Multidisciplinary Rounds

The following summaries of recent peer-reviewed studies and articles describe the impact of multidisciplinary rounds on patient experience, workforce engagement, patient safety, quality, and outcomes. Citations are linked to full-text articles when available.

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| Counihan, T., Gary, M., Lopez, E., Tutela, S., Ellrodt, G., & Glasener, R. (in press). Surgical multidisciplinary rounds: An effective tool for comprehensive surgical quality improvement, American Journal of Medical Quality. | To characterize the process of surgical multidisciplinary rounds and to evaluate the overall effect on improving the quality of care for surgical inpatients. | • Twice-weekly surgical multidisciplinary rounds are an effective practice to improve surgical care.  
• Surgical multidisciplinary rounds can change the organization’s culture, improve coordination of care, and facilitate rapid and sustained process improvement in an efficient and reproducible format.  
• The rounding process contributes to improved patient safety indicators, core measures, and the reduction of length of stay and complications in surgical inpatients. |
| Greenwald, L. R., Nowacki, A. S., & Stoller, J. K. (2015). First time rounding experiences for nonclinicians: The Cleveland Clinic experience, American Journal of Medical Quality, 30(2), 167-171. | To summarize feedback from nonclinicians participating in a clinical rounds program at an academic medical center. | • Integrating nonclinicians in the clinical rounds process enhances nonclinicians’ engagement and alignment with the mission of the organization and their appreciation for what physicians do as clinicians and teachers.  
• Participating in clinical rounds improves nonclinicians’ understanding of and respect for the challenges of being a physician and for the processes of clinical reasoning and decision-making.  
• Nonclinicians who participate in clinical rounds see the importance of teamwork and interdisciplinary collaboration in optimizing the care patients receive. |
| Multidisciplinary rounds have become a must, experts say, (2014). Hospital Case Management, 22(8), 101-103. | To provide an overview of multidisciplinary rounds and to cite the advantages of the practice. | • Multidisciplinary rounds improve throughput, reduce length of stay and readmissions, and improve patient experience.  
• Rounds keep the care team focused on what needs to occur to ensure safe and timely patient discharges.  
• A multidisciplinary rounding process eliminates silos by ensuring everyone on the care team is talking to each other on a regular basis.  
• Multidisciplinary rounds save time by having physicians share care plans with the entire team. |
| Reimer, N., & Herbener, L. (2014). Round and round we go: Rounding strategies to impact exemplary professional practice, Clinical Journal of Oncology Nursing, 18(6), 654-660. | To describe six rounding methodologies—including interdisciplinary collaborative rounds—implemented within the inpatient, emergency department, and ambulatory patient care areas at Lehigh Valley Hospital and their positive outcomes. | • The group dialogue that occurs during multidisciplinary rounds can help identify outcomes (e.g., that a consultation is needed with an ancillary team member) as well as identify when clinical practice guidelines or other care standards should be developed or revised.  
• Using a combination of rounding methodologies is associated with:  
  – Improved overall patient experience  
  – Increased patient experience with attention to special or personal needs and adequate precautions to protect safety  
  – Increased employee and physician engagement  
  – Improved clinical quality indicators |
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▪ Adding infection prevention and quality improvement questions to daily goals sheets decreases PICU-associated infections, PICU and total hospital length of stay, and mortality.  
▪ A multidisciplinary, standardized bedside rounding structure can identify areas for improvement directed at long-term goals and education. |
▪ A structured checklist offers the potential to objectively evaluate the presence or absence of team and collaborative behaviors during bedside rounds.  
▪ The process of developing a multidisciplinary bedside rounds checklist can provide insight into the organization’s values and beliefs about the elements of teamwork and collaborative behaviors. |
| Lane, D., Ferri, M., Lemaire, J., McLaughlin, K., & Stelfox, H. T. (2013). A systematic review of evidence-informed practices for patient care rounds in the ICU, Critical Care Medicine, 41(8), 2015-2029. | To review the evidence for facilitators and barriers to multidisciplinary patient care rounds in the intensive care unit. | ▪ Rounds conducted using a standardized structure and a best practices checklist by a multidisciplinary group of providers—with explicitly defined roles and a goal-oriented approach—has strong supporting evidence.  
▪ A multidisciplinary team of providers—including at least a nurse, physician, and pharmacist—promotes the effectiveness and safety of rounds by increasing provider satisfaction, focusing discussion content, and reducing the number of adverse events.  
▪ An open and collaborative discussion environment facilitates increased health care provider participation, improved patient outcomes, and reduced costs. |
| Begue, A., Overcash, J., Lewis, R., Blanchard, S., Askew, T. M., Borden, C. P., … Ross, P. (2012). Retrospective study of multidisciplinary rounding on a thoracic surgical oncology unit, Clinical Journal of Oncology Nursing, 16(6), E198-E202. | To evaluate hospital length of stay, patient experience, admission to a skilled care facility, and the use of home health care or hospice in patients who receive multidisciplinary rounds compared to those who did not. | ▪ Multidisciplinary rounds that include nurses, clinical nurse specialists, pharmacists, nurse practitioners, respiratory therapists, discharge planners, and social workers reduce length of stay.  
▪ To implement multidisciplinary rounds, identify participants who have expertise relevant to the type of patient needs on the unit.  
▪ Multidisciplinary rounds become easier over time and can be refined as team members become more familiar with each other and the patient population. |