



# **DEDER GENERAL HOSPITAL**

## **MULTIDISCIPLINARY TEAM (MDT)**

### **ROUND PROTOCOL**

***PREPARED BY: HSQU***

***JULY 2016E.C***  
***DEDER, EASTERN ETHIOPIA***



**Biirro Fayyaa Oromiyaatti Hospitaala Waliigalaa Dadar**

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**Oromia Health Bureau Deder General Hospital**

+251-25-333 0450

hospitaalawaliigalaadadar@gmail.com

987



### **PROTOCOL APPROVAL SHEET**

**NAME OF PROTOCOL: MDT ROUNDS PROTOCOL**

#### **PREPARED BY**

S/N	NAME	RESPONSIBILITY	SIGN
1	Abdi Tofik (BSc, MPH)	Health Service Quality Director (HSQD)	
2	Abdella Aliyi (BSc MW)	HSQ Officer and Reform f/person	
3	Redwan Sharafuddin (BSc Pharm)	HSQ Officer	

#### **APROVED BY**

S/N	NAME	RESPONSIBILITY	SIGN
1	Nureddin Yigezu (BSc, MPH)	Chief Executive Officer (CEO)	
2	Dr. Derese Gosa (MD)	Medical Director	
3	Dr. Isak Abdi (MD, G/Surgeon)	OR Director & SaLTS Team leader	

**THIS PROTOCOL IS EFFECTIVE**

**FROM**

**JULY 2016 E.C TO JUNE 2018 E.C**

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## **INTRODUCTION**

Multidisciplinary rounds, a model of care in which multiple members of the care team representing different disciplines come together to discuss the care of a patient in real time, have proven to be a valuable tool in improving the quality, safety, and patient experience of care. Many hospitals have achieved reduced patient days, reduced central line days, and increased coordination of care through the use of multidisciplinary rounds in USA. Organizations that have been successful in implementing multidisciplinary rounds often start in the intensive care and critical care units, and conduct multidisciplinary rounds with multiple members of the care team (physicians, nurses, and ancillary clinicians and staff) seven days a week, developing daily goals for every patient. Additionally, some hospitals have successfully invited families into their regular rounding process and have implemented multidisciplinary rounds on non-critical care units.

## **What Are Multidisciplinary Rounds?**

Multidisciplinary rounds are a patient-centered model of care, emphasizing safety and efficiency that enable all members of the team caring for patients to offer individual expertise and contribute to patient care in a concerted fashion. With multidisciplinary rounds, disciplines come together, informed by their clinical expertise, to coordinate patient care, determine care priorities, establish daily goals, and plan for potential transfer or discharge.

Many hospitals have reported improved communication and collaboration among members of the care team, more reliable adherence to process measures, and better patient outcomes through the use of multidisciplinary rounds. Although the effects of multidisciplinary rounds have not been heavily researched, formal peer-reviewed studies have found similar results. In one study, researchers at St. Luke's Hospital found that the adoption of multidisciplinary rounds in the medical intensive care unit resulted in improved

process and outcome measures. For example, the use of multidisciplinary rounds has resulted in improved compliance with the IHI Ventilator Bundle and a significant decrease in ventilator-associated pneumonia.<sup>1</sup>

In another study, researchers studied the impact of a three-part intervention that included daily multidisciplinary rounds. Here, the intervention resulted in a positive effect on the communication and collaboration among physicians and nurses.

The importance of including pharmacists in daily rounds has also been researched. Including a pharmacist on the ICU rounding team to make recommendations regarding dosage or frequency adjustments was found to significantly reduce adverse events.<sup>3</sup>

A study in Archives of Internal Medicine reports that multidisciplinary care teams appear to be associated with a lower risk of death among patients in the intensive care unit. According to the authors, “Multidisciplinary rounds may facilitate implementation of best clinical practices such as evidence-based treatments for acute lung injury, sepsis, and prevention of ICU complications.

## **Why Is It Important to Conduct Multidisciplinary Rounds?**

In its 2001 report, Crossing the Quality Chasm: A New Health System for the 21st Century, the Institute of Medicine identifies continuity of care as one of the key areas of concern in patient care delivery. Too frequently, decisions related to the care of a patient occur without input from the key providers, including nursing, pharmacy, social work, respiratory therapy, nutrition, physicians, physical therapy, and occupational therapy. As a result, communication breakdowns occur, resulting in fragmented and poor quality care. Some key benefits of implementing multidisciplinary rounds are noted below.

- Effective multidisciplinary rounds can be a powerful vehicle for:
  - Coordinating care among disciplines
  - Reviewing current patient status
  - Clarifying patient goals and desired outcomes
  - Creating a comprehensive plan of care
- Multidisciplinary rounds provide a formal mechanism for daily communication among the care team, patients, and families regarding:
  - Identification of safety risks
  - Identification of daily goals
- Multidisciplinary rounds facilitate protocol or guideline use and understanding among the care team, providing:
  - A consistent approach
  - Education and teaching opportunities
- Multidisciplinary rounds provide consistency for process improvement

## Potential Impact of Multidisciplinary Rounds

Although the literature on the effectiveness of multidisciplinary rounds is still fairly small, many hospitals have demonstrated an impact on the following outcomes:

- Improved communication and teamwork across caregivers, which has been shown to be an important contributing factor to high levels of safety and reliability of care
- Reduced errors
- Reduced ventilator days
- Reduced central line days
- Reduced length of stay
- Improved flow of patients through levels of care
- Expedited discharge planning
- Increased collaboration and satisfaction among all members of the multidisciplinary team

## **Key Components of Reliable Multidisciplinary Rounds**

Many hospitals across the US have successfully implemented multidisciplinary rounds. There are a variety of rounding models, including teaching rounds, safety rounds, and rounds that focus on the patient's discharge from the hospital. IHI uses the term "multidisciplinary rounds" to mean any type of rounding that enables key members of the team caring for the patient to come together and offer expertise in patient care.

**Key components of reliable multidisciplinary rounds include the following:**

- Develop and refine your aim for rounds
- The structure of rounds is essential
- Leadership is key
- Engage the patient and family
- Measurement matters

## Role and Responsibilities of MDT Round

s.no	Roles	By whom	Responsibilities
1	Ward round lead	Senior physician/GP/IESO	<ul style="list-style-type: none"> <li>➤ Coordinates and takes responsibility for decision-making Sets the culture of collective input to decision-making</li> <li>➤ Agrees roles of other team members</li> <li>➤ Ensures the correct priorities and pace of the ward round</li> <li>➤ Checks accuracy of documentation</li> <li>➤ Facilitates and/or delivers multidisciplinary education</li> </ul>
2	Summarizer	<ul style="list-style-type: none"> <li>➤ <b>GP/IESO</b> if the MDT ROUND is led by <b>Senior</b> OR</li> <li>➤ <b>Head Nurse/midwife</b> if the MDT ROUND lead by <b>GP/IESO</b>.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Summarizes key and the agreed communication elements decisions of the for input for decisions documentation and</li> </ul>
3	Note keeper	Head nurse/ midwife	<ul style="list-style-type: none"> <li>➤ Completes structured ward round documentation</li> </ul>
4	Patient and advocate family	Social worker	<ul style="list-style-type: none"> <li>➤ Ensures input of patient, family and carer questions, goals and priorities</li> <li>➤ Summarizes the answers to the patient's questions and decision for the patient, ensuring their agreement</li> <li>➤ Ensures follow-up communication around progress of plans to the patient</li> </ul>
6	Staff member who knows the patient best usually nurse directly caring for patient	A nurse owning the bed	<ul style="list-style-type: none"> <li>➤ Updates the team on patient's current state, including relevant physiological observations and monitoring</li> <li>➤ Updates the team on any changes in the patient's condition since the last review</li> </ul>
7	Other MDT members, eg doctor, physician associate, pharmacist, therapist etc	Clinical Pharmacy	<ul style="list-style-type: none"> <li>➤ Ensures medication review</li> <li>➤ Ensures update on functional status in hospital and at home</li> <li>➤ Manages emergent issues to prevent delays</li> </ul>

## **Processes of MDT Round**

### **Before round**

- Structured information from shift handovers should be available.
- Results of investigations should be available and prepared by attending nurse
- Ensure patient questions and concerns are gathered head nurse
- Board round or huddle to prioritize patients and highlight issues from the whole team.
- Undertake individual professional reviews to inform multidisciplinary bedside review attending physician and nurse
- Put in place arrangements for patients with translation needs or other communication difficulties.
- Get ready all necessary supplies needed during round by- Head nurse or equivalent.

### **During round**

- Begin by assigning roles and setting expectation of learning.
- Confirm diagnosis and problems.
- Address patients' questions and concerns.
- Review patients' progress against plan.
- Confirm or revise escalation plans.
- Check safety measures, including medication review.
- Summarize a revised plan, goals and actions with the team.
- Progress actions during ward round when possible.
- Teach and learn.
- Revise plan with patient.
- Communicate and document the review and plan, assigning key actions

## **After round**

- ☞ Debrief the team to discuss the ward round and for learning points.
- ☞ Multidisciplinary team board round should confirm plans, actions and prioritization.
- ☞ Continue to update the patient on progress.
- ☞ White boards should be updated with progress and goals.
- ☞ Afternoon huddle to check progress and people who can be discharged before that day and the next day.
- ☞ Includes weekend handover plans on a Friday

## **Round Environment**

- ☞ A ward round's physical environment is important, and can be conducive to conducting effective ward rounds.
- ☞ **The following key elements should be considered:**
  - ❑ Modern ward rounds the environment A quiet environment to aid communication and cognition by the care team and patient
  - ❑ Other activities in the vicinity should be minimized to prevent interruptions or distractions Seating should be available to allow a team member to communicate with the patient at eye level
  - ❑ Charts that need reviewing as part of the care process should be available, preferably at the bedside, or taken to the office if an office-based discussion is incorporated into the process
  - ❑ Hand washing and personal protective equipment materials must be available for infection prevention purposes Patients' case records must be available, either in paper or electronic format.
  - ❑ Paper records should be prepared before the ward round with relevant documents being available If computerized information is used then the equipment to review that information must be maintained, appropriate and

-  Each ward area should keep up-to-date patient status 'at a glance' boards in a location that preserves patients' confidential information, in order to enable board rounds, a communication focus and progress updates for all team members. Places must be made available for confidential conversations, and for the uninterrupted work of staff preparing or following up actions from the ward round.

### **Supplies needed for MD ROUND Team**

-  Trolley
-  Minor sets
-  Gloves
-  Alcohol hand rubs
-  Stethoscope
-  BP apparatus
-  Thermometers
-  Round book
-  Pulse oximeter
-  Etc.. as per FMACA standards.

## **MDT Round in Deder General Hospital**

In our institution round is made in team which is composed of: -

- 1. senior Physicians,**
- 2. General practitioners (Gps),**
- 3. Nurses/Midwives,**
- 4. Clinical pharmacists and**
- 5. Additional health professionals based on the specific need of the ward.**

### **☞ MDT round should be done twice per day**

- 1. The first MDT**, Round should be done for all **admitted and Kept patients**
  - ☞ The first MDT round should be **started at 3:00DLT** and it should **end before 6:00DLT**
- 2. The second MDT** round Shall be made in the **afternoon** starting time **8:00DLT**. And **end before 11:30DLT**

The major objective of the **second MDT round** is to evaluate **new patients not seen in the morning round** and **follow critical patients or patients who need frequent evaluation and decision.**

- ☞ All MDT round should be led by the senior OR Gps
- ☞ All MDT round should have a transcriber who document all decisions made during the round
- ☞ **MDT round expected to see the following during round time**
  - Clinical evaluation of patients
  - The IPPS practice of the ward
  - The Hotel service (meal and bed making)
  - Nursing care
  - MCC practice (information provision client provider interaction)



*Table 1: MDT round schedule*

Round & Timing	Mon		Tues		Wedn		Thrus		Fri		Sat		Sun	
	Morn	Evening	Morn	Evening	Morn	Evening	Morn	Evening	Morn	Evening	Morn	Evening	Morn	Evening
MDT ROUND	3:00- 6:00 DLT	12: 00-2: 00 NLT	3:00- 6:00 DLT	12: 00- 2: 00 NLT										

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**DEDER GENERAL HOSPITAL MDT ROUND PROTOCOL**

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