

MND and wider MDT & how OT can impact at end of life.

Session 3

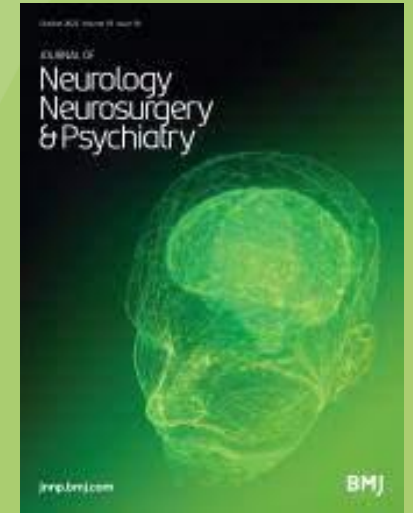
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Learning Objectives – emotional content....

- To be aware of the multidisciplinary team and the impact of good teamwork and communication on patient outcomes
- To be aware of the differences between multidisciplinary and interdisciplinary working and how this can impact OTs working with people living with MND
- Explore the role of OT in the end stages of life and planning for this for people living with MND

Rooney J, Byrne S, Heverin M, *et al* A multidisciplinary clinic approach improves survival in ALS: a comparative study of ALS in Ireland and Northern Ireland. *Journal of Neurology, Neurosurgery & Psychiatry* 2015;86:496-501.

- Study of MND patients in ROI and NI 2005-2010: 719 cases
- Survival benefit for patients attending MDT clinic in ROI compared to patients from NI not attending MDT clinic
- MDT decision making, enriching options and outcomes for patients.
- NICE Guideline



NICE NG42 - QUALITY STANDARDS

Quality standards help you improve the quality of care you provide or commission.



Quality statement 4: Continuity of care

Adults with motor neurone disease (MND) receive personal care and support from a consistent team of workers who are familiar with their needs.

MULTI DISCIPLINARY AND INTERDISCIPLINARY TEAMS

A multidisciplinary team is a group of health care workers who are members of different disciplines (professions e.g. Psychiatrists, Social Workers, etc.), each **providing specific services to the patient.**

Interdisciplinary teams are an approach to healthcare that **integrates multiple disciplines through collaboration.** These teams can **help ensure that patients receive the best care and also improve how medical facilities function.**

While **interdisciplinary** teams are made up of various disciplines **working collaboratively toward a common goal,** **multidisciplinary** teams involve team members **working independently to create plans specific to their discipline.** While these plans may be enacted simultaneously, it's done **without regard to their interaction**

OT

- Wheelchair
- Bathroom

PT

- Stretches
- Transfers

SLT

- AAC
- Swallow



How to
get in
and out

- Access
- Transfers

Position
in chair

- Swallow
- Postural support

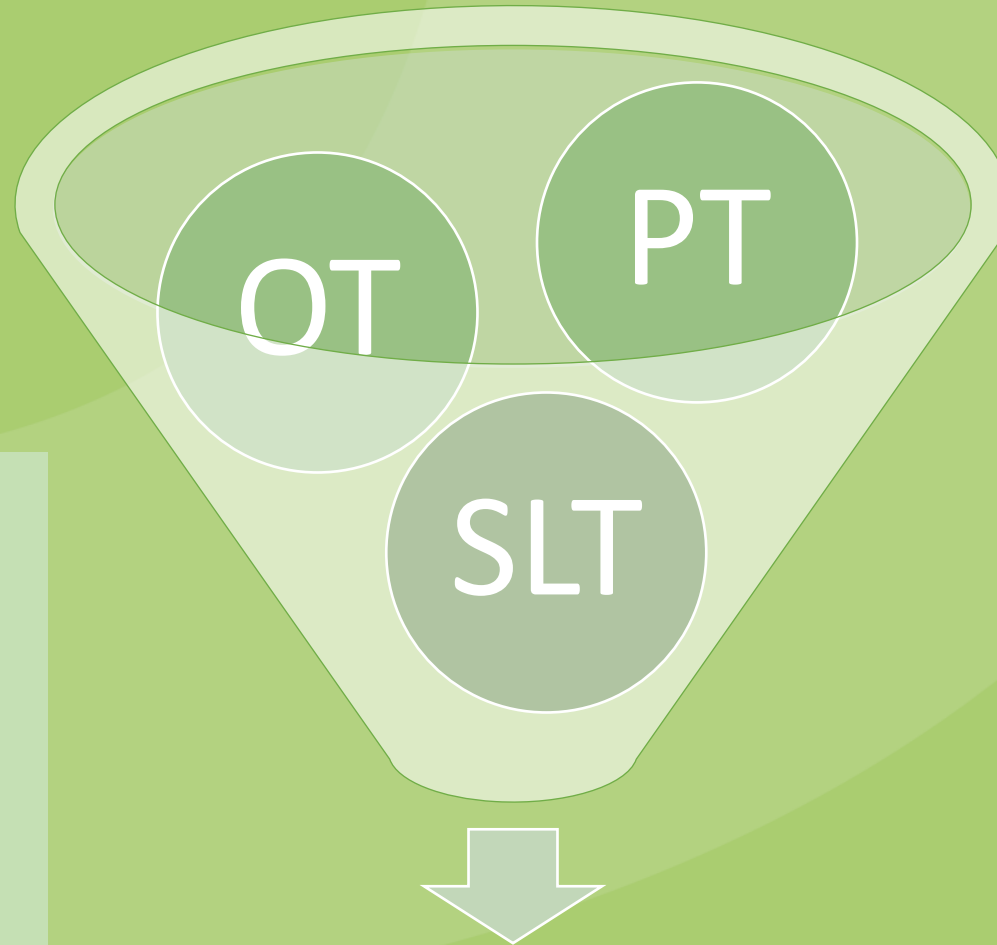
Mobility

- Assistive Technology
- Access

Services need to consider....

- Care Pathways
- System Pathways
- Seamless transitioning

**COMMUNICATION
Systems**



- Fast Track Processes
- Review Processes
- Palliative care / Ongoing **care coordination**

Neuro Palliative care

- Managed by neurology teams
- Managed by Palliative care teams

When do you refer for specialist palliative care?

- Diagnosis?
- End of life?

Who can provide this care?

Hospice / home / GP / nursing home / community / hospital



Palliative Care

When? Who? What? Who?

Advanced Care Planning

Day to day management of symptoms

Messages for people / memory boxes

(www.thinkahead.ie)

Advanced Statement

How would like to be cared for and where would prefer to die

Advanced Decision to Refuse Treatment

Refusal of treatments which if not provide may bring about death (refusal of feeding, antibiotics etc)

DNACPR

Wishes for treatments would like to receive (not legally binding)



REVIEW CHOICES

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Getting your affairs in Order....

Lasting Power of Attorney

- About decisions around finances and health care decisions

Enduring power of Attorney

- About financial decisions

Wills

Organ and Tissue Donation

Funeral / memorial



Symptom Management

- Respiratory support – NIV, Cough
- Saliva / Secretion Management
- Bowel care
- Nutrition
- Pain
- Communication
- Psychological Support
- Relationship support
- Carer Support / training



Postural support – static or wheelchair seating, Bed positioning shower chair / commode chair

Optimum position for *breathing* Seating & Bed positioning
(head of bed elevated – sliding down in the bed)

Optimum position for *saliva / secretion management*

Optimum position for *swallow*

Optimum position for use of *eye gaze / communication*

Optimum position for *comfort / pain relief*



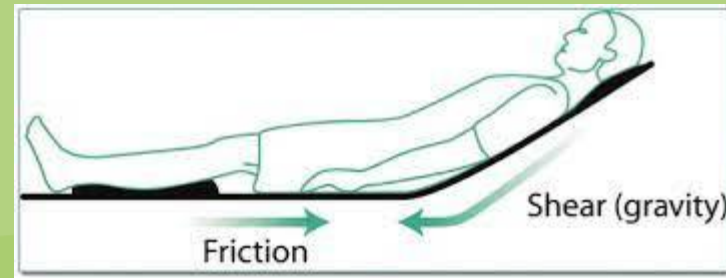
Manual Handling

- Toileting / bowel care
- Carer support
- Transfers
- Pressure care

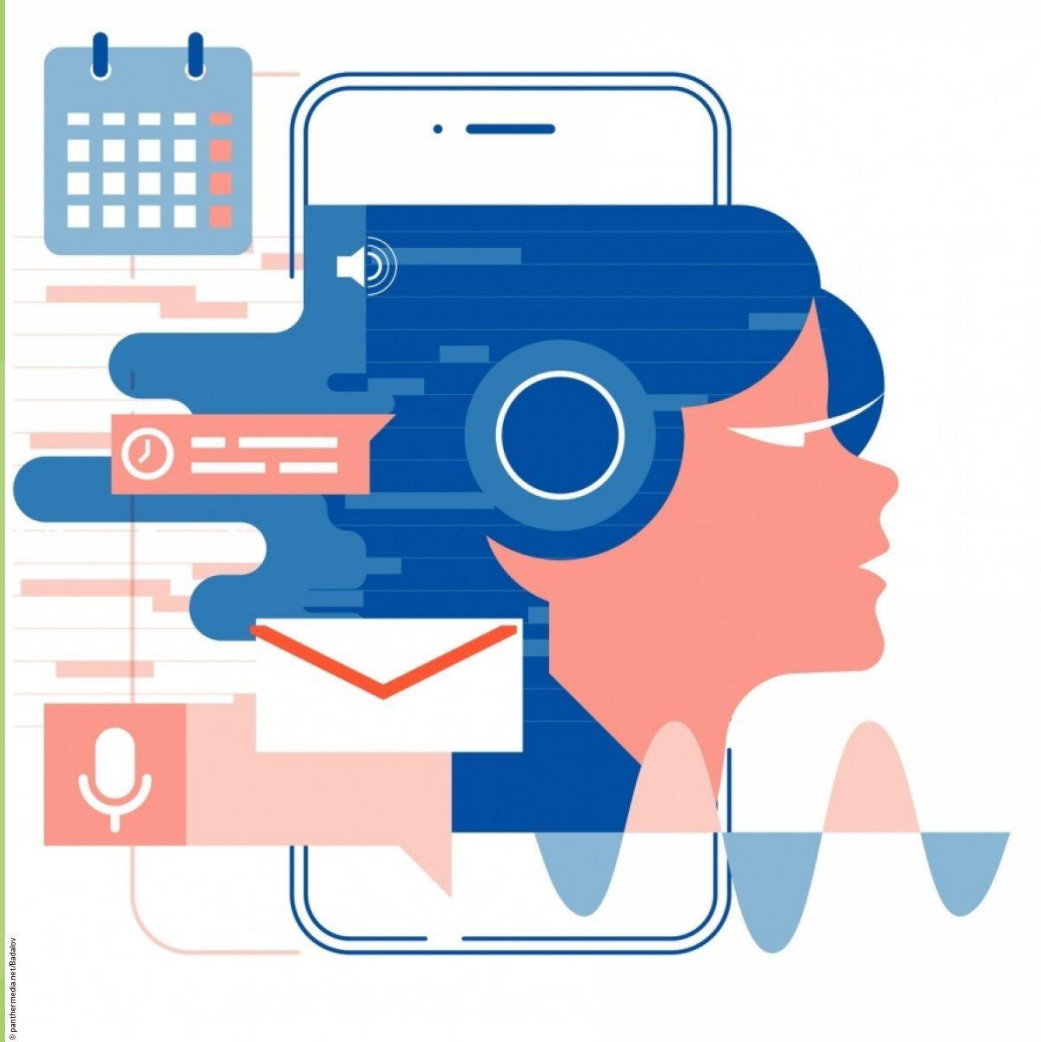


Positioning

- Positioning in chair
- Positioning in bed
- Positioning in shower chair



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Assistive technology

Ensuring access

Ensuring compatibility

Ensuring use

Difficult Discussions – how to die....

“Its not for me to do... I'm just the OT”

- Be aware of plans - even if OT role is minimal or absent.
- Be aware of views of person and their families

You may be able to facilitate the journey – comfort, ease, quality of life.

“my patient told me they are going to commit suicide – what should I do?”

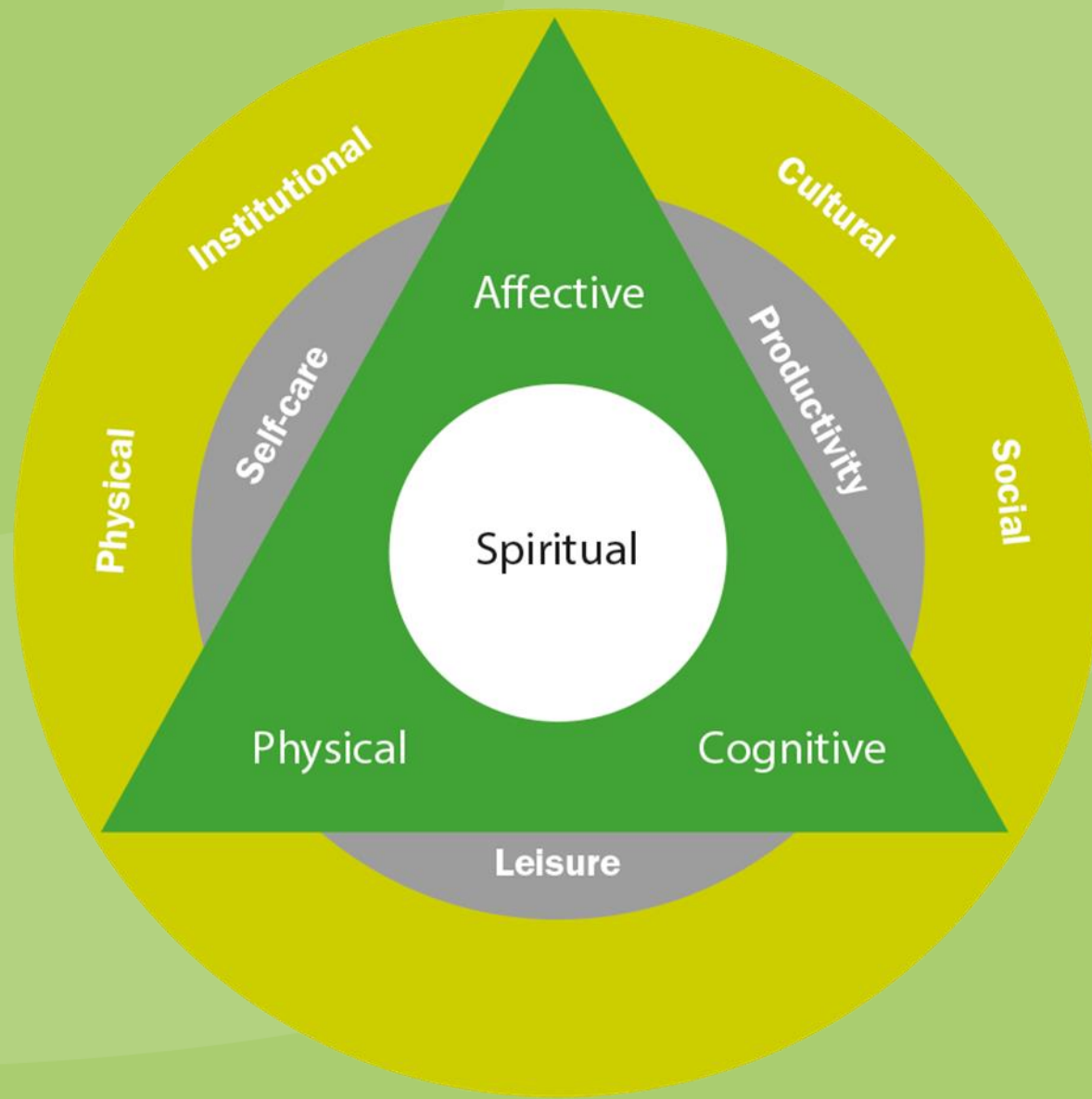
- Be aware of team members and who you can discuss with and who can take things forward.
- Listen to person
- Don't hit panic button!



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 Person  Occupation  Environment

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Spirituality / religion / leaving a legacy

- Someone's spirituality can help them form their wishes and how they want to be remembered.
- Understanding the person's spirituality and views and beliefs helps you understand their wishes.
- Working with the person and their family on how they want to leave their legacy – memory boxes, letters, cards, books, etc.

Equipment collection and support for families post death

Resources:

<https://hospicefoundation.ie/i-need-help/i-want-to-think-ahead/>

<https://imnda.ie/>

<https://www.mndassociation.org/professionals/management-of-mnd/management-by-symptoms/palliative-and-end-of-life-care/>



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Self Care Wellness and Compassion

- Compassion fatigue
- Burn out
- Transference



Make sure you have good supportive systems and networks within work / supervision

- Mindfulness
- Taking time out
- Recognising the emotional load

IMNDA

<https://imnda.ie/>

MNDA

<https://www.mndassociation.org/>

MNDA CoP

<https://www.mndassociation.org/professionals/community-of-practice/>

Thank you for listening

Questions?

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