DI BOA GENERAL PRIC

PALLIATIVE CARE MULTIDISCIPLINARY TEAM MEETINGS

CHAIRING THE MEETING

Good leadership and facilitation are key factors in the success of multidisciplinary meetings.

"...The Chairs role is to facilitate participation by all members of the multidisciplinary team in clinical discussions and decision making and to ensure that the meeting is not dominated by a few clinicians" [1 p.26]

The meeting chairperson role will be shared by the Hospital Chaplain and Palliative Care Social Worker.

Roles of the Chair:

- Ensure all participants introduced
- Use of teleconference phone when indicated
- Keeping meetings to the agenda
- Commencing discussions
- Promoting the full range of input into discussions if it is not forthcoming
- Summarise the discussion and invite any further input before moving to the next case
- Negotiate resolution of conflict if necessary
- Promoting mutual professional respect among all team members[1p. 26]

REFERENCE LIST

1. National Breast Cancer Centre, *Multidisciplinary meetings for cancer care: a guide for health service providers*, T.N.B.C. Centre, Editor. 2005.

PALLIATIVE CARE MULTIDISCIPLINARY TEAM MEETING

CHAIRPERSON CHECKLIST

- Documentation:
 - Meeting Agenda Sheet
 - Meeting Attendance Sign on Folder
 - Previous week patient summary letters
 - Next Meeting Agenda Sheet
- Check Polycom Soundstation2 Teleconference system functional
- □ Commence on time at 0800
- Introduce all participants, ensure attendance signed
- Discussion of palliative patients in CHHC, BRDH, DMPS, Baringa Private Hospital, Coffs Home Nursing Service (DVA), RACF as relevant
- Case presentations: use Polycom to contact GP, other providers(if participating) make introductions
- **Facilitate participation that ensures comprehensive discussion of:**
 - History
 - Issues (patient/carer/health professional)
 - Physical
 - Psychosocial
 - Spiritual
 - Practical
 - o Advance Care Planning
 - Current Management
 - Plan/Action by whom
- With Palliative Care Network Coordinator, summarise discussion points and care plan, gain consensus from team
- At completion, acknowledge participation, disconnect from teleconference phone if applicable
- Request patient list for next meeting, discuss education plan
- Ask participants for feedback about meeting and any learning achieved
- □ Close Meeting (0900 except monthly education when 0930)