

A Remodelling of the Multi-Disciplinary Team Meeting on a Neuro-Critical Care Unit

Robyn Davies (nurse), Allyson Wood (physiotherapist), Joanne Clark (occupational therapist), Carla Daly (critical care matron)

Background

Weekly multi-disciplinary team meetings (MDM) are recommended by the Intensive Care Society.

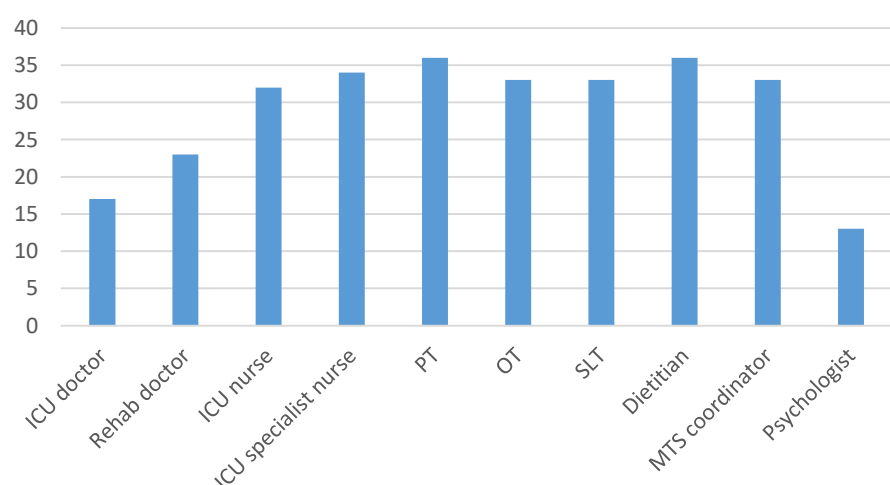
Goals

As part of a wider project evaluating the ethos of rehabilitation on NCCU remodelling of the MDM was undertaken to (1) enable wider representation (2) enable a clearer patient focus on individual rehabilitation goals (3) enable better signposting of the patient journey and (4) improve patient flow



Results

The revised meeting structure resulted in wider team representation:



Inclusion and exclusion criteria were identified:

Inclusion criteria:

- Patients who have been on NCCU for at least 48 hours
- All patients who have had a spinal cord injury (SCI)
- All patients who have a tracheostomy tube in situ
- Any patient likely to require Level 1 or Level 2 rehabilitation unit

Exclusion criteria:

- Patients who are currently sedated (unless they have a SCI)
- Patients who are on a palliative care pathway

Method

A steering group was formed and instituted use of the PDSA reflective cycle to formulate a structure for the meetings. The revised structure included;

- ✓ Ensuring wider representation; adding attendance by intensive care doctor, intensive care nurse specialist and staff nurse
 - ✓ Creating inclusion/ exclusion criteria to identify patients for discussion
 - ✓ Creating a documentation template
- Team members were surveyed following a pilot of the

A documentation template was created...

Multi-disciplinary team discussion

Present

<input type="checkbox"/> ICU doctor	<input type="checkbox"/> Rehabilitation doctor
<input type="checkbox"/> ICU nurse	<input type="checkbox"/> ICU specialist nurse
<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Occupational therapist
<input type="checkbox"/> Dietitian	<input type="checkbox"/> Speech/ language therapist
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Major trauma service coordinator

Summary of discussion

Plan for transfer of care

Actions

A survey of MDM participants was carried out...

- ❖ 100% response rate
- ❖ 78% of respondents had a clear understanding of their role and how to contribute to the meeting
- ❖ 78% of respondents felt that the MDM helped to identify the most appropriate rehabilitation pathway

Areas were identified for improvement...

- ❖ Further strategies were needed to disseminate information from the meeting to the wider team

Discussion

Following the survey the following additional changes were made:

- ❖ Further development of a link nurse role for critical care nurses attending the meeting enabled greater clarity
- ❖ Link nurses ensured feedback to their nursing colleagues
- ❖ It was established that identification of the patient list and completion of documentation within the meeting should be shared by the team to further foster an ethos of multi-disciplinary team working.

The project showed that a more effective multi-disciplinary meeting can be established through collaborative working.

The re-introduction and re-modelling of a weekly MDM encouraged regular discussion between specialists whose perception was that it expedited and clarified decision-making and thereby helped to foster better patient outcomes.

References

1. Intensive Care Society (2022). *Guidelines for the Provision of Intensive Care Services*. Available at: <https://www.ficm.ac.uk/standardssafetyguidelinesstandards/gudileines-for-the-provision-of-intensive-care-services> (Accessed 20 January 2023)