

Geographical Rounding Within Hospital

Teaching Service Team

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INTRODUCTION

With the field of medicine becoming increasingly expansive and more complex, hospital systems and hospital-based care are a key component of that equation. Furthermore, hospital administration is under more pressure and scrutiny to assume high quality health care, but at an efficient and expedited rate. This task is passed along to providers which places added occupational burden and responsibility. Studies have shown that interdisciplinary rounds have had an increased benefit on patient care.¹ By improving efficiency on hospital rounding, we can potentially decrease wasted downtime. In result, this may improve overall patient care and provider satisfaction.

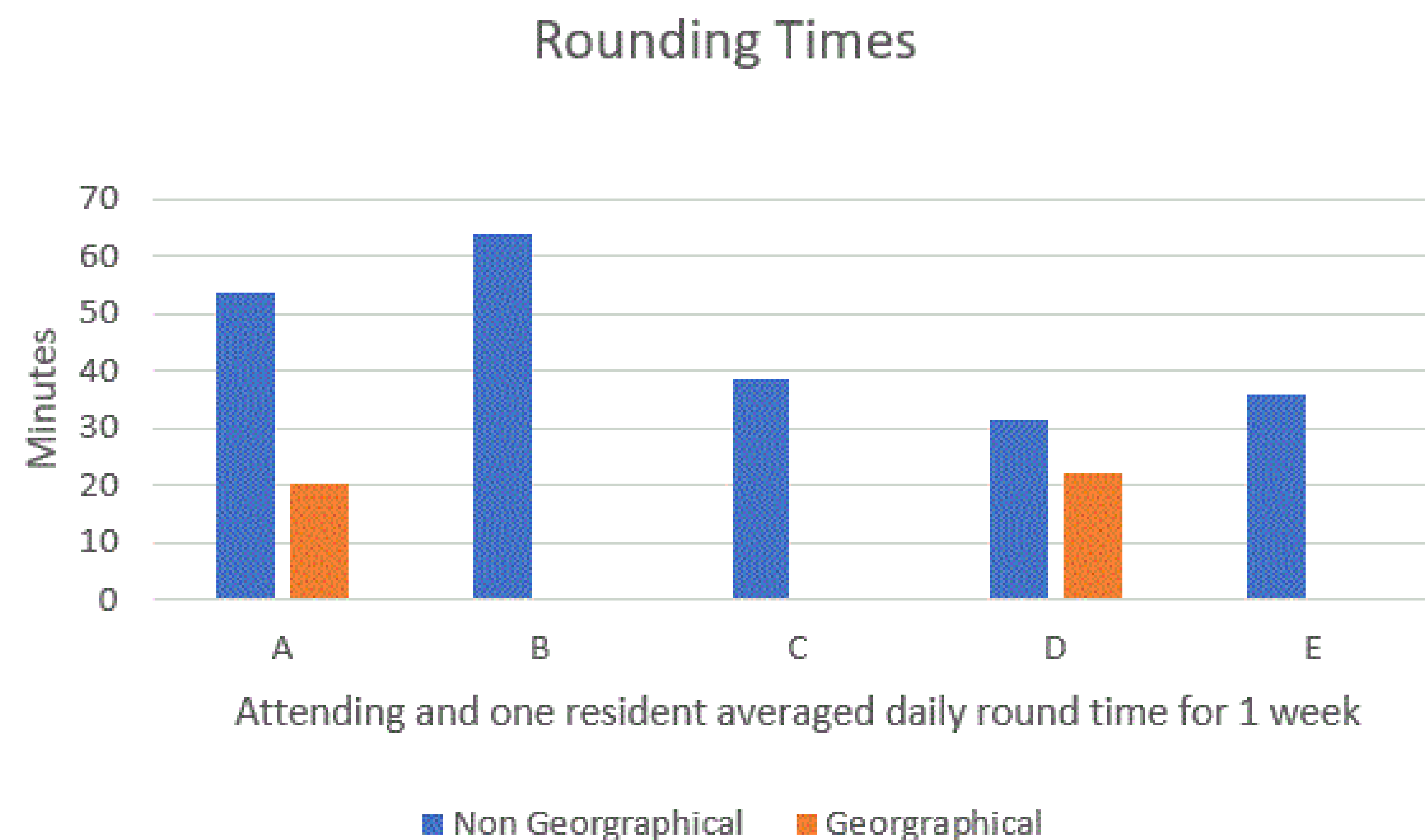
OBJECTIVES

Our goal was to act as a pilot study to determine feasibility and implementation of a geographical rounding approach within our facility. In doing so, we would attempt to prove that geographical rounding could improve rounding efficiency, which would also improve resident physician and other staff sense of teamwork and increased morale.¹ Likewise, we would be able to further determine if this approach could decrease hospital errors and the average hospital stay.

METHODS

- All rounds took place within family medicine hospital service at Oklahoma State University Medical Center.
- Individual morning rounding times of 2 individual residents (excluding table rounds) with 5 unique attendings.
- Rounding time includes bedside rounds only.
- 3 weeks non-geographical vs. 2 weeks geographical.

RESULTS



| Attending | Non Geographical | Geographical |
|----------------|------------------|--------------|
| A | 53.7 | 20.5 |
| B | 64 | |
| C | 38.75 | |
| D | 31.6 | 22 |
| E | 36.1 | |
| Average | 44.83 | 21.25 |

| Groups | Count | Sum | Average | Variance |
|------------------|-------|------|---------|----------|
| Non Geographical | 2 | 85.3 | 42.65 | 244.205 |
| Geographical | 2 | 42.5 | 21.25 | 1.125 |

| Source of Variation | SS | df | MS | F | P-value | F crit |
|---------------------|---------------|----------|---------|---------|---------|----------|
| Between Groups | 457.96 | 1 | 457.96 | 3.73342 | 0.19305 | 18.51282 |
| Within Groups | 245.33 | 2 | 122.665 | | | |
| Total | 703.29 | 3 | | | | |

CONCLUSION

Based on the results, geographical rounding can be considered an effective method to increase efficiency of rounding on the inpatient service. Geographical rounding resulted, on average, shorter pre-rounding times and team rounding times.

CONSIDERATIONS

STRENGTHS

- Various applications of geographical rounding have started to be utilized in multiple institutions to provide efficient patient care.
- Overall, geographic rounding led to more efficient patient care during March of 2022.

LIMITATIONS

- There were several limitations in this study that necessitate repeat studies with modifications and considerations of different variables.
- Attending physicians determined the rounding process and rotated each Monday at 0700.
- Geographical Rounding was not consistent over the entire month as patient assignments varied daily.
- This study occurred during 1 month of FMST and can be repeated as a longitudinal study over a longer time period.
- Repeat studies of specific patient outcomes need to be further assessed.

NEXT STEPS

- With proof of concept, this model can be scaled to include multiple inpatient teams to be hospital wide.

REFERENCES

- Bryson C, Boynton G, Stepczynski A, Garb J, Kleppel R, Irani F, Natanasabapathy S, Stefan MS. Geographical assignment of hospitalists in an urban teaching hospital: feasibility and impact on efficiency and provider satisfaction. *Hosp Pract* (1995). 2017 Oct;45(4):135-142. doi: 10.1080/21548331.2017.1353884. Epub 2017 Jul 28. PMID: 28707548; PMCID: PMC6954492.