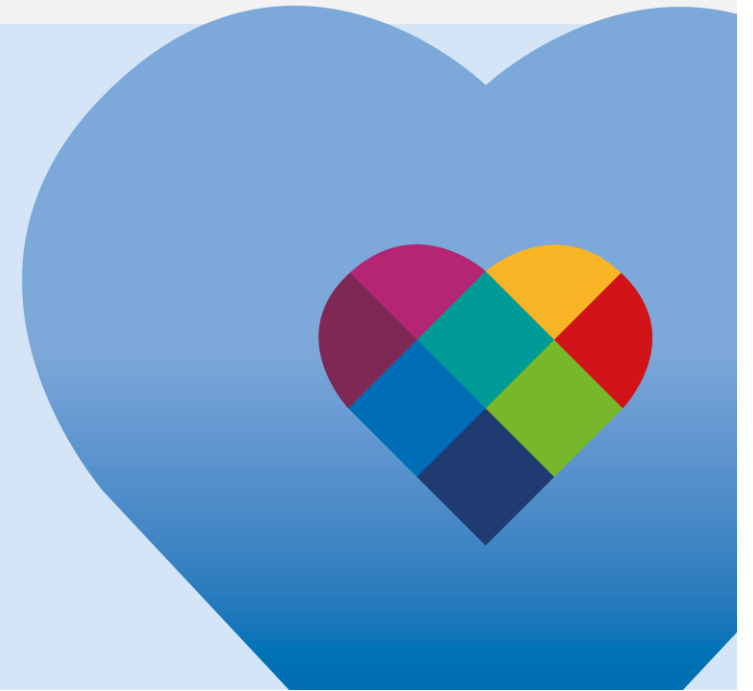


Complex Needs professional meeting

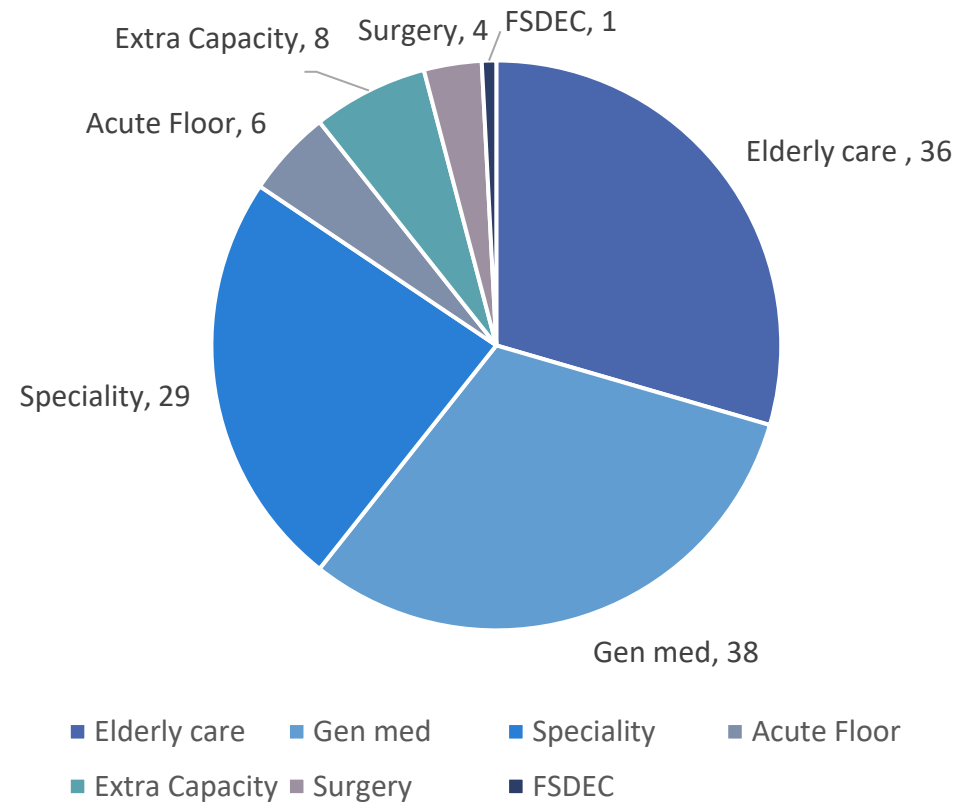


Background and Referrals

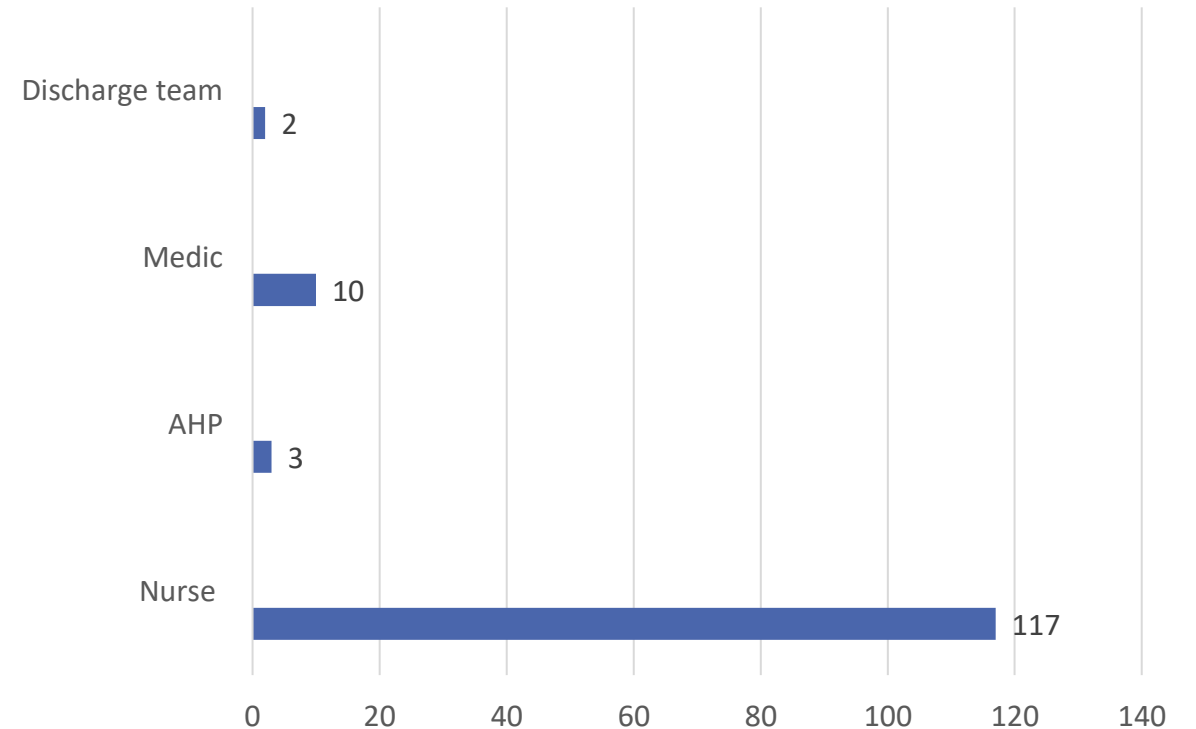
- Complex needs professional meeting developed as a result of an internal Human Resources and Serious Incident, an identified need for a forum for wards to discuss complex patients and for staff to have support from wider Trust specialists
- Terms of Reference and presentation prepared and uploaded onto Safeguarding webpages
- Designed a Microsoft referral form and team's channel
- First referral October 2023, slow at first but from January 2024 seen steady increase and some weeks had 4 referrals. Initial plan was to have one patient only due to complexity
- October 2023 till 15th September 25 – 132 referrals received
- 129 medical patients and 3 surgical patient – all adults
- All referrals are screened by key member of MDT
- All meetings are chaired and have wide MDT attendance, pharmacy, MHLT, AHP, community teams, social care.
- Work best when we have engagement from ward team

Referral ward and referrer type

Ward patient was referred from



Referrer



Reason for referral

- 90 was accepted
- 32 not accepted – plan already in place or MDT held at ward level
- 40 referrals for complex discharge/discharge issues
- 45 complex behaviour presentation
- 17 safeguarding/self-neglect
- 5 non-concordance
- 7 medical care issues
- 18 complex behaviours/discharge issues

Some very complex cases within the Trust in particular medical division, issues with MCA/Best interests needing legal advice, non-concordance advice, especially covert administration of medication. Close working with pharmacy has been really helpful, we have had medication reviews live in the meetings. Our MHLT colleagues in particular psychiatrist and support to the Medical team in very complex situations invaluable



Let's share some of the cases with you

Martins story

Martin was admitted to hospital following a fall at home, resulting in a traumatic brain injury and delirium.

He had a history of Epilepsy and Alzheimer's. Prior to admission he was being treated by the mental health crisis team due to escalating concerns from his family about his behaviour.

Martin was diagnosed with an intracranial brain haemorrhage and phenobarbital encephalopathy. Due to this he was very confused and disorientated and required one to one support on the ward.

Martins Case was presented to the complex needs MDT twice during his admission to provide the ward team with specialist early intervention and advice. This enabled discussion regarding his nursing, medical, psychiatric and therapy needs and actions set.

This led to a comprehensive care plan being developed. Initially it was felt Martin may need input from neuro rehab however due to the level of care he received from specialties involved from the complex needs MDT and the ward he was discharged home with support in the community.

Martin spent a total of nine weeks in hospital and has since made a full recovery.

MDT members

- Nurse Consultant for Learning Disabilities
- Nurse Consultant for Mental Health
- Associate Director of Nursing for Medicine
- Enhanced care team
- Ward Sister
- Ward Consultant
- Nurse Consultant for Elderly care and Frailty
- Safeguarding Lead
- Clinical Lead for Discharge
- Discharge Therapist
- Head of Adult Social Care

Martins story

“I certainly wasn’t myself for at least the first four weeks in hospital. But I have to say without a doubt that I now feel as good as I did before I was diagnosed with my epilepsy, and that’s down to the care and kindness I received from every single person on Ward 18”

Martin pictured right with the Ward 18 team.

He often visits the ward and has volunteered his help with bake sales and fundraising events.



Staff Feedback

“Brings everyone together for inclusive person-centred plan and outcome”

Fantastic approach to getting it right for our patients and staff

“This MDT supports staff through difficult situations”.

The outcomes for our patients have been fantastic with the collaboration of the MDT

We feel so supported by this MDT. It's helped my staff manage some real complexities

This has made such a difference for our teams. The support, advice and outcomes for patients surpassed expectations

Martins story

“I certainly wasn’t myself for at least the first four weeks in hospital. But I have to say without a doubt that I now feel as good as I did before I was diagnosed with my epilepsy, and that’s down to the care and kindness I received from every single person on Ward 18”

Martin pictured right with the Ward 18 team.

He often visits the ward and has volunteered his help with bake sales and fundraising events.



Outcomes

Early intervention for patients, family and staff
MDT plan of care
Right place to home
Moved specialty
Support for all staff groups
Collaborative creative thinking and problem solving
Staff report feeling supported and listened too.
Everyone learns something new at each meeting
Collaborative working
Patient centred

What do we need to improve on?

Delirium awareness- clinical factors

Undiagnosed dementia

Social care awareness

End of life planning

MCA- when and who is the right person to carry this out?

Actions in the MDT- How do we ensure this is carried out at ward level

Future

We need support long term – in particular, admin

Job plan for medical support

Need to audit the findings/results, what is the impact – we know we are making a difference

Feedback from staff who have attended

Feedback from members of the MDT

Do we expand into community?

We welcome your feedback.

Thank you for listening