

Letter to the Editors:



Dear Editors,

I am currently the director of the Pulmonary and Respiratory Departments at Crozer-Chester Medical Center (CCMC).

I also serve as Chief of Medicine at Salem Medical Center (SMC).

In 2015, our intensivist team from CCMC was asked to provide coverage to a small community hospital, SMC. The hospital lacked medical students, interns, and residents, therefore rounding was haphazard and not patient-centered. Not knowing back then what interprofessional education (IPE) meant, I set out to create multidisciplinary rounds. First, I asked the administration and the head of departments to help provide a pharmacist, nutritionist, case manager,

social worker, and respiratory therapist to be available for daily morning rounds.

The nurse was also asked to be there, with a layout and a checklist, to present on every patient.

In order to convince the administration of the extra Full-Time Equivalents (FTE) required to provide the necessary personnel for rounds, I needed to show them data about the importance of having different disciplines involved in managing patients in real time. This change in our rounds has proven to be very successful in helping us achieve our medical targets to reduce length of stay (LOS) and ventilator days, achieve savings in medication costs, employ early enteral nutrition, and adhere to ICU protocols.

More importantly, I noticed that barriers were broken down between the physician

and the medical staff. It created a sense of a team approach to managing patients. It gave everyone a voice to share their concerns and provide input on patient care.

After attending JCIPE's biennial conference, *Interprofessional Care for the 21st Century*, I was formally introduced to the concept of IPE. I'm a fan at heart and now I seek to bring more forms of IPE to our main institution at Crozer-Chester Medical Center.

Thank you for the opportunity to learn more about the process of IPE.

Regards,

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