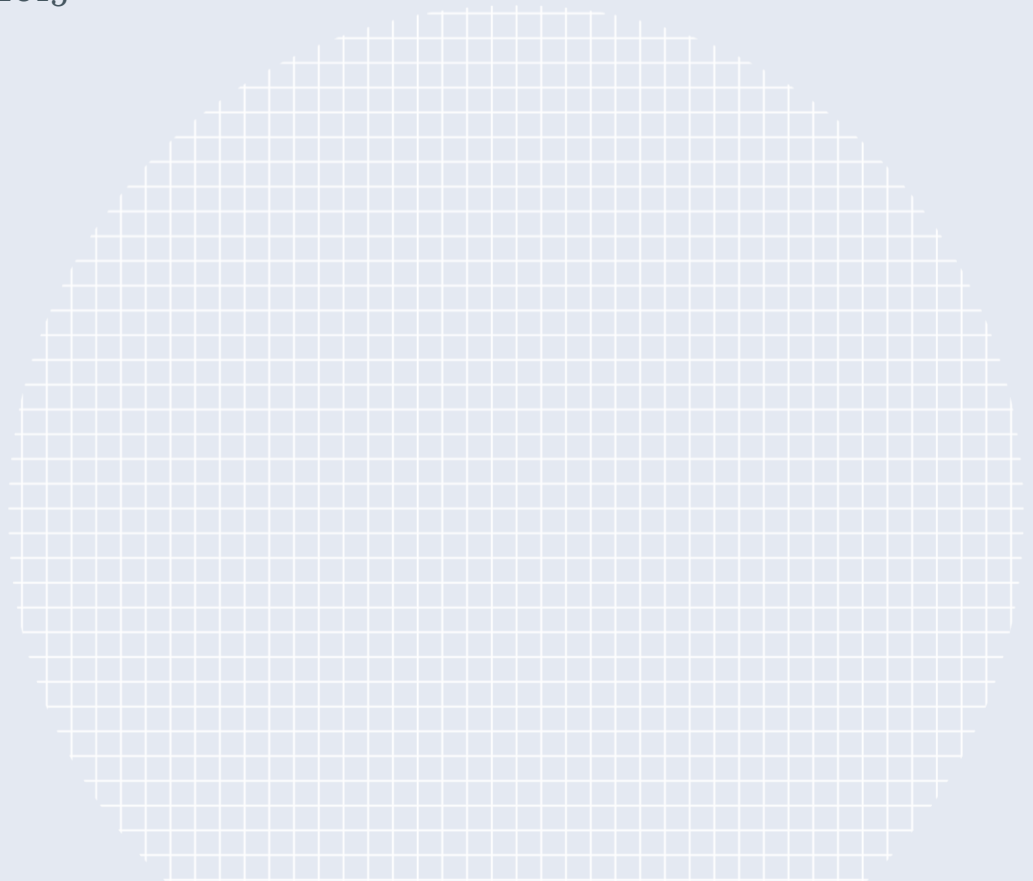




# How-to Guide: Multidisciplinary Rounds

Updated February 2015



AN IHI RESOURCE

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## Introduction

Multidisciplinary rounds, 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. Organizations that have been successful in implementing multidisciplinary rounds often start in the intensive care and critical care units, and conduct multidisciplinary rounds with multiple members of the care team (physicians, nurses, and ancillary clinicians and staff) seven days a week, developing daily goals for every patient. Additionally, some hospitals have successfully invited families into their regular rounding process and have implemented multidisciplinary rounds on non-critical care units.

## What Are Multidisciplinary Rounds?

Multidisciplinary rounds are a patient-centered model of care, emphasizing safety and efficiency, that enable all members of the team caring for patients to offer individual expertise and contribute to patient care in a concerted fashion.<sup>1</sup> With multidisciplinary rounds, disciplines come together, informed by their clinical expertise, to coordinate patient care, determine care priorities, establish daily goals, and plan for potential transfer or discharge.

Many hospitals have reported improved communication and collaboration among members of the care team, more reliable adherence to process measures, and better patient outcomes through the use of multidisciplinary rounds. Although the effects of multidisciplinary rounds have not been heavily researched, formal peer-reviewed studies have found similar results. In one study, researchers at St. Luke's Hospital found that the adoption of multidisciplinary rounds in the medical intensive care unit resulted in improved process and outcome measures. For example, the use of multidisciplinary rounds has resulted in improved compliance with the IHI Ventilator Bundle and a significant decrease in ventilator-associated pneumonia.<sup>1</sup>

In another study, researchers studied the impact of a three-part intervention that included daily multidisciplinary rounds. Here, the intervention resulted in a positive effect on the communication and collaboration among physicians and nurses.<sup>2</sup>

The importance of including pharmacists in daily rounds has also been researched. Including a pharmacist on the ICU rounding team to make recommendations regarding dosage or frequency adjustments was found to significantly reduce adverse events.<sup>3</sup>

A study in *Archives of Internal Medicine* reports that multidisciplinary care teams appear to be associated with a lower risk of death among patients in the intensive care unit. According to the authors, "Multidisciplinary rounds may facilitate implementation of best clinical practices such as evidence-based treatments for acute lung injury, sepsis, and prevention of ICU complications. Pharmacist participation on rounds is associated with fewer adverse drug events and alone may be associated with lower mortality among ICU patients. Multidisciplinary rounds may also improve communication between health care providers."<sup>4</sup>

## Why Is It Important to Conduct Multidisciplinary Rounds?

In its 2001 report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, the Institute of Medicine identifies continuity of care as one of the key areas of concern in patient care delivery.<sup>5</sup> Too frequently, decisions related to the care of a patient occur without input from the key providers, including nursing, pharmacy, social work, respiratory therapy, nutrition, physicians, physical therapy, and occupational therapy. As a result, communication breakdowns occur, resulting in fragmented and poor quality care. Some key benefits of implementing multidisciplinary rounds are noted below.

- Effective multidisciplinary rounds can be a powerful vehicle for:
  - Coordinating care among disciplines
  - Reviewing current patient status
  - Clarifying patient goals and desired outcomes
  - Creating a comprehensive plan of care
- Multidisciplinary rounds provide a formal mechanism for daily communication among the care team, patients, and families regarding:
  - Identification of safety risks
  - Identification of daily goals
- Multidisciplinary rounds facilitate protocol or guideline use and understanding among the care team, providing:
  - A consistent approach
  - Education and teaching opportunities
- Multidisciplinary rounds provide consistency for process improvement

## Potential Impact of Multidisciplinary Rounds

Although the literature on the effectiveness of multidisciplinary rounds is still fairly small, many hospitals have demonstrated an impact on the following outcomes:

- Improved communication and teamwork across caregivers, which has been shown to be an important contributing factor to high levels of safety and reliability of care
- Reduced errors
- Reduced ventilator days
- Reduced central line days
- Reduced length of stay
- Improved flow of patients through levels of care

- Expedited discharge planning
- Increased collaboration and satisfaction among all members of the multidisciplinary team

## Key Components of Reliable Multidisciplinary Rounds

Many hospitals across the US have successfully implemented multidisciplinary rounds. There are a variety of rounding models, including teaching rounds, safety rounds, and rounds that focus on the patient's discharge from the hospital. IHI uses the term "multidisciplinary rounds" to mean any type of rounding that enables key members of the team caring for the patient to come together and offer expertise in patient care.

Key components of reliable multidisciplinary rounds include the following:

- Develop and refine your aim for rounds
- The structure of rounds is essential
- Leadership is key
- Engage the patient and family
- Measurement matters

### Develop and Refine Your Aim for Rounds

Improvement requires setting an aim. An organization will not improve without a clear and firm intention to do so. The aim should be time-specific and measurable; it should also define the specific population of patients that will be affected. Agreeing on the aim is crucial; so is the allocation of people and resources necessary to accomplish the aim.

"What do you want to accomplish?" Without a specific focus, multidisciplinary rounds could become too time consuming and overwhelming for those involved. Declaring a focus, an aim, is the foundation for selecting team members, identifying questions to be addressed, and defining measures. The aim for multidisciplinary rounds can be based on a select group of patients (such as patients with a specific diagnosis), deviance from the care plan, or a safety concern. The aim should also include specific information regarding where (e.g., a specific unit), how much (e.g., "by 80 percent"), and by when (e.g., "by May 1, 2015"). An agreed-upon aim will enable the staff to focus on specific questions, to keep the rounds as efficient as possible, and to prevent them from morphing into a long and potentially overwhelming process.

Examples of specific aim statements for multidisciplinary rounds are as follows:

- The intermediate medical care unit (IMCU) will conduct daily multidisciplinary rounds including at least four disciplines and document daily goals on each patient by December 31, 2014.
- By June 2015, 4 South will conduct daily multidisciplinary rounds and document transition goals for each patient that is 3 or more days postoperative.

- By March 31, 2015, 80 percent of all neonatal intensive care unit (NICU) bedside rounding will include a summary in parent-friendly language of all tests, labs, and procedures completed over the previous 24 hours.
- By February 28, 2015, during multidisciplinary rounds on the cardiovascular services unit (CVSU) and IMCU, clinical care goals and patient-/family-identified needs and/or goals will be addressed for 90 percent of each unit's patients.

## The Structure of Rounds Is Essential

Structure is vital to keep the rounds moving at a reasonable pace and to ensure proper attention to the focus of the rounds. Key concepts to remember in developing the structure for rounds include: assign leadership, select team members from multiple disciplines who help meet the goals of the rounds, restate the focus of the rounds while in the patient room, and develop daily care goals.

## Leadership Is Key

A reliable leader, with a defined role and responsibilities, can ensure that the multidisciplinary rounds team starts and ends on time, notes during rounds are captured, and follow-up occurs. Remember, you are requesting several personnel from multiple departments to participate in rounds, and starting 10 minutes late or allowing the rounds to wander from the designated focus is disrespectful of everyone's time.

Teams are more successful when they have unambiguous, focused aims. Setting numerical goals clarifies the aim, helps to create tension for change, directs measurement, and focuses initial changes. Once the team sets the aim, they need to be careful not to back away from it deliberately or "drift" away from it unconsciously.

The recruitment of the actual rounding team on each unit may look different from department to department. The focus of the rounds will dictate the discipline(s) that are essential to the rounds. Be as efficient as possible when selecting team members, engaging only those people who are most critical to the rounding process and to meeting the goals of the rounds.

Many hospitals have found that using the structure of multidisciplinary rounds to identify daily goals for each patient is an effective approach. Setting individual patients' goals helps focus the efforts of the care team and prioritizes the work for that day. Ideally, patients and their families are present and participate in setting these goals, to maximize their alignment with the patient's wishes. Each patient is on a path to move beyond the current care setting, whether through transfer to a more or less intensive level of care within the hospital; discharge to home, rehabilitation, long-term care, or hospice; or through care decisions that allow natural death to occur. Daily goal setting helps define the steps necessary for these various paths and clarifies what needs to be accomplished before transfer or discharge can occur. Some hospitals have also found it helpful to focus on goals that highlight safety risks for particular patients.

Setting daily goals involves three key steps:

- 1) Determine the key goal or goals for that day;
- 2) Document the goals so they are readily accessible to the care team and the patient and family; and
- 3) Provide daily feedback and reflection on the goals to refine and reset them for the current day.

Examples of daily goals:

- Discontinue oxygen by 4 PM
- Wean off vasopressors by midnight
- Mobilize patient to walk 20 feet
- Initiate hospice referral

Many teams have developed checklists or scripts to ensure the key aspects of multidisciplinary rounds are addressed while in the patient room and to ensure that time during rounds is used wisely.<sup>6</sup> Checklists include the key elements of the rounds such as discharge concerns, daily goals, and actions to be taken.

## Engage the Patient and Family

Inviting families to participate in rounds can be powerful, as families have a unique perspective on the needs of patients. Before inviting families to participate, ensure that the process of multidisciplinary rounds is consistent and structured. It is necessary to have a conversation with family members prior to joining rounds, an orientation that introduces them to the focus, routines, and expectations of the rounding process. Posting the times, dates, and patients included in rounds can be valuable for both families and team members. For example, on a medical-surgical floor you might post a sign the day before scheduled rounds that says, “Rounds with Nursing, Physical Therapy, and Pharmacy tomorrow at 9:15 AM. Rounds to be conducted on patients in rooms 407, 410, 414, 427, 431, 433, and 441. Family members are invited to attend.” When rounds begin, start with a brief introduction to the patient and family member, state the purpose of rounds, and encourage their participation as a necessary part of the process.

Family members may have input into the care of the patient both during the hospital stay and at discharge, and will appreciate seeing the care team work together to focus on the patient. Posting daily goals in patient rooms may also prompt questions from family members who may not have joined rounds; these are great opportunities to involve the family in conversation about patient care goals at any time of day.

Studies in several hospitals concluded that engaging patients and families in multidisciplinary rounds had many benefits, especially with regard to communication with providers, being part of the care team, and active decision making.<sup>7,8</sup>

## Measurement Matters

Measurement is essential to learn which changes in the multidisciplinary rounding process you are testing result in improvement. Improved patient outcomes are an important measure of success and should be expected over time with the implementation of multidisciplinary rounds.<sup>9</sup> In addition, in order to obtain helpful data that informs the initial testing of multidisciplinary rounds, teams may choose to track daily or weekly process measures such as:

- Number of days per week that multidisciplinary rounds occur
- Number of disciplines involved in multidisciplinary rounds
- Percentage of patients with a documented daily goal in their patient record



- Bundle compliance, such as the IHI Ventilator or Central Line Bundles (For more information on bundles and bundle compliance, see the IHI white paper, *Using Care Bundles to Improve Health Care Quality*.<sup>10</sup>)

In addition to tracking measures related to the occurrence of and participation in multidisciplinary rounds, improvement teams should identify the key care-related process measures that may be included on the daily goal sheet. The daily goal sheet includes key components of care specific to the patient and can be used to help structure rounds and keep the discussion during rounds focused. Data on these process measures can be encouraging to staff as multidisciplinary rounds evolve.

In addition to the process measures mentioned above or other measures identified by each organization's rounds team, hospitals have found multidisciplinary rounds also have an impact on a number of key outcome measures, including:

- Length of stay
- ICU patient days
- Central line days
- Ventilator days
- Number of pharmacy changes (such as discontinuing an antibiotic, decreasing or eliminating narcotics as patient condition improves, etc.)

## Examples of Success

### Bon Secours St. Mary's Hospital, Richmond, Virginia

Bon Secours St. Mary's Hospital, a 391-bed non-profit community hospital in Richmond, Virginia, has achieved improved outcomes with multidisciplinary rounds by implementing processes and tools that focus on patient and family needs and goals, and on anticipating length of stay (LOS) and discharge. Three nursing units with different patient populations participated in IHI's Expedition on Engaging Patients and Families in Multidisciplinary Rounds, implementing actions with their unit-specific rounds team members, including nurses, providers (physicians and nurse practitioners), care/case managers, and others (e.g., pharmacists, nutritionists, rehabilitation therapists, respiratory therapists, and diabetes treatment coordinators).

On the intermediate medical care unit (IMCU), the entire care team conducts multidisciplinary rounds as a group. The nurse provides information on the patient/family needs and goals that have been identified during change-of-shift handover as well as the current focus of care, and team members share additional knowledge and/or discipline-specific assessments, plans, and actions for care during rounds. Nurses have developed a "guide sheet" for reference in preparation for multidisciplinary rounds that enables rounds to be a "conversation" focused on patient care versus caregivers being "put on the spot" to present needs.

In the cardiovascular services unit (CVSU), the multidisciplinary rounds are conducted at the bedside and include the patient and family. The rounds team has benefited from Pocket Card Guides (see Figure 1) that include prompts for identification of "patient stated goal/concern for the

day” and “discharge plan.” The guide also includes key quality-of-care elements and a readmission assessment, to cue discussion among the rounds team about any considerations that need to be addressed with interventions.

**Figure 1. Cardiovascular Services Unit (CVSU): Example Pocket Card Guide with Discharge Plan and Patient Goal**

Patient Name _____	Room _____		
Diagnosis _____			
Readmission within 60 days <i>CHF, AMI, Pneumonia, cardiac surgery</i>	YES		
Readmission Risk Score <i>from admission database</i> _____			
Chronic Disease	YES		
Flu Vaccine given	YES	Pneumonia Vaccine given	YES
Telemetry necessary	YES		
Medications	Any new meds? YES	Affordability	_____
Patient like to use bedside RX?	YES		
Code Status _____	Advanced Directive	YES	
Discharge Plan _____			
Will he/she have planned Readmission _____			
<b>Patient stated goal/concern for the day</b> _____			
Any testing due for pt. today? Describe _____			
Mobility _____	Consults _____		
Palliative care? _____	IV Antibiotics _____		
Admission Date _____ LOS (Length of Stay) from Admit Order _____			

Addition of patient goal

The 5 East medical-surgical unit has benefited from a guide sheet and Advanced Practice Nurse support as they focus on the patient’s goal/concern for the day and anticipated discharge. The medical-surgical unit – and the IMCU and CVSU – also use a Stop Light Inter-Disciplinary (Discharge) Rounds (SLIDR) whiteboard, which has improved communication about anticipated length of stay for the purposes of patient planning, interventions, and progression. Tenant Health System case managers shared the SLIDR format at a national conference, and Bon Secours St. Mary’s Hospital has adopted the process with some of its patient populations and made modifications for their specific unit-based needs.

SLIDR Boards at the nurses’ station use a color-coded legend to reflect the patient’s anticipated discharge, transition in care, and/or length of stay (see Figures 2, 3, and 4). Staff use the visual color reference on the SLIDR Board and/or the Pocket Card Guides during multidisciplinary rounds to address plans with patients, families, and rounds team members.

A patient’s current status is identified on the SLIDR Board by placing their room number under the appropriate color legend column as follows:

- RED            2 or more days before likely discharge
- YELLOW      1 day before likely discharge
- GREEN        Ready for discharge today
- GREEN “P”   Discharge when pending items are completed (e.g., diagnostic study, lab, or consult)

- BLUE Patient ready for transfer to lower level of care or other care facility
- PURPLE LOS greater than MD-noted LOS or DRG LOS

Also, the SLIDR Board display provides an overview for all unit and interdisciplinary team members regarding the potential patient population and unit activity at any given time.

**Figure 2. Progressive Surgical and Bariatric Unit (PSBU): Example SLIDR Board with Color Legend**

Patient Name \_\_\_\_\_ Room \_\_\_\_\_

**Diagnosis** \_\_\_\_\_

Comorbidities \_\_\_\_\_

Readmission YES NO Core Measure YES NO SCHIO, CHF, PNA, AMI, STROKE

**Flu Vaccine given** YES NO **Pneumonia Vaccine given** YES NO

**Telemetry necessary** YES NO Why/why not \_\_\_\_\_

**Nutrition** Can the patient eat? YES NO

**Medications** Patient like to use bedside RX? YES NO

Discharge Plan \_\_\_\_\_

Barriers to discharge before 12 noon \_\_\_\_\_

Will he/she have planned Readmission \_\_\_\_\_

Patient stated goal/concern for the day \_\_\_\_\_

Any testing due for pt. today? YES NO Describe \_\_\_\_\_

Mobility \_\_\_\_\_ Consults \_\_\_\_\_

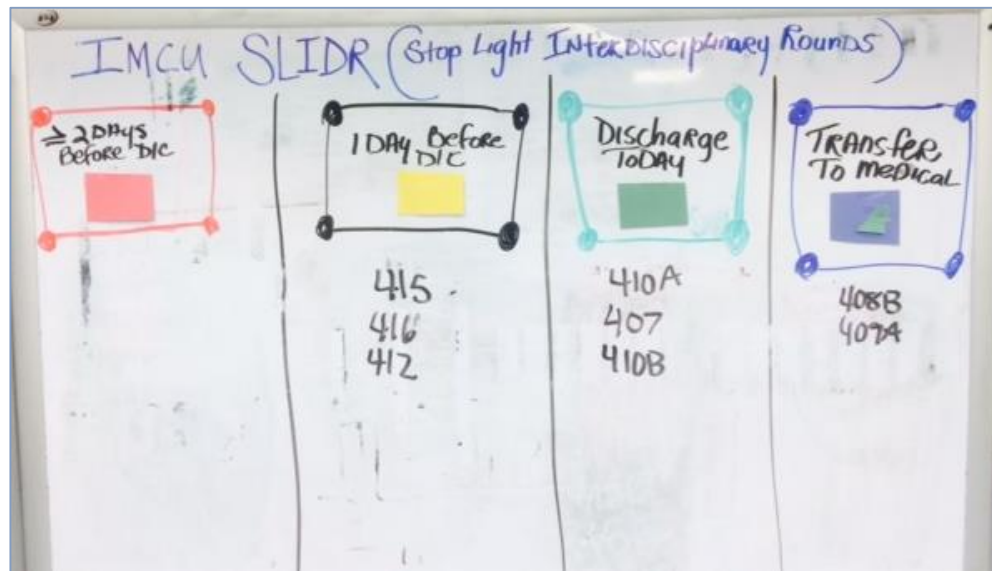
Transportation for discharge \_\_\_\_\_

Recommendations today

**Figure 3. SLIDR Board for 5 East Medical-Surgical Unit, Showing Discharge Status**

SLIDR 12/11/14

4-5 Days Before D/C	1 Day Before D/C	D/C Today	D/C Pending	Greater than MD L
511/1	517/2	<del>516</del>	523/2	509/2
511/2	520/1	509/1	501/1	508B
515/1	504/1	519/2	504/2	510B
517/1			502/2	506 A
521/1				
523/1				
514/1				
507/2				
512/1				

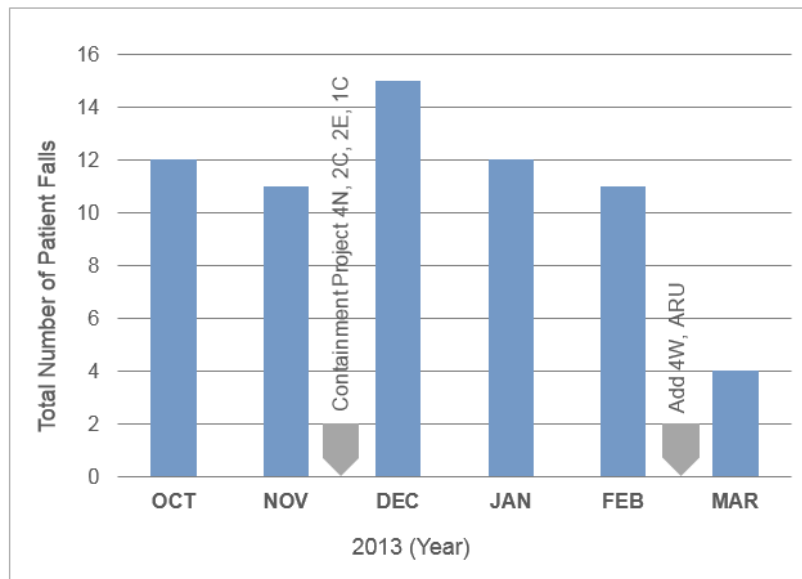
**Figure 4. SLIDR Board for Intermediate Medical Care Unit (IMCU), Showing Discharge Status**

After implementing these processes and tools, outcomes for the abovementioned units include the following improvements:

- Patient and family participation, knowledge, and understanding of care and self-management;
- Team collaboration, communication, and cohesiveness;
- Knowledge transfer and learning opportunities for all participants; and
- Multidisciplinary rounds tools and resources are available and used to support care delivery and enhance communication.

## Santa Rosa Memorial Hospital, Santa Rosa, California

Santa Rosa Memorial Hospital is a 278-bed acute care hospital that is a part of the St. Joseph Health system in California. After identifying an increase in the number of falls in several nursing units, Santa Rosa implemented multidisciplinary rounds as one tactic for improving safety. As part of their Adult Patient Falls Containment Project, the team implemented hourly rounding by nursing leaders, engaged patients and families in these rounds, and put evidence-based protocols into practice to reduce falls. In addition to instituting multidisciplinary rounds, senior leaders also did their own rounds to interview staff and patients using rounding tools, followed by a 30-minute huddle and debrief with executive leaders and nursing directors and managers. This approach has led to a reduction in harmful (category 3-5) falls (see Figure 5) and significant reduction in costs.

**Figure 5. Adult Patient Falls at Santa Rosa Memorial Hospital**

Note: The arrows in the bar chart denote when multidisciplinary rounds were implemented on various nursing units as part of Santa Rosa’s falls-reduction efforts.

## Using the Model for Improvement

In order to move this work forward, IHI recommends using the Model for Improvement. Developed by Associates in Process Improvement, the Model for Improvement is a simple yet powerful tool for accelerating improvement that has been used successfully by hundreds of health care organizations to improve many different health care processes and outcomes.

The model has two parts:

- Three fundamental questions that guide improvement teams:
  - What are we trying to accomplish?
  - How will we know that a change is an improvement?
  - What change can we make that will result in improvement?
- The Plan-Do-Study-Act (PDSA) cycle to conduct small-scale tests of change in real work settings — by planning a test, trying it, observing the results, and acting on what is learned. This is the scientific method, used for action-oriented learning.

*Implementation:* After testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the team can implement the change on a broader scale — for example, for an entire pilot population or on an entire unit.

*Spread:* After successful implementation of a change or package of changes for a pilot population or an entire unit, the team can spread the changes to other parts of the organization or to other organizations.

You can learn more about the [Model for Improvement](https://www.ihionline.org/) on IHI.org.

## Sample Small Tests of Change

Using the Model for Improvement, teams conduct small tests of change to start their improvement work. With this approach, team members can learn quickly what works or how changes need to be refined before full implementation.

The examples below demonstrate small tests to implement multidisciplinary rounds that come from one of the organizations participating in IHI's Multidisciplinary Rounds Expedition. Note the size and scale of the test: it's very focused and specific. It would not take much time to plan each test, do it, learn if it worked, and then test it again on the same scale or expand the scale of the test. Hospitals that have created a successful multidisciplinary rounding system have found that there are many areas they need to test prior to implementation: time, location, structure, attendees, and a useful form for guiding the process and documenting daily goals. Each aspect involves a series of tests or PDSA cycles.

Small test examples:

- Tomorrow, Kelly (the bedside nurse on the unit team) will test the daily goal sheet adapted from another hospital on her two patients.
- On Monday, Matt (the staff nurse on the unit team) will meet at 9 AM with Kate (the unit manager), Dr. Patterson (the intensivist), and Jo Ann (the assigned case manager) to round on his two patients.

## Tips for Getting Started

Implementing multidisciplinary rounds can seem like an overwhelming challenge. If your team tries to do everything and include everyone at once, it may well prove to be impossible. Below are a few tips we have learned from those organizations that have successfully implemented multidisciplinary rounds.

- **Leverage existing rounding processes:** Enlist one or two staff members who see the potential of implementing multidisciplinary rounds. If graduate medical education rounds are currently in place, seek support from the Department Chair to plan and test multidisciplinary rounds. Stating the aim of multidisciplinary rounds will assist in either adapting a current rounding process or gaining the participation of house staff. It may be necessary to consider an additional process for multidisciplinary rounds, a more structured, faster rounding process that is separate from the traditional graduate medical education teaching rounds. Don't allow traditional graduate medical education teaching rounds to be a barrier to developing a process for multidisciplinary rounds.
- **Seek willing participants:** If unable to engage physicians in testing multidisciplinary rounds, start with other disciplines (such as nursing and respiratory therapy, or nursing and pharmacy).
- **Start small, test small and often:** One test, one day, one time, one staff, develop one daily goal for the patient. PDSA cycles may include testing at different times of the day, different days of the week, or on different shifts.

- **Choose one process to focus on at a time:** Take into consideration the staff involved in the initial testing and choose a key focus. In an intensive care unit, the focus may be Ventilator Bundle compliance, whereas on a postoperative surgical unit it may be activity progression after surgery.
- **Develop and document a daily goal for each patient:** This task encourages all participants in multidisciplinary rounds to contribute and share in a common, short-term goal. Be specific – for example, “Extubate patient by 10 PM” or “Walk in hall twice before bedtime.” Documenting and posting the daily goal in the patient’s room allows everyone who enters the room to ask about, contribute to, and assist with the completion of the goal.
- **Use a short, simple tool to help guide multidisciplinary rounds:** This tool may be a daily goal sheet or rounds checklist developed by the rounding team. Such tools can help add structure and expedite the rounds.<sup>11</sup>
- **Consider including support services** (e.g., social worker, pastoral care) in rounds occasionally (1 to 2 times per week).
- **Track interventions** initiated during rounds and provide feedback on effectiveness to staff; this can be encouraging and support continued improvement.

## Additional Tips for Implementing Multidisciplinary Rounds

### Segment Patients

In areas outside the ICU, the prospect of starting multidisciplinary rounds on a large unit with 30 or more patients can be intimidating. Segmenting patients can help ensure that rounds are conducted on a specific group of patients. For example, rounding on a medical telemetry floor with a high volume of congestive heart failure (CHF) patients can provide an opportunity to round on CHF patients to ensure compliance with protocols and discharge plans. On a postoperative cardiovascular surgery floor, rounding on each patient on post-op Day 3 can offer an opportunity to ensure progression of the patient and set a goal for discharge. By segmenting populations for rounds on individual units, the structure of rounds can provide a unique opportunity for consistency among staff, ensuring compliance with protocols, and the development of common daily goals.

### Script Questions

During rounds, scripting focused questions can be key in building relationships among participants. Simple yes-or-no questions often become routine and don’t offer much in the way of discussion. Instead of asking yes-or-no questions, consider more open-ended questions that elicit contemplation and participation by the group. Scripting the questions, even writing them on the goal sheet or using a log that contains thought-provoking questions, requires staff to think about “why” or “when” a task or intervention is appropriate. For example:

- Compliance with Ventilator Bundle
  - Sedation vacation: When is the sedation vacation scheduled?

- Readiness to wean: Has this patient been assessed for readiness to wean? What needs to happen for this patient to be extubated?
- Central line or urinary catheter: Why is the central line in? What needs to happen to get the urinary catheter removed for this patient?
- Discharge: What needs to happen so the patient can be discharged?

## Spread Slowly

After piloting multidisciplinary rounds on one or two units, it can be tempting to spread the changes quickly throughout the facility. Begin spreading the changes to other areas or units one at a time. Because each unit has its own unique routines and providers, it's important to take time to discuss opportunities with unit staff, set an aim for rounds, and test changes. Each unit will have different routines, patient populations, and disciplines serving patients, so testing the time of day at which rounds will occur is critical.

## Expand Participation

Participation in rounds will be different for most every unit, as well. For example, an orthopedic floor may develop rounds with physical therapy, while an ICU step-down unit may incorporate respiratory therapy and pharmacy. Some departments have very few people (e.g., palliative care, social work, physical therapy), so including these services in rounds must be well thought out. Depending on the patient population, determine the necessity of and ability to include these disciplines. Test having some ancillary services participate in rounds every other day (Monday/Wednesday/Friday); this provides an opportunity to learn and collaborate often, just not every day.



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