



HGH ICU Multi Disciplinary Rounds (MDRs) Quality Improvement

AIM: To improve the quality of Multidisciplinary Rounds in ICUs, and achieve 50% Implementation of MDRs and Daily Goals by December 2014.

AIM: To improve the quality of MDRs in ICUs, with PDSAs cycles based on secondary drivers

PDSA 1 AIM: To understand the current process of Multidisciplinary rounds.

METHOD: A survey was conducted to assess the MDT staffs understanding regarding the MDRs process.

Summary of the results:

There is a need for improvement in communication during MDRs to achieve and follow up daily goals.

PDSA 2 AIM: Developed and tested a MDRs checklist in order to prompt members of the MDT to communicate with each other more efficiently regarding patient care. Furthermore to empower critical care nurses to be more interactive during rounds.

PDSA Cycles Started on TICU, MICU and SICU respectively.

Proposed PDSA 3 AIM:

To carry out an audit to measure success of the MDRs checklist, what is required in terms of further education and support.

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Critical care team, HGH, HMC

Multidisciplinary Rounds Driver Diagram

Aim/ Primary Outcomes

Primary Drivers

Secondary Drivers

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Conduct full multidisciplinary rounds as routine practice.

- Review current MDR practice by observing and conducting a survey on all ICUs.
- Provide continuous education to improve communication and coordination of MDRs, to increase awareness and encourage staff buy-in.
- Conduct MDT meetings with all disciplines.
- Empower critical Care nurses to actively participate in MDRs.
- Develop and test MDR daily checklist to improve communication between disciplines.

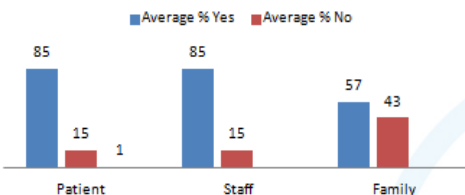
Measures:

- CCP11 Percent achievement of multi-disciplinary rounds.
- CCP12 Percent achievement of multi-disciplinary rounds and daily goals.

Reassess patient's daily goals during MDRs.

- Develop a standardised MDT Plan of Care and Daily Goals format to be documented in the patient's notes.
- Collect data to monitor improvement on percent achievement of MDRs and DGs.

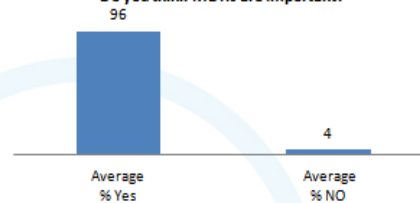
Who do you think benefits most from conducting an MDR?



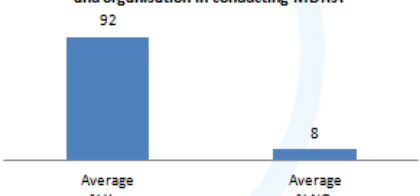
Are they conducted in your unit with all the members mentioned?



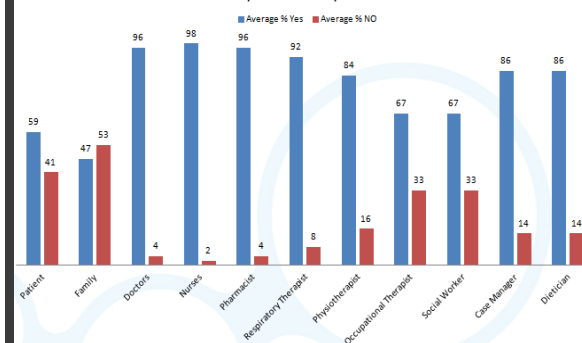
Do you think MDRs are Important?



Do you think there needs to be more education and organisation in conducting MDRs?



Who do you think should be part of MDRs?



Repeated cycles 1-6 till all consultants and nurses have tested the MDRs checklist.

Cycle 6: Refine the checklist with the same consultant and same 3 nurses and 2 new.

Cycle 3: Edit and retest the checklist with the same consultant, same 3 nurses and 2 new.

Cycle 5: Test with a new consultant and 3 nurses.

Cycle 2: Edit and retest the checklist with the same consultant and same 3 nurses.

Cycle 4: Edit and retest the checklist with the same consultant and 5 new nurses.

Cycle 1: Develop and test an MDR checklist with one consultant and 3 nurses.

PDSA 2 AIM: To improve communication and Nurses participation during the Multidisciplinary rounds.