Institute for Healthcare Improvement

مستشفى القلب
Heart Hospital

MULTIDISCIPLINARY TEAMWORK—AN INNOVATIVE CULTURE IN CARDIO THORACIC INTENSIVE CARE UNIT HEART HOSPITAL

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INTRODUCTION :

Multidisciplinary team means a members of different professions working together with complementary skills who are committed to a common purpose, performance goals and approach, for which they hold themselves mutually accountable. The main mechanism to ensure truly holistic care for patients and a seamless service for patients throughout their disease trajectory, and across the boundaries of primary, secondary and tertiary care.

PROBLEM:

Multidisciplinary rounds (MDR) is implemented in CTICU from May 2014. Effective communication among healthcare providers, and coordination of care has been challenging, because of gap in communications due to several handoffs between caregivers.

AIM: To bridge the gap of communication among healthcare providers, to improve coordination of care, and to achieve 100% implementation of MDR in CTICU by January 2017 to reduce rate of hospital acquired infection, 100% compliance of ISBAR during handover, early patient mobilization and reduce post -operative pain by implementing patient controlled analgesia in CTICU –HH .

METHODS: PLAN –DO-STUDY-ACT (PDSA) DRIVEN INTERVENTIONS:

1. MDR task force developed.
2. Defined team members (consultant, specialist, respiratory, physiotherapist, charge nurse and extended members such as dietitian, case manager , quality reviewer) are participated during daily MDR.
3. Conducted MDR twice in a day.
4. Monitoring checklist for MDR compliance implemented.
5. Monitored usage of standard communication tool ISBAR during MDR.
6. Patient satisfaction and staff satisfaction increased by participating in the promotion of patient safety and quality of care.
7. Developed and implemented a patient daily goal worksheet.
8. Daily Goal worksheet was developed which includes system wise description and ISBAR checklist.
9. Developed collaborative plan of care.
10. All bundles were reviewed during MDR.
11. Conducted weekly debriefing with multidisciplinary team on every Sunday morning.
12. Empowered nursing staff to be a part of patient's daily plan of care during the MDR.
13. Developed IV insulin protocol for Adult.
14. Developed a protocol on Patient controlled analgesia and started for all cardiac and Thoracic surgery patients after extubation.
15. Implemented early mobilization protocol for all cardiac surgery patients and started to mobilized patients within 8 to 10 hours after surgery.
16. Regular data collection and monitoring of ISBAR and MDR tool.
17. Conducted monthly multidisciplinary meetings.

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TEAM MEMBERS

COACH—Dr. Poonam Gupta

Dr. Abdul Rasheed - Consultant

Dr. Amr Salah -Consultant

Ms. Catherine Marshall -DON

Ms. Shiny Shiju - Head Nurse

Mr. Retheesh Rajan - Charge Nurse

Ms. Stellin Devasundaram - Staff Nurse

Ms. Sheena Sajan - Staff Nurse

Ms. Rasha Kaddoura - Clinical pharmacist

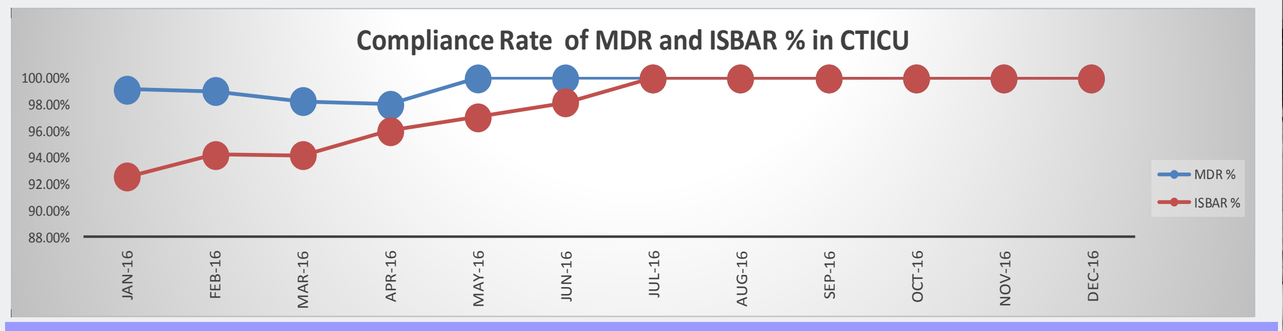
Mr. Prasobh Jacob– Specialist Physiotherapy

Mr. Syed Abdul Ansari–Specialist Physiotherapy

Mr. Ruzzel Dorado Galves–Respiratory Therapist

Ms. Leni B. Garcia– Head of Infection Control

Ms. Cherlyn Chua Simbulan– ICP



Achievements:

* Star of excellence award 2016 for "Multidisciplinary Team work—an innovative culture".
* Star of excellence merit award 2016 for "e-mobility program".
* Published articles in various HMC magazines and news letter like Nurses advocate and Heart to Heart.
* Poster for Caring Received first prize competition conducted by Nursing Informatics.
* Received first runner up prize for infection control booth.

OUTCOMES:

It is a noticeable point that there is strong compliance of MDR by core team members. The data show strong, consistent adherence to the MDR, with compliance rate 100 % on most of the elements of MDR tool.

REFERENCE :

- www.ihi.org
- A systematic Review of the Literature on MDR to Design Information Technology– JAMIA
- Evidence Based Practice on MDR – Alexandra young, Womack Army medical

CONCLUSION:

The MDR process has provided an opportunity and a frame-work to introduce other best practices for example weaning of sedation as soon as possible, cross checking of all the bundle compliance. It serves as Springboard for other best practices. Multidisciplinary rounds have enhanced teamwork among all the disciplines, improved structured communication, and also increased learning process.

NEXT STEPS:

- To continue weekly debriefing and monthly multidisciplinary meeting.
- Reemphasize the frontline staffs to take decision on patient care and discuss it in the multidisciplinary rounds.
- Conduct work shop on teamwork.
- Continue regularly monitoring of MDR outcomes and ISBAR Tool.