



# THE lamp LIGHTER

Methodist Hospitals Nurse Newsletter • Aug. 2022

## Multidisciplinary Rounds: *A path to enhanced patient care and safety*

Multidisciplinary rounds provide a forum in which Methodist Hospitals providers can focus on efficient, collaborative, cost-effective delivery of safe care transitions, as well as evidence-based and quality-driven patient care. Multidisciplinary rounds include nursing, case management and other disciplines as available such as pharmacy, physicians and executive staff.

We are committed to this daily “pause for our patients” and have made multidisciplinary rounding a part of our daily business rhythm. We follow a structured process and respect all participants’ time by starting and ending on time.

Multidisciplinary rounding helps us to:

- Identify barriers to patient discharge
- Escalate and address these barriers
- Complete daily follow-ups
- More closely monitor and track outcomes

During the pause for our patients, the nursing staff considers the clinical barriers to discharge, pending tests and consultations, education needs, medical parameters for discharge, the plan for the day, and the discharge horizon.

By actively participating in multidisciplinary rounds, we’re asking Methodist Hospitals nurses to identify and remove barriers to patient clinical progression and discharge planning.

Since Medicare adopted the DRG methodology for hospital inpatient care reimbursement in 1983, many commercial insurance payers and Medicaid have also adopted this reimbursement system, in which hospitals are paid a flat rate per case for inpatient hospital care. If the DRG calls for a three day stay, but your patient stays for four days, the hospital is not reimbursed for the extra day.

### 2 Multidisciplinary Rounds FAQs

Here are two of the most common questions we get from nurses about the process:

#### 1 “Why do we need to state the patient’s current length of stay?”

This aspect of the rounding procedure brings the length of time a patient has been receiving care into focus. It should instill a sense of urgency and inspire us to ask ourselves questions, such as, “Should my patient still be here after 5 days?”

#### 2 “Why do we need to state patient’s payer status?”

Although we care for patients regardless of their financial situation, we also know some insurances or placements require precertification, different places that will or will not accept, etc. Information about payer status guides our discussions with families, dictates the paperwork requirements, and sharpens our focus to address these issues during admission.

The DRG methodology means efficient hospitals are rewarded and inefficient hospitals are incentivized to improve their performance with respect to length of stay.

Our nurses can contribute to this effort by continuing to focus on helping our patients to get back home. By maintaining that focus and doing what we do best, we will lessen our patients’ chances of prolonging their stay by developing hospital acquired infections.

As a result, Methodist nurses need to collaborate with our physicians regarding the clinical indications for each patient’s discharge while we deliver the appropriate level of care. By engaging in multidisciplinary rounds, we’re embracing the structure in which all members of a healthcare team can work in collaboration to enhance the patient experience and patient outcomes.

## Nursing Notes

- **Teri Hamilton, RN, BSN**, is the new manager of the 5 South unit on the Northlake campus. Teri earned her bachelor's degree in Nursing at Goshen College in Goshen, IN. She previously worked in long-term care as a RN Case Manager at Metro South Hospital in Blue Island, IL, and most recently served as a registered nurse on the 5W1 unit at the Southlake campus.
- **Allie Feddeler, RN**, who works at the Methodist Hospitals Ambulatory Surgery Center, successfully completed AORN's Periop 101, the premier, standardized education program for RNs entering the perioperative specialty.
- Congratulations to **Rebecca Martens, BSN, RN**, for passing her boards.
- Congratulations to **Natalie Wright, ASN, RN**, for passing her boards.
- Please join us in welcoming our new Northlake Emergency Department Manager, **Krystle Jackson, BSN, RN**.

### Good luck, Raquel

**Raquel Prendkowski, RN, BSN, MBA**, who served as Assistant Vice President of Patient Care Services at Methodist's Northlake campus for two years, has left to pursue a new opportunity as Chief Nursing Officer at St. Anthony Hospital in Chicago.

"We greatly appreciate all of the contributions Raquel has made to Methodist Hospitals over the last two years," said Marla Hoyer-Lareau, Senior Vice President, Chief Nursing and Operations Officer. "We wish her the best of luck as she seizes upon this once-in-a-lifetime opportunity at a new hospital."

We'd love to share your **Nursing Notes** news in future editions of **The Lamplighter**.

Email your item to Mary Jo Valentine at [mvalentine@methodisthospitals.org](mailto:mvalentine@methodisthospitals.org).



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