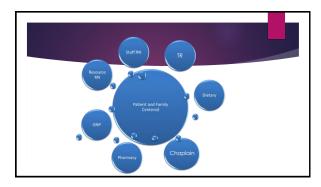
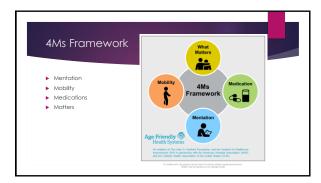


Background The concept of bringing multiple disciplines, or areas of specialty, around the table to discuss a patient is not a new idea but one it hat continues to be executed differently across all health entitles (Burger, 2007) Variation in practice can lead to an inefficient use of time, breakdown in communication, and increased cost due to tack of standardization and resources being used (Bhamidpoit 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, Cornell, & 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, diefician, chaplain, resource RN, therapeulic recreationist, and pharmacist.





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?

Ν	1ethods
	Research Participants
	 All patients admitted to the ACE unit were eligible for MDT 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 MDT rounds on patient outcomes between January-March of 2018 compared to the patient outcomes during January-March of 2017, prior to the implementation of MDT rounds.
	 Patient outcomes measured were number of falls that occurred on the unit, including number of injurious, 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.

D	ata 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.
١	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.





St	rengths/Limitations
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	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.

	mplications for Practice/Future desearch
•	Implications for Practice
	 Involving the patient in a multidisciplinary team approach helps improve communication across the health care team along with increased apportunity 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.

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