An integrated multidisciplinary model: patients and staff benefits

Alison Mudge
Jack Bell
Kath Richter
RBWH Internal Medicine Wards
Revolution and Evolution

- Revolution: a forcible overthrow of a government or social order in favour of a new system

- Evolution: gradual development
  - Also, in chemistry: giving off a gaseous product or heat
The challenges of medical patients...
Acute care for older medical patients

- **Multidisciplinary care**

- **Functional focus**
  Covinsky K et al. JGIM 1997

- **Discharge planning**
  Parkes J, Shepperd S. Cochrane Library 2002

- **Physical environment redesign**
  Landefeld S et al. NEJM 1995

- **Comprehensive geriatric assessment**
  Stuck et al Lancet 1993
The Model: “Enhanced multidisciplinary care”

Improve team processes:

• Early assessment of patient needs

• Mandated daily MDT meetings

• Consistent, coordinated team
Results

• Significant reduction in
  – Hospital mortality (4.3% vs 6.2%, p=0.03)
  – Functional decline in hospital (3.3% v 5.7%, p=0.02)
• Trend to reduction in
  – Length of stay (7.3 v 7.8 days, p=0.18)
  – Hospital use over 6 months (13.7 v 15.1 days, p=0.16)

Mudge A et al. A controlled trial of multidisciplinary care teams for acutely ill medical inpatients: enhanced multidisciplinary care. Internal Medicine Journal 2006; 36 (9): 558-563
Compliance with model

Performance monitoring

Proactive risk assessment

Professional support
Evolving clinical governance

- IMMOC interdisciplinary quality committee
  - Risk assessment and intervention
  - Critical incident reporting
  - Medication safety issues
  - Model compliance
  - Performance monitoring and feedback
  - Research and innovation
Evolving research

“Team research in internal medicine” (TRIM)

• Driven by clinical problems/questions which cross professional boundaries
• Opportunities for significant academic collaborations, skill sharing and funding
  – *Psychosocial predictors of readmission*
  – *Physical and cognitive programme to maintain functional independence in the elderly*
  – *Interdisciplinary clinical handover*
  – *Barriers to adequate nutrition in hospital*
  – *Delirium management programme*
Interdisciplinary education
IDEAS – Interdisciplinary Education and Service Improvement

– Interdisciplinary forum to support
  • Quality in service;
  • Innovation;
  • Teaching; and
  • Research
Interdisciplinary education

Terms of Reference

– Identify gaps in service delivery
– Identify and review models of care
– Promote cross-fertilisation of ideas
– Encourage and support innovation
– Champion interdisciplinary education
– Foster research, EBP, and CQI
– Link in with existing clinical governance and established processes
Interdisciplinary education

Outcomes

– Who turns up?
– What do we discuss?
– When do we meet?
– Where do we progress things?
– Why do we bother?
– How are we sustaining it?
Interdisciplinary education

5 golden rules of renovation

– Show your plans to as many people as you can before you build
– Don’t ask a Sparky to fix your toilet
– Use No-More-Gaps wisely
– Don’t forget the network cabling
– Find out what beer your builder likes and don’t forget to ‘wet the roof’!