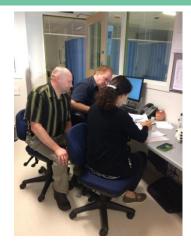
Cross pollination: Spreading best practice using the Model for Improvement











"Rather than uncoordinated, episodic care, we need to offer care that is well organised, coordinated, integrated, characterised by effective communication, and based on continuous healing relationships"

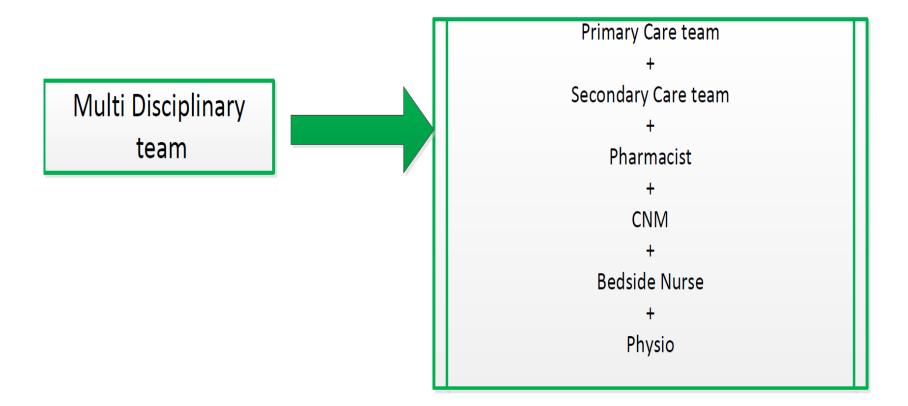
Eric Larson







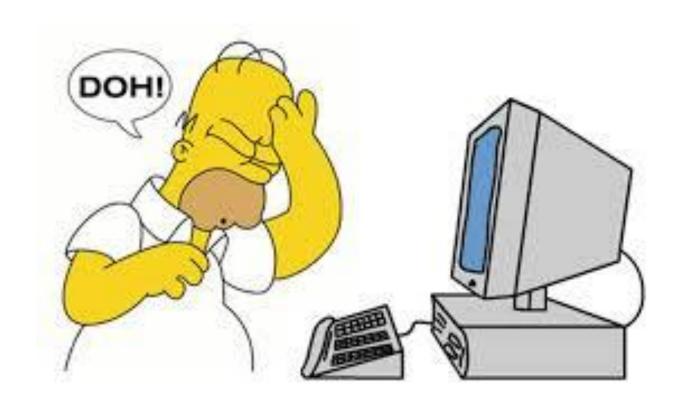
Coalition of the willing







Learning new things







Key changes implemented

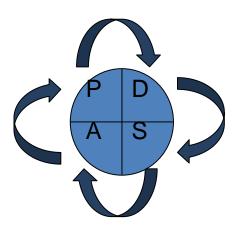
All ICU/HDU classified patients would be seen by the MDT at a designated time each morning



PDSA 1: 1 day

PDSA 2: 1 week

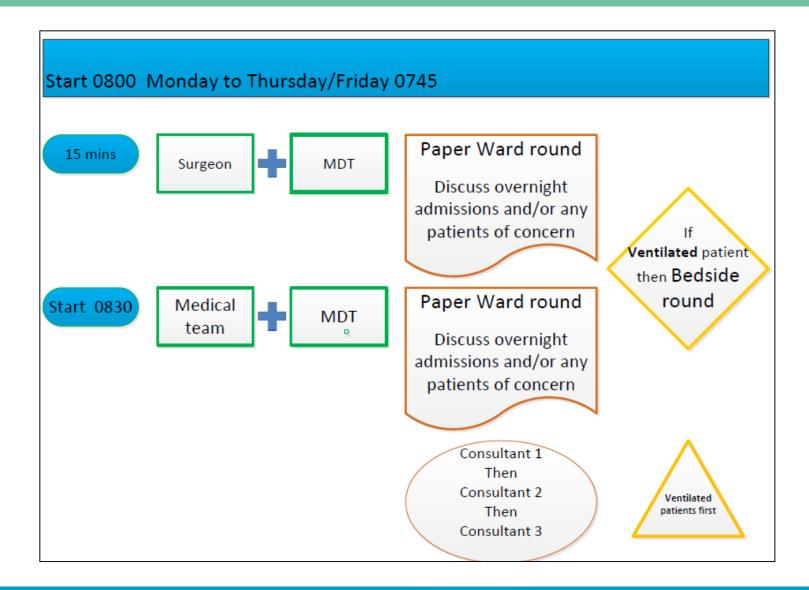
PDSA 3: 1 month







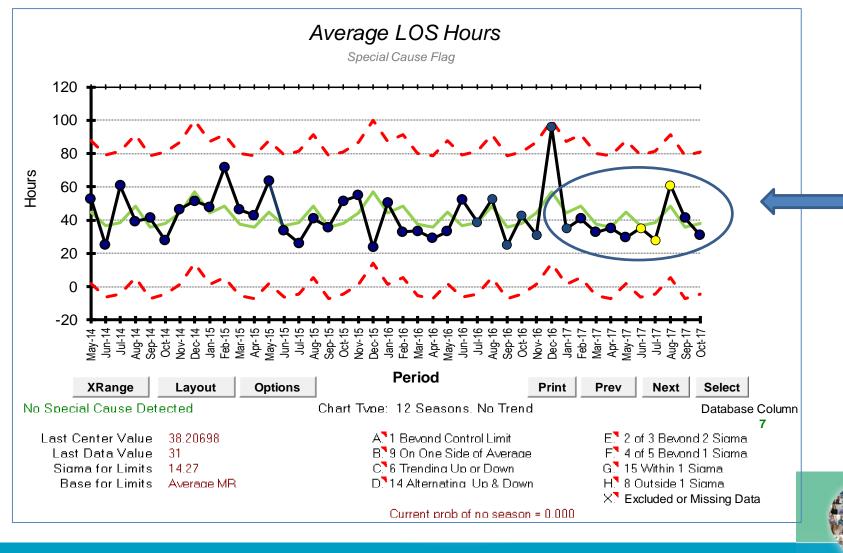
Key changes implemented







Results: Measurement-LOS Transferred patients





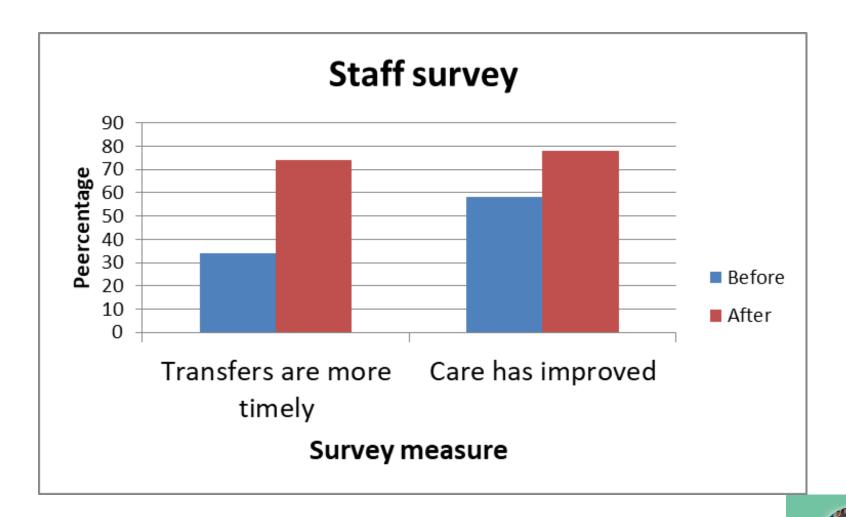
Results: Patient Story

Improvement goals (STEEP Institute of Medicine)

Safety	Underlying life threatening cardiac disease detected early
Timeliness:	Early acceptance by specialty team
Effectiveness	Primary team and secondary team able to share clinical decision making
Efficient	Time spent on Cross/missed communication reduced
Equitable	Same day access to cardiology
Patient Centred	Best outcome for patient as a new mother



Results: Staff survey







Results: Specific staff responses

"I love the idea of the morning round, as it gives comprehensive multiple input for the very unwell patient. It removes contradictory cares, so should give better patient outcomes. I'd like it to continue please".

"Vital to planning care, everyone knows what is going on"

"Able to address queries quicker, makes for a cohesive approach"





Discussion







Conclusion

Continuing the spread and planting new seeds





