MINIMUM STANDARDS & EVIDENCE REQUIREMENTS FOR COMPLETION OF DECISION SUPPORT TOOL

Ensure the individual is represented at the MDT meeting and that a discussion has taken place with the representative prior to the MDT as they can often assist with information gathering

The triage panel will screen each individual case with regards to the following information.

Person details	**Comments**
Name	on each page
Date of Birth	on each page
NHS number	on each page
Address	
Telephone number	

Patient/representative involvement	**Comments**
Yes/No	If no, evidence must be provided to demonstrate that they were offered the opportunity to provide written information

Next of Kin/representative details	**Comments**
Name	
Address	
Contact number	
Relationship	

Pen portrait of individuals situation	**Who is providing**	**Included**
Brief Health and Social Care history include Diagnosis, Risks involved, Current funding level		

List of MDT members	List of Invitees	Position
Name and designation printed		

GP - Name	Practice address	Phone Number

Domains	
▪ Narrative must be included for levels above no needs in all domains	
▪ Consistency of narrative throughout the domains will be evaluated	
▪ Level of evidence provided will vary according to the level of need indicated	
▪ Ensure domains are cross referenced with Face Core Assessment	
▪ Absence of evidence must be justified in the narrative	

Behaviour	Requested	Included
Level indicated of **Moderate or above** must be supported by appropriate evidence. Examples of evidence may include:		
▪ Care plans including management strategies		
▪ Nursing evaluations		
▪ Behaviour charts/diary's		
▪ Incident/accident reports		
▪ Correspondence		

from mental health services		
▪ Safeguarding involvement		
▪ Medication prescribed for behaviour including PRN		
▪ Risk Assessments		
▪ Letters from Consultant		
▪ Running records / daily records		
▪ Case notes		
▪ CPA documents		
▪ Evidence of well managed behaviours e.g. guidelines		

Note: Where the individual lives with unpaid carer/parents you will need to provide a chart to monitor behaviours for a one month period.

Cognition	Requested	Included
Level indicated of **Moderate or above** must be supported by appropriate evidence. Examples of evidence may include;		
▪ Mini Mental State Examination		
▪ Risk assessments		
▪ Mental Capacity Assessment		
▪ Care Plans/Support Plans		
▪ Nursing evaluations		
▪ Incident/accident reports		
▪ Safeguarding involvement		
▪ Anti-dementia medication		
▪ Diagnosis		
▪ ICD10		
▪ Best interest		

documents		
▪ Psychology reports		
▪ Therapist reports		
▪ Court of protection		

Note: Cross reference with FACE assessment to demonstrate the individual's level of cognition. Refer to what the individual cannot do because of their level of cognition. Pull information out from the other domains to support the cognition domain.

Psychological and emotional	**Requested**	**Included**
Level indicated of **Low or above** must be supported by appropriate evidence. Examples of evidence may include;		
▪ Care Plans/Support Plans		
▪ Risk assessments		
▪ Nursing evaluations		
▪ Incident/accident reports		
▪ Safeguarding involvement		
▪ Medication prescribed for functional illnesses including PRN		
▪ Psychology reports		
▪ Running Records / Daily Record		
▪ Reference to triggers		
▪ Increased observation charts		
▪ Evidence of well managed needs e.g. guidelines		

Note: Note: Where the individual lives with unpaid carer/parents provide a chart to monitor behaviours for a one month period
Cross reference with FACE assessment to demonstrate the individual's psychological & emotional needs

Communication	**Requested**	**Included**
Level indicated of **Moderate or above** must be supported by appropriate evidence. Examples of evidence may include;		
▪ Communication aids		
▪ Care plan/Support Plan		
▪ Speech and Language Therapy Assessment		
▪ Appointments with therapists		
▪ Dealing with correspondence e.g. mail		
▪ Use of the phone		
▪ Examples of communication issues e.g. comprehension		
▪ Following instructions		
▪ Reading ability		

Note: Cross reference with FACE assessment

Mobility	**Requested**	**Included**
Level indicated of **Moderate or above** must be supported by appropriate evidence. Examples of evidence may include;		
▪ Risk assessments to include moving and handling/falls		
▪ Evidence regarding the level of co-operation		
▪ Care Plans/Support Plans		
▪ Nursing Evaluations		
▪ Incident/accident		

reports		
▪ Equipment		
▪ Occupational therapy /Physiotherapy assessments		

Nutrition	**Requested**	**Included**
Level indicated of **Moderate or above** must be supported by appropriate evidence. Examples of evidence may include;		
▪ **If swallowing problem is indicated this must be supported by a SALT assessment / Dysphasia assessment**		
▪ Care plans/Support Plans e.g. following S.A.L.T recommendations		
▪ Nursing evaluations		
▪ Risk assessments i.e. MUST		
▪ Weight/BMI (charts)		
▪ Speech and Language reports		
▪ Dietician reports		
▪ Equipment – suction, cutlery		
▪ Blood glucose monitoring charts		
▪ Fluid/food balance charts		
▪ Medication i.e. anti emetics, insulin, hypo stop		
▪ Supplements		

Continence	**Requested**	**Included**
Level indicated of **High** must be supported by appropriate evidence. Examples of evidence may include;		
▪ Care plans/Support Plans		
▪ Nursing evaluation		
▪ Specialist involvement /correspondence /assessments		
▪ Equipment		
▪ Medication		
▪ How managed		

Note: Link with skin domain

Skin	**Requested**	**Included**
Level indicated of **Low or above** must be supported by appropriate evidence. Examples of evidence may include;		
▪ Nursing evaluations		
▪ Care plans/Support Plans		
▪ Risk assessments i.e. Waterlow Score – Qualified Staff (District /Liaison Nurse if living at home/CSL)		
▪ Specialist involvement		
▪ Photographic evidence		
▪ Equipment		
▪ Treatments / medication e.g. skin treatments, lotions/creams		
▪ Evidence of well managed care		

▪ How often moved / turned		

Breathing	**Requested**	**Included**
Level indicated of **Low or above** must be supported by appropriate evidence. Examples of evidence may include;		
▪ Nursing evaluations		
▪ Care plans/Support Plans		
▪ Risk assessments		
▪ Medication i.e. oxygen/nebulisers/inhalers. Frequency of use, how often px ordered		
▪ Equipment i.e. suction/profiling bed		
▪ Specialist involvement		

Drug Therapies and Medication	**Requested**	**Included**
Level indicated of **Low or above** must be supported by appropriate evidence. Examples of evidence may include;		
▪ Nursing evaluations		
▪ Care plans/Support Plans		
▪ Risk assessments		
▪ Medication Charts		
▪ Pain Charts		
▪ PRN medication		
▪ Specialist involvement		
▪ Pre emptive prescribing		
▪ Side effects/drug interactions –		

impacting on other domains		
▪ Copy of repeat prescription/ list of medication from GP (write to GP to request)		
▪ Running Record/ Daily Record		

Note: Where the individual lives with unpaid carer/parents provide a chart to monitor the following - medication given both regular & PRN, refused medication & reason & pain. Monitoring for a minimum of one month
Cross reference with FACE assessment & medication chart.
Reference to cognition

Altered States of Consciousness	**Requested**	**Included**
Level indicated of **Moderate or above** must be supported by appropriate evidence. Examples of evidence may include;		
▪ Nursing evaluations		
▪ Care plans/Support Plans		
▪ Risk assessments		
▪ Medication		
▪ PRN including frequency		
▪ Evidence of aura		
▪ Glasgow Coma Scale.		
▪ Oxygen/suction		
▪ Equipment		
▪ TIA's -		
▪ Epilepsy – include information re well managed, type & description of seizures		

Note: Where the individual lives with unpaid carer/parents provide a chart to monitor for one month or more

Other Significant Care Needs	**Requested**	**Included**
Level indicated of **Low or above** must be supported by appropriate evidence. This should only be considered for an area of care that can not be included in the care domains. Examples of evidence may include;		
▪ Nursing evaluations		
▪ Care plans/Support Plans		
▪ Risk assessments		
▪ Specialist involvement/ correspondence		

Assessed level need tick grid	Completion is desirable but not essential

Views of individual/ representative	
▪ A narrative to indicate if the individual or representative is in agreement or not with the proceeding levels of need	
▪ Reasons for any disagreement must be recorded	
▪ Indicate if individual/ representative absent	

Recommendation
Professionals must use the information received to determine the primary need. The narrative must acknowledge the nature, intensity, complexity and unpredictability of healthcare need. A recommendation of funding **must** be recorded and supported by a rationale
Individual/families/representatives/ providers must be excluded from the recommendation as this may prejudice their right to appeal

Either the professionals move to an alternative room following the MDT or the individual/families/representative/providers are asked to leave one the MDT is completed but before the recommendation is made

Names/signatures/date	Professionals attending MDT