Interprofessional Team Rounding: A Value Added Innovative Approach to Align the Educational and Clinic Mission in Health Care Systems
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Objective:
Interprofessional multidisciplinary rounds (MDR) have been proposed to improve communication, decrease total hospital charges, and reduce length of hospital stay. Despite educational benefits, paucity exists in studies describing and evaluating models examining the MDR impact. Academic programs struggle to demonstrate value added to affiliated hospitals.

Planning/Research Methods:
Mandates from AAMC, ACGME, IOM, Joint Commission and CMS outline the need for health care training programs to utilize interprofessional teams for education. Multi-Disciplinary Rounds (MDR) are proposed to improve communication and outcomes. Health professionals lack preparation and support to work in interprofessional teams especially with increased aging population, chronic and complex diseases.

Implementation Methods:
We describe our experience with an ongoing efficient sustainable process implemented and progressively enhanced over 3 years to educate and provide ongoing systems that address challenges of comprehensive competency based education with improved care quality within a health system that utilized systems-based, safe, accountable cost conscious patient-centered, evidence-based care, practice based learning and improvement with reflection in an environment fostering innovative learning. The Medicine Department instituted MDRTeams on an academic inpatient service of medical residents, students, physicians, advanced practice providers, nurses; care management (case managers, documentation resource utilization specialist); therapists; nutritionist; pharmacist; legal aid and chaplain. The team meets weekly, while the care management team and physicians also “huddle” daily. Each member contributes to the care plan. A structured care documentation template and scorecard was developed and shared quarterly with all stakeholders.

Results:
Improvements noted between beginning MDR process and 3rd year:
Case Mix Adjusted Length of Stay – 11.4% reduction from 3.41 to 3.02 days
Overall Readmit Rate – 7.3% reduction; “Quality of Doctor’s Care” – 6.6% improvement; “Teamwork between Doctors, Nurses, and Staff” – 10.3% improvement;
Documentation (Query Response) – maintained the rate at 98% (significant improvement versus 2009 rate of 91%); CAUTI – decrease 0.69% to 0.41% and VTE Prophylaxis (new) 91.3% year to date
Thematic qualitative reports: increased communication, fosters collaboration, better “insight” into patients, better follow up, easier navigation of social, ethical and end of life issues due to involvement of spiritual care and legal help, increased education on documentation. Specifically third and fourth year medical students identified MDR as a valuable educational addition. Initial improvements led to expansion and adding palliative care, geographic units and structured outpatient continuity.