## New England North West

# Clinical Case Discussion

## for effective multidisciplinary dementia care

NSW GOVERNMENT Health
Hunter New England
Local Health District

phn
HUNTER NEW ENGLAND
AND CENTRAL COAST
An Australian Government Initiative

HealthWISE
NEW ENGLAND NORTH WEST

# Acknowledgments

The Dementia Partnership is a collaboration between HealthWISE New England North West (HealthWISE), Hunter New England Central Coast Primary Health Network (HNECC PHN) and Hunter New England Local Health District (HNELHD), which builds on a memory assessment and dementia care partnership dating back to 2003. The Dementia Partnership has received seed funding from the Agency for Clinical Innovation (ACI) as part of the Building Partnerships program, which aims to improve care for older people with complex health needs. We would like to acknowledge the support that the ACI has provided to the Dementia Partnership, and the commitment of the Partnership organisations and their staff.

The New England Dementia Partnership acknowledges the traditional custodians of the land on which we walk upon today as the First People of this Country. We pay respect to their continuing culture and the contribution they make to the life of our region.

Dementia is an umbrella term that is used to describe more than a hundred conditions that impair memory, cognition, behaviour and day-to-day functioning.

# Effective Case Discussion

A multidisciplinary approach to dementia is recommended as people with cognitive impairment often have a range of complex mental, social and physical problems which cannot be addressed by any single medical specialty.

**A multidisciplinary approach can:**

- Allow staff to complement each other in establishing a specific diagnosis and differentiating subtype;
- Improve detection and treatment of somatic and psychiatric conditions that may influence cognitive function;
- Can contribute to improved quality of life through appropriate assessment of social circumstances; and
- Involves both formal and informal networks being established for clinical discussion related to diagnosis.

This document includes resources that teams can use for effective case discussions:

- Case Discussion - Meeting Flow Chart
- Six Tips for Great Meeting Discussions
- Terms of Reference for Clinical Case Discussion
- ISBAR Assessment Form for recording client case discussion
- Consent to Release Information form for client
- Dementia and Aged Care Clinician Contact List

# Case Discussion - Meeting Flow Chart

| | | |
|---|---|---|
| Decide team | •Key Clinician determines team makeup | *See Dementia and Aged Care Clinicians' List* |
| Request attendance | •Provide terms of reference to all invitees | *See Sample terms of reference* |
| Decide time and place | •Provide teleconference facilities, if needed | |
| Appoint Chair | •Chair to be rotated amongst members | *Refer to communications tip sheet* |
| Identify clients | •Clinicians to confirm client consent and provide names to Chair | *Refer to consent form* |
| Compile Agenda | •Chair to email agenda prior to meeting | |
| Hold Meeting | •Clients discussed using ISBAR Assessment Form | *See ISBAR Assessment Form* |
| Outcome recorded | •Outcome recorded in client notes using ISBAR. Copy sent to GP by clinician documenting ISBAR, or alternately outcomes included in report to GP. | |

# Six Tips for Great Meeting Discussions

1. **HOSPITALITY**
for visiting specialists shows respect and provides time opportunities for discussion without distraction (e.g. transport from airport, morning tea break)

2. **ORGANISATION**
requires planning ahead to have a permanent room booking and an agenda so clinicians can have material ready for discussion

3. **LEADERSHIP**
requires a dedicated chairperson to keep each meeting to an agenda, commence discussion, prompt full range of input and promote mutual professional respect

4. **TIMELINESS**
in sharing information regarding the outcome of meetings to all interested parties through direct communication and clinical notes

5. **RELATIONSHIPS**
identify own and others professional competencies and scope of practice and foster relationships outside the meeting

6. **PUNCTUALITY**
Inform the chair when unable to attend or late for a meeting

# Terms of Reference for Clinical Case Discussion

| | |
|---|---|
| **Meeting Name** | Comprehensive Dementia Assessment Clinical Meeting |
| **Reporting to** | Manager Health Sector |
| **Chairperson** | To be appointed by Identified Key Clinician and to be rotated amongst group members. Chair responsible for agenda and timeliness and appropriateness of discussion content. |
| **Recording** | Referring clinician (if meeting attendee) or Key Clinician to record outcome of discussion in ISBAR Assessment form, and uploaded to patient notes. Copy of completed form to be provided to other parties, such as the client's usual general practitioner, as required. |
| **Meeting Composition** | To be determined by Key Clinician and is to include aged care and dementia specific positions, with key accountability for meeting attendance. |
| **Committee Members' Responsibilities** | Multi-Disciplinary team members will:<br>• represent their referred clients and ensure client consent processes are followed (according to organisational policy);<br>• represent their role competencies and work within their scope of practice;<br>• be responsible for supporting and communicating decisions for their clients made by the group, in a timely and appropriate manner;<br>• ensure timely communication includes communication to referrers and medical practitioners involved in care, clients and, where appropriate, carers;<br>• adhere to agenda in terms of content and timeliness; and<br>• use the ISBAR format for client discussion. |
| **Purpose** | Provide an opportunity for multidisciplinary team input in form of discussion and planning of comprehensive assessment for the timely diagnosis of dementia for inpatients and community clients.<br>• Discuss current referrals<br>• Ensure continuum of diagnosis pathway<br>• Referral to and from team members<br>• Case discussion of clients with complex needs |
| **Schedule** | Meetings are to be held regularly as determined by key clinician |
| **Venue** | Meeting Room |
| **Agenda** | Agenda items and names of clients to be sent to the chair prior to each meeting. A finalised agenda to be emailed to team members prior to meeting. |
| **Apologies** | Apologies will be accepted. |
| **Reviewed** | Annually |
| **Date Ratified** | |
| **Date to be Reviewed** | |

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| |
|---|
| **Family Name:** |
| **Given Name:** |
| **D.O.B: __ / __ / __** |
| **Address:** |

Facility: _____

## Assessment Form

| | | | |
|---|---|---|---|
| **I**<br>**Introduction** | **Clinician presenting:**<br><br>**Clinicians attending discussion:** | | |
| **S**<br>**Situation**<br>**Description of known issues for the client relating to pathway for diagnosis** | | | |
| **B**<br>**Background**<br>**Information describing signs and symptoms, previous test results and medications** | | | |
| **A**<br>**Assessment**<br>**Clinicians opinion on further assessment required** | | | |
| **R**<br>**Recommendation**<br>**Team plan for assessment**<br><br>**Need for further discussion**<br>**If so, date to be discussed** | | | |
| **PRINT NAME** | **SIGNATURE** | **DESIGNATION** | **DATE** |