

Multidisciplinary Team Meetings

Eurobodalla Palliative Care
Service.(EPCS)

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Why do we do Multidisciplinary palliative care team meetings?

1. Best practice in care co-ordination
2. Educational opportunities
3. Peer support
4. Information sharing

What was happening before Nov 2005

- The Project Officer would attend weekly discharge planning meetings at Batemans Bay Tuesday 12.30pm) and Moruya (Wednesday 2.30pm) Hospitals
- Often not relevant discussion, as no palliative patients were inpatients
- Community based patients make up the majority of EPCS patients, and these were not discussed
- Perceptions that Palcare volunteer co-ordinator was not part of ‘healthcare team’
- Information was shared with attendees, but not GP’s
- Difficult to attend both meetings due to other program commitments

How did we start?

- Used the visiting palliation specialist as bait to encourage greater participation
- The palliation specialist provided educational opportunities, resources and network suggestions with Sydney Calvary Hospital
- The monthly palcare newsletter was used to create interest and awareness of the pilot of monthly MDTs
- Ian's site visit in October 2006... "giddy up"

What does a EPCS MDT look like?

- Located centrally at Moruya Community Health Centre
- Meetings are held in the telehealth room as it provides access to teleconference facility
- Time is 2.30 to 3.30pm, as this is when most clinicians are available to attend a meeting....never available mornings
- Held monthly when palliation specialist is in the area
- Invitees include nurses, pharmacy, volunteer co-ordinator, OT's dietician, GP's, physiotherapy, psycho-social team
- Participants..not all of the above
- Facilitator chairs meeting and operates teleconference equipment
- Agenda is circulated electronically on the day prior
- The dates and venue are advertised in Palliative Care newsletter
- All participants are provided with current Palcis data on patients on the agenda and a prompt sheet of palcare issues for discussion.
- Following each meeting, a proforma case note is sent out to the relevant GP, community nurses, allied health within 48 hours.

SWOT of current MDT format

- Strengths: This is the beginning of a cultural change in how Palcare is done in Eurobodalla...a multidisciplinary approach
- Weaknesses: only monthly, poor GP buy in
- Opportunities: Trial having joint weekly meeting with Cancer Care Co-ordinator, trial using teleconferencing with CNC or other resource person not in the Eurobodalla
- Threats: geographical barriers, resource limitations, funding withdrawal

Where to for 2007?

- Aim to start participating in the weekly Cancer care meeting, as well monthly MDT with visiting palliation specialist
- Aim to do more GP focused publicity of MBS items and offer IT support to practice staff to facilitate claiming these items

- Acknowledgement:
- Linda Rudorfer's support and ideas on how to format MDT notes, Thank you.