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# Implementation of Daily Multidisciplinary Rounds on an Adult Outpatient Blood & Marrow Transplant Unit: Initial Observations and Future Plans

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## Introduction

- Caring for patients undergoing allogeneic transplantation can be very challenging
- Delivering effective care often requires coordination of more than a dozen depts/services.
- The complex nature of this care presents important challenges for the healthcare team, especially during rounds, where lack of coordination can lead to issues with communication, delays in service, and missed opportunities.
- In 2018, following the successful launch of an autologous transplant program, our team recognized the need for a more coordinated care model, leading us to consider multidisciplinary rounding.

## Purpose

- To provide an overview of multidisciplinary rounding process implemented on our adult outpatient allogeneic BMT unit and describe preliminary findings from intervention

## Multidisciplinary Rounding Structure

### Overview

- Each day, multidisciplinary rounds are divided into three steps (Figure 1):

### Step 1: Pre-Rounding

Nurses, advanced practice providers (APPs), and pharmacists start by preparing relevant information, including clinical results, diagnostic tests, and changes in patient status, for multi-disciplinary rounds

### Step 2: Multidisciplinary Rounding

Staff from nursing, pharmacy, transplant physicians, infectious disease, intensivists, primary care, social work, transfusion services, financial services/case management, APPs, and clinical nutrition discuss plan of care, expected interventions, weigh potential options, and outcomes

### Step 3: Post-Rounding Follow-Up

Members of the team implement multi-disciplinary care plan, order diagnostic tests, interventions, coordinate services, and monitor the patient

## Examples of Impact of Multidisciplinary Rounding on BMT Patients

### Case #1

#### Overview

- 66-yr old male, originally presented to ED with weakness, pancytopenia, cough, admitted for allogeneic stem cell transplant for acute myeloid leukemia (AML)

#### History

- Type II DM (managed with metformin (Hgb A1C: 8.7)), pulmonary nodules w/ aspergillosis infection, Stage I HTN.

#### Scenario

- On day in question, patient was Day +7 of allogeneic matched, unrelated, T-cell depleted, stem cell transplant
- In the days leading up to this, patient had developed C. Diff colitis, intestinal obstruction requiring NG tube placement, and non-productive cough

#### Step 1: Pre-Rounds

- During pre-rounding, nurses identified rapid A-fib
- RNs notified APPs, who rounded on patient, ordering KUB, chest X-Ray, EKG.
- Infectious Disease also called, who noted fever, worsening cough, tachycardia, hypotension, and recommended blood cultures

#### Step 2: Multidisciplinary Rounds

- During multidisciplinary rounds, attending physician (BMT), pharmacy, nursing, APPs, ID, clinical nurse educator discussed the patient's case, identifying multiple serious issue

#### Step 3: Post-Rounding Follow-Up

- Immediately following rounds, a bolus of LR given for hypotension, as well as a Cardizem drip (5 mg/hour) for A-fib
- Patient was transferred from BMT to ICU
- Blood cultures revealed staph epidermis, leading to increase in Vancomycin

#### Conclusions

- Use of multi-disciplinary rounding for this patient increased team's ability to identify changes in the patient's condition, leading to faster transfer to Intensive Care and better coordination of services

### Case #2

#### Overview

- 56-yr old female with myelofibrosis
- Originally, pt. sent to the ED following visit with Hematologist revealing pancytopenia (WBC: 1.6 K/uL, Hgb: 5.6 gm/dl, Platelet count: 150 K/uL) and complaints of weakness

#### History

- Anemia (baseline hemoglobin of 10 gm/dl) hyperlipidemia (treated with atorvastatin), and uterine fibroids.

#### Scenario

- On day in question (Day +10 of allogeneic matched, unrelated, T-cell depleted stem cell transplant and Day +5 from stem cell boost, patient developed epistaxis and hemoptysis
- In the days leading up to the case, patient developed dysphagia, and abdominal pain, requiring initiation of Total Parenteral Nutrition and supplemental electrolyte replacement.

#### Step 1: Pre-Rounds

- Initial assessment at pre-rounds was unremarkable

#### Step 2: Multidisciplinary Rounds

- In addition, at rounds with BMT, Infectious Disease, and Critical Care, no major issues noted.
- However, throughout day, patient developed increasing shortness of breath and sinus tachycardia, requiring ABGs demonstrated hypoxia, CXR showing pulmonary edema, and an EKG showing an incomplete right bundle branch block.

#### Step 3: Post-Rounding

- Based on clinical deterioration, short multidisciplinary conference held, leading to the decision to transfer the patient to a higher level of care.
- In addition, Protonix (80 mg) and Amicar drips (5000 mg) for GI bleed, and patient was transferred directly to the critical care unit upon worsening respiratory distress and was found to be septic with Streptococcus mitis bacteremia.

#### Conclusions

- Familiarization of specialties including BMT, GI, Infectious Disease, and Pulmonology to the patient's complex history at rounds significantly increased team's ability to respond to patient's rapid clinical deterioration, allowing for careful, multidisciplinary assessment, fast, coordinated response, and swift initiation of treatment.

## Observations

- By ensuring all patients are seen by majority of team daily, providers are more familiar with patients, making it easier to coordinate services.
- Inclusion of more disciplines at rounds leads to less duplication of services, greater clinical consensus and more concise plans of care.
- In addition, adding more roles at rounds has allowed different groups better vocalize their role in care, provides update to the team

## Next Steps

- Plans underway to formalize multidisciplinary rounding structures and hardwire evaluative metrics
- We are also looking for opportunities to include other disciplines, including physical therapy/rehabilitative medicine, psychology/behavior health, psychosocial support, quality improvement/data support, providers from the outpatient setting, and researchers

## Conclusions

- Initial observations from our center suggest that multidisciplinary rounding is an effective model for coordinating care delivery and enhancing provider-to-provider communication in outpatient allogeneic transplant patients

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