Implementing a Structured Multidisciplinary Rounding Script to Enhance Team Engagement and Discharge Readiness in Acute Care Cardiology Patients

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Background

- Pediatric cardiology patients require complex, coordinated care from multiple disciplines.
- Our pediatric Acute Care Cardiology (ACC) team lacked a consistent approach to ensure all integral team members contributed to plan of care during daily rounds.
- This resulted in potential gaps in communication, variable nursing engagement, and missed opportunities for comprehensive daily care plan and discharge planning.

Project Aims

- Implement a structured multidisciplinary rounding script that systematically engages all AAC team members (nurses, dietitians, advanced practice providers (APPs), fellows, case managers, pharmacists, residents, parents) in collaborative daily care plan and discharge planning.
- Improve multidisciplinary collaboration and communication in bedside daily ACC rounds while fostering a supportive teaching and learning environment.

Project Interventions

- Developed and implemented a rounding script that guides patient presentation and discussion.
- Script encourages consistent input from all ACC team members and promotes stronger nursing connection to ACC patient understanding and management.

Structured Multidisciplinary Rounding Script KDD

SMART AIM	KEY DRIVERS	CHANGE STRATEGIES
By January 2026, implementation of a structured multidisciplinary rounding script will engage all key team members in daily rounds, improving team satisfaction, eliminating redundant care discussions, and enhancing discharge readiness for pediatric cardiology patients.	Ensure all disciplines are consistently included in daily rounds with defined roles, eliminating the need for separate care-plan discussions outside of rounds.	Create a standardized script that assigns specific prompts and responsibilities to each discipline, ensuring consistent participation during rounds.
		Establish clear expectations for nurses, dieticians, APPs, fellows, case managers, pharmacists, and residents during each rounding encounter.
	Integrate both medical readiness (test results, weight gain, O_2 saturations) and logistical readiness (teaching, medications, transportation) into every rounding encounter.	Include standardized checkpoints within rounds to assess medical readiness criteria and logistical tasks.
		Use the rounding script as the single, primary forum for care-plan decisions, reducing the need for fragmented communication outside of rounds.
	Promote nursing connection to the cardiology patient population, expand nursing knowledge, increase comfort level in caring for cardiac patients, and encourage greater rounding participation.	Leverage the rounding structure to offer real-time learning opportunities, deepening nursing understanding of cardiac conditions and management.
		Administer post-implementation survey to gauge team engagement, perceived collaboration, and overall satisfaction with the multidisciplinary rounding process.

Acute Care Cardiology Multidisciplinary Rounding Script

Subjective and Objective Findings

- Blue Team/ W5 Nurse/ Cardiology APP
  - ☐ Invite family to participate in rounds (preference of in room or in hallway)
- Blue Team Resident / Medical Student
  - ☐ Present one-liner (if new transfer or admit provide brief HPI)
- West 5 Nurse
  - ☐ Overnight and morning events, notable trends in vital signs, sat trends, feeding tolerance, alarms
  - ☐ Specific concerns of RN or family
- Blue Team Resident / Cardiology APP
  - ☐ Objective data
  - ☐ Cardiac exam and other pertinent P.E. findings
  - ☐ Telemetry review
  - ☐ Present radiographic studies
  - ☐ Present key labs
- Nutrition/Dietician
  - ☐ 24-hour caloric intake
  - ☐ 3 and 7-day weight trends (for infants)

As needed

- CT Surgery
  - ☐ Wound /incision findings
- Speech
  - ☐ Oral-motor observations

Assessment and Plan

- Resident
  - ☐ Present updated one-liner assessment
  - ☐ Plan of care by system (cardiology first)
  - ☐ Name meds in active problems / systems
  - ☐ Target discharge date
- Cards NP
  - ☐ Review medical DC criteria, document in Epic, if appropriate, mark MR for DC remind nurse 120- minute goal for DC
- Pharmacy / Nutrition / Speech
  - ☐ Share any recommendations
- Cardiology Attending / Fellow
  - ☐ As needed provide feedback / recommendations
  - ☐ Provide teaching as able (offer to complete after rounds if discussion will require > 2 minutes)
- W5 RN
  - ☐ Summarize plan of care for the day/ write on board

Medical Readiness → Logistical Readiness

- ☐ Provide updated on discharge teaching status
- Case Manager / Cards APP
  - ☐ Provide update on logistical readiness for discharge (supplies, specialty meds, needed f/up appointments etc)
- Resident / Fellow / Cards APP
  - ☐ Ask family if plan is understood, if agree with daily plan and discharge goal
  - ☐ Ask family if any questions (offer to return if discussion will require >2 min)

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Project Impact

- Project impact assessed 6 months post implementation via survey of ACC providers participating in daily rounds with 23 team members responding to the survey.
  - ✓ Findings indicate multiple positive project impact most notably expanding nursing knowledge and increasing nursing comfort level in caring for cardiac patients.

Multidisciplinary Rounds Survey - Impact by Role

Percentage of Positive Responses

Role	Team Collaboration	Communication	Quality of Care	Teaching	Overall Impact
Nurses (n=7) →	Much: 100% (5)	Much: 100% (5)	Much: 80% (4) Somewhat: 20% (1)	Much: 100% (3)	Much: 100% (5)
Fellows (n=5) →	Much: 60% (3) Somewhat: 40% (2)	Much: 60% (3) Somewhat: 40% (2)	Much: 40% (2) Somewhat: 60% (3)	Much: 33% (1) Somewhat: 67% (2)	Much: 20% (1) Somewhat: 80% (4)
APPs (n=4) →	Much: 100% (4) Somewhat: 0% (0)	Much: 100% (4) Somewhat: 0% (0)	Much: 75% (3) Somewhat: 25% (1)	No Response	Much: 50% (2) Somewhat: 50% (2)
Attendings (n=4) →	Much: 50% (2) Somewhat: 50% (2)	Much: 67% (2) Somewhat: 33% (1)	Much: 50% (1) Somewhat: 50% (1)	No Response	Much: 100% (2) Somewhat: 0% (0)
Other (n=3) →	Much: 100% (3)	Much: 100% (3)	Much: 33%(1) Somewhat: 66%(2)	Much 33% (1)	Much: 33% (1) Somewhat: 66% (2)

- "Team & family members are on the same page regarding plan of care for the day and discharge plan."
- "When the format is used, I have found I've had less questions for the provider as the day moves along."
- "It is helpful for newer nurses to speak up."
- "Ancillary staff can speak and know when it is appropriate to give recommendations."
- Balancing measure:
  - ✓ Only 17% of respondents reported a negative impact on rounding efficiency.

Next Steps

- Improve project buy in amongst key stakeholders, specifically ACC attendings
- Expand ACC nursing educational opportunities beyond rounds