Quality Improvement Case Study: Improving Weekly MDT Meetings

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For our second QI case study, we recently spoke to Dr Rosie England about a project she's involved in that seeks to improve the structure of weekly MDT meetings in Older Adults CMHT, North Hub. It's one of the very first of our projects that is showing a project score of 4.5 on Life QI, which means that data on key measures has began to indicate sustainability of impact of changes implemented in the system.

We were very excited to talk with Rosie about the successes and challenges of the project and what has lead to the improvements recorded.

Hey Rosie, thanks for taking the time to talk to us. How did you come to be involved in QI and this project?
The weekly MDT meetings appeared to be causing low morale amongst the team with issues been raised by multiple team members. This led me to conduct a staff survey asking for all staff opinions on the weekly MDT meeting. The outcome of the survey led to the foundations of the QI project.

What was the issue you were trying to address? How did this inform your aim?
The overarching aim of the project was to improve staff satisfaction with MDT. To do this we looked at the issues raised by staff and derived the core themes: difficulties with communication, lack of a collaborative approach and time pressures.

How did you go about using the Model for Improvement to plan and move the project forward?
At the start of the project we reflected on the core themes that had been raised. We then split these in to two domains to explore how these could be improved before setting the PDSA. The main two domains were: Improving communication and MDT working; and looking at presentation format.

The aim of the project was to improve staff satisfaction with MDT which led us to focus on the primary theme of improving communication and MDT working in our PDSAs.
The second theme of presentation format was addressed through a teaching presentation delivered to the MDT on Psychiatric History taking and presenting patients in MDT. The Presentation format was also printed out in the MDT room and

emailed to all staff. Another plan was to run some role play sessions which were unable to take place due to Covid.

What were the initial PDSA's you planned? And did they change at all due to COVID?
The main changes were to introduce a meeting chair, have a mid-point break and an earlier start time. The overall aims remained the same but the role of the meeting chair changed based on feedback received. Initially the chair was on a rolling rota, but this was reduced to a few main chair persons, the running order was originally decided in morning allocation meeting but this was moved to make way for the earlier start time. As a result the chair facilitated the running order and confirmed the team prior to the meeting.

One of the main limitations in the PDSA due to Covid was the introduction of board room tables to the MDT room. Although they are now physically in the room, this only occurred after the meetings had changed to a virtual format. The suggestion of purchasing tables were made for two reasons. One to enable safe use of laptops within the meeting, therefore allowing notes to be accessed by several members of the MDT, which in turn would reduce pressure on the presenter. The second was to create a physical barrier when sitting in the room which psychologically could improve comfort of those presenting.

How has COVID affected the project? What difficulties have you had to work around? Did it present any opportunities?
The main bulk of the project was done prior to Covid. However there were changes as a result of Covid and some plans not able to be carried forward. These plans will be implemented in the future as appropriate.
The changing the format to remote meetings has meant a very different way of working but the initial changes put in place has helped support that transition.

How did you feel when you first realised you were actually seeing evidence of an improvement which you had been directly responsible for?
Throughout the project it was lovely and very rewarding to watch how simple changes could have a big impact on helping to improve the meetings and general staff morale.
The project was well received by the team and very early on there was individual feedback from staff that they felt some improvement and structure. Even just raising awareness of the issues, I feel helped individuals in the MDT to reflect on how different members of the team were feeling and their experience, which at times were very different across the MDT.

What was the outcome of the project compared to your aim, did you achieve what you set out to?
Overall the feedback on the three implemented changes was very positive and helped improve the staff experience of the MDT meeting.

In the closing staff survey 100% of respondents felt that introducing a chair, the earlier start time and mid-point comfort break were beneficial. 100% of respondents felt that there was a collaborative approach and felt listened to. 100% said there has not been an occasion in the last month that they have felt bullied in MDT.

The issue of time pressure and length of MDT, with too many cases to be discussed remained throughout. This is something that an additional QI project in the future could focus on.

How important has it been to have staff feedback inform your project?
Staff feedback has been the main feeder for the project. The aim of the project was to improve staff satisfaction so therefore finding out the MDT meeting experience from everyone's perspective was vital to the project. Throughout the project this was done formally through feedback after MDT as well as lots of informal feedback through 1:1 discussions which some staff members felt more comfortable with. The project team meetings comprised of the core project team but anyone available at the times of the meetings were actively encouraged to attend.

What's next for the project?
Due to covid there has not been the opportunity to do the planned team away day. The focus of the day would have been discussing personality types and applying this to the team to gain better insight into colleagues as well as identification of team member's strengths and weaknesses. In addition a role play session was also suggested, with the aim to help recognise different presentation styles and give opportunities to reflect on good and not so good styles, and application to own practice. This is something we are looking into as to whether a similar session could be held virtually with breakout rooms to facilitate discussions.