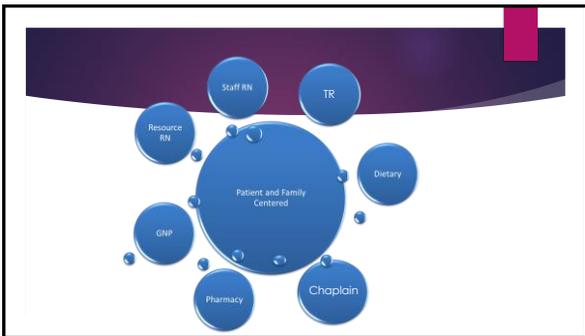


The Use of a Multidisciplinary Team at the Bedside and its Effects on Patient Outcomes and Nurse Satisfaction

PRINCIPAL INVESTIGATOR: BECKY JIZBA MSN, MBA, RN
SECONDARY INVESTIGATOR: MARY KAY GAMBLE GNP-BC
FACULTY ADVISOR: JERI BRANDT PhD

Background

- ▶ The concept of bringing multiple disciplines, or areas of specialty, around the table to discuss a patient is not a new idea but one that continues to be executed differently across all health entities (Burger, 2007)
- ▶ Variation in practice can lead to an inefficient use of time, breakdown in communication, and increased cost due to lack of standardization and resources being used (Bhamidipati et al., 2016).
- ▶ Multidisciplinary teams (MDT) have been shown to improve patient outcomes and improve communication across the health care team to ensure best care for the patient (Townsend-Gervis, Cornel, & Vardaman, 2014).
- ▶ On the inpatient Acute Care for Elders unit (ACE) a MDT was implemented at the bedside to involve patients and families.
- ▶ The MDT consists of the bedside RN, geriatric NP, dietician, chaplain, resource RN, therapeutic recreationist, and pharmacist.



4Ms Framework

- ▶ Mentation
- ▶ Mobility
- ▶ Medications
- ▶ Matters

Research Question

- ▶ **Research Question**
In an Acute Care for Elders unit does a multidisciplinary team rounding at the bedside decrease patient complications (falls & pressure injuries) and promote nurse satisfaction?

Methods

- ▶ **Research Participants**
 - ▶ All patients admitted to the ACE unit were eligible for MDI rounds if 19 years of age or older. Population primarily consisting of the older adult, age 65 and older.
 - ▶ All Registered Nurses (RNs) whose primary job is on the ACE unit as a bedside nurse on the day shift (7a-7p) were eligible to be surveyed.
- ▶ **Design & Procedures**
 - ▶ Approved by the Nebraska Methodist Hospital IRB before any data was collected.
 - ▶ A retrospective data analysis that examines the impact of MDI rounds on patient outcomes between January-March of 2016 compared to the patient outcomes during January-March of 2017, prior to the implementation of MDI rounds.
 - ▶ Patient outcomes measured were number of falls that occurred on the unit, including number of injuries, and hospital acquired pressure injuries.
 - ▶ Nurse satisfaction related to multidisciplinary rounds were measured by a survey anonymously completed by the bedside RN via Survey Monkey.

Data Analysis

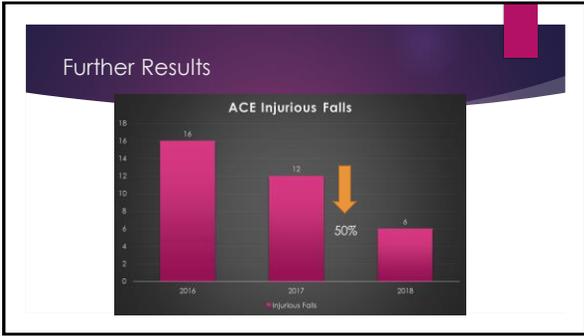
- ▶ **Falls**
 - ▶ Crosstabulation between fall precautions in place during time of a fall and the year that the fall occurred found that twice as many patients had the proper precautions in place after the implementation of MDT rounds.
 - ▶ Crosstabulation of the Morse Fall Scale and the year found that patients in 2018 were at a much higher risk for falls than those in 2017.
 - ▶ Not enough occurrences of falls during the study to analyze overall number of falls or injuries due to falls.
- ▶ **Pressure Injuries**
 - ▶ Not enough occurrences of hospital acquired pressure injuries during the study to analyze.

Data Analysis Continued

- ▶ **Nurse Satisfaction**
 - ▶ Descriptive statistics for the MDT rounds survey, number 1 being the most positive and 5 being the least positive, showed MDT rounds had the most impact on improving ongoing communication and providing teaching and or problem solving.

Results





- ### Strengths/Limitations
- ▶ **Strengths**
 - ▶ A wide range of patients were represented in the data due to the general medical nature of the unit in this study.
 - ▶ The use of a validated fall risk tool to measure the acuity of the patients
 - ▶ A 66% response rate from the bedside RN for the MDT rounds survey.
 - ▶ **Limitations**
 - ▶ Due to the specialty of the ACE unit this study may not be generalizable to other hospital inpatient units.
 - ▶ The study is over a short time frame making the data limited due to minimal occurrences of falls and pressure injuries.
 - ▶ The nurse population that completed the MDT rounds survey was limited to an all female staff as there was no male representation on the unit.

- ### Implications for Practice/Future Research
- ▶ **Implications for Practice**
 - ▶ Involving the patient in a multidisciplinary team approach helps improve communication across the health care team along with increased opportunity for teaching and problem solving.
 - ▶ MDT rounding improves nurse satisfaction which may lead to decreased turn over and burn out.
 - ▶ **Future Research**
 - ▶ MDT rounding's impact on adverse events including falls, pressure injuries, and medical errors need to be researched further over a longer period of time.
 - ▶ The difference between nurse and physician led MDT rounding needs to be explored further in the medical population.

References Cont.

- ▶ Townsend-Gervis, M., Cornell, P., & Vardaman, J. M. (2014). Interdisciplinary rounds and structured communication reduce re-admissions and improve acute patient outcomes. *Research Journal of Nursing Research*, 36(7), 917-928.
- ▶ Trumbly, D., Bohrer, D., Trank, N., Mansell, E., & Buthiche, D. (2017). Effects of interdisciplinary teamwork on patient-reported experience of cancer care. *BMC health services research*, 17(1), 218.
- ▶ Vaitran, S., Hay, R. D., Shapiro, M. F., & Cowan, M. (2009). Effect of a multidisciplinary intervention on communication and collaboration among physicians and nurses. *American Journal of Critical Care*, 14(1), 71-77.
- ▶ Yeechik, A. M., Fick, D. M., McDowell, J., Monroe, T., May, K., Grove, L., ... & Jenney, S. K. (2014). Barriers and facilitators to implementing delirium rounds in a clinical trial across three diverse hospital settings. *Clinical nursing research*, 23(2), 201-215.
- ▶ You, J. W., Kim, S., Seol, H., Kim, S. J., Yang, J. M., Ryu, W. S., ... & Nakagawa, S. (2013). Effects of an internal medicine floor interdisciplinary team on hospital and clinical outcomes of seniors with acute medical illness. *Geriatrics & Gerontology International*, 13(4), 542-548.
