structure

- Daily multidisciplinary rounds are at a preset time on the unit
- Patients are discussed utilizing a structured script which maximizes time and efficiency
- The script includes: patient background, type of stroke, MEND/NIH exam, medications, activities, patient education, progression toward goals and discharge plan
- Each discipline provides an update on the patient’s progress toward their goals and makes recommendations to ensure the best possible outcomes
- Nurses promptly communicate with physicians regarding progression of goals and recommendations identified in rounds
- Daily narratives are emailed to all disciplines for follow-up and continuity of care
- Documentation of rounds is placed in each patient record and includes the participants, recommendations and updated goals

Challenges

- Participation (Who should be involved?)
- Time constraints
- Documentation requirements and system limitations
- Conflicting schedules
- Environment
- Education
- Unplanned emergencies

Recommendations

- Define and set time for rounds
- Script of information or data to be discussed
- Identify multidisciplinary team members
- Identify a facilitator
- Designate a location
- Clarify documentation guidelines
- Education of participants and staff

Results

- Achieved The Joint Commission and American Heart Association Comprehensive Stroke Center Certification in March 2013
- Target Stroke Honor Role awarded by American Heart Association, 2013
- Reduction in CAUTI
- Reduced falls by 63% from 2009 to 2012
- NDNQI: Collegial Nurse-Physician Relations showed steady improvement. Performance in 2011 and 2012 was above the NDNQI mean

Conclusion

- Multidisciplinary rounds reduce adverse events, improves compliance with quality measures , and increases nursing satisfaction with MD interactions by improving care coordination and reducing communication gaps optimizing patient outcomes
- Multidisciplinary rounds did not impact LOS. Barriers identified include access to post acute care facilities for the uninsured patients, difficulty accessing primary care offices for follow-up, and availability of rehab and skilled nursing facility beds. These issues may offer opportunities for future studies

References:

Verma, Lait, Boyle, David, Manzon, & Anthony (2012). Patient Plan of Care Rounds: Success of Team based Inpatient Rounding. Journal of Hospital Medicine, 7,

Contacts

Josh Hawkins, BSN, RN (jshawkins@mc.utmem.edu)
Hugh Jarnagin, BSN, RN (hjarnagin@mc.utmem.edu)
Deborah Stuart, MHA, RN (dstuart@mc.utmem.edu)
Tracy Tramel, BSN, RN (tttrimat@mc.utmem.edu)
The University of Tennessee Medical Center
Attn: Neuro / Stroke Unit
3344 Alice Highway
Knoxville, TN 37920
Telephone: (865) 305-9875

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