Multidisciplinary Rounds in Our ICU
Improved Collaboration and Patient Outcomes

Yamile Der, RN-BC, BSN

In 2007, the intensive care unit (ICU) at Florida Hospital Celebration Health implemented critical care multidisciplinary rounds under the supervision of the ICU nursing director and the medical director. Their vision for patient-centered care required effective communication, teamwork, and a culture of safety among physicians, nurses, educators, clinical nurse specialists, chaplains, respiratory therapists, dietitians, and other allied health and administrative leaders.

Multidisciplinary rounds allow for real-time and in-person exchanges of information, making the goals and plan of care for each patient clear to everyone. Rounds begin around 10:30 AM with a rounding chart and lap top computer, which allows us immediate access to pertinent information. After a patient’s case is presented and discussed in front of the patient’s room, we enter the room and continue the rounds at the bedside where team members can see the patient and engage him or her and the family in the plan of care. Visiting hours are limited during rounds to maintain confidentiality.

The unit medical director and intensivists, who write the orders, ensure that all aspects of the patient’s whole person are addressed, with the assistance of our chaplain and social worker/case manager. The primary nurse plays a vital role in coordinating, planning, assessing, and presenting the patient’s case to the multidisciplinary team at rounds. Evidence-based practices and unit core measures are discussed as well as safety concerns such as fall risks and infection prevention.

If needed, the intensivists provide clarity and depth of knowledge on the pathophysiology of the patient’s medical diagnosis. Education is an important component of the multidisciplinary rounds; every team member gets a chance to provide his or her expertise and to bring up any new research or evidence-based practice. A sign-in sheet is maintained to track the participation of all disciplines involved in the plan of care. At the end of rounds, the primary nurse documents the plan of care and any education that took place at the bedside.

Since the implementation of multidisciplinary rounds, our ICU has reported 0% central line–associated blood stream infections and nurses have experienced increased teamwork, job enjoyment, positive nurse-physician interactions, autonomy, time spent with patients, quality of care, and collaboration with physicians. Our ICU has also reported decreased length of stay, mortality, fall rate, and 0% nurse separation. Our new culture of transparency among all disciplines on our unit has led to many improvements in the quality of care we provide to our patients.

“In Our Unit” highlights unique practices, innovations, research, or resourceful solutions to commonly encountered problems in critical care areas and settings where critically ill patients are cared for. If you have an idea for an upcoming “In Our Unit,” send it to Critical Care Nurse, 101 Columbia, Aliso Viejo, CA 92656; fax, (949) 362-2049; e-mail, ccn@aacnj.org.

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Yamile Der is director of critical care in the ICU/PCU at
Florida Hospital Celebration Health in Celebration Florida.
For more information, contact Yamile Der at
yamile.der@flhosp.org.
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