

Adapted from Metro South DMOC Trial Implementation Guidelines and Protocols (2011)

Component/term	Definition/description
<p>Case discussion/ allocation meeting (Formal multidisciplinary discussion pre-assessment)</p>	<ul style="list-style-type: none"> • Point from which the pathway timeframes are calculated • Initial multidisciplinary meeting which may or may not include paediatrician/s • Purpose is to: <ul style="list-style-type: none"> – determine or confirm the disciplines to be involved in the assessment phase of the MEIT or MAIP pathway based on information compiled from intake (e.g. phone or face-to-face screening by CIO and any other sources such as referral source, school reports, etc.) – schedule in advance appointment time/s and clinicians to perform the assessment/s – schedule in advance follow-on meetings for each child (e.g. clinical discussion, feedback, goal setting, and school/child care visits, etc.) – allocate a case coordinator for each child • A representative of each profession should be present but the actual clinician/s who will perform the assessment/s may not be present • A paediatrician may or may not be involved in these discussions • Following case discussion, a standard appointment letter should be sent to the family detailing times and locations for all appointments that they will need to attend (i.e. assessment, feedback, goal setting) • In the event that the case discussion group disagrees with the CIO’s initial recommendation of the most appropriate pathway, then the CIO will re-contact the parent/s to advise them of any associated changes.
<p>Case coordinator</p>	<ul style="list-style-type: none"> • Role is selected from clinicians who will be assessing the child—selection is made at initial case discussion • Person serves as the primary contact point for the child’s family • Preferably needs to be able to attend clinical discussion, feedback, goal-setting and school/ other visits • May take a copy of the case discussion/allocation proforma in order to: <ul style="list-style-type: none"> – advise clinicians of their allocation to MEIT or MAIP clients – confirm that AO[^] has entered appointments into diaries – confirm that AO[^] has sent relevant information to parents e.g. appointment letters – confirm that AO[^] has booked Interpreters (as necessary) • Responsible for adding demographics and background information to the final multidisciplinary report, compiling multidisciplinary reports and arranging report distribution to appropriate parties (family, referrer, GP, school, etc).
<p>Multidisciplinary screening or assessment (MEIT/MAIP)</p>	<ul style="list-style-type: none"> • Formal consideration is given to which disciplines should be involved in screening or assessment • It does not necessarily infer that more than one discipline must be involved in every assessment if this is not indicated by the child’s symptoms or history • Multidisciplinary assessment on the MEIT or MAIP pathways typically occurs in weeks one to four following case discussion • Multidisciplinary screening may occur on the EIPP pathway in place of/in addition to attendance at a HES • Multidisciplinary screening or assessment can comprise: <ul style="list-style-type: none"> – a number of clinicians from different disciplines assessing the child together at the same appointment – clinicians from various disciplines individually assessing the child at separate appointments. • May include school/childcare visits by one or more disciplines to assess functioning and/or behaviour in the child’s usual environment/s
<p>Clinical discussion (Formal multidisciplinary discussion post-assessment)</p>	<ul style="list-style-type: none"> • Typically scheduled for the week following completion of the multidisciplinary assessment/s block and should be registered in clinician’s diaries in advance • Provides a forum for cross-discipline discussion of the assessment outcomes and planning of appropriate interventions for a child • Should ideally be attended by the case coordinator and all other clinicians who have assessed the child. Where this is not possible—then a minimum of one representative from each discipline should be in attendance • Each client should be allocated a time slot of about 30 minutes for discussion—consideration needs to be given to the number of cases • Discipline-specific reports should be compiled prior to this meeting • A clinical discussion chairperson should be nominated for each session and be responsible for: <ul style="list-style-type: none"> – keeping to schedule – completing the clinical discussion proforma.

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Feedback session	<ul style="list-style-type: none"> • This is a formal opportunity for the child’s family to receive feedback following the various assessments • The case coordinator should attend if at all possible together with at least one other clinician involved in the assessment and possibly the paediatrician • If a number of clinicians have been involved in assessing the child, not all are required to attend as this may seem overwhelming to the family • Options for future intervention/s will be explained to the family and potential goals for treatment discussed. Families will be asked to consider these options before returning for the goal-setting session.
Where appropriate, the feedback and goal-setting sessions may be combined.	
Goal-setting session	<ul style="list-style-type: none"> • This is a follow-on session from the feedback session to determine family preferences regarding treatment options and objectives • The case coordinator and same clinicians who attended the feedback session should also attend this session • This session may be combined with the feedback session if deemed more appropriate by clinicians and more convenient for the family.
School/ kindergarten/ childcare visit	<ul style="list-style-type: none"> • This visit is optional depending upon the nature of the child’s developmental issue/s • It is an opportunity to feedback to the child’s teacher/s and discuss strategies to best assist the child.
Goal-focused intervention	<ul style="list-style-type: none"> • All intervention must be goal-focused for each child, not open-ended or unlimited • The number of sessions offered should be in line with discipline-specific recommendations • If longer term intervention is recommended, the child will be referred to alternative service providers (including private practitioners) where available. They may be able to access services under the GP Management Plan and Team Care Arrangements (previously known as Enhanced Primary Health Care arrangement) via their local GP.

^Applies to teams/services with dedicated AO support. Where this is not available, the nominated case coordinator or other designated clinician may assume responsibility for these actions.