

DEVELOPING AN EFFECTIVE PALLIATIVE CARE MDT MEETING

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Acute Hospital Palliative Care MDT

- Weekly meeting on one site although patients on two sites. Lasts 1 – 1 ½ hours.
- Started life as a clinical meeting between medical and nursing staff but has evolved to include other disciplines.
- Regularly attended by Palliative medicine Consultant, Palliative Care CNS, Hospital Chaplain, OT, Discharge Team, Pharmacist and other professional visitors.
- Patients presented by a CNS. Discussions continue to have a nursing and medical focus.
- Purpose of wider team meeting not explicitly agreed and opportunities for wider discussion are not always utilized
- Informal meeting with no identified chairperson and no clear structure.
- List of patients compiled by CNS and available at beginning of meeting.
- No administrative support.

Methodology and Results

- Focus groups and questionnaires involving core team members and a selection of professional visitors
- Identified aspects of existing meeting that are helpful and areas where improvements are required.



Emerging Themes

- Leadership
- Structure
- Information
- Representation
- Inclusive discussion
- Records of outcomes

Action Points and Recommendations

Purpose of MDT meeting agreed .
" a group of experts from different backgrounds, meeting together to discuss the management of and share information on palliative care patients."

Develop MDT guidelines to set out role of chairperson and core team members

Improve facilities and develop a weekly, one hour telelink to FDRI.

Develop a standard format for presenting information to includes key areas required by all represented disciplines.

Administrative support, when available, will allow advance notification of patients for discussion and support wider notification of outcomes and action points.

Establish a separate forum every 4 – 6 weeks to support education, reflective practice and /significant event type discussions.