

**VA**



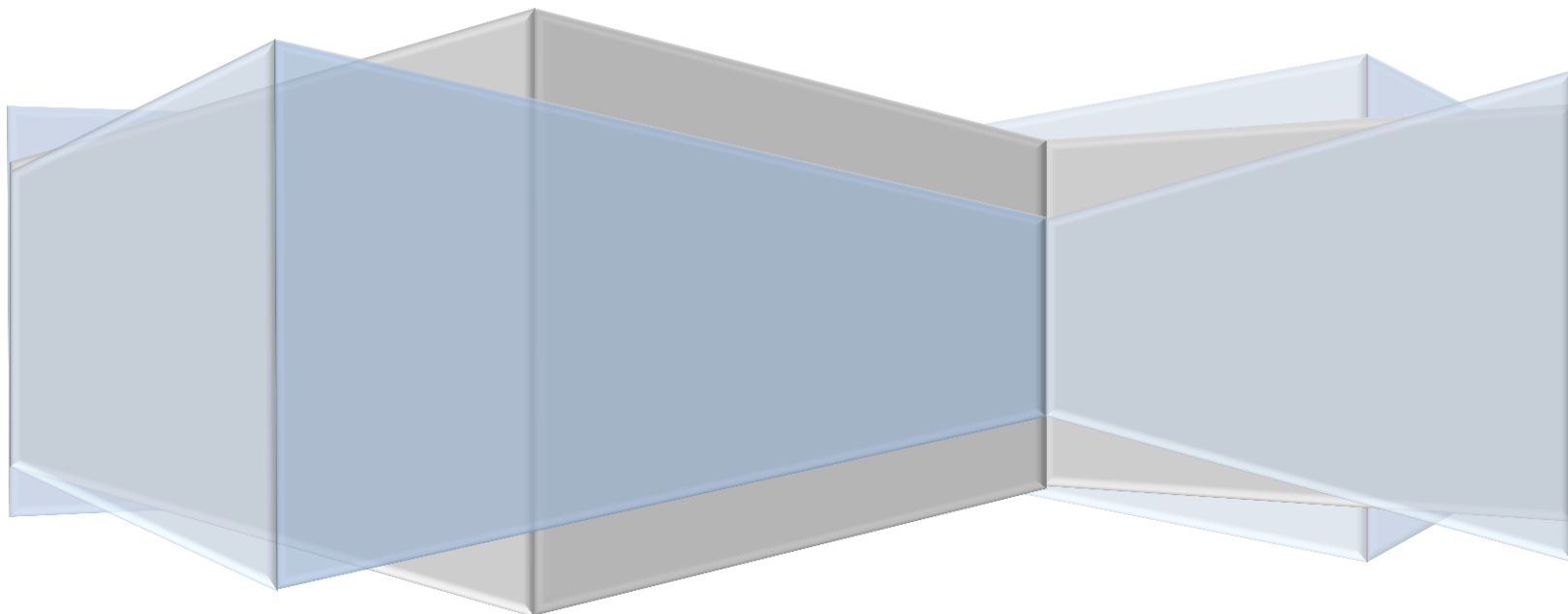
U.S. Department  
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# Interdisciplinary Rounding Toolkit:

A Guide to Optimizing Interdisciplinary Rounds on  
Inpatient Medical Services

Iowa City VA Quality Scholars Fellowship Program

May 2014



## For more information, please contact

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VA Quality Scholars (VAQS) Fellowship Program

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Iowa City VA Healthcare System

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All documents are available at the following website:

<http://www.cadre.research.va.gov/forms/IDRToolkit.pdf>

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## Executive Summary:

Interdisciplinary care is a fundamental component of safe, efficient, and effective inpatient management. To enhance interdisciplinary care and coordination, many healthcare institutions have begun employing care coordinators, care navigators, and discharge planners, or establishing formal interdisciplinary rounding procedures. This Toolkit is directed at establishing and improving the general quality of interdisciplinary rounds (IDR), particularly in an academic inpatient setting in which medical residents rotate frequently on service and thus may be unfamiliar with the people and processes involved in IDR. This Toolkit outlines an approach to:

- 1) Optimize interdisciplinary participation in IDR;
- 2) Leverage the stable IDR team to provide a learning environment for all team members;
- 3) Engage residents to be more effective leaders on interprofessional teams; and
- 4) Meet regulatory requirements for IDR documentation.

This toolkit introduces the ISDA (Identify, Summarize, Discuss, Ask) heuristic and describes how to reinforce this presentation format through the Interdisciplinary Care note template. The toolkit also contains copies of training references, educational materials, and links to video tutorials that will assist in replicating this system within your unit.

## Introduction

Effective, comprehensive communication is essential for patient safety and high quality, patient-centered care. The effects of inexplicit or missed communication are well known to result in patient harm, frustration and dissatisfaction, extended hospital stays, and preventable readmissions. Furthermore, effective communication also takes time and requires attitudes of mutual respect in order for participants to regard communications as both useful and worthwhile.

Interdisciplinary Rounds (IDR) are a prime venue to communicate and coordinate care among healthcare professionals. Early work in choreographing IDR focused on following structured communication tools that guided IDR discussions by providing a checklist or script of items to be covered for all patients on each hospitalization day. However, a drawback of such extensive structure is decreased efficiency, with time spent discussing items of little or no relevance to a particular patient. Furthermore, participants may be aware of highly relevant information but may not bring it up because it is not included as an item on the checklist.

Therefore, the challenge and opportunity in IDR is to create an environment of practical and highly effective communication which is also flexible enough to accommodate busy work schedules and a diverse and ever-changing population of patients. The following tools were designed after extensive observation of IDR rounds and can be modified to fit your local organization's needs.

## IDR Tools

### Resident Education

The IDR Reference Sheet, Pocket Card, and Training Video (Appendix) were designed by the VAQS project team to optimize IDR for the Medicine Service at the Iowa City VA Medical Center. The following modules will highlight features of these tools and provide recommendations that may be useful in replicating this intervention.

#### IDR Resident Reference Sheet

The goal of this resident reference sheet was twofold. The first was to provide residents with a “how-to” guide for leading the discussions, and the second was to train them to focus on interdisciplinary issues most relevant to the patient’s phase of care. Often, inexperienced residents provided presentations appropriate to medical rounds, but they needed a guide to direct their thinking regarding broad social, nutritional, rehabilitation, and therapeutic issues. The front page of the reference sheet outlines the ISDA framework for leading IDR discussions, and the back page contains prompts for common interdisciplinary issues across three main phases of hospitalization (early hospitalization, daily care and preparation for discharge, and planning for an on time departure).

#### Pocket Card

The pocket card paralleled the IDR Resident Reference Sheet but was small enough to fit in a resident’s white coat pocket. These materials (Appendix B) should be provided to the residents at the beginning of their rotation. This material also outlines the basic ISDA framework and prompts residents’ preparation prior to their first experience of IDR. Other users may wish to tailor the prompt list to be most relevant to their setting.

## Training Video

As part of the residents' orientation to the hospital and prior to participating in IDR, residents are to watch a 6-minute instructional video that provides an overview of the purpose and structure of IDR using the ISDA framework.

## The ISDA framework

The ISDA framework employs a heuristic approach to leading IDR discussions. A heuristic, as opposed to algorithmic, approach to communication provides a basic guide to achieving an end, without prescribing a step-wise set of directions. By focusing on the ISDA heuristic in resident education materials and as the underlying structure for an electronic health record (EHR) documentation template, we instruct residents in how to lead IDR presentations while empowering all interprofessional team members to actively participate in and guide the discussion in their respective areas of expertise.

The ISDA heuristic purposefully emphasizes that the resident portion of the presentation is brief, and that discussion and elicitation of input are equally important tasks. By creating a habit of asking for input, we seek to reinforce active participation by all team members.

Observations of effective IDR processes revealed that individual patient discussions are highly variable. Some last seconds, and others up to 5-7 minutes. This suggests that effective teams must learn to identify which patients need longer discussions, and that team members should feel empowered to speak up if they feel a discussion is too brief, or an issue has not been raised and resolved.

- *Identify the patient's name, main diagnosis or reason for admission, anticipated discharge date and disposition*
- *Summarize the goals of care and treatment plan*
- *Discuss and interdisciplinary issues for daily cares and discharge planning*
- *Ask what was missed and what orders need to be placed*

## Interdisciplinary Documentation Template

The second component of reinforcing our rounding format was the creation of document templates that mirror the ISDA framework. In our setting, charge nurses complete the documentation and are enabled to do so during or shortly after rounds. By providing a template that runs in parallel to the intended discussion content and flow, we create an incentive for the charge nurse to encourage the team to adhere to this format. By including this template into the IDR work flow, the charge nurses were able to create a useful document that could be used by staff nurses in the morning to help plan for daily care and discharge needs.

This documentation (Appendix A) also met the “Provision of Care, Treatment, and Services” (PC) measure of success requirement for The Joint Commission accreditation. (Comprehensive Accreditation Manual for Hospitals: The Official Handbook, 2013).

Reminder Dialog Template: IC/INTERDISCIPLINARY CARE TEAM DAILY NOTE (D)

No data available

Reason for Admission and Diagnosis:  
...

No data available for ANTICIPATED D/C DATE

Anticipated D/C Date:  
...

Discharge Disposition  
 Transportation

No data available for CARE AND DISCHARGE PLANS

Main Interdisciplinary Issues in Daily Care and Discharge Planning:  
...

Patient Needs:

Inpatient Physical Therapy  
 Inpatient Occupational Therapy  
 Palliative Care  
 Community Care  
 Skilled RN  
 Consider placing Skilled RN consult  
 Patient already has approved services  
 Bath Aid  
 Home Maker  
 Respite Care  
 Home PT  
 Home OT  
 Freedom Alert  
 Consider placing other: ...

"This interdisciplinary care (IDC) team daily note was created from discussion at IDC rounds today at 11:30AM. Regular participants in IDC rounds include representatives from nursing, pharmacy, social work, physical therapy, palliative care, dietetics, utilization management, occupational therapy, respiratory therapy, and the medical service. Please see individual service notes for details of the care plan."



## Setting

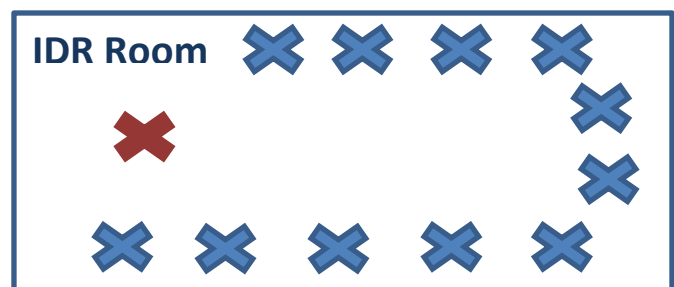
This intervention bundle was developed within a 42-bed Inpatient Medicine Service at a VA Medical Center affiliated with a university medical center. Medical care on this unit is provided by three rotating resident teams on two medicine units. Each of the medicine units has a stable care team composed of a nurse manager, charge nurses, and a shared team comprised of social workers, nutritionists, palliative care professionals, pharmacists, physical and occupation therapists, and other specialty service professionals.

## Facility Support

Prior to implementation, the team had buy-in from the nurse managers, charge nurses, residency director, local accreditation specialist, and the hospital Performance Improvement Committee to undertake this QI initiative.

## Time and Location

Interdisciplinary Rounds were rescheduled to start at 11:30am (after teaching rounds) in a conference room away from patient care. The room (though small) fit all members of the IDR team and had modular magnetic white boards attached to large white boards which could be used to asynchronously indicate patients' needs and plans.



## Meeting Flow

Traditionally, residents (red) would enter the room at their predetermined time (or when paged) and stand at the head of the room by the door and lead the discussion of their patients. After one team's session is completed, the others would subsequently rotate into the room.

## Potential Modifications

In certain microsystems, or in settings in which IDR is entirely new or in which a culture of communication is truly lacking, implementation of these interventions may be more challenging. Innovators seeking to use the ISDA heuristic in these settings may find they need to use more structured communication scripts, including scripts that prompt each team member to provide input. This may come at an efficiency cost, yet be necessary to establishing an environment of safe and active participation. Once a team is functioning, it may then be possible to return to the less structured ISDA heuristic to optimize efficiency while still ensuring team members speak up and provide interdisciplinary input on patient issues.

## Attachments:

### Appendix A: IDR Team Daily Note Example

LOCAL TITLE: IC/INTERDISCIPLINARY CARE TEAM DAILY NOTE (D)  
STANDARD TITLE: TREATMENT PLAN INTERDISCIPLINARY NOTE  
DATE OF NOTE: MAY 01, 2014      ENTRY DATE: MAY 01, 2014  
AUTHOR: LOSE, DANIEL T      EXP COSIGNER:  
URGENCY:      STATUS: COMPLETED

No data available

Reason for Admission and Diagnosis:  
... CHF--Fluid Overload and Shortness of Breath

No data available for ANTICIPATED D/C DATE

Anticipated D/C Date:  
... May 4

Discharge Disposition  
Home

Transportation  
Self/family

No data available for CARE AND DISCHARGE PLANS

Main Interdisciplinary Issues in Daily Care and Discharge Planning:  
... Understand why patient isn't taking meds as prescribed; educate patient on importance of sodium-restricted diet; communicate discharge plan with patient's daughter so she can provide transportation home

Patient Needs:  
Community Care  
Respite Care  
Initiate Respite Care

"This interdisciplinary care (IDC) team daily note was created from discussion at IDC rounds today at 11:30AM. Regular participants in IDC rounds include representatives from nursing, pharmacy, social work, physical therapy, palliative care, dietetics, utilization management, occupational therapy, respiratory therapy, and the medical service. Please see individual service notes for details of the care plan."

/es/ DANIEL T LOSE  
Registered Nurse  
Signed: 05/01/2014

## Appendix B: Pocket Card (Front & Back)

### Common Interdisciplinary Issues

#### Early Hospitalization

- Physical Function
- Mental Function
- Nutrition and Swallowing
- Palliative Care/ Advanced Care Planning

#### Daily Care & Preparing for Discharge

- Lines and Tubes
- Medication reconciliation
- Poly-Pharmacy
- Non-Formulary Medications

#### Planning for On Time Departure

- Transportation (DAV, ambulance, etc)
- Placement
- Medical Supplies
- Home Infusion (e.g. antibiotics)
- Home Support (homemaker, skilled nursing)
- Home Oxygen
- Outpatient Appointments



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### Interdisciplinary Rounds

**“Working together can make this time the most valuable 15 minutes of your day”**

#### Team Schedule: Monday -Friday

Blue	Red	White
11:30 am	11:45 am	12:00 pm

1. **Identify:**
  - a. Patient's name, PCP, and hospital day
  - b. Main diagnosis or medical issue
  - c. Anticipated discharge date
  - d. Anticipated discharge disposition
2. **Summarize:** goals of care and treatment plan
3. **Discuss:** interdisciplinary issues in daily care and discharge planning
4. **Ask:** what was missed and orders to place?

## Appendix C: Resident Reference Sheet (Front & Back)

### 7E/7W Interdisciplinary Rounds

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#### *The most valuable 15 minutes of your day*

**When:** M-F, 11:30am-12:15pm (Blue, Red, then White Team)

**Where:** Interdisciplinary Care Room, 7W07

**Who:** Interdisciplinary care team members – Resident Physician, Charge Nurse, Nurse Manager, Social Work, Palliative Care, Utilization Review, Respiratory Therapist, Pharmacist, Dietician, Physical Therapist, Occupational Therapist, Diabetic Nurse Educator, and anyone else involved in care coordination and discharge planning.

**Why:** Exchange information, identify patient daily care plan and goals, determine discharge needs, get assistance in accessing resources for patient, generate task list for interdisciplinary team members, and problem solve difficult social or discharge issues.

**What is the physician role?**

1. **Identify:** patient name, PCP, hospital day, main diagnosis or medical issue, anticipated discharge date and discharge disposition. (“Mr. Smith is a 67 yo followed by Dr. Iverson in the White team admitted 2 days ago for community acquired pneumonia. We anticipate he will be able to discharge to home on Wednesday.”)
2. **Summarize:** the goals of care and treatment plan. If this is not clear to the medical team, enlist the interdisciplinary care team to help identify goals. (“His goals of care are to return to his baseline functional status and go home.”)
3. **Discuss:** the main interdisciplinary issues in daily care and discharge planning (See over). (“The main issue for him today is to continue IV antibiotics until stable for discharge. He is weak and needs PT evaluation to determine whether he will need outpatient physical therapy. He is on O2 now, but was not prior to admission and we do not anticipate he will need home O2.”)
4. **Ask:** what was missed and orders to place? (e.g., home health, travel needs, home O2, medical supplies) (“What other interdisciplinary issues have I missed?”)

**How long should it take?**

Discussions of daily care plan and discharge needs can take anywhere from a few seconds to 3-5 minutes per Veteran, depending on how complex the issues are. By focusing on the main interdisciplinary care issues, asking for input from team members, and being on time, you can make these minutes *the most valuable 15 minutes of your day.*

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ICVA Hospitalist Service:  
Hilary Mosher, MD


## 7E/7W Interdisciplinary Rounds

### What are main interdisciplinary issues?

<b>Early in Hospitalization</b>	
<i>Physical Function</i>	Patients at risk of losing function or who might be too weak to go home: PT and OT can assess if a Veteran is physically fit to live independently and can work with Veteran to preserve physical function during hospitalization.
<i>Mental Function</i>	All interdisciplinary care team members can help assess if a Veteran is having issues with delirium, cognitive impairment, or depression, and identify and discuss interventions
<i>Nutrition and Swallowing</i>	Patients admitted with diabetes, HF, liver disease, poor nutrition, or failure to thrive may all benefit from dietary education. Non-physician members of the interdisciplinary care team are best positioned to identify issues with oral intake.
<i>Palliative Care</i>	Should Palliative Care be consulted? Would patient benefit from Advanced Care Planning? Should patient's inpatient status be changed to Palliative? What home going needs do they have and do they have a return-to-hospital plan? Address ongoing decline early.
<b>Daily Care &amp; Preparing for Discharge</b>	
<i>Lines and Tubes</i>	Check in about IV access, catheters, telemetry, and other tethers: determine what is needed, and what needs to come out as soon as no longer needed.
<i>Medication Reconciliation</i> -Poly-pharmacy -Non-formulary meds	Med Rec is performed by pharmacy on admission and discharge. They can help clarify the Pre-Admission Medication List (PAML), are experts at taking a Best Possible Medication History (BPMH), and employ "teach back" methods of patient education. Plan to have discharge medication orders placed before calling pharmacist so that any issues can be addressed.
<b>Planning for an On-Time Departure</b>	
<i>Transportation</i>	How did the Veteran get here? Where will they discharge to? How will they get there? If ambulance or DAV van is needed, team can plan ahead.
<i>Medical Supplies</i>	Wound care, walkers, canes, blood pressure cuffs—the interdisciplinary care team can direct you how to order or obtain supplies.
<i>Home Infusion</i>	Will patient go on outpatient parenteral antibiotic therapy (OPAT)? Discuss early and make sure home infusion orders for medications, supplies, and follow up labs are placed.
<i>Home Support</i>	Will the patient's home environment and support system be adequate for post-hospitalization needs? The interdisciplinary care team can direct you about home services available and what consults/orders you need to place to arrange these services
<i>Oxygen</i>	Is your patient on oxygen? Do they need a walking desaturation to document this? Have you placed home O2 orders? The interdisciplinary care team can help.
<i>Outpatient Appointments</i>	Does your patient have any outpatient appointment (i.e. sleep studies, primary care, lab tests, podiatry, etc.)?

ICVA Hospitalist Service:  
Hilary Mosher, MD

## Appendix D: IDR Poster



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**Daily Care & Preparing for Discharge**

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- Medication reconciliation
- Poly-Pharmacy
- Non-Formulary Medications

**Planning for On Time Departure**

- Transportation (DAV, ambulance, etc)
- Placement
- Medical Supplies
- Home Infusion (e.g. antibiotics)
- Home Support (homemaker, skilled nursing)
- Home Oxygen
- Outpatient Appointments



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## Appendix E: Training Video

Mosher, Hilary, Russell Leslie; Daniel Lose, Peter J. Kaboli. (2014). Interdisciplinary Rounds (educational video). [www.cadre.research.va.gov/Quality\\_Scholars.asp](http://www.cadre.research.va.gov/Quality_Scholars.asp)



If this video still will not play, click the download below.

Download Video: "MP4"

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