

## What is Multidisciplinary Round?

It is a patient-centered model of care that emphasizes safety and efficiency of care; in which multiple members of the health care team providers representing concerned different disciplines come together to discuss the care of the patient in real time. It enables all team members to offer individual expertise and contribute to patient care in a holistic approach, in addition MDR had proved to be a valuable tool in improving the quality, safety, and patient experience throughout the hospital stay.

### AIM:

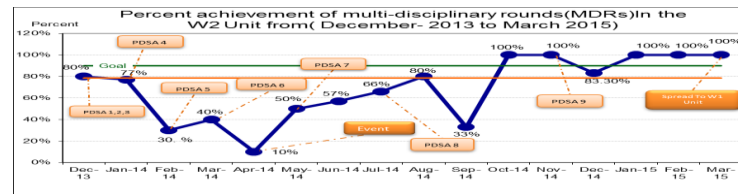
Increase the percent of MDRs from 0% to 40% Within 6 Months (December 2013 – May2014) & to 90% Within 12 Months (December 2013- December 2014) & to 100% within 18 Months (December2013-June2015) in the medical Unit, AKH.

### TEAM:

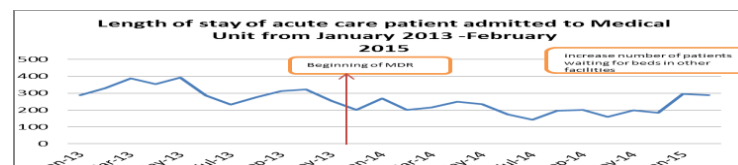
- Dr. Mohamed Khalid A Shariff, Specialist- Medicine
- Dr. Enas Tajelssir ,Senior Quality Reviewer
- Ms. Teresa Cabusas Tagonan, Head Nurse
- Ms. Imelda Tugade, Charge Nurse ☑
- Ms. Chelo Abalos, SN

### COACH:

**Sr. Nadia Fakhouri**  
Director of Nursing



PDSA1 : Test if a head nurse can arrange for MDR for one patient in the medical ward on 1/12/2013 at 9:30 am  
PDSA 2: Test if a head nurse can arrange for MDR for one patient in the medical ward on 4/12/2013 at 11:00 am  
PDSA 3: Test if patient room is suitable place to conduct MDR.  
PDSA 4: Test if sending invitation card via email will help in arranging for MDR  
PDSA 5: Test if fixed days for MDR will increase the number of key discipline attending the rounds  
PDSA 6: Test if a developed daily goal sheet will help teams to follow their goals.  
PDSA 7: Test if a new daily goal sheet includes safety issues specific to the patient can help in keep focused discussion during rounds  
PDSA 8: Test if Teach back tool will help in confirming that patient understand care instructions  
PDSA 9: Test if conducting MDR whenever there is eligible patient will increase the number of MDRs (no more fixed days)  
Event: Cerner go live on April 2014  
Spread Of MDR to W1 unit on March 2015(percent of MDR in the pilot unit W2 is 100% on March 2015)



## INTERVENTIONS:

- Create a multidisciplinary team to test MDR related issues including:-
  - Who is eligible for MDR?
  - What is the suitable time to conduct MDR?
  - Where is the suitable place to conduct MDR (conference room or bedside)?
  - How many members of the care team are essential to attend the round & how many attended?
- Arrange for the rounds, create an invitation card & email it to the team members.
- Integrate MDR with the Physician's Daily Rounds.
- Institute unit based safety briefings.
- Involve patient and family in goal setting process. Create a sheet to document the daily goal(s) as part of the patient plan of care & follow-up of the goals.
- Improve team communication by using SBAR tool. Test the Use of Teach back tool to ensure patient understands of care instructions.
- A board is dedicated to display list of MDR team, patients legible for MDR & MDRs already done
- Assign staff to follow-up the daily goals & discuss it in the hand over
- Visit eligible patients before the day of MDR to explain & encourage them to identify their care concerns & to raise it during the MDR

## CONCLUSIONS:

Al Khor Hospital Medical Unit achieved significant improvement in multidisciplinary rounds by implementing processes and tools that focuses on patient and family needs / goals, & anticipated length of stay. Improved process includes but not limited to:

- Patient and family engagement (education ,understanding care instructions and self-management)
- Team collaboration & communication; resulting in well-defined plan of care.
- Learning opportunities & Knowledge transfer for all Team members.
- Length of stay (Reduced).
- Identification of patient specific safety concerns through Safety briefings