



# Promoting Effective Communication by Implementing Structured Interdisciplinary Daily Rounds



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## Background

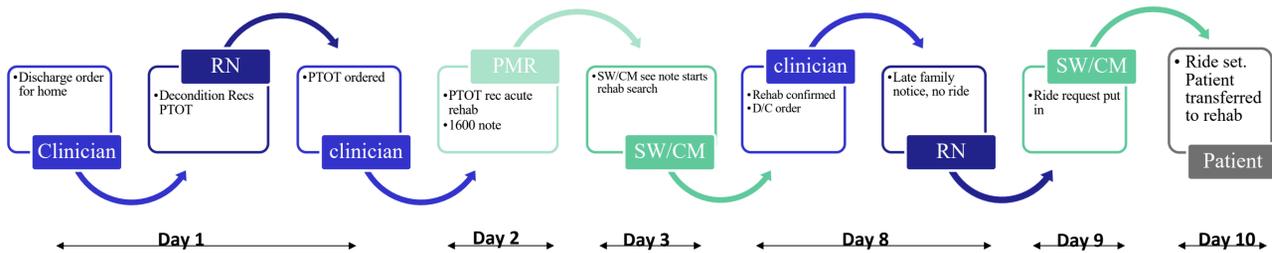
- Optimization of patient throughput can improve the quality of care for patients.
- One key area of throughput is discharge. Poor discharge planning can lead to premature and unsafe discharge or delayed discharge which can lead to adverse patient outcomes.
- Effective discharge planning is complex and requires interdisciplinary collaboration for effective coordination.
- Our safety net hospital formed a multidisciplinary subcommittee to focus on discharge barriers.

## Introduction

Our root cause analysis of barriers to good discharge planning found four main categories: communication, transportation, placement, and socio-economical barriers..

1<sup>st</sup> process to target: communication

Current process:



## Objective

Focus on promoting effective communication among multidisciplinary teams by implementing structured daily rounds with the goal of early identification of discharge barriers.

## Methods

- Formed a unit-based interdisciplinary team for daily rounding (Monday to Friday) to discuss discharge planning for each patient.
- Members included the charge nurse for each unit who was the lead, care coordinators (Social worker and case manager), Physical Medicine and Rehabilitation representative (physical or occupational therapy), and clinician (Hospitalist, advanced care practitioner, or senior resident).
- Utilized interdisciplinary Rounding (IDR) toolkit from the Veterans Affairs which factors in an academic setting with rotating residents unfamiliar with people and processes involved in discharge planning.
- Step-wise implementation with 3 phases adding teams and units as more structure was formed. Had biweekly meetings pre and post-intervention for 6 months by multidisciplinary committee members to identify barriers to effective rounding.
- Project limited to general Internal medicine hospitalist teams (3), teaching teams (4), and subspecialty primary teams of hepatology, cardiology, hematology, and geriatrics services

## Results

### Impact of IDR

#### Staff Satisfaction

“we finally feel part of the treatment team”  
 “it feels like our concerns are heard and recommendations are followed”

#### Resident professional development

“involved with interprofessional teams”  
 “improved interpersonal and prognostication skills”  
 “learning to identify socio-economic barriers for transitioning patients”



#### Improved Workflow

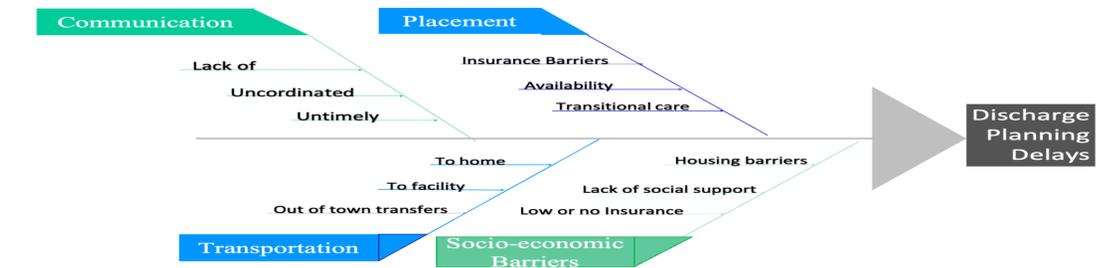
“discussed plan helped focus care and plan accordingly”  
 “helped identify barriers earlier and thus work on solutions”

#### Improved Communication

“able to identify pertinent team members”  
 “centralized meeting helped provide clarity about treatment options and thus reduce misunderstandings”

## Discussion

- Having discussed and agreed upon patient-centered daily planning helped prioritize and personalize patients’ needs which helped improve the overall patient experience for example consistent communication of treatment plan.
- IDR rounding helps develop interdisciplinary and multidisciplinary relationships and connections that enhance patient care and breeds work satisfaction, especially for non-physician members.
- Other than the four prevailing themes from informal survey identified, other barriers were identified and targeted
- For example: lack of transportation to facilities prompted the hospital to rent out 2 medically equipped vans to transport patients.
- Disruption of morning rounds in teaching teams, a year later changed to afternoon rounds with increased participation from all members.



## References

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3. O'Mahony, S., Mazur, E., Charney, P., Wang, Y., & Fine, J. (2007). Use of multidisciplinary rounds to simultaneously improve quality outcomes, enhance resident education, and shorten length of stay. J Gen Intern Med, 22(8), 1073-1079.doi: 10.1007/s11606-007-0225-1

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