

MITE Monthly Tip

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Interdisciplinary Team Communication

The inpatient hospital environment is fast paced and at times chaotic. Multiple interdisciplinary teams are constantly attempting to collaborate to provide high quality care that leads to positive patient outcomes. The lack of cohorting of patients by provider is a challenge. Rounding schedules can be challenging for effective and accurate information that can be shared with the entire team. Ineffective communication among healthcare workers has been shown to be a major contributor to medical errors (Holodinsky, Hebert, Zygun et al, 2015). Utilizing a schedule for interprofessional rounding within the inpatient environment could be an option to make this process more cohesive (Witz, Lucchese, Valenzano, et al, 2022). Healthcare educators and leaders of all disciplines need to put a greater focus on how the interprofessional team works together sharing information on patient progress. The following are key recommendations for implementation from a leadership perspective.

- Establishing a private space for rounds
- Foster accountability with participants
- Awareness of staff comfort levels with public speaking or group dynamics
- Utilizing the opportunity to coach and provide validation to participants

Creating a plan that participants can become familiar with that provides direction to the key points of reportable information for care planning can help teach effective communication. A healthcare environment that values collaboration and shared decision making will help to improve patient outcomes as well as lessen turnover rates staff (Witz, Lucchese, Valenzano, et al, 2022). The increasingly challenging patient flow crisis that healthcare organizations are facing could be significantly improved if there was a more standardized method for patient rounding that included all members of the healthcare team. Strengthening the engagement of the interdisciplinary team with patient rounding could additionally have a positive impact on quality improvement and other organizational change (Rangachari, Rissing & Rethemeyer, 2013).

References:

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