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EVALUATION OF THE DOVE CENTRE, PHYLLIS TUCKWELL HOSPICE, MULTIDISCIPLINARY TEAM MEETING FOR PATIENTS WITH NEURODEGENERATIVE CONDITIONS

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Background A collaborative, cross boundary multidisciplinary team (MDT) was established in January 2012. The purpose of the meeting was to support best care for patients living with neurodegenerative disease by enhancing partnership working across the different services. The aim of this evaluation was to review the activity and impact of the meeting over the first year to identify what was going well and where the meeting could be improved.

Methods The evaluation involved: 1) retrospective analysis of the MDT documentation including plans for nutritional and respiratory support and advance care planning, 2) review of patient deaths including preferred and actual place of death, 3) a questionnaire survey of the MDT members to quantitatively measure views on a range of statements relating to the operation of the MDT, with space for free text comments.

Results 22 patients were discussed over 10 meetings. Following discussion, plans for nutritional and respiratory support were in place for 86% and 77% of patients respectively. Plan for advance care plan was recorded in 55% of patients. 8 patients died during the year. Preferred place of care was recorded for 4 patients. 6 patients died at home or in the hospice. 9 multidisciplinary team members completed feedback questionnaires. Feedback was positive and suggested that the key goals of the MDT were being met. Improved multidisciplinary communication enhanced delivery of patient care by expediting management plans and interventions. There also appeared to be professional development by sharing experience.

Conclusion A multidisciplinary team meeting for patients with neurodegenerative disease provides an important forum for communication and information sharing. The meeting enhances patient care by generating and expediting clinical management plans and provides a written record which is shared with key professionals. There is scope for improvement in exploration and documentation of preferred place of death and advance care planning.