Discussion of Case Review Logistics

Issue	Discussion
Contact Information	Ensure that all MDT members receive information about meetings, events, and activities. Survey MDT members to learn how they wish to be contacted as not everyone has Internet or email.
Scheduling	Scheduling a meeting with a diverse group of professionals can be challenging.[i] For most MDT members, it is will be preferable to hold regularly scheduled meetings.
Hold Face-to-Face Case Review Meetings	Case review meetings where team members come together to discuss cases is an integral part of many MDTs. Face-to-face interactions with other team members provides an opportunity for relationship development, collaboration, and problem solving.[ii]
Location of Case Review Meetings	The MDT will need to find a location that suits all members, preferably a central and neutral location. Consider the following: • The space should be large enough to hold all members and for all members to hear (preferably in a circle or rectangle) • The building should be ADA compliant[iii] • Parking should be sufficient and free • The building should have restroom facilities[iv]
Length of Case Review Meetings	Most MDTs hold meetings between one and two hours, but it will depend upon your caseload. A typical schedule is a 2-hour meeting once a month.[v]
Frequency of Case Review Meetings	MDTs vary in the frequency with which they meet for case review, from between once a week to every other month.[vi] A few centers meet on an as-needed basis, but such a schedule does not provide enough structure for most MDTs. Select a meeting frequency that works for your team, realizing that the frequency of case review meetings may need to shift over time. In addition, not all MDT members have the same needs and expectations and not all members will agree on the frequency of the case review meetings. Let this play out over time as your team grows and melds together.

Structured Meeting Times	Because schedules are so tight, most MDT members will prefer that case review meetings be held at regularly scheduled times. Whatever the schedule, ensure that the meeting date and time are consistent. Advance notice will allow members to block out those time periods (to the extent possible).
Selecting Cases for Review	As mentioned, not all cases will be reviewed at a case review meeting. Even within the type of abuse and eligibility criteria, some selection process will need to occur. In selecting cases, the MDT Coordinator must balance the needs of presenters with those of other team members.[vii]
Meeting Agenda	To enable MDT members to arrive prepared for the case review meeting, send out an agenda identifying the cases to be reviewed, reminding MDT members of their obligation to bring materials for the cases they are responsible for handling.
Case Review Forms	Most MDTs use some kind of standardized form that describes characteristics of the case that is handed out to team members at case review so all team members have the same information in front of them (for more information see the Toolkit item: Sample Case Review Forms).
Case Presenters	Consider who is going to make the case presentation. On some MDTs, cases may be presented at the case review meeting by any member of the team[viii], while others specify that cases be presented by particular MDT members.[ix] Some MDTs invite the referring person to make the case presentation while others may have physicians.[x] Ohio found it worked best when the APS caseworker presented the case, followed by the geriatrician's assessment.[xi] However, always be mindful of the status dynamics among your MDT members.
Level of Preparation for the Case Review Meeting	Some teams require presenters to conduct initial investigations prior to case review so that the team has as much information as possible during case review, while others are willing to assist workers to plan or prepare for investigations.[xii] Regardless, the referring party should provide a concise explanation of the situation and what is needed from the team.[xiii]

Formal Case Presentations	Formal case presentations ensure continuity and predictability and expedite the meetings. You do not want members coming to the meeting ill-prepared to present a case as this is embarrassing for them and frustrating to the MDT members and potentially wastes their time. For example, an inefficient case review meeting might involve a presenter who starts talking about a case and someone has to ask for a reminder as to which case is being discussed. Therefore, have a structure in place that specifies the information needed for a case presentation. Different MDTs do this differently, but consider:[xiv] • Date of first referral • Why the client was referred (to APS or some other agency) • Who referred the client • Why was the case referred to the MDT • Any cultural issues (country of origin, language spoken, religion) • A description of the victim and perpetrator's living arrangement • Is this a first time referral or have there been multiple referrals • Any additional problems identified during the assessment • What interventions were done or attempted • Any known obstacles to intervention • Describe any significant changes in the environment • Any changes in subsequent visits • Explicitly ask the MDT "What are the goals for this case?"
Meeting Documents	The MDT will need to decide how to handle documents needed during case review. Not all documents will need to be shared with the MDT, but some will. Documents may be distributed prior to the meeting or only at the meeting. The MDT then will need to decide how to manage the documents after the meeting, for example, collecting documents after the meeting and destroying them to preserve confidentiality.

End Notes

[i] Kutash, K., Acri, M., Pollock, M., Armusewicz, K., Olin, S. S., & Hoagwood, K. E. (2014). Quality indicators for multidisciplinary team functioning in community-based children's mental health services. *Administration and Policy in Mental Health and Mental Health Services Research, 41*(1), 55-68. doi:10.1007/s10488-013-0508-2

[ii] Kistin, C., Tien, I., Bauchner, H., Parker, V., & Leventhal, J. M. (2010). Factors that influence the effectiveness of child protection teams. *Pediatrics, 126*(1), 94-100. doi:10.1542/peds.2009-3446; Sedlak, A. J., Schultz, D., Wells, S. J., Lyons, P., Doueck, H. J., Gragg, F. (2006). Child protection and justice systems processing of serious child abuse and neglect cases. *Child Abuse & Neglect, 30*, 657–677.(6), 657–677. doi:10.1016/j.chiabu.2005.11.010

[iii] For more information, visit the Americans with Disabilities Act at http://www.ada.gov/ (US Department of Justice Civil Rights Division)

[iv] Russell, L. & Walker, R. (March 2014). *Making stone soup: Creating interagency cooperation to reach seniors*. Workshop presented at the American Society on Aging, San Diego, CA.

[v] Anetzberger, G. J., Dayton, C., Miller, C. A., McGreevey, J. F., & Schimer, M. (2005). Multidisciplinary teams in the clinical management of elder abuse. *Clinical Gerontologist, 28*(1-2), 157-171. doi:10.1300/J018v28n01_08 (p. 161).

[vi] Teaster, P. B., Nerenberg, L., & Stansbury, K. L. (2003). A national look at elder abuse multidisciplinary teams. *Journal of Elder Abuse & Neglect, 15*(3-4), 91-107. doi:10.1300/J084v15n03_06 However, the Elder Abuse Forensic Center in Irvine, CA, meets twice a month (Wiglesworth, A., Mosqueda, L., Burnight, K., Younglove, T., & Jeske, D. (2006). Findings from an elder abuse forensic center. *The Gerontologist, 46*(2), 277-283.) doi:10.1093/geront/46.2.277).

[vii] Nerenberg, L. (2003). *Multidisciplinary* Elder Abuse Prevention *Teams: A New Generation*. Washington, DC: National Center on Elder Abuse. Retrieved from http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/EldAbs_complete.pdf.

[viii] Schneider, D. C., Mosqueda, L., Falk, E., & Huba, G. J. (2010). Elder abuse forensic centers. *Journal of Elder Abuse & Neglect, 22*(3-4), 255-274. doi:10.1080/08946566.2010.490137

[ix] Teaster, P. B., Nerenberg, L., & Stansbury, K. L. (2003). A national look at elder abuse multidisciplinary teams. *Journal of Elder Abuse & Neglect, 15*(3-4), 91-107. doi:10.1300/J084v15n03_06

[x] Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team*.

[xi] Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team* (pp. 109-110).

[xii] Nerenberg, L. (2003). *Multidisciplinary* Elder Abuse Prevention *Teams: A New Generation*. Washington, DC: National Center on Elder Abuse. Retrieved from http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/EldAbs_complete.pdf.

[xiii] Schneider, D. C., Mosqueda, L., Falk, E., & Huba, G. J. (2010). Elder abuse forensic centers. *Journal of Elder Abuse & Neglect, 22*(3-4), 255-274. doi:10.1080/08946566.2010.490137

[xiv] Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team* (pp. 109-110).; New York City Elder Abuse Center's MDT requires less information, but still uses a formal case presentation format.