

Interprofessional Rounds to Improve Team Communication and Decrease Length of Stay on an Inpatient Unit

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Interprofessional rounds (IPRs) are associated with better patient outcomes and improved communication. Variables unique to each organization must be considered when determining team composition and meeting structure. This program was designed to improve communication between nurses and providers, identify education and workflow gaps, decrease length of stay, and increase staff satisfaction on inpatient hematology and oncology units. Elevating the role of the advanced practice nurse and nurse leader from participant to engaged IPRs leader proved to be a best practice to overcome barriers and improve organization and patient outcomes.

AT A GLANCE

- Nurses can make small changes over time to develop an IPRs process that works best for their organization, team dynamics, and patient populations.
- Structured IPRs can lead to decreased length of stay for patients with cancer, blood disorders, and complex healthcare needs.
- Using nurse managers, educators, and clinical nurse specialists as IPR managers promotes rapid unit-level problem-solving that improves nursing practice and delivery of patient care.

KEYWORDS

interprofessional rounds; length of stay; staff satisfaction; communication

DIGITAL OBJECT IDENTIFIER

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Interprofessional rounds (IPRs) are a patient-centered care model in which providers, nurses, ancillary staff, the patient, and caregivers or family dedicate time to establish daily goals and coordinate complex healthcare needs (Institute for Healthcare Improvement [IHI], 2015). Using an IPRs model within complex patient populations is associated with improvements in staff satisfaction, communication, efficiency, and patient safety, while also reducing length of stay (LOS) and medical errors (Bryant et al., 2022; Goldsberry, 2018; IHI, 2015; Mercedes et al., 2016; Reeves et al., 2017).

Healthcare professionals on the inpatient hematology units at City of Hope Comprehensive Cancer Center in Duarte, California, care for patients who receive clinical trial treatments, chemotherapy, stem cell transplantations, or chimeric antigen receptor T-cell therapy. Care coordination for patients receiving these treatments can be complex because of long-term use of central lines, prolonged periods of myelosuppression, increased risk for adverse drug reactions, and oncologic emergencies. To preserve patient safety among this population, healthcare team members need to communicate effectively.

Historically, staff RNs on the inpatient hematology unit did not participate in daily IPRs because of barriers such as unpredictable provider rounding schedules and competing task priorities. Satisfaction with communication between staff RNs and the medical team on these units ranked the lowest in this 217-bed hospital, as demonstrated by the annual internal organization's workforce engagement survey, with an average satisfaction ranking of 3.26 on a five-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree) (K. Tomlinson, personal communication, February 8, 2022). In addition, LOS for the hematology medical team in the fourth quarter of the 2020 fiscal year was 22 days, which was above the average of 15.7 days for the hematology service line, and led to delays in patient throughput. The purpose of this initiative was to develop, implement, and evaluate a nurse-driven IPRs model to address these organizational opportunities for improvement.

Methods

A task force composed of a physician, advanced practice providers (APPs), charge nurses, clinical nurse educators, clinical nurse specialists (CNSs),