

Virtual Multidisciplinary Rounds

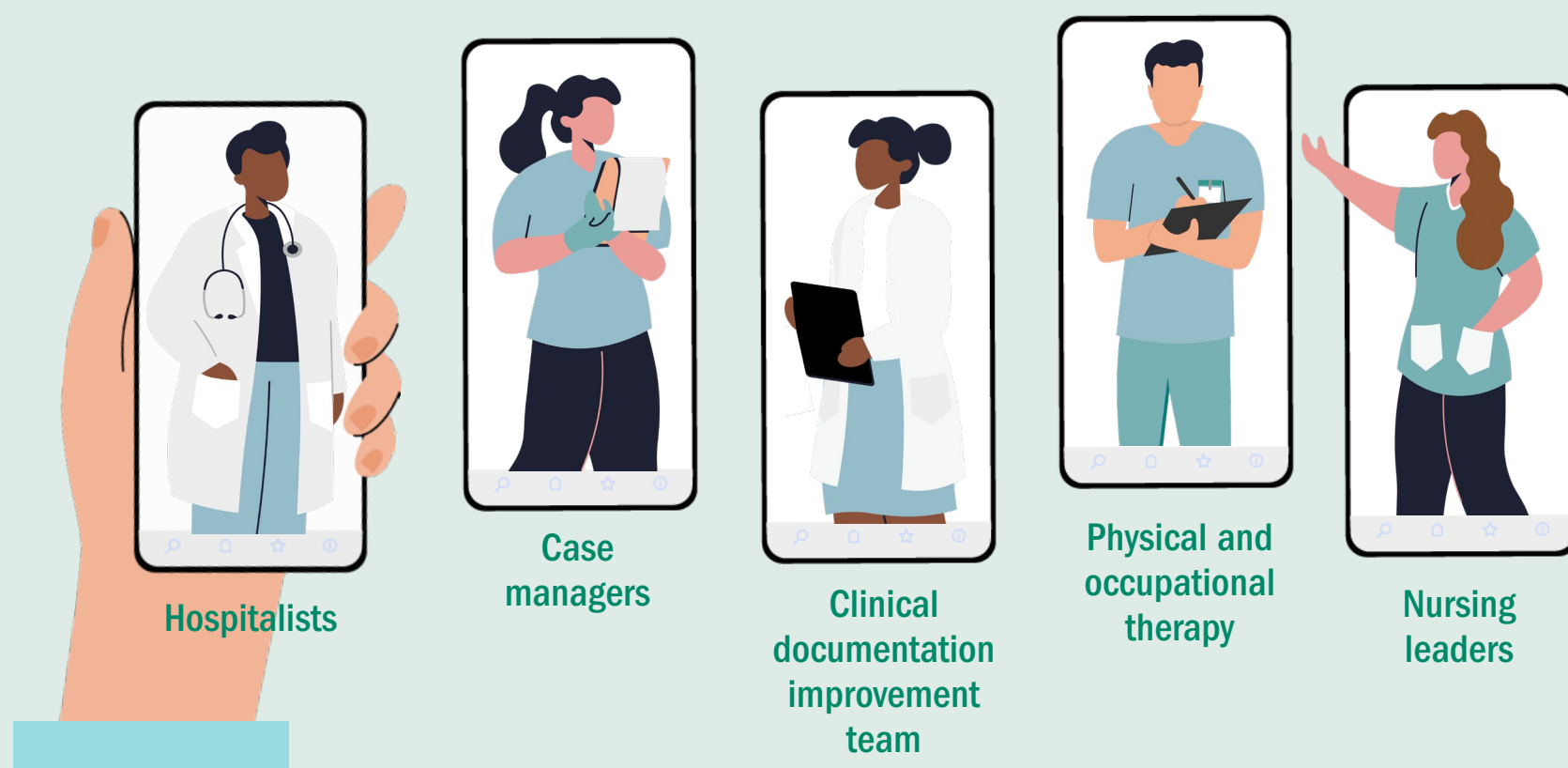


Reducing Length of Stay, Decreasing Variation and Promoting Accountability

In-person multidisciplinary rounds (MDRs) are shown to reduce length of stay (LOS) and improve throughput. A study featured in the September 2023 issue of *The Joint Commission Journal on Quality and Patient Safety (JQPS)* analyzed whether virtual MDRs could also help reduce LOS and improve throughput, as well as promote accountability and reduce provider variation.

THE STUDY:

A 406-bed community hospital in Arizona developed an innovative **virtual MDRs model** with key stakeholders conducting rounds via phone conference calls.



To track progress in real time, dashboards were created using data from electronic medical records. Unit-based discharge huddles (DH) were added to supplement the process and sustain the improvement.

The impact of the interventions was measured using a variety of metrics:

- ✓ Overall percentage of patients discharged within geometric mean length of stay (GMLOS)
- ✓ LOS index
- ✓ Provider and group-specific discharges below GMLOS
- ✓ Variation among hospitalist providers
- ✓ Total excess days
- ✓ Average length of stay (ALOS) vs. budgeted LOS
- ✓ Observation hours

THE RESULTS:

The virtual multidisciplinary rounds effectively **reduced LOS and observation hours** and **improved hospitalist performance**.

Before Interventions

Approximately **52%** of discharges below GMLOS

44 mean observation hours

Hospitalists had a mean of **53.8%** of discharges below GMLOS with a standard deviation of **7.6%**

After Interventions

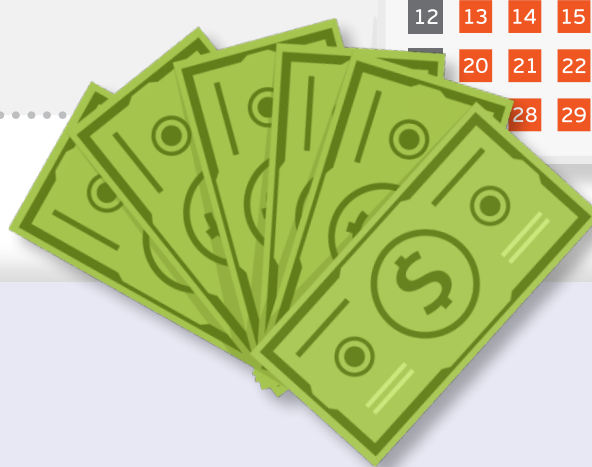
More than **60%** of discharges below GMLOS

31.9 mean observation hours

Hospitalists had a mean of **61.5%** of discharges below GMLOS with a standard deviation of **5.6%**

The virtual disciplinary rounds also led to a **decreased LOS index** and **kept ALOS below budgeted LOS**.

The effort to improve LOS led to a decrease of **3,813 excess days** in 10 months and resulted in a combined savings of **\$6.7 million**.



The study found that virtual MDRs can effectively reduce LOS and observation LOS as well as promote accountability and decrease variation among providers. More studies to test the effectiveness of virtual multidisciplinary rounds in various patient care settings may provide more insights.

To learn more about this study, visit:

[https://www.jointcommissionjournal.com/article/S1553-7250\(23\)00113-7/fulltext](https://www.jointcommissionjournal.com/article/S1553-7250(23)00113-7/fulltext)