

Multidisciplinary Rounds in the Intensive Care Unit: How with this Practice Affect Patient Metrics?

Background

- Communication breakdown is the second leading cause of sentinel events
- Multidisciplinary approaches to patient care have been linked to patient safety and decreased length of stay
- Multidisciplinary rounds (MDRs) provide ulleta standardized reporting technique to increase communication and improve patient care efficiency and safety

Practice Change

At 0900 on July 6, 2020, MDRs began on every patient in the 38 ICU-bed

Methods

• At 0900 every day, the unit secretary coordinates the start of MDR with the intensivist and trauma group

*All disciplines are notified of MDR start *Text is sent to the charge nurse and other disciplines as a reminder for the start of MDR

- Nursing leadership helps relieve staff nurses (i.e., charge nurse)
- All disciplines meet in front of patient rooms to discuss **patient care and goals** of the day
- Nurse leaders ask staff for ideas to improve compliance, format, and process of MDR

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Sohonnel Thompson, MHA, BSN, RN

Rounding Tool

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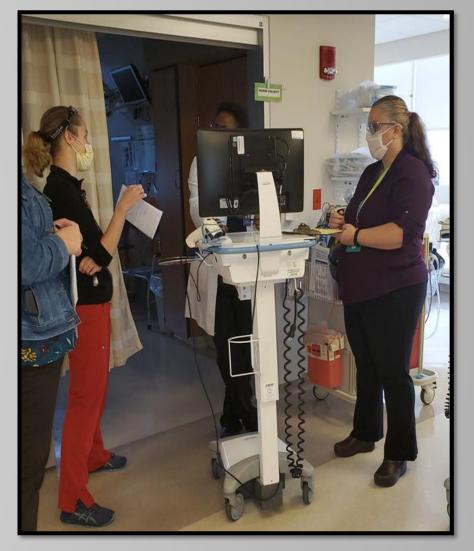
Preliminary Results

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cal Line Acquired Blood m Infections (CLABSIs)	1	0
eter Acquired Urinary Tract tions (CAUTIs)	5	0
ure Injuries (PIs)	28	3



Summary/Discussion

- An increase in communication was found between nursing staff and providers during the two-month period of MDR implementation
- MDRs continues to be modified and adapted to meet logistical challenges in the ICU



Conclusion

- MDRs support the efforts to meet the needs of the patient and care team
- Positive feedback from patients' families on how MDRS have improved communication with the care team
- Foley utilization has improved with a 130 day decrease of catheter days from July to August

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