

The MDT and Complex Discharge

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Plan

- Why's it important?
- Outline of the MDT
- Sections 2 and 5
- Discharge tips



Why's it important?

- The GMC says you must “Work collaboratively with colleagues to maintain or improve patient care”
- BL Says you must “understand the role of the multidisciplinary healthcare team in the care of patients”
- It'll be a big part of being a doctor!



Members of the MDT *(in no particular order!)*

- **Nurses**

- They enact the management plans and dispense drugs.
- Some can take blood/cannulate.
- They care directly for the patient!
- There are different patient to nurse ratios depending on the ward (e.g. ITU will have 1:1).
- Make them your friends!



- **Healthcare Assistants**

- Have no formal medical training but assist in the care of patients and take observations etc.

- **Specialist Nurses**

- Experienced nurses who have specialised in a specific field; some are able to prescribe.
E.g. Diabetes, Cancer, Tissue Viability.



Members of the MDT

- **Clinical Site Managers**

- Senior nurses who are responsible for the running of the hospital on a day-to-day basis.

- **Pharmacists**

- The people with green (or red) pens!
- Ensure everyone is prescribing correctly and safely.
- Knowledgeable about the mechanism and interactions of drugs
- Can facilitate getting rarer drugs or different formulations to the ward.



Phlebotomists

- These people will halve your job list!
- Are limited to where they can take blood so you may still need to help.



Members of the MDT Cont'd

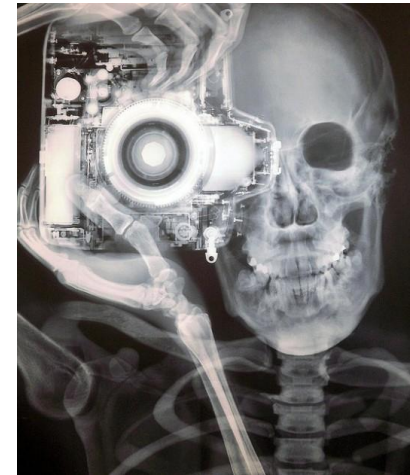
- **Laboratory Scientists**

- You will rely on the lab for a lot of tests
- If unsure about how to perform a test/which tube, give the lab a ring
- Not all labs process all tests, some will be shipped out.



- **Radiographers**

- Radiographers will facilitate your imaging requests.
- You can ask them (as well as radiologists) about the suitability of imaging modalities



- **Health Advocate**

- Multi-linguists who will help you communicate with your patients and their families.
- They are more than just translators, they assist with cultural barriers and advocate the rights of the patient
- If not available, you can use 'Language Line'



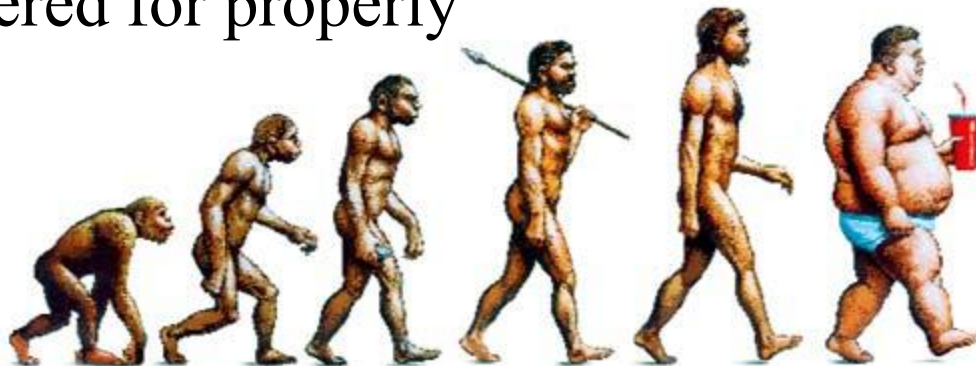
Members of the MDT Cont'd

- **Speech and Language Therapy**

- Involved in patients with speech/communication issues
- Also experts in assessing safe swallows

- **Dieticians**

- Experts in nutrition who can advise on nutritional requirements, weight loss/gain, assess for correct NG and parenteral nutrition.
- Will also ensure those with dietary requirements are catered for properly



Members of the MDT Cont'd

- **Physiotherapists**

- Experts in the assessment and treatment of those with a huge range of issues, e.g.:
 - Neurological disease
 - Respiratory Disease
 - General weakness
 - Elderly mobility etc. etc.
- They will advise on the safety of patients for discharge

- **Occupational therapists**

- NOT the same as Occupational Health!
- Occupational therapists assess patients and help them overcome the effects of physical and/or mental disability
- They instigate support, education and equipment for the patient and/or family to improve the quality of life and recovery of the patient e.g. Special beds, eating equipment, bathroom equipment.



Members of the MDT Cont'd

- **Social Workers**

- A huge range of roles depending on the setting (e.g. Paediatrics, psychiatry)
- A key role in hospital is to assess patients for the level of social support required.
- They also help assessing safeguarding issues



Sections 2 and 5

- These are not the same as psychiatric sections.
- They are referrals to the social worker.
- **Section 2**
 - Highlights that a patient needs to be assessed for social support.
 - It is often issued on admission, but must be issued at least 48 hours before discharge.
 - The patient will be assigned a social worker who will assess their needs.
- **Section 5**
 - Issued when discharge will be within 24 hours.
 - If not previously done, a social worker will assess the patient and arrange appropriate care if needed.
 - If discharge is not made within the allotted time, social services are then liable to all further hospital costs.



Social Support

- **Carers**
 - Patients are granted a 'package of care'. This is usually a single person (or double-handed care for extra needs)
 - May have od, bd, tds or qds carers.
 - There are also night-sitting services
 - If patient requires more intensive care, may need placement
- **May be placed in residential (low support) or nursing home (high support)**
 - These are needs assessed i.e. Will not necessarily be free!
- **Meals on Wheels**
 - A service which provides meals to individuals with limited independence.
- **Equipment and adaptations**
- **District Nurse**
 - For individuals with ongoing medical needs, the district nurse will facilitate this (e.g. Wound dressings, injectable medications etc.)
- **Most hospital services have a community equivalent (e.g. Physio)**



Tips for successful discharge

- Get a Section 2 issued on admission for any patient likely in need of social support.
- For short admissions, Sections 2 and 5 can be issued together.
- Maintain accurate Estimated Date of Discharges (EDDs)
- Communicate regularly with PT and OT (and others as necessary). They are key for ordering equipment and ensuring a safe discharge.
- Keep the patient involved (they might not even want carers!).
- Ensure you've completed your requirements (capacity assessments, TTAs etc.)



Summary

- The MDT involves a large number of people.
- Communication is key to effective working and discharge.
- Sections 2 and 5 are social work referrals (and are different from their Mental Health counterparts).
- Read through some PT and OT assessments to get more of an idea of what they assess.



Any Questions?

