Abstract Form

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Project Title:	Implementation of a standardized script to improve the efficiency and effectiveness of interdisciplinary rounds on the UCLA Internal Medicine Service

Research Category (please check one):

☐	**Original Research**	☐	**Clinical Vignette**	☒	**Quality Improvement**	☐	**Medical Education Innovation**

Abstract

Introduction:
The purpose of interdisciplinary rounding – which involves case managers, social workers, and physicians, among others – is to prioritize upcoming hospital discharges in part by identifying patients' discharge needs. Interdisciplinary rounds (IDR) at UCLA Medical Center have anecdotally been identified by the medicine residents as taxing, lengthy and even unproductive. It was also noted that resident teams often run behind their pre-scheduled presentation times for IDR.

Methods:
Our project first aimed to identify the primary reasons for inefficient and unproductive IDR. Interviews were held with key stakeholders including physician leaders, the lead case manager, and nursing staff. A qualitative survey regarding IDR was collected from internal medicine residents. IDR was observed and timed over several days, and a baseline satisfaction survey from case managers was obtained. Based on these initial studies, we designed and implemented an IDR script accompanied by a brief "manual" on how to utilize it. This script was posted electronically on the internal medicine residency website. Several months after this intervention, IDR was again observed and timed, and the case managers were re-surveyed.

Results:
During our needs-finding assessment, IDR timing revealed that medicine residents took nearly twice as long as direct-care attending hospitalists to present a patient (Direct Care 34 sec/patient, n=107 vs Residents 57 sec/patient, n=159). During the initial interviews and surveys, several qualitative themes emerged. For one, residents did not feel well-trained on how to perform IDR effectively. Secondly, senior leaders stressed the importance of sticking to a script. Lastly, nursing staff felt that improved timeliness of IDR would make it more feasible for nurses to attend. Observation of IDR demonstrated that many residents provide superfluous medical information that is irrelevant to IDR, further supporting the importance of a script.

Two months after implementing an IDR script (the most basic version is seen in figure 1), case manager surveys reported improvement on a Likert scale in subjective measures of IDR efficiency (mean Likert pre 3.8, post 4.0), effectiveness (mean Likert pre 3.8, post 4.4), and facilitation of timely discharges (mean Likert pre 3.4, post 4.2). Post-intervention timing data of IDR is still under collection.

1.	**Ongoing Need for Hospitalization**
2.	**Estimated Discharge Date + Location with Transport Modality**
3.	**Discharge Needs including Outpatient Follow Up (if applicable)**
4.	**Barriers to Discharge (if applicable)**

Figure 1. Basic script for interdisciplinary rounds

Conclusion and Next Steps:
We confirmed that resident physicians are less efficient than attending physicians during IDR presentations. After implementing a standardized IDR script, our case management colleagues reported subjective improvement in IDR effectiveness. Additional timing data, planned to be collected at intervals over 2024, is needed to demonstrate quantitative changes. Dedicated teaching on the IDR script will occur during the annual retreat for rising PGY2 senior residents to further solidify the script as a vital tool for our residents. Overall, implementing an IDR script for residents maximizes the utility of IDR to secure safe and efficient discharges for hospitalized patients.