

Interdisciplinary Team Conference  
Preparation, Meeting and Follow Up

**A. Preparation for IDT**

**3 days before meeting**

1. Clinical Manager (or Team Assistant) prepares the patient list for inclusion in IDT meeting:
  - a. Medicare SOCs that have occurred in the previous 2 weeks (HHG-New Episodes-SOC)
  - b. Hospice Flag Report for the SOC period (HHG-New Episodes-SOC Hospice Flag Reports)
  - c. Potential LUPAs for the same time period (HHG–Episodes in Progress–LUPA as of 2 weeks)
  - d. Vulnerable Patients that were recertified two weeks ago, and any newly identified Vulnerable Patients (Need report created to generate list of VPs)
  - e. Upcoming Recerts that are due in the next 2 weeks (Report Manager – Clinical – Medicare\_Recerts\_Due)
2. Clinical Manager considers whether any additional staff resources should be invited to the meeting, including but are not limited to ST, CDE and Telehealth and should be added based on the patients scheduled to be discussed.
3. Clinical Manager or designee sends out a notice via Healthwyse Email to all staff on the Pod/Team, and to other invitees. The notice contains the complete list of patients to be discussed and includes the following statement:

“The following patients will be discussed at the IDT on <date/time>. The location of the meeting is <location>. If you would like to add any additional patients, please send me the patient’s name and a brief comment explaining why you would like to discuss this patient prior to the meeting. Please come prepared to discuss each patient as time is limited.”

**1-2 Days before meeting**

4. Clinical Manager (or Team Assistant) prepares handouts to include the following. Copies are provided to each team member:
  - a. Full list of all patients to discuss, organized in the sequence to be discussed (see “Conducting the Meeting #4, below)
  - b. Hospice Flag Report for new SOCs being discussed (see #1b, above)
  - c. HHG SOC Report (see #1a, above)
  - d. Recert Report (see #2, above)
  - e. Potential LUPAs (see #1b, above)
  - f. HHG OASIS Comparison Report (HHG-Scrub Assessments-Assessment Comparisons) for each Vulnerable Patient on the master list

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**Day of Meeting**

5. SBAR Chart is placed in a visible location in the meeting room so that they can be easily referred to. Staff sometimes needs guidance as they present a patient to the group. Managers should refer to their own "Discussion Guide" to make sure all areas are discussed.
6. Manager will have a "Clinician Toolkit" available to refer to when discussing pathways, recertification decisions, and other clinical subjects.
7. Ensure laptop, projector and other technology is set up and ready to use for the meeting. Call MIS to troubleshoot any issues prior to the meeting

**B. Basic Meeting Management Principles**

1. All Members of the team/pod must attend each IDT and must notify the Clinical Manager in advance if unable to attend.
2. Meetings should be kept to an hour. The day and time of the meeting is set by the team/pod. Meetings are scheduled in advance for the year. A room is booked in advance. CSCs receive a copy of the schedule and ensure that the meeting is entered on each clinician's Healthwise schedule two weeks before each meeting.

**C. Conducting the Meeting**

1. At the beginning of each meeting the Clinical Manager distributes the handouts. Clinicians are reminded that IDT meetings are documented in a call log titled "IDT Meeting"-(in subject second screen). Primary Clinician is responsible for the documentation unless otherwise decided at the meeting (i.e. LPN is asked to document in call log instead of Primary Clinician). Clinicians are asked to open the call log at the meeting and if possible complete it at the time of the meeting. Call logs should be kept brief and to the point using SBAR format.
2. Sequence of the patients to be discussed: Upcoming Recerts, New SOCs with Hospice Flags if applicable, Potential LUPAs, Vulnerable Patients and Patients Added by Staff
3. If a patient scheduled for discussion has recently been discharged or is currently in the hospital he/she will still be discussed. Hospitalized patients will be discussed to determine the patient's current status and whether a Liaison Nurse should be contacted to determine if the patient is expected to be coming back on service. Discharged patients will be discussed to determine if goals have been met and if all services needed have been provided.

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4. The Quality Analyst manages the computer and navigates through the Healthwise record. For each patient discussed, the following EMR sections will be displayed on the screen in order to support the "Guidelines for Discussion" (attached): Narratives (i.e. nursing and therapy); Summary; Medication List; Diagnosis List; Plan of Care  
The Quality Analyst will also check MD for accuracy and whether F2F has been obtained.  
The Quality Analyst will also monitor the time spent on each patient discussion and will notify the Manager when too much time is spent on a particular patient.
5. During the meeting, the Clinical Manager takes notes of issues requiring follow up so that she can audit for completion by staff or complete administrative or management tasks after the meeting is concluded.

**D. Follow-up after Meeting**

1. Clinical Manager maintains list of follow-up actions and delegates as needed to Clinical Coordinator.
2. Clinical Manager/Clinical Coordinator will run report of "IDT Meeting" call logs to monitor for completion of call logs within 2-3 days of IDT meeting and will follow up with staff that has not completed a note in timely fashion.