



# **MULTIDISCIPLINARY MEETING FRAMEWORK**

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## Background

The NZ Cancer Control Strategy aims to ensure patients have access to a multidisciplinary team (MDT) approach. To achieve this District Health Boards (DHBs) and Cancer Treatment Providers are required to have documented procedures for a multidisciplinary approach, hold regular multidisciplinary case conferences and produce evidence that a multidisciplinary team approach is established.

From February 2006, \$3.14 million per annum sustainable funding was devolved to DHBs to develop a number of initiatives including supporting multidisciplinary teams. All DHBs have identified the establishment of multidisciplinary teams and meetings as an action in their cancer plans but since 2006 there has been variable progress across the DHBs on the action.

Regional Cancer Networks established in 2007, are committed to improving the journey for cancer patients, their carers and whānau. It is envisaged that they will become the engine room for achieving the goals of the Cancer Control Strategy. The networks are collaborating on the development of a consistent regional cancer network framework, which includes the development of an Multidisciplinary Meetings (MDM) Framework for cancer services.

## Introduction

The interpretation of multidisciplinary team meetings varies widely across the 9 DHBs within the Central Cancer Network (CCN) region. Multidisciplinary meetings are not fully functional or established across all sites. In the CCN region there are variations in the coverage and quality of provision of multidisciplinary care, the types of cases selected for discussion and attendance by key staff.

Variation in how multidisciplinary care is provided between DHBs and across tumour streams is attributed to a range of factors including organisational culture and clinical practices, the range and nature of cancer services available, cancer patient throughput, and workforce availability and capacity. Some DHBs have well-developed teams, meetings and clinics in many tumour groups, while in other settings, work is required to develop teams, meetings and establish links.

There is no universally accepted model of multidisciplinary care. New Zealand like Australia has a mix of services and regional variations in service delivery and access.

In 2000 a National Multidisciplinary Care Demonstration Project was commenced in Australia to investigate the implementation of a flexible approach to providing multidisciplinary care. This framework is based on that work and is aimed at multidisciplinary teams delivering secondary level treatment and care, primarily for the perspective of cancer service teams. It does not presume that 'one size fit all' in terms of multidisciplinary working in cancer services. Instead, this framework recognises the need to adopt the structure and functions of a multidisciplinary team according to local needs and circumstances and is therefore not overly prescriptive.

The three main strategic directions for multidisciplinary cancer care are:

- creating and supporting effective multidisciplinary teams
- establishing and strengthening multidisciplinary meetings
- building effective team linkage between service providers and across health care sectors.

## Definitions

### Multidisciplinary Care

Multidisciplinary care is an integrated team approach to health care in which medical and allied health care professionals consider all relevant treatment options and develop collaboratively an individual treatment plan for each patient.

### Multidisciplinary Meeting

A multidisciplinary team meeting is a deliberate, regular, face-to-face (or videoconference) meeting involving a range of health professionals with expertise in the diagnosis and management of cancer. The purpose of the meeting is to facilitate best practice management of all patients with cancer.

### Objectives

The principal objectives of the multidisciplinary meeting are:

- To provide an opportunity for multidisciplinary discussion of all newly diagnosed and review cases of cancer within an appropriate timeframe to facilitate effective treatment planning
- To determine, in the light of all available information and with reference to the evidence base, the most appropriate treatment plan for each individual patient. *(The most appropriate treatment plan is that which optimises survival and minimises harm, at the same time having consideration for the maintenance of quality of life)*
- To provide educational opportunities for team members and trainees.

### Key Principles

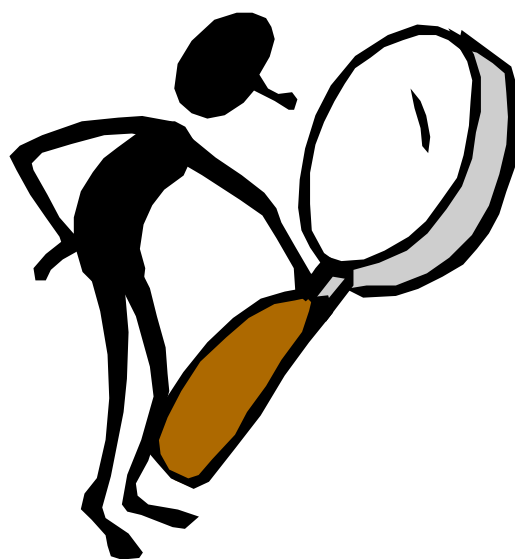
The key principle of multidisciplinary care is that all cancer patients will have the opportunity to have prospective treatment and care planning by an appropriate multidisciplinary team.

The following principles of multidisciplinary care have been developed by the Australian National Breast Cancer Centre (2005) and adapted for use by the Central Cancer Network.

<b>The Team</b>	<ul style="list-style-type: none"><li>• There is an established multidisciplinary team comprising all core disciplines including a radiologist, pathologist, radiation oncologist, medical oncologist, general surgeon/physician/specialist surgeon/gynaecologist/urologist, or other (when appropriate) and nurse/allied health component</li><li>• Processes to ensure effective communication with general practitioners are implemented.</li><li>• Team membership will reflect the stage of disease and may change composition and focus in the case of advanced disease and palliative care.</li><li>• Multidisciplinary teams develop, referral, communication and treatment protocols.</li><li>• Effective referral linkages are made to all core and non-core team members.</li><li>• Referrals need to be timely and appropriate (to the relevant service/provider as close to the patient's home as possible).</li></ul>
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<p><b>Communication</b></p>	<ul style="list-style-type: none"> <li>• All core disciplines regularly attend multidisciplinary meetings to provide input to diagnostic, treatment, supportive care, palliative care and end of life planning.</li> <li>• In instances where not all patients within a tumour stream are discussed, team protocols outline those patients who will be presented at meetings.</li> <li>• Processes for communicating treatment and care plans to team members who are absent are developed and implemented.</li> <li>• Collaborative links will be formed with smaller and larger referring centres and practitioners. The result will be an integrated network of multidisciplinary teams and practitioners effectively working together to ensure care coordination.</li> </ul>
<p><b>Full therapeutic range</b></p>	<ul style="list-style-type: none"> <li>• Team membership includes all treatment modalities to enable consideration of full therapeutic range.</li> <li>• All patients regardless of where they live will have access to relevant treatments and services.</li> </ul>
<p><b>Quality Care</b></p>	<ul style="list-style-type: none"> <li>• Treatment protocols and multidisciplinary team recommendations are in line with current best practice, all dimensions of quality, clinical practice guidelines, research and where these are not available, currently accepted approaches to treatment.</li> <li>• Monitoring of activities through audit, clinical review and peer review is undertaken.</li> <li>• Professional development activities are supported and provided for all team members.</li> </ul>
<p><b>Involvement of the patient</b></p>	<ul style="list-style-type: none"> <li>• Patients are informed about multidisciplinary care and the meeting process.</li> <li>• The needs and views of the patient are presented as a part of the multidisciplinary discussion.</li> <li>• Patients are informed about communication of the team recommendations and their role in the decision-making process.</li> <li>• Patients are routinely offered information about all aspects of their treatment choices including the recommendations of the multidisciplinary team.</li> <li>• Patients and their carers are encouraged to participate in all decisions about their treatment and care.</li> </ul>

# **DEVELOPING MEETING PROTOCOLS & ESTABLISHING TEAM PRACTICE**



## Principles of Best Practice

### Timing

Ideally, an opportunity for a multidisciplinary team meeting will occur when diagnostic information is available or pre- and post-surgery (when surgery is the primary treatment). At a minimum, a multidisciplinary team meeting will occur prior to the commencement of neoadjuvant/adjuvant treatment.

### Consent

Following diagnosis, and prior to the commencement of any treatment, the patient should be informed that treatment planning by the multidisciplinary team is part of the normal process of care.

### Confidentiality

The confidentiality of any information that identifies the patient will be respected.

### Membership

The multidisciplinary team meeting will at a minimum comprise a core group of, radiologist, pathologist, radiation oncologist, medical oncologist, general surgeon/physician/specialist surgeon/gynaecologist/urologist, or other (when appropriate) and appropriate nursing and allied health professionals. *(Ideally a case is discussed only if the treating clinician is present at the meeting).*

Membership of the team can be extended to include other disciplines (for example, reconstructive surgeons, and so on).

### Procedure

- A clinical agenda or data form will be prepared in advance and made available at all meetings. The form might include:
  - NHI number and/or name of patient
  - date of diagnosis
  - relevant medical history
  - names of surgeon, general practitioner, medical and radiation oncologist, and others
  - summary of surgery/treatment to date
  - all available pathology information
  - all available radiological information
  - Psychosocial risk factors

Note: Pathology results that are not available at the time of developing the agenda should be made available (verbally) at the meeting.

- Equipment to enable adequate review of pathology and radiology will be available.
- Radiology images will be available to be interpreted by a radiologist.
- Pathology will be viewed and the results described and interpreted by a pathologist.
- The clinical examination, the radiological findings and the pathology results will be correlated (when applicable).
- Discussion about treatment and management of each case will include reference to the relevant evidence bases, guidelines, research findings and the opinion of the members of the team.
- Risk factors for psychosocial morbidity will be considered, where relevant for the patient's ongoing care.

## **Recommendations**

- As a result of the discussion at the meeting, recommendations about treatment and care options will be made.
- The recommendations of the meeting are not prescriptive; the patient, in consultation with members of the treating team, will be involved in final decisions about the treatment plan.

## **Documentation**

- Recommendations from the multidisciplinary team meeting will be recorded in the patient's medical record. At minimum this should include the date of the meeting and the action plan described above.
- The names of those in attendance at the meeting should be recorded and kept as a record for possible future use.

## **Conduct of the meeting**

- A chair will be appointed on a regular or rotating basis.
- The chair will ensure all issues relevant to the patient's future management are presented, and discussion and participation by team members is encouraged.
- At the conclusion of each case discussed, the chairperson will outline a management plan, based on a summary of the discussion by the team. The plan will include referrals and other recommended follow-up action.
- The contribution of all team members to case discussion will be accorded appropriate professional respect.

## **Communication**

- A team member who will describe the process of the meeting and discuss the meeting recommendations with the patient will be identified. This discussion will occur before further treatment is commenced
- Treatment options should be communicated to the patient in a manner that enables them to have input into discussions about their treatment
- The patient's general practitioner will be informed of the recommended treatment plan as soon as practicable following the meeting.

## **Protocols**

- Written protocols that describe the organisation and content of the meeting will be documented.

# **TERMS OF REFERENCE & PROTOCOLS**



## Multidisciplinary Meeting Terms of Reference

The overall aim of the multidisciplinary *[insert tumour stream or scope of the group]* cancer meeting is to enable a formal mechanism for multidisciplinary input into treatment planning and ongoing management and care of patients with cancer.

The objectives of the meeting are:

- To provide an opportunity for multidisciplinary discussion of all new cases of *[insert tumour Stream]* cancer presenting to the surgical and/or oncology team
- to ensure all new patients presenting with a malignancy have their case discussed by a multidisciplinary team with access to all available information about that case
- To determine, in the light of all available information and evidence, the most appropriate treatment and care plan for each individual patient
- To provide education to senior and junior medical, nursing and allied health staff.

## Multidisciplinary Meeting Protocols

### Membership

Membership of the multidisciplinary *[insert tumour stream]* cancer meeting comprises of medical staff, nursing staff and allied health professionals providing clinical services in relation to *[insert tumour stream/s]* cancer within *[insert name/s]* DHB: List the disciplines and trainees represented. A contact list of medical and nursing specialists and allied health professionals can be accessed by contacting *[insert title]*.

### Attendance

Attendance at the *[insert DHB]* multidisciplinary *[insert tumour stream]* cancer meeting will be by:

- The members of the meeting
- Other health professionals invited by the presenting clinician or chairperson of the meeting
- Any support staff that may be required to assist meeting implementation. A record of attendance of meetings will be kept by *[insert title]*.

### Time of meetings

Meetings will be held *[insert the day of the week]*, unless otherwise notified, and will begin promptly at *[insert time]*.

### Meeting venues

The meeting venue, unless otherwise notified, will be *[insert hospital name and address]*. Notification of venue change must be in writing and circulated to members of the meeting *[insert number of days if appropriate]* prior to the meeting day.

### Chairing of meetings

Each meeting will be chaired by a member of the meeting who will be nominated *[insert how and when]*. Where the nominated chairperson is unable to attend, he or she will organise for a proxy to chair the meeting.

### Notification of meetings

All members of the meeting will receive notification of:

- The meeting dates and venue at the beginning of the year
- Cases for presentation at least *[insert number]* days prior to the meeting.

### **Meeting agenda**

- All newly diagnosed cases of *[specify tumour stream/s]* cancer will be placed on the agenda for multidisciplinary discussion, along with other cases for discussion.
- In instances where not all patients within *[specify tumour stream/s]* are discussed, team protocols outline those patients who will be presented at meetings.
- Clinicians will place cases for presentation onto the meeting agenda by informing the *[insert title of person to receive notification of cases]* of the relevant case details at least *[insert number]* days prior to the meeting.
- Late inclusions to the agenda are acceptable. In this instance it is the responsibility of the presenting clinician to ensure all appropriate clinical results are available to the meeting.

### **Results**

Request on behalf of the presenting clinician for investigation/diagnostic results will be made to the respective diagnostic services by the *[insert title of person]* at least *[insert number]* working days preceding the meeting. The request for results will include the requesting doctor's name, the patient's full name, date of birth, NHI number, test procedure, date and any other information required by the individual service.

In the case of a late inclusion on the agenda, it is the presenting clinician's responsibility to ensure the appropriate results are available to the meeting.

### **Invitation to non-core team members**

To enable full presentation of relevant medical and psychosocial factors, the chairperson (or their delegate) will inform and/or request attendance at the meeting of other key health professionals as specified by the presenting clinician.

### **Case discussion**

No patient will be discussed in the absence of the consulting clinician or his or her delegate.

All applicable patient information is necessary for the case discussion to proceed.

Case discussion should incorporate the patient's age, clinical condition and any psychosocial aspects impacting on clinical management.

The chairperson should articulate a summary of the recommendations arising from the discussion before proceeding to the next case.

### **Confidentiality**

Attendance of medical and other health professionals and the meeting details will remain confidential to the meeting. Clinicians provide information presented in this meeting in confidence. The clinical agenda will be destroyed following the meeting. Any clinicians retaining the agenda are responsible for maintaining the confidentiality of the document. The team can maintain a copy of the agenda in an agreed secure manner for audit purposes.

### **Meeting documentation**

Treatment and care recommendations from the meeting discussion will be documented in the medical record by completing the *[insert title]* form or *[insert details of other mechanism]*.

The general practitioner will be notified of the meeting's recommendations through a standardised letter to be completed by the chairperson, or through another agreed communication mechanism/process.

### **Communication with patients and families**

An identified member of the multidisciplinary team will effectively convey the recommendations of the meeting to the patient and their family to assist them to participate in decision making about ongoing treatment and care.

## **Review**

These terms of reference and protocols will be reviewed annually or as specified. Indications for early review will include:

- Legislative change
- Change to government or hospital policy
- An absence of key specialty groups from the meeting over at least three consecutive meetings
- Less than 60 per cent of meeting members attending over at least three consecutive meetings

# MDM CHECKLIST



## Meeting arrangements

Meeting title	By what name is the meeting generally known?
Venue	At which venue is the meeting normally held and what type of room is used (for example, seminar room)?
Room arrangements	What is the room layout; for example, lecture style with parallel seating; seating around a table?
Time and duration	What time of day is the meeting held and how long does the meeting run?
Frequency	How often is the meeting held?
Parties involved	Which hospitals/institutions are involved?
Others involved	Can any additional individuals not aligned with an institution attend (for example, general practitioner)? If so, please list.
Videoconferencing	Are the meetings videoconferenced and, if so, who is involved (e.g. disciplines, health services etc.)?
Refreshments	Are refreshments provided and, if so, by whom (sponsor, hospital etc.)?

## Equipment

Equipment	What equipment is used in the meeting?
Equipment arrangements	Is the equipment static or brought in from elsewhere (imported)? If imported, what are the arrangements for transporting the equipment?

## Meeting purpose

Meeting purpose	What is the purpose of the meeting, and is the purpose documented, agreed in principle or neither?
Stage in pathway	At what stage in the pathway is the case discussion primarily intended to occur (prior to commencement of treatment, pre-surgery, immediately post-surgery, on completion of treatment or other)?
Prospectivity	Are patients reviewed prospectively (the management plan under discussion has yet to occur) or retrospectively (management plan has already commenced and is presented for review) or a mixture of prospectively and retrospectively (if so, in what proportions)?
Educative component	Is there an educative component to the meeting? If there is, is this in the form of an explicit education session (speaker, paper presentation etc.) or is the meeting considered educational in itself?

## Membership and attendance

Disciplines attending regularly	Which disciplines regularly attend the meeting? How many people from each discipline attend?
Disciplines attending	Which disciplines regularly attend the meeting? How many people from each discipline attend?

Notification of meeting	By what process are team members notified of the meeting?
Recording of attendance	Is attendance at the meeting recorded? If yes, how and by whom?
Use of attendance record	How is the attendance record used?
Number attending	What is the approximate number of people attending the meeting on a regular basis?
Attendance by treating Clinician required	Is attendance by the treating clinician or delegate required for the case to be discussed?
Other disciplines required	What other disciplines must be present for the case to be discussed?

### **Meeting organisation**

Coordinator	Is there a recognised person who coordinates the meeting? If so, who?
Meeting organisation	<p>What is involved in organising the meeting; for example:</p> <ul style="list-style-type: none"> <li>• sourcing radiology films or images</li> <li>• sourcing medical records</li> <li>• ensuring availability of pathology, slides and other investigation results</li> <li>• notifying team members</li> <li>• communicating with presenting clinicians</li> <li>• communicating with pathologist/s</li> <li>• communicating with radiologist/s</li> <li>• communicating with general practitioner/s</li> <li>• preparing meeting agenda/data form</li> <li>• booking room and organising equipment?</li> </ul>
Reports etc. required	What physical documents, films, reports and so on are actually required at the meeting?
Time taken to organise Protocols for meeting	<p>What is the estimated time taken to organise each meeting?</p> <p>Is the process for organising the meeting documented (in full, in part, not at all)?</p>

### **Organisation**

Written agenda	Is there a written agenda? If so, who creates it? and content
Process for placing patients/cases on the agenda	What is the process for placing a case for discussion on the agenda?
Criteria for inclusion in discussion	Are there explicit criteria for including a case in the meeting?
Consent process	Is patient consent deliberately sought (verbally or in writing) prior to including the case in the meeting?
Percentage of total patients put on the agenda	What percentage of new cancer cases are placed on the agenda? Is this figure actual or estimated?

The proportion of patients put on the agenda that are discussed	Of those cases placed on the agenda, what percentage are actually discussed in the meeting?
The number of cases discussed per meeting	Approximately how many cases are discussed in each meeting?
The number of times is a case is discussed	How many times is a case normally brought to the team for discussion?
The features of cases presented on more than one occasion	What features of the case would result in it being presented on more than one occasion for the same episode?
Meeting format	Is there a structured format for running the meeting? If yes, describe the format and state whether it is documented.
Chairperson and determination of chairperson	Is there a recognised chairperson? How is the chairperson determined?
Discussion drawn from guidelines	Does the discussion clearly draw from an evidence base and/or guidelines? If yes, provide some examples.
Other occurrences of facility	Are there any other occurrences of multidisciplinary activity at this facility? If so, what are they (for example, multidisciplinary cancer clinic)?

## Communication

### Communication within the team

What sort of communication occurs within the team meeting (please specify)?

Is there an equal contribution from all team members?

Do a few team members dominate the discussion?

Do team members have to be invited to speak?

Does each team member have the opportunity to be heard?

Is the opportunity for open discussion limited?

Are some individuals reluctant to contribute to the discussion?

Is the meeting environment intimidating?

Is feedback offered and graciously received?

Is feedback sought and constructively received?

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## Meeting outputs

Clearly articulated	Is the management plan for each patient clearly articulated before moving on to management plan the next case? If so, by whom?
Documentary evidence	Does documentation occur during the meeting? If so, by whom and what type?
The agenda	How is the agenda used during the meeting and what happens to the agenda at the conclusion of the meeting?
Strategy for informing patient	Is there a strategy for informing the patient about the recommended management plan arising from the meeting? If so, what is it?
Communications arising	What communication deliberately arises from the meeting (for example, letters to from meeting other clinicians; notification to absent team members)?
Process for checking meeting recommendations is carried out	Is there a process for checking whether treatment recommendations are carried out? If so, what is it and is it documented?

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# AUDIT OF AGENDA & DOCUMENTATION



## Multidisciplinary Meeting Audit of Practice

### Performance Indicators for Measuring Critical Elements of the Multidisciplinary Meeting

#### Example Template

#### Membership, attendance and timing of the meeting

Performance Objective	Minimum Standard	Performance Indicator	Requirement	Method
A regular multidisciplinary Treatment planning meeting will be held	A multidisciplinary meeting will be held weekly (or other)	A multidisciplinary meeting will be held weekly (or other) except during holiday periods	The multidisciplinary team will determine meeting dates at the start of each year  List dates to be circulated to all relevant staff	Audit clinical agendas
		All disciplines in the multidisciplinary team will be represented at the meeting on at least 80% of occasions		Audit clinical agendas

## Meeting agenda/results

Performance Objective	Minimum Standard	Performance Indicator	Requirement	Method
An opportunity for multidisciplinary discussions of all newly diagnosed cases of cancer and those requiring review will be provided	All new cases of [insert tumour stream or scope] cancer will be discussed.	100 % of new cases of [tumour stream or scope] cancer will be discussed at the meeting.	All clinicians will place each newly diagnosed patient or review case on the agenda for discussion.	Audit episode details by Diagnosis Related Group against clinical agenda.
	<p>A clinical agenda will be provided to the meeting, which includes:</p> <ul style="list-style-type: none"> <li>• name of patient</li> <li>• NHI number</li> <li>• name of treating clinicians and general practitioner</li> <li>• date of surgery</li> <li>• summary of surgery to date</li> <li>• pathology and radiology results</li> <li>• pertinent psychosocial information</li> <li>• presentation and clinical findings</li> </ul>		<p>The [insert position/ discipline] is responsible for ensuring all relevant information and results are available in a clinical agenda made available prior to or at the meeting.</p> <p>The [insert position/ discipline] will advise the pathologist of the names and unit record numbers of cases to be discussed at least [insert number] working days prior to the meeting. Pathology results will be made available to the [insert position/discipline] on the [name day of week or other] preceding the meeting to enable inclusion on the agenda.</p> <p>Audit clinical agendas</p>	

## Case discussion

Performance Objective	Minimum Standard	Performance Indicator	Requirement	Method
An action plan will be determined.	An action plan will be determined which will reflect the management plan deemed most appropriate by the team.	An action plan will be articulated by the chairperson on 100 % of occasions, stating: <ul style="list-style-type: none"> <li>• treatment and care recommendations</li> <li>• any referrals to be made</li> <li>• any other follow-up requiring action</li> <li>• suitability for further review at following meetings.</li> </ul>	The multidisciplinary Meeting recommendation form will be completed during the meeting and filed in the patient's medical record.	Audit of record kept in meeting. Audit of the medical record
Cases for longitudinal follow-up will be identified.	Cases requiring longitudinal follow-up will be identified	100% of patients identified for follow-up in a subsequent meeting will be reviewed within [insert No.] weeks.		
Feedback to the patient on the course of management recommended by the multidisciplinary team will be provided.	Patients whose case has been discussed will be made aware of the recommended treatment and care plan by a member of the multidisciplinary team.	80 %of patients will have an appointment with a member of the team within 14 days (or other) of the multidisciplinary meeting.		

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