Multidisciplinary Rounding

Multidisciplinary rounds (MDR) enable several members of the team caring for at-risk patients to come together to offer expertise and coordinate patient care.

**Domain**

Processes to Support Care: Processes that are essential to support and maintain the delivery of care to all types of patients, across all units and settings in the hospital.

**Aims**

Efficient: The appropriate use of resources at the least expense to the patient, provider, and care setting.

Timely: Care delivery that is prompt and provided without delay to mitigate any harm to a patient.

Patient Centered: Care throughout a patient’s experience that is coordinated, informed, and grounded in respectful interactions with care providers that are consistent with the patient’s values, expectations, and care decisions.

Safe: Delivery of care in a manner that minimizes any risk of harm to a patient.

Equitable: Care delivered fairly, with consideration to need, and with no other discriminating factors.

**Process Attributes**

$ Cost to Implement
The monetary resources required to implement this process

Minimal: Just the cost of the improvement effort itself.

Time to Implement
The amount of time, from months to years, it will take on average to establish this process.

Fewer than 12 months

Difficulty to Implement
The challenges of implementing this process.

Moderately Challenging: Either involves multiple units or disciplines OR requires a substantial shift in culture and/or operations, but not both of these.

Level of Evidence
The degree to which the actions in this process are supported by research and experience; based on the Cochrane scale.

Some Evidence: Level III — Studies published with some control included.
Details

Elements

- Identify patients that would benefit from multidisciplinary rounds (e.g., critical care, high risk, intervention- or diagnosis-specific)

- Establish a care team structure and identify key participants for rounds
  - Include the primary caregiver and other key care team roles (e.g., physician, respiratory care, pharmacy, etc.).
  - Consider including support services (e.g., social worker, pastoral care, etc.) in rounds occasionally (1 to 2 times per week).

- Develop and test processes for scheduling, and identify roles and responsibilities for follow-up
  - Begin testing multidisciplinary rounds on a small scale (e.g., with one patient, on one shift, with one nurse, etc.).
  - Start testing with a small team of willing staff.

- Conduct rounds and document the daily goals and care plan for each patient

- Include patients and families in rounds whenever possible
  - Ensure that a reliable process has been established before inviting families to participate.
  - Orient families to rounding process.

- Evaluate the effectiveness of multidisciplinary rounds (e.g., length of stay, ventilator days, central line days, etc.) and improve the process as opportunities arise
  Tracking interventions initiated during rounds and providing feedback on effectiveness to staff can be encouraging and support continued improvement.

Outcomes

- Mortality (HSMR): Decreased mortality (hospital standardized mortality ratio, or HSMR)
- Harm: Decreased harm to patient (e.g., Harms per 100 patient days, as measured by the IHI Global Trigger Tool)
- Patient Satisfaction: Increased patient satisfaction (e.g., HCAHPS Willingness to Recommend, HCAHPS Hospital Rating)
- Cost of Care: Decreased cost per inpatient case
- Readmissions within 30 Days: Decreased readmissions within 30 days
- Time in ICU: Decreased time in intensive care in the last 6 months of life (Dartmouth Atlas)
- No Gap by Race, Ethnicity, or Language: No gap by race, ethnicity, primary language for key measures

Service Lines and Critical Functions

- Applies in All Patient Settings
- Hospital Medicine, Adult

Key Measures

- Multidisciplinary Rounds Completed
  Percent of patients with multidisciplinary rounds completed
- Satisfaction with Rounds
  Percent of patients and families that expressed satisfaction with participation in rounds

Reasons and Implications

Importance for Patients and Families
Multidisciplinary rounding is when key members of a patient’s care team come together with the patient and family to communicate needed information and make important decisions. Including the patient and family in the rounding process allows them to participate in planning care and have their questions answered.
Requirement, Standards, Policies, and Guidelines

- National Priorities Partnership (NPP)
  - Patient and Family Engagement
  - Safety
  - Care Coordination

- National Quality Forum (NQF)
  Safe Practice for Better Healthcare—2010 Update
  Safe Practice 3: Teamwork Training and Skill Building

Financial Implications

- Expense reduction can occur due to decreased length of stay.

Prerequisites

None for this process

Resources

Additional Resources

- Agency for Healthcare Research and Quality (AHRQ)
  Clinician communication through multidisciplinary rounds may improve with well-designed information tools

- University of Florida College of Medicine
  Gatorounds

- Agency for Healthcare Research and Quality (AHRQ)
  Daily, Multidisciplinary Rounds and Evidence-Based Best Practices Decrease Nosocomial Infections and Costs in the Intensive Care Unit

Information Compiled By

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