

# Playbook for Multidisciplinary Rounds

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# Playbook for Multidisciplinary Rounds

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## MDRs: What and Why

“Multidisciplinary rounds (MDRs), a model of care in which multiple members of the care team representing different disciplines come together to discuss the care of a patient in real time, have proven to be a valuable tool in improving the quality, safety, and patient experience of care. Many hospitals have achieved reduced patient days, reduced central line days, and increased coordination of care through the use of multidisciplinary rounds.” Because of this, Duke Regional Hospital is prioritizing the launching of multidisciplinary rounds hospital-wide the week of November 29, 2022.

## Expected Outcomes

### Short Term

- Increased interdisciplinary communication (in real time)
- Less work interruptions (calls, pages and IMs)
- Increased teamwork and collaboration
- Better planning for patient progression

### Long Term

- Reduced patient LOS
- Reduced patient care delays

## MDR Principles and Rules

- MDRs must be interdisciplinary. The required team members are:
  - Physician
  - Pharmacist
  - Nurse
  - Case Manager
  - As needed by each unit: Therapists, nursing assistants, nurse manager, etc.
- The goal is to keep patient progression moving. Important points to be discussed:
  - EDD (estimated date of discharge)
  - Identifying and mitigating discharge barriers
  - Coordinating patients’ care plans
  - Please reference the ‘Cheat Sheets by Role’ provided in the appendix of this booklet and on Teams here [MDR Template Cheat Sheets by Role.pptx](#) to ensure the right content is discussed by each discipline during MDRs.
- Lean Principles
  - *Only one person speaks at a time.* Do not have side conversations. This is important to make sure everyone is heard, and rounds are easy to hear and follow along.
  - *Respect one another.* When you don’t understand something, be curious and ask for clarification.
  - *Always assume good intentions.* Know that everyone is working to provide patients with the best care possible.
  - *Aim for incremental improvements, not perfection!* MDRs will not be perfect the first time. Keep working to tweak and improve rounds so that they work well for your unit.

## Standard Work Document

In the appendix of this guide *and on Teams here:* [DRH MDR Standard Work.docx](#), there is a copy of the ‘Standard Work Document’ you may use to guide your unit’s MDR. The standard work document is a complete, in-detail guide of who does what during rounds. Later in this booklet, you can also find the ‘Cheat Sheets by Role’, which are a quick visual guide each team member can reference during rounds.

## Rounds

Patient Rounds		
<b>Work Performed By:</b>	5th floor team members	<b>Total Time (min):</b> 1-2 min/ patient
<b>Purpose(s):</b>	To establish a care plan of care for each patient for each day, and throughout the patient's hospitalization	
<b>Expected Outcome(s):</b>	Team members are aligned on a plan to meet patient goals	
<b>Roles:</b>	Nurse: Facilitate standard work for their patients, share patient updates/plan Case Manager: Update plan of care in computer during rounds, share patient updates/plan Hospitalist: Share patient updates/plan PT/OT: Share patient updates/plan	

Step	Expected Outcomes	Diagram, Work Flow, Pictures, Tips, Etc.
<b>1. Hospital Medicine</b>		
1.1 Introduce a patient and share why they are here		Total Time (sec) 45
1.2 Briefly share the plan for the patient TODAY	<ul style="list-style-type: none"> <li>• Labs</li> <li>• Procedures/ imaging</li> <li>• New medications</li> <li>• Milestones to be met</li> <li>• Consults</li> </ul>	
1.3 Share any updates to the patient's plan for THIS HOSPITALIZATION	<ul style="list-style-type: none"> <li>• Clinical milestones for resolution of illness</li> <li>• EDD</li> <li>• Non-clinical milestones</li> </ul>	
1.4 Share any updates to the patient's plan POST-DISCHARGE	<ul style="list-style-type: none"> <li>• Follow-up add's</li> <li>• Home health</li> <li>• DME</li> <li>• Meds</li> </ul>	Total Time (sec) 20
<b>2. Nursing</b>		
2.1 Briefly share the plan for the patient TODAY	<ul style="list-style-type: none"> <li>• Any physical/ mental change</li> <li>• Family visiting</li> <li>• If not already mentioned: abnormal lab values, test, procedures</li> </ul>	
2.2 Share any updates to the patient's plan for THIS HOSPITALIZATION	<ul style="list-style-type: none"> <li>• Social needs</li> <li>• Completion of or barriers to completion of clinical/ non-clinical milestones</li> </ul>	
<b>3. Physical Therapy</b>		
3.1 Briefly share the plan for the patient TODAY	<ul style="list-style-type: none"> <li>• Current mobility status</li> <li>• What is/they will be seen by therapy</li> </ul>	Total Time (sec) 20
3.2 Share any updates to the patient's plan for THIS HOSPITALIZATION	<ul style="list-style-type: none"> <li>• Clinical/ mobility milestones to be accomplished</li> </ul>	
<b>4. Case Management</b>		
4.1 Briefly share the plan for the patient TODAY	<ul style="list-style-type: none"> <li>• Payer source</li> <li>• Social barriers</li> <li>• Needs (no needs, home health, rehab, DME)</li> </ul>	Total Time (sec) 20
4.2 Share any updates to the patient's plan for THIS HOSPITALIZATION	<ul style="list-style-type: none"> <li>• DME delivery</li> <li>• High cost/ med's sponsorship</li> <li>• Arrange/ confirm transportation</li> </ul>	
4.3 Share any updates to the patient's plan POST-DISCHARGE		

### Facilitator Role

- One person on each unit must be selected to be the Facilitator. This person can either be the Charge Nurse/Nurse Manager or a Case Manager. Below are their outlined responsibilities before and during MDRs.

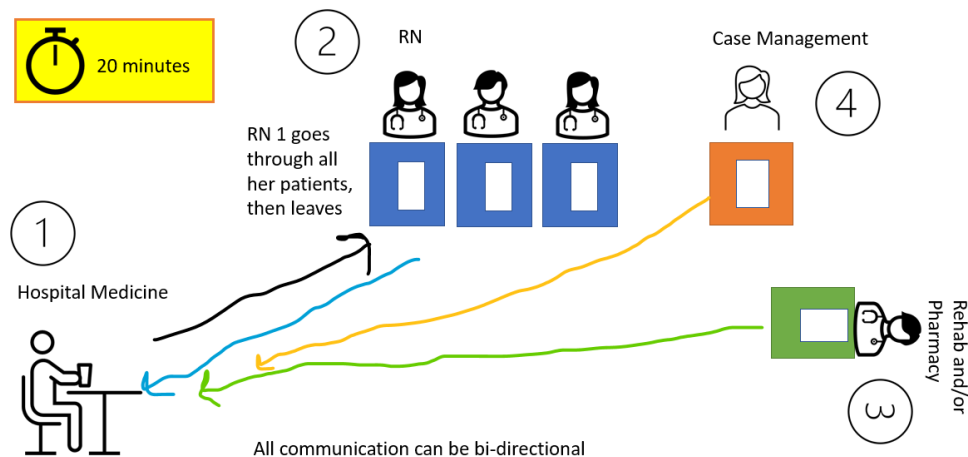
MDR Facilitator Guide	
Before MDRs	During MDRs
<ul style="list-style-type: none"> <li>Ensure care team members are aware of the time and specific location of MDRs</li> <li>Set-up the room or space for MDRs (if applicable)</li> <li>Ensure Mobile Workstations are available to allow for real-time access (if applicable)</li> <li>Grab the "Standard Work" and / or "Cheat Sheets by Role"</li> <li>Start gathering team members 3-5 minutes before the start of MDRs</li> </ul>	<ul style="list-style-type: none"> <li>Introduce each patient</li> <li>If a role (<i>MD / APP, RN, PT / OT, CM, etc.</i>) has not spoken about a patient, ask them if they have anything to add</li> <li>If info from the standard work is not shared (<i>such as EDD, clinical milestones, care plan accomplishments, etc.</i>), ask the team about it</li> <li>Preventing side-bar discussions (and requesting those to be taken offline)</li> <li>If conversation exceeds 2-3 minutes per patient, ask team to take the exchange offline</li> </ul>

(The Facilitator Guide can be found in the appendix of this booklet and on Teams here: [DRH MDRs Facilitator Guide.docx](#))

### Room Set-up

- It is recommended that patient rounds occur in a conference room or enclosed nurse station that allows for patient confidentiality. If the unit prefers walking rounds, this is okay if patient confidentiality is ensured.
- Please note that depending on how much care team colocation your unit has, it will help guide the best set-up for your MDRs.
- If the core team consisting of the physician and case manager remain stationary, this allows for nurses to cycle in and out of the room allowing them to maximize their time at the patient's bedside.

# DRH Multidisciplinary Rounds



## Team Member Cheat Sheets by Role

The role cheats below were printed, laminated and provided to you. They should be used as a reference during rounds. These cheats outline what is expected of each role to review for each patient. If a listed item is not a concern or relevant for a patient, it may be skipped. The 'Role Cheats by Role' can be found in the appendix of this booklet and on Teams here: [MDR Template Cheat Sheets by Role.pptx](#).

HM	RN	Rehab	CM
<ol style="list-style-type: none"> <li>1 Patient room # Principal medical problem being cared for <i>Symptoms X caused by pathology Y</i></li> <li>2 Interventions planned for the day Top parameters being monitored today Procedures/tests needed today Expected outcome</li> <li>3 Hospitalization goals Share clinical milestones for the hospitalization with expected progress timeline</li> <li>4 RN PT 10 PT CM</li> <li>11 Estimate discharge date Give a real date Address high cost/high DC needs</li> <li>12 Next patient In ascending bed order</li> </ol>	<ol style="list-style-type: none"> <li>4 Feedback/status of plan set forth physical psychological social Focus on changes from baseline or day to day</li> <li>5 Timeline of interventions relaxation schedule that is long (pharmacy) or high quantity, procedures timing...</li> <li>6 Safety issues Tide Foley Central line Oxygen Restraints Fall precaution Isolation NIV when patient is eating</li> <li>Rehab's turn</li> </ol>	<ol style="list-style-type: none"> <li>7 Baseline and current condition</li> <li>8 Rehab plan PT/OT visits frequency Anticipated DC needs CM's turn</li> </ol>	<ol style="list-style-type: none"> <li>9 Social challenges Raise issues when insurance might not cover patients' needs. Offer alternatives options. Description should be brief, to the point without sharing stories about how the patient got to where they are.</li> <li>10 Post DC plan Equipment delivery location and timing Facility acceptance status Anticipate needed paperwork timing Back to HM</li> </ol> <p>Facilitator guide</p> <p>Before starting: Arrange seats according to participation order: HM &gt; RN &gt; Rehab &gt; CM</p> <p>Introduction: When there are new team members, it might be an opportunity for a quick introduction</p> <p>Time: Keep an eye on time. Keep the flow moving. "Social challenges, can we parking on this for after the rounds?"</p> <p>Prompt: When key items or people are not included in the flow "Pharmacy, what input do you have around this issue?"</p>

## Leader Expectations

In order to have effective multi-disciplinary rounds leader support will be provided upfront to ensure the success of these new processes! This will include:

- **Weeks 1-2 post go-live:** Daily leader facilitation of rounds until the team is comfortable with the new process. This facilitation will help train all team members and get them comfortable with these new processes. It does not need to be the same leader facilitating every day, this can be a shared responsibility by the entire leadership teams of each area.
- **Weeks 3-4 post go-live:** Daily leader observation of rounds and coaching of team members if rounds do not occur as designed. This will allow us to ensure that rounds are working well for everyone! It does not need to be the same leader observing every day, this can be a shared responsibility by the entire leadership teams of each area.
  - Full Standard work for observation can be found in the appendix section
- **Weeks 1-4 post go-live:** Asking the team in huddle: "what went well with rounds?" and "what could be improved with rounds?" This will give us feedback on how to continue to improve and adjust the rounds.

(The *Leader MDR Standard Work* document can be found in the appendix of this booklet and on Teams here: [DRH Leader MDR Standard Work.docx](#))

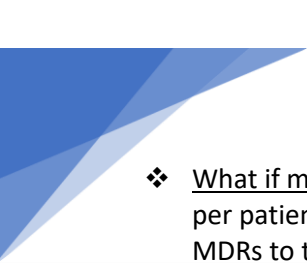
## Help Chain

If your unit is struggling with all the care team members being available and able to attend rounds daily, please contact your unit leaders (nurse manager, charge nurse and physician champion) for help. Additionally, if you would like coaching support on your unit, please contact Cinthya White to arrange to have a coach attend your huddle for extra support and feedback. These are additional team members you may occasionally have attending your huddles as well:

Support Team		
Name	Role	Email
Sharon Olfati	Management Engineer/ Project Lead System-wide	<a href="mailto:sharon.olfati@duke.edu">sharon.olfati@duke.edu</a>
Cinthya Garcia White	Strategic Services Associate/ DRH Project Manager	<a href="mailto:cinthya.white@duke.edu">cinthya.white@duke.edu</a>
Jessica Lee	Management Engineer	<a href="mailto:jessica.m.lee@duke.edu">jessica.m.lee@duke.edu</a>
Elizabeth Teets	Performance Excellence Coach	<a href="mailto:elizabeth.teets@duke.edu">elizabeth.teets@duke.edu</a>

## Frequently Asked Questions

- ❖ What if my unit already has rounds? If your unit already has active MDRs, it is still a good idea to review this booklet and make sure that your rounds include all the necessary pieces to make the rounds concise and effective. The point of this hospital-wide rollout is not to reinvent the wheel or launch a complicated new process if one that works well for the team is already in place, but there are perhaps ideas in this booklet that can be helpful to all units. These are some thoughts to consider:
  - Are the MDRs occurring every day?*
  - Are rounds starting promptly at the same time each day?*
  - Are all the required team members already attending rounds?*
  - Are rounds efficient and seen as a good use of all the team members' time?*
  - Is there any way to make the rounds more efficient?*
  - Are the team members covering all important points as listed on the Cheat Sheets?*
- ❖ What if on my unit, the Hospitalist plays the Facilitator role, not a Charge Nurse? This is perfectly fine, if it works well on your unit. Our suggestions are only guidelines on best practices that could work well in most cases, but please make sure the units work well for your unit and care team members.
- ❖ What if my unit wants to do walking rounds? This is perfectly fine, if it works well on your unit. Our suggestions are only guidelines on best practices that could work well in most cases, but please make sure the units work well for your unit and care team members.
- ❖ How long do we have to do multidisciplinary rounds for? When can we stop? Having MDRs on every unit at DRH every day is the new way of doing patient care at DRH. This is not a temporary project or plan that will be stopped at any time. The units are encouraged to tailor the rounds to a set-up that works best for the unit.
- ❖ What if we don't have time to do MDRs every day? Having multidisciplinary rounds on every unit at DRH every day is the new way of doing patient care at DRH. The leaders at DRH and your leaders are aware that MDRs are a priority. Therefore, they will be removing barriers and helping you, so that rounds can occur every day. If they need further assistance, they are welcome to reach out to their leaders.



- ## References

## Notes

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal black lines across its entire width, typical of notebook or legal stationery. The background is a solid off-white color, and there are no margins, text, or other markings present.

This image shows a full page of blank, lined paper. It features approximately 30 horizontal black lines spaced evenly across the page, typical of standard notebook or legal stationery. The lines are thin and extend from the left edge to the right edge of the page. There are no margins, text, or other markings present.

# Leader MDR Standard Work

## Standard work

1. Present to location of units MDRs at least 3 minutes before their scheduled start time
  - Observe and record who was present and who was unable to attend
2. Before the rounds start, present yourself to the team and explain that you are performing process observation of rounds and after the rounds, you will debrief with the team to learn from them and how the process is going. (*Helps establish psychological safety*)
3. Observe rounds with the standard work document in hand and record any deviations from standard work
4. Debrief with at least one team member post-rounds to understand barriers to following the standard work. The purpose is to understand how the standard can continue to be improved. Questions might include:
  - What do you think got in the way of XXX?
  - What do you think we could do differently to mitigate XX barrier?
5. Record and report barriers as appropriate.



**MDRs Facilitator Guide**

<b>MDRs Facilitator Guide</b>	
<b>Before <i>MDRs</i></b>	<b>During <i>MDRs</i></b>
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