Multidisciplinary rounding (MDR) reduces medical errors and improves the quality of care for hospitalized patients. The purpose of this study was to evaluate hospital length of stay, patient satisfaction, admission to a skilled care facility, and the use of home health care or hospice in patients who received MDR compared to those who did not. This retrospective study included the records of 3,077 thoracic surgical patients with cancer who were admitted to a midwestern National Cancer Institute–designated comprehensive cancer center from January 1, 2006, through July 1, 2011. Overall mean length of stay was 5.3 days in the MDR group compared to 6.5 days in the no MDR group. The MDR group also had significantly shorter mean length of stay compared to the no MDR group among patients who were discharged home from the hospital, admitted to hospice following a hospital discharge, discharged to a skilled care facility, or admitted to home health care services. No significant differences in satisfaction scores were reported in patients who received MDR compared to those who did not. MDR is an important aspect of inpatient oncology care, and staff should be identified to participate who have expertise relevant to patients’ needs.

Background

Reducing length of stay for hospitalized patients often is favorable to the hospital and desirable for the patient. One effective