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Retrospective Study of Multidisciplinary Rounding on a Thoracic Surgical Oncology Unit

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Multidisciplinary rounding (MDR) reduces medical errors and improves the quality of care for hospitalized patients. The purpose of this study was to evaluate hospital length of stay, patient satisfaction, admission to a skilled care facility, and the use of home health care or hospice in patients who received MDR compared to those who did not. This retrospective study included the records of 3,077 thoracic surgical patients with cancer who were admitted to a midwestern National Cancer Institute–designated comprehensive cancer center from January 1, 2006, through July 1, 2011. Overall mean length of stay was 5.3 days in the MDR group compared to 6.5 days in the no MDR group. The MDR group also had significantly shorter mean length of stay compared to the no MDR group among patients who were discharged home from the hospital, admitted to hospice following a hospital discharge, discharged to a skilled care facility, or admitted to home healthcare services. No significant differences in satisfaction scores were reported in patients who received MDR compared to those who did not. MDR is an important aspect of inpatient oncology care, and staff should be identified to participate who have expertise relevant to patients' needs.

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Multidisciplinary rounding (MDR) in the inpatient setting is a low-cost (Cardarelli, Vaidya, Conway, Jarin, & Xiao, 2009) and effective (Ravikumar et al., 2010) aspect of patient care. Regular healthcare team communication concerning cancer diagnosis, treatment, nutrition, and psychosocial situations is important to maintaining and enhancing the health of the patient during hospitalization. Coordinated care management options planned by all healthcare team members often result in fewer medical errors and improved quality of patient care (Rehder et al., 2012). The purpose of this study was to evaluate the effects of oncology MDR on length of stay, patient satisfaction, discharge to a skilled-care facility, and use of home health care or hospice following hospitalization. The findings may contribute to enhancing the care of hospitalized patients with cancer through effective multidisciplinary team communication. The specific aims were to (a) compare the length of stay between hospitalized surgical patients with cancer who received and did not receive MDR; (b) further compare the length of stay of hospitalized patients who received and did not receive MDR and were discharged directly to home or skilled care facilities, or required the use of home health care or hospice; and (c) determine whether hospitalized surgical patients with cancer who received MDR reported higher satisfaction scores compared to those who did not receive MDR.

Background

Reducing length of stay for hospitalized patients often is favorable to the hospital and desirable for the patient. One effective