



**Creating a
Multidisciplinary Team Approach
to Care Planning in
Residential Aged Care Facilities**

**Tool kit
2nd Edition**

**Supplement:
Referral to
Palliative Care
Multidisciplinary Team Meeting**

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Supplement

When the resident or family have complex palliative care needs, referral to the Palliative Care Multidisciplinary Team Meeting should be considered.

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Aged Care GP Panels Initiative, Pope, J. and Integrated Network Palliative Care Project Mildenhall, J. in consultation with Residential Aged Care Facilities Multidisciplinary Team Meeting Coordinators - Dever, M. (Masonic Aged Care Facility), Dover, V. (Woolgoolga and District Retirement Village), Pirie, H. (Coffs Harbour Nursing Centre), Rendoth, A. (Mater Christi Aged Care Facility) and West, P. (Catholic Healthcare: St Augustine's, St Josephs and Ozanam Villa [Coffs Harbour] Aged Care Facilities)

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Referral to Palliative Care Multidisciplinary Team Meeting

Multidisciplinary Team Meetings



THE REFERRAL PROCESS

INTEGRATED NETWORK PALLIATIVE CARE PROJECT

Referral to Palliative Care Multidisciplinary Team Meeting

Residents and families identified as having complex palliative care needs can utilise the Palliative Care Multidisciplinary Team Meeting.

Identifying complex palliative care needs

- As an outcome of the facility multidisciplinary team meeting case conference
- By facility staff
- By the GP
- By the resident or family

Referral preparation

- Discuss the purpose of referring to the Palliative Care Multidisciplinary Team Meeting with the resident or Person Responsible
- Provide the resident or Person Responsible with the Palliative Care Multidisciplinary Team Meetings, Residential Aged Care Facility Resident and family Information sheet and consent
- Obtain valid signed consent
- Identify the degree of urgency
- Identify providers who need to be invited to participate
- Complete as much information as possible on Palliative Care Multidisciplinary Team Meeting Referral Form and fax to the Palliative Care Multidisciplinary Team Meeting Coordinator on the designated referrals only fax number on the form.
- Identify who will “present” the case at the meeting

Making the referral

- The facility Multidisciplinary Team Meeting Coordinator (or delegate/staff member) should contact the Palliative Care Multidisciplinary Team Meeting Coordinator- Julie Mildenhall by phone on 66515774 or 0419 295 795 and/or
- Fax the referral form to the designated referrals only fax number on the form.

The Palliative Care Multidisciplinary Team Meeting Coordinator will

- Contact the person making the referral
- Book a mutually agreed date and time for the case conference
- Invite participants identified as relevant to the resident’s individual needs
- Identify means by which the case participants and presenter will access the meeting (in person or by teleconference)
- Confirm the case conference with the facility staff member or Multidisciplinary Team Meeting Coordinator in the week prior to the scheduled date.



Tool 14

Palliative Care Multidisciplinary Team Meeting:

Resident and Family Information Sheet & Consent Form

Multidisciplinary Team Meetings

Palliative Care Multidisciplinary Team Meeting

Patient and Family/Carer Information Sheet

The multidisciplinary team approach brings together a wide range of knowledge and skills in managing the often complex needs experienced by patients and families requiring palliative care or the palliative approach to care. Using the team approach enhances quality of life and ensures decisions are made according to evidence based best practice and the individual needs and wishes of patients and families.

To assist in providing you with the best possible treatment and care we would like to discuss and plan your care with other health care providers. This is done by holding a Case Conference at the Palliative Care Multidisciplinary Team Meeting. Before the meeting we need consent from you or the person who can legally give consent on your behalf (person responsible) that you agree to the case conference and understand how these meetings operate.

The Palliative Care Multidisciplinary Team Meeting is held each fortnight on a Tuesday morning at Baringa Private Hospital.

The health care providers who make up your multidisciplinary team are:

- Your General Practitioner
- The health care provider making the referral, who will advocate on your behalf
- Members of the Palliative Care Team: Clinical Nurse Consultant, Social Worker and a Palliative Care Physician(when available)
- Coffs Harbour Health Campus Chaplain
- Chairperson- Medical Director(GP) Mid North Coast Division of General Practice
- The Palliative Care Multidisciplinary Team Meeting Coordinator
- Other health care providers invited relevant to your individual needs

In addition, other care providers may be involved, such as:

- Allied & Other Health Professionals
- Community Care Agencies
- Medical & Nursing Staff/Students

All members of the team are bound by law and ethical practice to keep your information confidential. Information is only disclosed for the direct purpose of planning the best care to meet your individual needs.

Please discuss with your care team:

- issues or concerns you or your family you would like discussed
- any medical or other information you want withheld from the discussion
- how you will be provided with feedback about the care plan suggested

If you would like to participate in the case conference, please discuss this with the person making the referral on your behalf as they will need to contact the Multidisciplinary Team Meeting Coordinator to arrange.

Consent to be completed over the page

Palliative Care Multidisciplinary Team Meeting

Consent

Consent

_____ (Staff Name) has explained the purpose of the case conference to me and I ***/person responsible*** give permission for a case conference to discuss diagnosis, medical history, health and care issues to plan care at the Palliative Care Multidisciplinary Team Meeting.

I ***/person responsible***, do* / do not* have any medical or other information I want withheld.

If medical or other information is to be withheld from the case conference the staff member is to be notified.

*(cross out whichever is not applicable)

Resident/Person Responsible Name _____

Resident/Person Responsible Signature _____

Staff Member Signature _____

Date: _____



Tool 15

Palliative Care Multidisciplinary Team Meeting: Referral Form

Multidisciplinary Team Meetings



PALLIATIVE CARE

Multidisciplinary Team Meeting

CASE CONFERENCE REFERRAL FORM

Mid North Coast Division of General Practice Referrals only FAX: 66519822

Patient Details:			
Surname: _____		Given Names: _____	
Address: _____			
Sex: M / F		Date of Birth: / /	
GP/Provider making referral		Attending MDT: <input type="checkbox"/> in person (Baringa) <input type="checkbox"/> via teleconference	
		Contact phone number: _____	
Consent for the case conference is required from the patient or person responsible (if patient lacks capacity) and any issues to be withheld identified. Refer to Information Sheet			
Consent obtained and documented	<input type="checkbox"/> Yes	Who provided consent <input type="checkbox"/> Patient <input type="checkbox"/> Other (state below)	
	<input type="checkbox"/> No	Please confirm consent before case conference can proceed	
Are there any issues the patient does NOT want discussed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of person providing consent (if other than patient): _____			
Relationship: <input type="checkbox"/> Enduring Guardianship <input type="checkbox"/> Spouse <input type="checkbox"/> Carer (unpaid) <input type="checkbox"/> Close friend/relative			
Reason for Case Conference: _____			
Priority: <input type="checkbox"/> < 2 weeks <input type="checkbox"/> 2-4 weeks <input type="checkbox"/> > 4 weeks		Estimated time required: _____ mins	
Diagnosis _____			
Other relevant information: _____			
Issues for discussion:			
Other Providers: please list other providers/services to be invited to participate at the MDT			
Name of provider/service	Contact Number (if known)	MDT Coordinator to complete	
		Contacted	Attending
Palliative Care Multidisciplinary Team Meeting Coordinator to complete			
MDT Date: / /	Time:	Duration:	Confirmed: <input type="checkbox"/> Yes / /