Quality Improvement Activity
Project Title: Embedding outcome measures in a specialist community palliative care Multidisciplinary team meeting (MDT project)
Service Name: Sacred Heart Community Palliative Care Team
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Benchmarks or focus areas: Multidisciplinary team meetings
Project Completion or Finalized Date: 2016
Problem
Sacred Heart Community Palliative Care Team (Sacred Heart CPCT) is a specialist, consultative, multidisciplinary team located in the heart of Sydney, Darlinghurst, New South Wales. Sacred Heart CPCT assesses and manages patients at varying stages of their illness, including a high proportion of patients from culturally and linguistically diverse communities. The Sacred Heart CPCT hold a weekly multidisciplinary team meeting to discuss patient progress. Feedback was raised by the team in regards to: • The usefulness of the MDT meeting in improving patient outcomes and planning care • The current structure of the meeting and inconsistency in format • The duration of the meeting and opportunity for greater efficiency In 2015, Sacred Heart CPCT commenced the MDT project to improve the structure of MDT meetings with the aim to increase the functionality of the MDT meeting, enhance the development of care plans and improve patient care.
PCOC evidence
Implementing, embedding and sustaining the PCOC program into routine practice requires action in the following key strategy areas: leadership and governance, assessment, training and education, data entry and quality improvement. (PCOC clinical Manual, April 2018). The strategy area encompassing 'assessment' has a number of enabling factors that support services to embed PCOC into routine policy, practice and use for quality improvement. One such enabling factor is that multidisciplinary meetings incorporate PCOC assessments in patient review as a standard agenda item.
Timeframe
The MDT project commenced in 2015 and took 12 months from surveying the team through to implementing the templates.
Staff involved

The interventions described in the activity were led by the Nurse Manager and Clinical Nurse Consultant and involved all members of the Sacred Heart CPCT at various stages.

Interventions and processes

To improve the overall structure and functionality of the MDT the Sacred Heart CPCT team undertook a Staff survey, established a working group, undertook a literature search, developed resources, audited baseline activity, undertook staff education and training and audited results of the intervention.

1. Staff survey: To obtain feedback from the team, the Nurse Manager and CNC (in consultation with the patient safety and quality team) developed an electronic survey that was sent to all members of the team. Individual respondents were not identified, however the team were asked to identify if they were nursing, allied health or medical. The survey asked the team to rate various aspects for the MDT with a series of questions using both a Likert scale and qualitative questions, requiring narrative answers. Survey results were investigated and qualitative answers were themed. The results of the survey were fed back to the whole team in a series of meetings.

2. Working group: An expression of interest was circulated to the team to join a working group to help address the issues identified in the survey. This resulted in working group represented by nursing, medical, and allied health teams. The working group identified that that there were three core guiding principles to govern the MDT meetings.
    - Patient care
    - Value and respect for MDT members
    - Structure (encompassing guidelines on the content of the meeting and what was appropriate for discussion given the timeframes)

3. Literature search: A literature search was undertaken to identify methods of running successful community MDT meetings.

4. Development of resources: It was identified that five resources were required to help provide a sound structure to the meeting. Two resources were developed to indicate clear roles and responsibilities of each member of the MDT, including responsibilities of the MDT meeting Chair and three resources were developed to help with structure, content and flow of the meeting including an agenda, template for presentation of new cases and template for presentation of current cases. The templates developed incorporated the ISBAR format for familiarity and to help embed PCOC assessments into existing processes.

5. Baseline audits: Audits were conducted prior to the implementation of the new tools to identify a base line for the following measures: number of patients discussed where a plan was identified; MDT input into discussion; and identification of patients phase.

6. Staff education and training: Prior to the implementation of the tools, three education sessions were held and each team member were provided with a folder and a copy of each MDT meeting template.

7. Post implementation audit: Audits were conducted at 3 and 6 months after the introduction of the templates

Results

The post implementation audits showed an increase in the number of plans of care identified for patients and increase in number of patients discussed in the meeting.

Results of the intervention on patients outcomes

Anecdotally, the benefits to patients include:

- More efficient and effective use of clinical time allowing discussion of more patients at the MDT Meeting. Although the overall time of the meeting has not changed, the improved structure has allowed more patients to be discussed and actions more quickly reached.
- Increased multi-disciplinary discussion leading to increased referrals.
- Earlier identification of family conference.

Result of the intervention on service delivery/organisation

The MDT is now using a more systematic approach to the format and content of meetings. This has resulted in the following benefits:

- Increase in staff confidence in presenting cases
- Increase in number of nurses presenting cases
- Standardised approach to presenting cases through use of ISBAR template
- Assistance and support in orientation to MDT meeting for new staff assisted through new format, 'roles and responsibilities template' and familiarity with ISBAR template
- Cultural change within the team
- Improved staff preparation for meetings
- Identification of cases presented where there is no change, prompting questions and structured discussion for what action is required (e.g. family meeting?)

Outcome

The MDT project identified that the providing structure to MDT meetings increases the functionality, efficiency and effectiveness of the MDT meeting, improves the ability to develop care plans for patients and has potential benefits for both patient care and service delivery and organisation.

The process of undertaking the MDT project, required MDT collaboration to identify and address issues relevant to each areas of experience and expertise.

Maintaining consistency with MDT discussions is an ongoing process and success with the Sacred Heart CPCT team using the templates to inform discussion has been varied. This variation may be due to a number of reasons including, staffing changes, difficulties in maintaining a change in a long-standing existing practice and differing attitudes and behaviours to change processes.

Outputs

The project involved the development of five numerous outputs that are included as appendices:

- Appendix A: MDT meeting agenda
- Appendix B: MDT meeting template A – Presentation of new cases to the MDT
- Appendix C: MDT meeting template B – Presentation of current cases to the MDT
- Appendix D: Roles and responsibilities of each team member
- Appendix E: Roles and responsibilities of the MDT meeting Chair

***PCOC 17.04.2020**

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