

Multi-Disciplinary Team Case Review Guideline – Community Mental Health & Addictions

MHAPPM/8967

Approved by:	General Manager – Mental Health & Addictions	First Issued:	July 2022	
Signature:	David Warrington	Review Date:		
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Purpose

The purpose of this document is to provide information and guidance to Community Mental Health & Addictions staff to ensure a robust process of Multi-disciplinary Team (MDT) case reviews is aligned with the Mental Health Model of Care to improve health outcomes of people accessing the service.

This document is to be used in conjunction with MHAPPM/8953 – [Mental Health Service Policy](#) which outlines the shared vision and expectations for the direction, values, principles, attitudes and ways of working to deliver a values based service.

Principles

All Te Whatu Ora – Health New Zealand, Te Matau a Māui Hawke’s Bay documents are based on and link back to our values; **He Kāwanuano** (respect), **Ākina** (improvement), **Raranga Te Tira** (partnership) and **Tauwhiro** (care), and are detailed so all persons are provided with clear information on the way they are expected to practice and undertake tasks.

Scope

All staff working in Community Mental Health and Addictions, inclusive of clinical and support worker roles

Definitions

Term/Abbreviation	Meaning
ACNM	Associate Clinical Nurse Manager
AOD	Alcohol and Drugs
CC	Clinical Coordinator
CM	Clinical Manager
CMH	Community Mental Health
CNM	Clinical Nurse Manager
Complex Case Reviews	Dedicated to one Tangata whaiora and family/whānau with complex needs requiring coordinated plans in addition to regular MDT review(i.e. Substance Addiction (Compulsory Assessment and Treatment) Act Process.)
MDT	Multi-disciplinary Team A group of different disciplines that contribute to the recovery of the Tangata whaiora. The MDT group must include at least 3 different disciplines
NASC	Needs Assessment Service Coordination

Roles and Responsibilities

Role	Responsibility
CM/CNM/CC	Oversight and management of the MDT process
MDT Facilitator	<p>Coordinate, facilitate and participate in all MDT review meetings and will elevate any issues to the relevant CM/CNM as necessary.</p> <p>There should be a minimum of three (3) different disciplines present for MDT quorum</p> <ul style="list-style-type: none"> • Ensure allocation of all new and existing cases are presented at MDT meetings; • Have overview of the MDT process and MDT meeting outcomes; • Ensure decisions made are not ambiguous and align with identified needs, comprehensive assessment, Go to Plan and discharge planning.
Keyworker	<ul style="list-style-type: none"> • Ensures an MDT Meeting review occurs at least once every three months for each Tangata whaiora care • Expected to attend MDT meetings and present their summary and recommendations on the care of the person/Tangata whaiora • Ensure the interaction is recorded as either a “MDT (PtPres)” or “MultiDis (No Pt)” under the ‘Mode of Delivery’ drop-down list in the “Add Encounter” screen in ECA • Record all MDT reviews/outcomes in the person’s electronic health record (ECA) with the following minimum standards included: <ul style="list-style-type: none"> Current issues <ul style="list-style-type: none"> - <i>Diagnosis, Physical Health, Cultural and Social Supports, AOD, Supporting Parents & Healthy Children, Domestic Violence, Trauma etc.</i> Risks <ul style="list-style-type: none"> - <i>Static factors, Dynamic Factors, Protective Factors, Type of Risk, Likelihood, Outcome and Imminence.</i> Plan <ul style="list-style-type: none"> - <i>Referral to Key Agencies (i.e. NASC, Medication Support), Family/Whānau Meeting, Interventions, Metabolic Monitoring, Transitional Planning - GP consultation and ongoing GP liaison requirement</i> • Update any actions that affect Go to Plan and/or Comprehensive Assessment • Complete HONOS/HONOSCA/HONOS65+/ADOM.

Guideline

- Each CMH site will operate clinical MDT groups
- There should be a minimum of three (3) different disciplines present for a meeting to qualify as an MDT.
- Ideally an MDT will include:
 - Medical professional
 - Psychologist
 - Keyworker
 - Other invited stakeholders
- Each group will meet for 1 hour each week;
- Each review will be allocated 10 minutes.

New Initial Assessments

- Allocated clinician to present case to MDT within seven (7) working days
- In event of a missed appointment/DNA every effort must be made to contact the Tangata whaiora and family/whānau/referrer to identify any barriers that may exist to accessing services and strategies to support engagement.
- Barriers to attendance should be discussed and resolution found where possible for example, Māori Health Service Kaitakawaenga or Pacific Health Navigators' support for transport.
- Refer to TMMHB/CPG/035 - [Did Not Attend \(DNA\) Policy](#).

Three Monthly Reviews

- All existing cases must be reviewed at least three monthly either via the MDT, outpatient appointment or NASC review process.
- The process will be flexible to enable clinicians to present cases of concern based on clinical need
- Routine reviews should include physical health monitoring and communication with primary care
- Any issues of concerns which affects clinical follow up/treatment and risk that is not agreed by the MDT, should be discussed as soon as possible with the team CNM/ACNM/CC

Discharge from Service

- All discharges from service are reviewed via the MDT process
- Every effort must be made to complete a face to face consultation with Tangata whaiora, including family/whānau support before closure to service
- The Go To Plan needs to be updated within two weeks prior to discharge
- The Go To Plan must include the plan for the persons care to transition from the Mental Health & Addiction Service back to the care of their General Practitioner.
- Any barriers to discharge to GP care to be considered (i.e. complex case, will they attend, financial issues, ongoing scripts) and if identified, Keyworker, with consent, should also attend the whaioras appointment with their GP immediately prior to closing to Mental Health & Addiction Service as part of transition plan
- Letter or note to GP/referrer (via clinical portal) to advise of discharge plan
- Ensure the Tangata whaiora (and their family/whānau) receives a written copy of their Go To Plan prior to discharge from the Mental Health & Addiction Service

Complex Case Reviews sits outside of MDT Process – see *Definitions*

- In the event that a Tangata whaiora care requires in-depth complex case review, this is considered in addition (not in place of) to a regular MDT review

Measurable Outcomes

Mental Health information weekly caseload reporting

HONOS/HONOSCA/HONOS65+/ADOM is completed according to the collection protocols

DNA rates

Related Documents

MHAPPM/8048 - [Keyworker Policy](#)

TMMHB/CPG/035- [Did Not Attend \(DNA\) Policy](#)

MHAPPM/8046 – [Health Record Policy for Mental Health & Addiction Group](#)

References

No references

Keywords

Multi-disciplinary Team

MDT

Review

For further information please contact the General Manager - Mental Health and Addictions