

# Nurse-Driven Interprofessional Rounds: Improving Care Coordination and Length of Stay

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**BACKGROUND:** Inpatient oncology units care for patients with some of the most complex medical conditions outside of the intensive care unit. These patients benefit from structured care coordination. Reduced ability to admit patients to oncology beds contributes to delays in specialty care.

**OBJECTIVES:** This quality improvement initiative established nurse-driven interprofessional rounds (IPRs) to reduce length of stay (LOS), improve discharge time of day, and enhance care coordination, patient flow, and access to care in the community.

**METHODS:** Care coordination during enhanced IPRs (eIPRs) included estimation of discharge dates, comparison of LOS to a standard geometric mean LOS, and discussion of clinical milestones and barriers to progression and discharge. Data analysis evaluated the effect of eIPRs on key outcomes.

**FINDINGS:** Although LOS variance was reduced by 15.8% and 44.1% in all-unit and hematology-oncology discharges, respectively, the results were not significant. Discharges by 2 pm improved significantly for all-unit and hematology-oncology populations, respectively. Patient flow measured by accepted patient transfers requesting hematology-oncology services improved significantly.

## KEYWORDS

care coordination; length of stay; patient flow; interprofessional rounds

## DIGITAL OBJECT IDENTIFIER

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**STRONG INTERPROFESSIONAL CARE COORDINATION IMPROVES** a healthcare system's effectiveness and efficiency in providing high-quality care (McDonald et al., 2007). However, stakeholders have identified that the greatest barrier to achieving robust care coordination is a lack of shared definitions, conceptual models, and measures of care coordination processes (McDonald et al., 2007). In addition, care coordination requirements vary by patient population. Patients receiving oncology care require multiple medications and frequent care setting transitions, and they receive care from many providers with varying professional backgrounds. Results from limited studies indicate that care coordination for patients with cancer can result in shorter length of stay (LOS) and improvements to patient care quality and satisfaction (Begue et al., 2012; Kao et al., 2017; Mark et al., 2018; Philip et al., 2019; Rezk & Miller, 2016; Yang, Kanesvaran, et al., 2018; Yang, Yoon, et al., 2018).

An additional benefit of effective care coordination is improved hospital throughput. Health systems remain focused on improving patient flow by reducing bottlenecks in entry portals, such as the emergency department, the transfer center, and outpatient clinics, which can result in delayed time to treatment, reduced patient satisfaction, decreased revenue, and other detrimental effects (Sharma et al., 2017). Earlier inpatient discharges improve throughput by enabling greater availability of beds for incoming admissions. Although there have been studies indicating the benefits of discharging patients earlier in the day (Destino et al., 2019; Rachoin et al., 2020), the efficacy of methods to facilitate earlier discharges of patients with cancer has not been well examined.

Effective interprofessional care coordination requires a comprehensive approach (see Figure 1). The foundational tactic to improve care coordination in this quality improvement (QI) initiative was the implementation of robust, structured interprofessional rounds (IPRs) facilitated by oncology nurses. Strong IPRs provide a foundation for other tactics, such as engaging the patient and family in care goals, escalating delays, and coordinating with the post-acute care team. The effect of structured, nurse-driven IPRs on improving coordination for patients receiving hematology-oncology care has not been well documented. The purpose of this QI initiative was to improve care coordination and expand access to care in the community by establishing nurse-driven enhanced IPRs (eIPRs) to reduce LOS, increase the rate of discharges before 2 pm, and improve patient flow.