

OEIC DAYS - 15 June 2022

Coordinating interdisciplinary care

The implementation of an interdisciplinary care meeting on the oncology ward

Who I am

- Clinical nurse specialist oncology – Kortrijk Cancer Centre of az groeninge
- 16 yrs working experience within the oncological setting
- Vice-president Belgian association of nursing specialists (BVVS)
- Motivators:

‘Evidence based care - professionalisation of the nursing profession – co-creation with patients and colleagues in pursuit of high quality holistic oncological care’



AZ Groeninge



az groeninge is a **general hospital** resulting out of a merger between 4 hospitals in the city of **Kortrijk (Belgium)** in 2003. It has a **private-public non-for-profit status**. Moved to 1 campus in 2017.

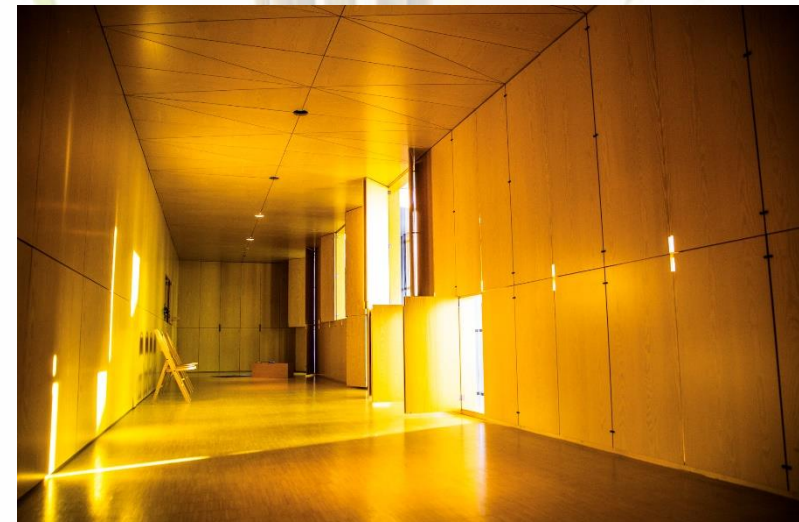


Kortrijk Cancer Centre - AZ Groeninge



The **Kortrijk Cancer Centre** is a division embedded in the **general hospital az groeninge**.

Run by a Non-Executive Committee, **the Multidisciplinary Oncology Commission**, who determines the strategy and organisation of the centre as mandated per Belgian Law.



High quality holistic care

High quality holistic care to complex care demands -> 11 **multidisciplinary oncology clinics** by tumour type



Multidisciplinary in nature with dedicated physicians, nurses, oncocoach and allied health professionals.




Structured availability of a highly developed and integrated supportive care system throughout the patient pathway.


SO FAR

SO GOOD

Challenge?



Highly developed and integrated supportive care system throughout the patient journey



Lack of coordination among dedicated healthcare professionals during admission on the oncology ward

Challenge?

Lack of coordination

Fragmented care

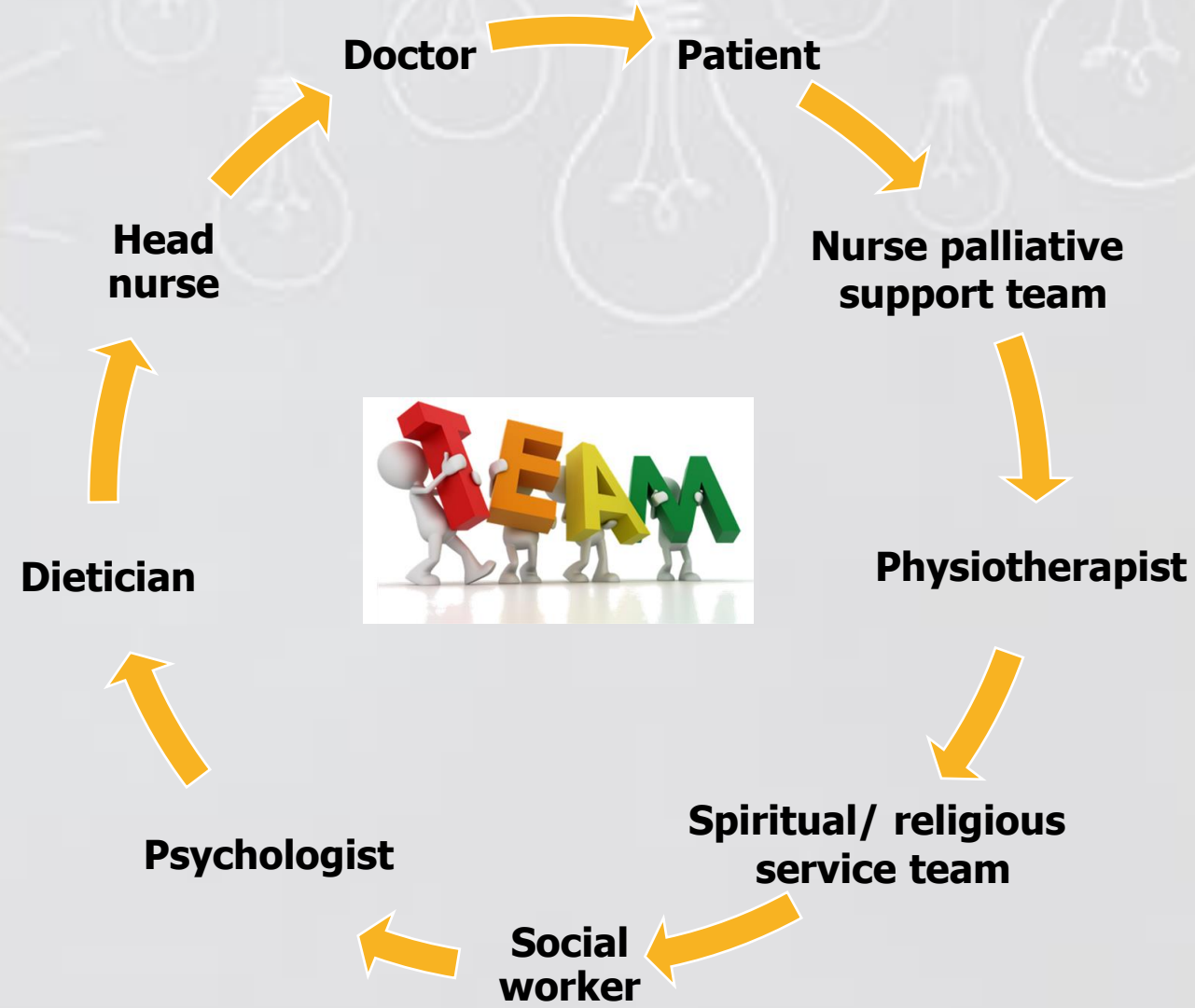
Unmet practical-, social-, educational-,
psychological needs at the time of
dismissal

Complexity and multi-problem force us to also cooperate in an interdisciplinary manner during admission on the ward!

Solution?



Weekly interdisciplinary care meetings



Interdisciplinary meetings

Content?

Doctor reviews the patient's diagnosis, current medical plan and estimation of discharge

Each healthcare professional defines remaining care objectives/needs based on their expertise

Priorities and holistic unmet needs are defined

Based on the remaining unmet needs an interdisciplinary action plan and adjustments in care policy are implemented during the admission

Agreements and designated responsibilities regarding follow-up and dismissal

Zoek naar een pagina

Geen berichten

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- ☆ Favorieten
 - Medicatie
 - OpvolgNota's
 - Labo
 - Contacten
 - Zorg
 - Afspraken
 - Documenten
 - Dashboard
 - Acta
 - Todo

💡 suggesties

- 📁 Dossier
 - Acta
 - Afspraken
 - Afzondering
 - Anamnese
 - Anesthesie Extra Muros
 - Assessment
 - Attest
 - Beelden

🔗 KWS help pagina's

Overzichtstabel | Grafieken | Historiek zorgplannen | Vochtbalans | CTCAE Nevenwerkingen | Verslag | Todo (Zorg) | Historiek educatie | Lijnen

Vernieuw | Print | VINO

Filter

dag

periode van : 01-06-2022

tot : 07-06-2022

toon lege kolommen

wissel assen

Toon de zorgen volledig

Toon zorgen voor: *** Eigen groepen ***

overzicht zorgen bij transfer GRK

- ★ Verslag sporttherapeut
- ★ Verslag trial
- ★ Verslag verpl./vroedvrouw
- ★ Verslag opvoedkundige
- ★ **Interdisciplinair overleg**
- ★ Onderzoeken / Afspraken
- ★ Ondersteuning arts
- ★ Ontslagprognose
- ★ Communicatieproblemen met patiënt
- ★ Therapieplan revalidatie
- ★ Activiteitenbegeleiding
- ★ Hulpvraag
- ★ Aldrete ontwaak score
- ★ Crisis Triage Rating Scale
- ★ Manchester - verkorte Kwaliteit van Leven meting

	Wo 01-06-2022	Do 02-06-2022	Vr 03-06-2022
<p>Interdiscipl. zorg: 10u: Interdisciplinair overleg Naam arts: Dr. Leleu Maïté Naam gespec. verplk. / verpl. spec.: PST: Vervaeke Heidi Naam hoofdverpleegkundige: Vercaempst Veronique Naam diëtist: Duchi Griet Naam sociaal werker: Brouckaert An Naam kinesitherapeut: Mevr.Dubois Riet Naam psycholoog: Van Den Bossche Eline Naam pastor: Daels Katlijn Probleem: Chronische diarree, verzwakking Moeilijke mobiliteit Opstart sondevoeding Actie / doelstelling: Medisch: VG : gemetastaseerd coloncarcinoom Verpleegkundig: Kinesitherapie: Diëtiëk: Sociale dienst: PST: Psychologie: Pastorale dienst: Verslag: geen sondevoeding thuis eventueel ontslag 03/06 Dr.assistente zal deze namiddag dochter spreken</p>			

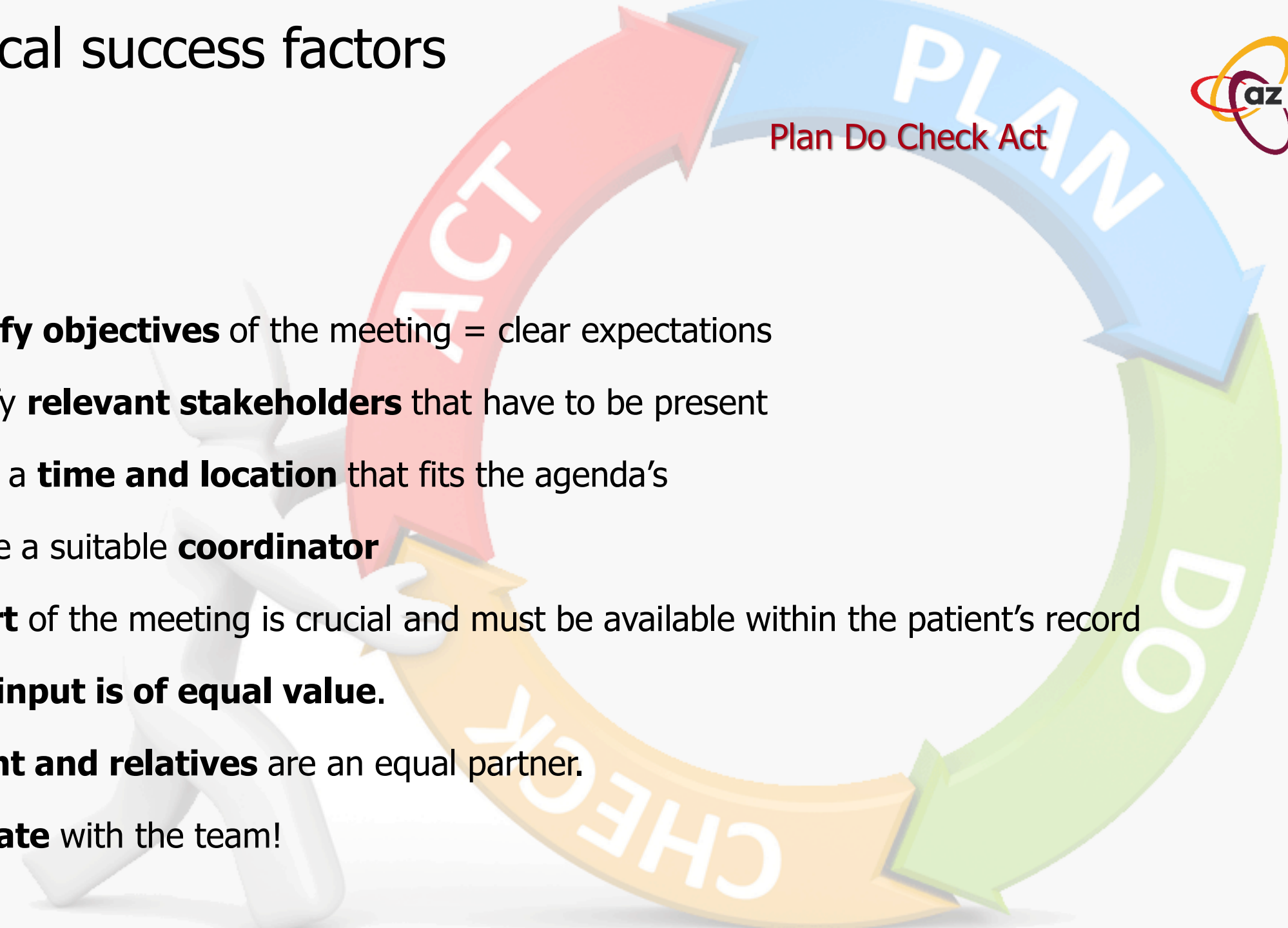
Impact



- Holistic approach during admission with less unmet needs at dismissal
- Increased involvement of the patient and relatives
- Awareness + efficient referral to internal/transmural supportive initiatives
- Increased selfmanagement and empowerment of the patient/relatives
- Better communications with health care professionals in primary care
- More attention for early care planning

Critical success factors

Plan Do Check Act

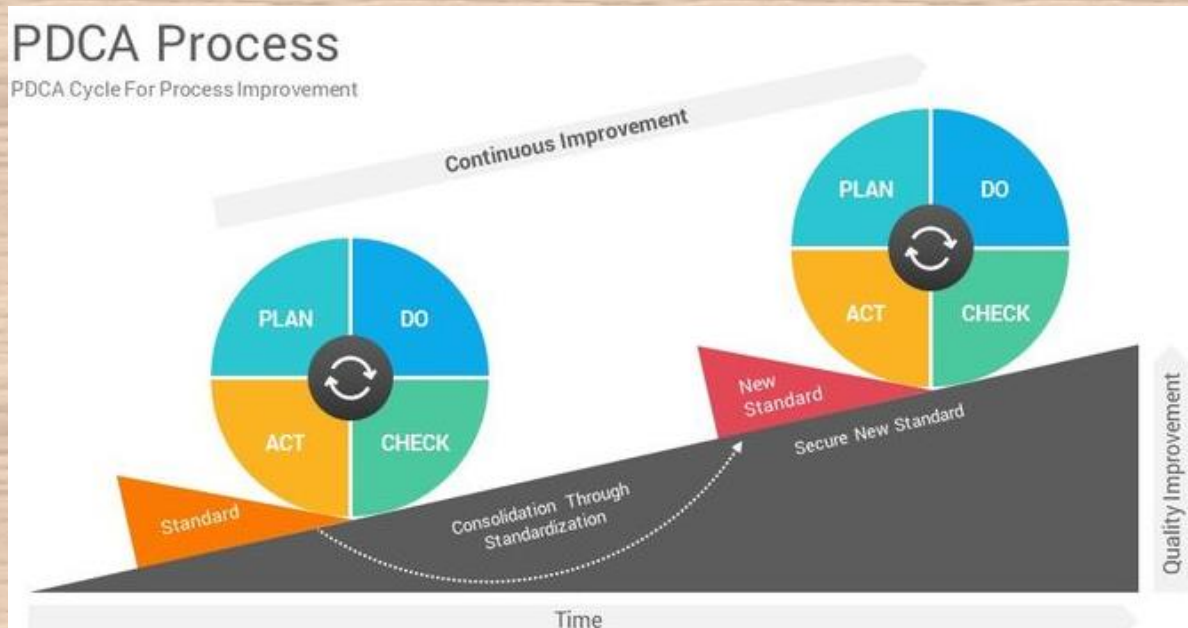
- 
- ⇒ **Clarify objectives** of the meeting = clear expectations
 - ⇒ Identify **relevant stakeholders** that have to be present
 - ⇒ Define a **time and location** that fits the agenda's
 - ⇒ Choose a suitable **coordinator**
 - ⇒ **Report** of the meeting is crucial and must be available within the patient's record
 - ⇒ Every **input is of equal value.**
 - ⇒ **Patient and relatives** are an equal partner.
 - ⇒ **Evaluate** with the team!

Next steps

-> Additional features

- Optimising reporting in the patient file
- Explore possibility to communicate in a more dynamic way about progress
- Explore possibility of making the report available to healthcare providers in primary care
- Develop a registration button for early care planning

-> MOST IMPORTANT NEXT STEP?



Take time to evaluate

Complete PDCA : focus on CHECK and ACT

Consolidation and sustainability of the interdisciplinary care meetings

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Thank you!

Volg ons:



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