

Enhancing patient care with multidisciplinary rounds in the Intensive Care Unit

Kate Symonds & Matthew Rouse , Dubbo Health Service

Aim: To implement and sustain a Multidisciplinary Team (MDT) Round in a rural Intensive Care Unit (ICU) to enhance patient care.

Method: Self-assessment of the Intensive Care Services identified areas of need and in response a MDT round was introduced in June 2016. Rounds are undertaken daily (on weekdays) at the patient's bedside and include the:

Intensivist, ICU Resident, ICU Registrar, Dietician, Welfare Officer, Pharmacist and

Aboriginal Liaison Officer
the ICU In-Charge Nurse
the patient's nurse,
Physiotherapist.

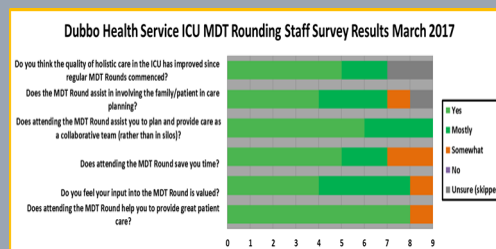


Results:

100% of critically ill patients receive a consistent review by a broad scope of key clinicians, on a daily basis. Implementation of systematic changes include the development of a local operating protocol and the use of a consistent checklist for reviewing each patient.

The MDT round has now been occurring for over two years and analysis of surveys and data provide positive feedback and outcomes including:-

- **60%** reduction in call backs to ICU.
- **100%** of staff felt they more part of the ICU team.
- Interventions documented in iPharmacy have significantly increased with a large proportion of them being made during the round.
- Increase in eASY (Electronic Antimicrobial Stewardship System) submissions.
- Decrease in usage of restricted antibiotics including meropenem, linezolid and vancomycin.



Graph showing ICU staff survey results

Conclusion: A MDT Round in a rural ICU has been implemented and sustained for over 2 years and has been shown to improve patient care.