

# Multidisciplinary meeting toolkit

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## Background to the development of the toolkit

The Statewide Multidisciplinary Care Project work plan outlines the value of multidisciplinary care, the objectives of the project and the implementation strategy. As part of the implementation strategy to develop multidisciplinary tools and resources, this toolkit was written to assist the development of multidisciplinary teams in all tumour streams, as described in the *Cancer Services Framework for Victoria*. The documents included in this toolkit are not intended to be prescriptive, but rather to prompt thought about the elements of best practice in multidisciplinary care.

The toolkit will assist in:

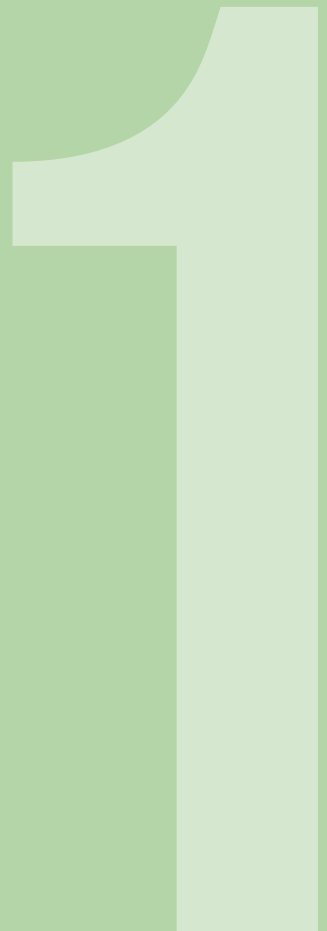
- developing team meeting protocols and establishing team practice
- surveying existing meetings and ascertaining what might be necessary for newly forming teams
- understanding how local multidisciplinary team meeting guidelines and protocols might appear and what they could contain
- measuring the team's performance against the guidelines and protocols
- developing or improving a multidisciplinary meeting agenda.

Part 1 of the toolkit provides an overview of the statewide project.

Part 2 includes a range of resources to assist the development of multidisciplinary team protocols and documents as well as tools to enable measurement of some aspects of multidisciplinary meetings.

Part 3 provides information about the use of videoconferencing equipment for multidisciplinary meetings.

# Part 1



## Glossary

### Multidisciplinary care

'... 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' (National Breast Cancer Centre, 2005).

Importantly, multidisciplinary care encompasses:

- a collaborative, group decision making approach
- a focus on continuity of care
- development of pathways and protocols for treatment and care
- development of appropriate referral networks, including appropriate referral pathways to meet psychosocial needs
- development of team protocols and guidance
- development of multidisciplinary team meeting audit mechanisms.

Consumers/patients who experience multidisciplinary care:

- are aware that care is managed in this manner and provide consent for their case to be discussed
- understand the process, know they will be informed about the treatment and care recommendations and will be involved in decision making.

### Multidisciplinary team

- Teams comprising health care practitioners required for all treatment and care decisions in a particular tumour stream.
- Team members can be from the primary, community and acute sectors, public and private sector and can be from several health services.
- Core team members will commonly include radiologists, pathologists, general practitioners, surgeons, physicians, medical oncologists, palliative care practitioners, radiation oncologists, social workers and/or psychologists, oncology nurses, data managers, and research nurses.

### Multidisciplinary meeting

A regularly scheduled meeting of core and invited team members for the purpose of **prospective** treatment and care planning of newly diagnosed cancer patients as well as those requiring review of treatment plans or palliative care.

Note: Retrospective case review is a valuable approach to multidisciplinary learning, review and audit of prospectively planned treatment and care; however, it cannot replace multidisciplinary prospective treatment and care planning.

### Multidisciplinary clinic

A clinic held in a setting, such as an outpatient clinic, where several clinicians/health practitioners are available for a patient to see at one visit. Multidisciplinary clinics and meetings can be linked; that is, a clinic precedes or follows a multidisciplinary meeting.

### Sequential care

The practice of referral of patients from the general practitioner to a specialist, often a surgeon, who conducts the primary intervention, followed by referral to other specialists as deemed necessary (Clinical Oncological Society of Australia, The Cancer Council Australia, National Cancer Control Initiative 2003).

### Integrated multidisciplinary care

A system that links teams to ensure all health professionals involved in the care of a patient can participate in the planning of their care. This includes linkage of:

- the primary and community sector through the entire pathway to follow-up and palliative care
- smaller teams to larger centres
- teams to specialist centres.

## Statewide Multidisciplinary Care Project

### Introduction

It is well documented and accepted that multidisciplinary care represents best practice in terms of treatment planning and care for cancer patients. An effective multidisciplinary approach can result in:

- improved treatment planning through consideration of a full therapeutic range and thus improved outcomes (Sainsbury et al. 1995, Chang et al. 2001, Ansell 2001)
- improved team communication (Midgley et al. 1996)
- survival benefit (Junor et al. 1994)
- increased recruitment into clinical trials (McVie 1998, Magee et al. 2001)
- detection of emotional needs of patients (Butow et al. 2002)
- reduction in minor psychological morbidity of team members (Haward et al. 2003)
- reduction in service duplication, improved coordination of services and development of clear lines of responsibility (Barr 1997)
- improved sharing of incidental information and informal information sharing prior to and after meetings (Midgley et al. 1996).

### Objectives

The objectives of the multidisciplinary project include:

- to develop a comprehensive knowledge base of the national and international literature on multidisciplinary care for dissemination throughout all Integrated Cancer services. This will promote clear understanding of the varied terminology associated with multidisciplinary care
- to scope multidisciplinary care to identify and analyse the characteristics of:
  - services where multidisciplinary care is well developed in individual tumour streams and the type of multidisciplinary care implemented
  - services where multidisciplinary care could be improved in each of the streams
  - services and streams where multidisciplinary care is yet to be implemented

- to identify models that demonstrate a creative approach to achieving multidisciplinary care
- to foster and formalise partnerships and networks between health care providers to facilitate spread of the multidisciplinary approach to care
- to develop a database of statewide multidisciplinary activity and identified resources
- to develop resources to support the implementation of multidisciplinary care
- to identify a range of key advisers on multidisciplinary care who can act as experts and mentors to services
- to organise a national forum on multidisciplinary care to establish current practice and identify key issues in Australia and possible future strategic directions
- to oversee the development and evaluation of a range of different multidisciplinary models.

### Timelines

May 2005 to 31 March 2006:

- Develop comprehensive resources, literature and training modules to support the development of multidisciplinary care across the Integrated Cancer Services in all cancer streams
- Scope multidisciplinary care across Victoria and establish a database to enable tracking and evaluation of all developments
- Establish an expert team on multidisciplinary care that can provide advice and mentorship to health services
- Develop an effective evaluation plan.

March 2006 to 31 December 2006:

- Identify effective models of multidisciplinary care to foster and formalise partnerships and networks between health care providers, enabling capacity building, oversight and assistance to develop multidisciplinary care across all cancer streams Victoria-wide
- Develop, maintain and enhance linkages and partnerships with bodies and organisations with expertise in multidisciplinary cancer care, statewide and nationally.



## Establishing multidisciplinary teams in integrated cancer services—outline of tools developed to assist this process

There are broad five steps to this process and the tools in part 2 of this toolkit can assist with each stage.

### 1. Map current practice.

#### Tool 1 can assist with this process.

The mapping exercise needs to identify:

- existing multidisciplinary teams
- in which tumour streams multidisciplinary care exists
- the type of multidisciplinary care that is provided:
  - Is the team known and identifiable?
  - Does the multidisciplinary team have a designated leader?
  - Is there a chairperson and protocols for choosing this person?
  - What disciplines/health care practitioners comprise the core team? Who else is invited?
  - Are team members from more than one health service? If so, how many health services are represented and are both the public and private sectors represented?
  - Does the team understand the importance of a multidisciplinary planning approach for all patients?
  - Does the team meet regularly to prospectively plan treatment and care for cancer patients?
  - How often do meetings occur?
  - Does the team have protocols for treatment, team dynamics and meetings?
  - Are there clear protocols for referral of patients within the team, within the Integrated Cancer Service and between Integrated Cancer Services?
  - Is patient consent sought prior to their case being placed on the agenda for discussion?
  - Are the outcomes of the meeting documented and where are these documents kept?
- Is there a designated team member responsible for communicating the recommendations of the meeting to the patient?
- In the case that not all patients are discussed, what criteria specify selected cases?
- Is there a communication plan or protocol to support multidisciplinary treatment planning between meetings?
- Does the team have regular education sessions?
- links between teams within the Integrated Cancer Service:
  - Have any teams within the Integrated Cancer Service formed links with smaller, larger or other teams?
  - If links have been formed, how do meetings occur (for example, are they face to face or by videoconference)?
  - Have links or referral pathways been formed with other Integrated Cancer Services and/or specialist centres?

**Outcome stage 1: Each Integrated Cancer Service will be able to identify the existence and level of multidisciplinary care and the need for development and improvement within each tumour stream**

## 2. Develop and implement a plan for multidisciplinary meetings. Tools 2 and 3 can assist with this process.

- Identify key (lead) clinician or clinicians in priority tumour streams.
- Identify team members in priority tumour streams.
- Scope demand and frequency of meetings required to ensure prospective treatment planning for cancer patients in each tumour stream, or multiple tumour streams in smaller settings.
- Assess equipment needs.
- Develop protocols for:
  - team
  - meeting
  - treatment.
- Develop communication strategies within the team regarding all aspects of multidisciplinary care.
- Develop mechanisms for notification of patients to be discussed.
- Develop processes for meeting organisation.
- Develop an agenda and other associated documentation.
- Develop processes for communication of treatment plans to patients.
- Develop mechanisms for communication with team members not in attendance.

**Outcome stage 2: Each Integrated Cancer Service will be prepared to commence and establish multidisciplinary team meetings within their priority tumour streams.**

## 3. Commence prospective multidisciplinary treatment and care planning in each of the priority tumour streams

- Ensure all notification processes are in place and understood.
- Ensure all forms and processes are prepared and understood, including documentation for treatment and care decisions and the meeting process.
- Develop an evaluation framework for the team/s, meeting processes and protocols.
- Develop treatment protocols and implement regular review and update.

**Outcome stage 3: Each Integrated Cancer Service will have commenced and established multidisciplinary meetings for prospective treatment planning for cancer patients in the identified priority tumour streams.**

## 4. Evaluation—meeting and practice audit. Tools 4 and 5 can be used in this process.

- Data about team process and practice need to be collected and entered in such a way that audit is a streamlined process.

**Outcome stage 4: Multidisciplinary processes and practice will be evaluated at the team and Integrated Cancer Service level.**

## 5. Transfer of multidisciplinary care to other tumour streams and development of a full multidisciplinary care model

- Consider the evaluation information, the implications and actions required.
- Plan to transfer multidisciplinary care to other tumour streams.

**Outcome stage 5: All patients diagnosed with cancer within Victoria will have access to multidisciplinary care by December 2007.**

## Diagrammatic overview of establishing multidisciplinary teams in integrated cancer services

Activity	Tools	Outcome
1. Map current practice.	<b>Tool 1</b> can be used	Each integrated cancer service will be able to identify the existence and level of multidisciplinary care and the need for development and improvement within each tumour group.
2. Develop and implement a plan for multidisciplinary meetings.	<b>Tools 2 and 3</b> can be used	Each integrated cancer service will be prepared to commence and establish multidisciplinary team meetings within their priority tumour streams.
3. Commence prospective multidisciplinary treatment and care planning meetings in each of the tumour streams.		Each integrated cancer service will be prepared to commence and establish multidisciplinary team meetings within their priority tumour streams.
4. Evaluation—undertake a meeting and practice audit.	<b>Tools 4 and 5</b> can be used	Multidisciplinary processes and practice will be evaluated at the team and integrated cancer service level.
5. Transfer multidisciplinary care to other tumour streams and develop a full multidisciplinary care model.		All patients diagnosed with cancer within Victoria will have access to multidisciplinary care.
<b>Sustainability</b>		

## References

- Ansell, W 2001, 'Multidisciplinary team working in urological cancer: one CNS's role', *Professional Nurse*, vol. 17, no. 4, pp. 243–6.
- Barr, O 1997, 'Interdisciplinary teamwork: consideration of the challenges', *British Journal of Nursing*, vol. 6, no. 17, pp. 1005–10.
- Butow, PN, Brown, RF, Cogar, S, Tattersall, MHN & Dunn, S 2002, 'Oncologists' reactions to cancer patients' verbal cues', *Psycho-oncology*, vol. 11, pp. 47–58.
- Chang, J, Vines, E, Bertsch, H, Fraker, D, Czerniecki, B, Rosato, E, Lawton, T, Conant, E, Orel, S, Schuchter, L, Fox, K, Zieber, N, Glick, J & Solin, L 2001, 'The impact of a multidisciplinary breast cancer center on recommendations for patient management: the University of Pennsylvania experience', *Cancer*, vol. 91, no. 7, pp. 1231–7.
- Clinical Oncological Society of Australia, The Cancer Council Australia and the National Cancer Control Initiative 2002, *Optimising cancer care in Australia: National Cancer Control Initiative*, Melbourne.
- Haward, R, Amir, Z et al. 2003, 'Breast cancer teams: the impact of constitution, new cancer workload, and methods of operation on their effectiveness', *British Journal of Cancer*, vol. 89, pp. 15–22.
- Junor, EJ, Hole, DJ & Gillis, CR 1994, 'Management of ovarian cancer: referral to a multidisciplinary team matters', *British Journal of Cancer*, vol. 70, pp. 363–70.
- Magee, LR, Laroche, CM & Gilligan, D 2001, 'Clinical trials in lung cancer: evidence that a programmed investigation unit and a multidisciplinary clinic may improve recruitment', correspondence in *Clinical Oncology (Royal College of Radiologists)*, vol. 13, no. 4, pp. 310–11.
- McVie, JG 1998, 'Current areas of treatment', *Seminars in Oncology*, vol. 23, no. 1, pp. 1–3.
- Midgley, S, Burns, T & Garland, C 1996, 'What do general practitioners and community mental health teams talk about? Descriptive analysis of liaison meetings in general practice', *British Journal of General Practice*, vol. 46, pp. 69–71.
- National Breast Cancer Centre 2005, *Multidisciplinary meetings for cancer care: a guide for health service providers*, National Breast Cancer Centre, Camperdown, NSW.
- Sainsbury, R, Haward, B, Rider, L & Johnston, C 1995, 'Round C. Influence of clinician workload on patterns of treatment on survival from breast cancer', *Lancet*, vol. 345, no. 8,900, pp. 1265–70.

# Part 2



## Principles of best practice—multidisciplinary team meeting

### Multidisciplinary tool 1

This tool can be used in the set up and establishment phase of multidisciplinary teams as a guide to:

- developing meeting protocols
- establishing team practice.

### Definition and objectives

#### Definition

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.

### Best practice principles

#### Timing—prospective

- 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. The patient's consent must be sought prior to case presentation at the meeting and can be withdrawn at any time.

#### 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 practitioner, general surgeon/physician/specialist surgeon/gynaecologist/urologist, or other (when appropriate) and nurse/allied health/psychosocial component (as appropriate). *(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, further allied health and psychosocial professionals, reconstructive surgeons, genetic counsellors 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:
  - case number and/or name of patient and/or unit record number
  - 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 will 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.
- Patients' suitability for entry into clinical trials will be discussed.

## 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 make 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
- Communication with patients should take into account the recommendations and evidence contained in the *Clinical practice guidelines for the psychosocial care of adults with cancer* (National Breast Cancer Centre and National Cancer Control Initiative, 2003, Camperdown, NSW).
- The patient's general practitioner, if not present, will be informed of the recommended treatment plan as soon as practicable following the meeting.

### **Protocols and processes**

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

## Multidisciplinary meeting terms of reference and protocols

### Multidisciplinary tool 2

This tool is an example of multidisciplinary meeting terms of reference and protocols.

#### Multidisciplinary team meeting for (insert tumour stream/s) cancer

##### 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.

##### Protocols

###### 1. Membership

Membership of the multidisciplinary [insert tumour stream] cancer meeting comprises medical staff, allied health and psychosocial professionals providing clinical services in relation to [insert tumour stream/s] cancer within [insert name/s] hospital(s)/Integrated Cancer Service: List the disciplines and trainees represented.

A contact list of medical and nursing specialists can be accessed by contacting [insert title].

###### 2. Attendance

Attendance at the hospital/Integrated Cancer Service multidisciplinary [insert tumour stream] cancer meeting will be by:

- the members of the meeting
- general practitioners who have in their care a patient who has been included on the meeting agenda
- other health professionals invited by the presenting clinician or chairperson of the meeting
- any support staff who may be required to assist meeting implementation.

A record of attendance of meetings will be kept by [insert title].

###### 3. Time of meetings

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

###### 4. 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.

###### 5. 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.

###### 6. 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.

## 7. 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.

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.

## 8. 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, medical record 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.

## 9. 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.

## 10. 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.

## 11. 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.

## 12. 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.

## 13. 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.

## 14. 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.

## Multidisciplinary meeting agenda, notes and attendance list

### Multidisciplinary tool 3

This tool can be used as an example of multidisciplinary meeting agenda meeting notes and record of attendance.

Hospital multidisciplinary [tumour stream] cancer meeting  
Clinical agenda and notes template

Date:

Example 1 agenda for breast cancer multidisciplinary meeting

DATE	PRESENTER	Comments	GRADE	TYPE	SIDE	SIZE AND MARGINS	RECEPTORS			NODES	LYMPHO-VASCULAR INVASION	HISTORY	FAMILY HISTORY
PATIENT NAME	AGE	SURGERY					ER	PR	C-erb2 HER2				
Mammogram films Yes/No	Mammogram report Yes/No	Pathology slides Yes/No	Pathology report Yes/No	Surgeon report Yes/No	Medical Oncology report	Radiation Oncology report Yes/No	Breast Care Nurse report Yes/No	Counsellor report Yes/No	General Practitioner report Yes/No				
Psychosocial issues	Menopausal status	Contraception – fertility issues	Risk of 2nd primary	For follow up in future meeting – weeks	Action plan	Additional notes							

Hospital multidisciplinary [insert title] cancer meeting  
Clinical agenda and notes

Date:

Example 2 agenda for breast cancer multidisciplinary meeting

NAME/AGE Surgeon; date of surgery	PSYCHO- SOCIAL	PRESENTATION AND CLINICAL FINDINGS	SURGERY	GRADE AND TYPE	SIZE	RECEPTORS ER PR	COMMENTS
					NODES	C-erb-2 HER2	
Pathology	Pathologist report	Action plan articulated	Referral to MO	Follow-up in meeting	breast YES/NO	OTHER:	
BCN report			Referral to RO				



## Multidisciplinary meeting survey guidelines

### Multidisciplinary tool 4

This tool can be used to audit:

- team meeting processes after establishment
- a number of teams across an Integrated Cancer Service.

### 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 <i>prospectively</i> (the management plan under discussion has yet to occur) or <i>retrospectively</i> (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 on occasional basis	Which additional disciplines attend on an occasional or case-by-case basis (for example, genetic counsellor, reconstructive surgeon)?
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?
Integrated Cancer Service staff attendance	Do staff involved in cancer reform/improvement initiatives regularly attend the meeting? If so, why?
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	What is the estimated time taken to organise each meeting?
Protocols for meeting organisation	Is the process for organising the meeting documented (in full, in part, not at all)?
Written agenda/data form and content	Is there a written data form/agenda? If so, who creates it?

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 is placed on the agenda? Is this figure actual or estimated?
The proportion of patients placed on the agenda that is discussed	Of those cases placed on the agenda, what percentage is 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 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 evidence base and guidelines	Does the discussion clearly draw from an evidence base and/or guidelines? If yes, provide some examples.
Other occurrences of multidisciplinary activity	Are there any other occurrences of multidisciplinary activity at this facility? If so, what are they (for example, multidisciplinary cancer clinic)?
Chronology of meeting with multidisciplinary clinic	Is there a deliberate chronology of the multidisciplinary meeting with the patients' attendance at the cancer clinic (or other clinic)? If yes, what is it?

## 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?

## Meeting outputs

Clearly articulated management plan

Is the management plan for each patient clearly articulated before moving on to 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 from meeting

What communication deliberately arises from the meeting (for example, letters to other clinicians; notification to absent team members)?

Process for checking meeting recommendations are carried out

Is there a process for checking whether treatment recommendations are carried out? If so, what is it and is it documented?

## Multidisciplinary meeting audit of practice

### Multidisciplinary tool 5

This tool can be used to audit the multidisciplinary meeting agenda and documentation.

### Performance indicators for measuring critical elements of the multidisciplinary breast cancer meeting

#### Example template

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

Performance objective	Minimum standard	Performance indicator (PI)	Requirement	Method
A regular multidisciplinary treatment planning meeting will be held.	A multidisciplinary meeting will be held weekly (or other).	PI: 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 of dates to be circulated to all relevant staff.	Audit clinical agendas.
	The multidisciplinary team will comprise at a minimum: <ul style="list-style-type: none"> <li>• surgeon</li> <li>• pathologist</li> <li>• medical oncologist</li> <li>• radiation oncologist</li> <li>• oncology nurse</li> <li>• other members (specify).</li> </ul>	PI: All disciplines in the multidisciplinary team will be represented at the meeting on at least 80 per cent of occasions.		Audit clinical agendas.

## Meeting agenda/results

Performance objective	Minimum standard	Performance indicator (PI)	Requirement	Method
An opportunity for multidisciplinary discussion 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.	PI: 100 per cent 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.
All information pertaining to the management of a case will be made available to the team.	<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>• unit record 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>	PI: A clinical agenda will be available at 100 per cent of the multidisciplinary meetings.	<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.</p> <p>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>	Audit clinical agendas.

## Case discussion

Performance objective	Minimum standard	Performance indicator (PI)	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.	<p>PI: An action plan will be articulated by the chairperson on 100 per cent of occasions, stating:</p> <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.	<p>Audit of record kept in meeting.</p> <p>Audit of the medical record.</p>
Cases for longitudinal follow-up will be identified.	Cases requiring longitudinal follow-up will be identified.	<p>PI: 100 per cent of patients identified for follow-up in a subsequent meeting will be reviewed within [insert number] weeks.</p>		
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.	<p>PI: 80 per cent of patients will have an appointment with a member of the team within 14 days (or other) of the multidisciplinary meeting.</p>		

# Part 3



## Glossary: videoconferencing

### Integrated Services Digital Network (ISDN)

Involves the digitisation of the telephone network, which permits voice, data, text, graphics, music, video and other source material to be transmitted over existing telephone lines. Each ISDN connection provides two 64 kbps channels/lines. Multiple lines can be used simultaneously by aggregating them to provide more bandwidth (i.e. 128k, 256k, 384k).

### Multipoint conferencing

A videoconference between 3 or more sites. This mode of conferencing requires the use of dedicated information technology (IT) hardware called a video bridge (Multipoint Control Unit).

### Multipoint Control Unit (MCU) (or Bridge)

A device that works as an audio and video switch for linking multiple sites together for a videoconference. It can also bridge concurrent voice connections. The MCU allows all sites to hear each other and simultaneously switches the video views between the participating sites.

### Near-end site

Usually the videoconferencing site from where the presenter is speaking.

### Far-end site

Usually a site that has been called by the near end site so that people can attend the meeting from a location other than where the presenter or chairperson is located.

### Videoconferencing

Videoconferencing (VC) allows people to communicate face-to-face without the overhead cost of travel. A typical VC consists of a dedicated personal computer (pc), and also requires audiovisual equipment, including a monitor, camera, microphone, and speaker and a means of transmission.

## General tips: learnings from the Strengthening Support for Women with Breast Cancer Program in Victoria

The following tips for setting up a multidisciplinary meeting via videoconference are drawn from the experience of implementation of the Commonwealth Strengthening Support for Women with Breast Cancer (SSWBC) Program and Breast Services Enhancement Program in Victoria. Further information on the SSWBC program can be obtained from <http://www.health.vic.gov.au/breastcare/sswbc/project.htm>

### Trialing equipment

- It is advisable to trial the VC equipment before a meeting as equipment and capability of equipment may vary across sites.
- Check that participants are able to see and hear one another at each site.
- Ensure that there is back up equipment should problems connecting with the VC equipment arise. For example, a teleconference could be arranged should the VC equipment fail.
- Prepare a direct contact list for all VC sites in case there are problems with the link. This will enable you to notify participants accordingly and also facilitate arranging a teleconference if required.
- Ensure the equipment, that is the document reader and projection microscope and case materials, (x-rays, histopathology slides) required, are in working order/available for the meeting.
- It is recommended that an Information Technology back up person is present at all sites.

### Room set up

- It is important to ensure that the VC room is easy to access for all participants. Individuals may be deterred if significant travel is involved or the room is difficult to find.
- Prepare the room for the expected number of participants, taking into consideration the set up with regard to reception at the receiving sites.
- Ensure the cameras and microphone/s are positioned to ensure that all participants can hear and be heard, and be captured on the VC monitor.
- Place a sign on the meeting room door stating 'videoconferencing in progress' to prevent interruptions and to ensure privacy and confidentiality where required.

### Preparation of participants

- Prepare an agenda and forward copies to all sites or participants before the meeting. It is also helpful to include the name and title of the participants attending the meeting.
- Identify and engage a 'champion' to promote the use and benefits of the technology amongst peers.
- Appoint a well-regarded chairperson at each videoconference site. This person needs to be familiar with videoconference etiquette to avoid disruptive meetings.
- Appoint a coordinator for the host and distant sites to assist with room and equipment set up.

### Meeting in progress—VC etiquette

- Provide the opportunity for participants to introduce themselves at each site.
- Encourage participants to state their name before providing each comment.
- Use the mute button if your site is not engaged with the distant sites. This will allow participants to have a discussion without disrupting other sites.
- Ensure all sites have an opportunity to provide comment. Checking with each site for any further comments will facilitate this.
- Avoid side conversations or a lot of movement, as this can be most disruptive to the meeting and annoying for distant sites.

### Ending the VC meeting

- Thank all members for attending and participating in the meeting. Remind participants to hang up the VC call from their site.
- Ensure all equipment is left in the same state that it was found.

## Checklist for setting up a multidisciplinary meeting via videoconference

The following is a quick checklist for setting up a multidisciplinary meeting via videoconference.

### Agenda and meeting preparation

- Is a videoconference room booked?
- Has a bridge call been arranged?
- Has an IT support person been identified and informed of the meeting?
- Has an agenda been prepared and distributed to all participants in advance of the conference?
- Have participants' roles and responsibilities been clearly communicated and understood by all sites?
- Is there a reminder included for an early start time before the "live" time to allow for set up and minimise any problems or delays in starting the "live" conference?
- Is a chairperson appointed at each site?
- Is there a PowerPoint presentation? If so, consider the following:
  - Font size should be no less than 36 points
  - Keep to a maximum of five bullet points per slide
  - Do not use reds, yellow or oranges for either the background or text as these colours may "bleed" on the screen
  - Use blues, blacks and white for both text and background
  - Send copies of the presentation to ensure all locations have a copy in the event the equipment fails on the day of the meeting.

### Layout of room

- Is the table clear of obstacles other than essential items such as glasses and paper?
- Is there a sign on each site table clearly indicating the name of the site?

### Videoconferencing components

- Have both the audio and visual components of the video conferencing system been checked and in working order?
- Does the videoconferencing room contain a telephone list of all site telephone numbers, contact names and locations for use if any problems arise?
- Is the mouse based pointer being used on the screen when displaying slides (the infrared pointer is not visible at remote sites)?
- Is the microphone placed on a mouse pad to assist in absorbing any table vibration?
- Is the microphone strategically positioned so that all required sound is picked up?
- Is the 'Picture in Picture' (PIP) button on at all times?

### Conference meeting in progress

- Have participants been reminded to switch off their mobile phones?
- Do participants state who they are before commenting or asking a question?
- Have all sites been involved and provided the opportunity to participate equally?
- Are participants reminded to look at the camera when speaking?
- Is the mute button used appropriately?
- Is there a sign on the meeting door stating 'meeting in progress'?
- Can all participants be heard and seen clearly?
- Are participants wearing plain, non reflective clothing?

### Ending the Conference call

- Has the call been disconnected?
- Is the equipment in the same state as it was at the beginning of the meeting?

## Useful contact numbers and websites

### Telstra

- Telstra Conferencing **1800 011 080** or email [conferlink@team.telstra.com](mailto:conferlink@team.telstra.com)
- Information and booking forms via [www.telstra.com.au/conferlink/videoconf.htm](http://www.telstra.com.au/conferlink/videoconf.htm)
- To check video site registration status or seek assistance call **1800 064 279**
- For costing of videoconferences: [www.telstra.com.au/isdn/](http://www.telstra.com.au/isdn/)

### Global Assist (GVT Vantage P/L)

- Helpdesk/Bookings **1800 99 11 44**
- Website: [www.vantageGVT.com](http://www.vantageGVT.com)
- Email: [support@vantsys.com.au](mailto:support@vantsys.com.au)

### TeleHealth Victoria

[www.telehealthvictoria.org](http://www.telehealthvictoria.org)

This is an independent organization whose goal is to decrease fragmentation, be a central clearing house for telehealth information, provide benefit through collective bargaining and address issues common to all stakeholders with an interest in the successful utilisation of telehealth.

### Videoconference Locations

[www.globaltelehealth.com.au](http://www.globaltelehealth.com.au)

