Multi-Disciplinary Care Management Rounds
Sandi Gill, BSN, RN
The Medical Center of Plano
Jeanne Farmer

Problem:
ICU Stepdown was experiencing prolonged patient discharge time, increased length of stay, and decreased patient satisfaction.

Evidence:
Literature shows that when teams collaborate on the patient plan of care and discharge planning in a formalized daily process, improved patient outcomes, satisfaction and timely discharges occur. In the literature, we were unable to locate specific research regarding nursing units outside of critical care units.

Strategy:
The ICU Stepdown manager took the evidence based concept of critical care multidisciplinary rounding to the unit council and proposed an adapted form into the existing daily huddles. The unit council recommended that information from huddles be documented, updated daily, and available to all members of the health care team. The most effective way to communicate this information would be on dry erase boards in each patient room. The information to be documented included discharge planning, nursing sensitive indicators, core measures, fall risk, outstanding tests, and PT/OT/ST needs.

Practice Change:
To change practice, the multidisciplinary team was educated on the new daily huddles. During the implementation phase, the manager led the huddle to role model for the staff and the assistant nurse managers to ensure information was targeted and streamlined toward achieving the patient’s goals. This process allows the nursing staff to improve critical thinking skills, anticipate discharge needs, pay attention to core measures and nursing sensitive indicators, develop the plan of care for the day, and alert the nurse manager to potential issues.

Evaluation:
The metrics utilized to evaluate success of the program were patient and nurse satisfaction scores, nursing sensitive indicator and core measure outcomes, and number of patients discharged prior to 11:00 a.m. All metrics improved significantly over the 12 months.

Recommendations:
Our organization has adopted this as best practice to be utilized on all adult inpatient units. To incorporate as many other disciplines as possible to participate in the huddles.
Lessons Learned:
This can be expanded to include wide variety of topics and be unit specific to meet the needs of the patient population.
The manager needs to stay involved periodically to ensure the process remains focused.
Provide a template for the assistant nurse manager to lead the huddles in an efficient manner.

Bibliography: