

# Interdisciplinary Bedside Rounding in the Medical Intensive Care Unit



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## Would daily interdisciplinary bedside rounding improve patient outcomes in the MICU at Lahey Hospital and Medical Center?

### Background

- There is no current policy discussing interdisciplinary rounding on the MICU at Lahey Hospital and Medical Center.
- Normally, the Attending, Physician Assistant, primary RN, and Pharmacist discuss the care plan daily for each of their patients in the office located on the unit.
- Some staff have considered what positive effects daily interdisciplinary bedside rounds would have for their patients.



### Implications

- Patient issues are more easily identified and solved better with improved communication (Gonzalo et al., 2014).
- Bedside rounding provides for decreased length of stay, lower mortality rates, and decreased fall rates (Der, 2009).
- The nurse-physician relationship is strengthened and collaboration is more efficient (Henkin et al., 2016).

### Purpose

The purpose of this project is to determine if daily interdisciplinary rounding would be more efficient and beneficial to patient outcomes if they were to occur at the patients' bedsides.

### Evidence

- About 90% of clinicians surveyed feel that bedside rounds improve awareness of issues needing to be addressed, communication and quality of care delivered. (Gonzalo et al., 2014).
- Florida Hospital ICU reports improvements in length of stay, mortality and fall rates (Der, 2009).
- According nurses and physicians bedside rounding makes it easier to detect problems and solve them cooperatively (Henkin et al., 2016).

### Recommendations

- Interdisciplinary bedside rounding should occur daily for each patient.
- The Attending, Physician Assistant, primary RN, and Pharmacist should be present.
- The team should ensure all members are up to date and in agreement before entering the patient's room.
- The patient should be able to refuse bedside rounding and determine if they would like family members to be present or not.

