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

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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 a 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

Summary/Discussion

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

Preliminary Results

<table>
<thead>
<tr>
<th>Metric</th>
<th>Before MDR</th>
<th>After MDR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Line Acquired Blood Stream Infections (CLABSIs)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Catheter Acquired Urinary Tract Infections (CAUTIs)</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Pressure Injuries (PIs)</td>
<td>28</td>
<td>3</td>
</tr>
</tbody>
</table>