

Standard Operating Procedure (SOP): Daily Multidisciplinary Patient Care Rounds and Reporting

This SOP describes the process for **daily multidisciplinary patient care rounds and reporting**, including coordination among healthcare professionals, patient assessment, care planning, communication of patient status, and documentation. The goal is to enhance team collaboration, ensure comprehensive patient care, facilitate timely decision-making, and improve clinical outcomes through structured rounds and accurate, clear reporting.

1. Purpose

To outline a standardized approach for conducting daily multidisciplinary patient care rounds and reporting, ensuring effective collaboration, comprehensive care planning, and clear communication among healthcare team members.

2. Scope

This SOP applies to all healthcare professionals involved in patient care, including but not limited to physicians, nurses, pharmacists, therapists, dietitians, and case managers.

3. Responsibilities

Role	Responsibility
Attending Physician	Lead rounds, oversee patient assessments, approve care plans, communicate with team.
Nurse	Present patient updates, contribute to care planning, ensure documentation.
Pharmacist	Review medications, identify interactions, provide recommendations.
Therapists/Dietitians	Offer input on therapy and nutrition plans, assist in evaluation.
Case Manager/Social Worker	Coordinate discharge planning, address barriers to care.
Documenting Nurse/Clerk	Record discussions, decisions, and plans in the patient chart.

4. Procedure

- Preparation for Rounds**
 - Review patient charts, recent labs, imaging, and notes before rounds.
 - Create or update the daily patient “huddle sheet” as needed.
- Conducting the Rounds**
 - Gather team members at the designated time and location.
 - Nurse, or assigned presenter, summarizes overnight events and current status.
 - Each discipline provides relevant input and recommendations.
 - Team discusses and agrees on patient-specific plans and goals for the day.
- Communication & Handover**
 - Clarify key information, tasks, and responsibilities for the care team.
 - Communicate any urgent concerns or escalations immediately.
 - Coordinate with oncoming staff as appropriate.
- Documentation**
 - Complete real-time documentation of assessments, discussions, decisions, orders, and plans in the patient's medical record.

- Document roles present, key contributors, and any patient/family input.

5. Follow-up

- Assign responsible parties and timelines for any new actions.
- Monitor for completion of orders or interventions throughout the day.

5. Reporting Structure

- Use a standardized format (e.g., SOAP, SBAR, or institution-approved template) for reporting during and after rounds.
- Ensure clarity, accuracy, and timely completion of reports.
- Escalate critical or urgent issues according to hospital protocol.

6. Quality Assurance & Compliance

- Rounds will be audited periodically to ensure adherence to the SOP.
- Feedback from team members encouraged to optimize process.
- Maintain confidentiality and comply with all relevant policies, regulations, and patient privacy standards.

7. References

- Hospital Policy: Multidisciplinary Care Rounds
- Institutional Reporting Guidelines
- Relevant National and Local Regulations/Best Practices

8. Review and Update

This SOP shall be reviewed annually and revised as necessary to reflect current best practices and regulatory requirements.