

Multi-Disciplinary Team Meetings / Planning for Long Term Patients in ICU

The idea of formulating a Multi-disciplinary Team Meeting arose from the need to ensure that our long-term patients were receiving appropriate physical and psychosocial care and the prevention of secondary complications associated with extensive length of stay. The aim of the meeting is to identify and coordinate all aspects of patient care from medical, nursing and allied health professionals. This allows for earlier recognition and identification of patients needs, coordinated treatment plans between allied health, nursing and medical teams, facilitate shorter length of stay and discharge from the ICU and also contributes to a smoother transition from ICU to the ward environment.

The Multi-disciplinary Team Meetings are conducted weekly. The ICU Liaison CNC chairs the meeting, with the bedside Nurse, ICU Registrar/Consultant, Dietitian, Occupational Therapist, Physiotherapist and Speech Pathologist in attendance. A flow sheet has been developed and each discipline has a specific section to complete, to update the team on the patient's progress, any concerns and goals set. Any problems identified can be either addressed in the meeting or are allocated to members of the team to follow up. The flow sheet is kept in the medical records then reviewed in the next meeting.

Patients discussed in the meetings are those who have been in ICU for 14 days, have had a tracheostomy performed or have a diagnosis of a condition that will require a prolonged ICU stay, for example Guillain Barre Syndrome. Patients must not be acutely unwell, with the focus of medical treatment to begin weaning from ventilation and discharge to the ward.

Daily care plans have been developed as a result of these meetings. They are designed to provide both the patient and staff with a daily routine based on time and activities that need to be completed. The patient is consulted about the planning of their day, which includes time for waking and sleeping, showering, therapy, rest and visitors. This routine assists in the coordination of care for the patient, especially when multiple allied health professionals are involved with treatment.

Transition to the ward, for both ward staff and the patient has been progressing well. Meetings are conducted between ICU and ward staff regarding patients with very complex needs or a lengthy ICU stay (longer than 3 months). Nursing and Allied Health staff from the ward and the Medical Team taking over patient care attend these meetings and a verbal handover is given along with copies of the Multi-disciplinary flow sheets. Feedback from ward staff report that this has definitely improved the patient handover process as they are provided with a detailed view of the patients progress and patients feel less anxious about leaving the ICU, as staff on the ward are informed of their needs and current function.

These meetings have opened opportunities and allowed for the utilisation of skills for Allied Health staff to be involved with patient care from an early point in their stay. ICU staff are more aware of the role of allied health in ICU and

this has also improved referrals and involvement in short stay patients. Dietetics is involved in continuously monitoring individual nutrition plans, which may include the transition from enteral and/or parenteral to oral nutrition. Occupational Therapy receive early referrals for upper limb therapy and splinting, are involved in seating and pressure area care and participating in joint treatment sessions with Physiotherapy. As well as these sessions, Physiotherapy has been able to coordinate early rehabilitation in ICU with assistance from nursing staff to aid in early mobilisation and exercise programs and also actively involved in ventilator weaning plans. Speech Pathology has been able to ensure effective communication systems are in place, and assist in multidisciplinary management of decannulation and commencement of oral diets. Referrals to Diversional Therapy and Social Work are also made depending on patients individual needs identified through these meetings.