

SMICS

Southern Melbourne
Integrated Cancer Service

CANCER SERVICE IMPROVEMENT PROJECT

Continuum of Care Project:
MDT Pilot Project
Progress Report

August 2009

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SMICS Governance Committee
and Tumour Groups

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EXECUTIVE SUMMARY

Introduction

It is widely recognised that a multidisciplinary approach to the planning of cancer treatment is an important component of best practice and evidence-based cancer care. Given the intrinsic relationship between multidisciplinary care, care coordination, supportive care and reducing unwanted variation in practice, SMICS has undertaken several inter-related projects. These projects are known collectively as the *SMICS Continuum of Care Project (CCP) 2007-2011*. The SMICS MDT Pilot Project (the project) was commenced in July 2008 as part of CCP phases three and four.

Project objective

To enhance existing MDTs and facilitate the establishment of new MDTs throughout the SMICS catchment to:

- improve multidisciplinary care and care coordination for cancer patients and their families, and
- build the capacity of health services to sustain multidisciplinary care in the future.

Planning

Project planning involved the:

- identification of executive sponsors and reporting lines for the project within the member health services
- development of draft meeting documentation based on the DHS *Multidisciplinary Care Toolkit*⁴, and
- development of an evaluation framework using a program logic approach

Implementation

MDT project officers were appointed to work in each health service to provide high level administrative support to cancer related MDTs and assist with the coordination of MDT meetings.

Initial work of the project officers within the health services involved developing relationships with key staff in the following clinical and support services:

- health information services and medical records departments
- internal and external pathology services
- internal and external diagnostic imaging service

Progress to date

- Meeting terms of reference and protocols were established.
- Evaluation framework developed
- Agreed MDT minimum dataset has been developed and implemented across the three health services.
- Number of treatment recommendations in medical records increased from four to nine meetings, equalling the total number of meetings supported by SMICS
- Increased level of interest in SMICS' activities from health service management and clinical staff.
- Increase in the engagement of tumour group members whose meetings are involved in the project.
- Virtual meeting technology implementation in progress.

- The realignment of meeting administration from clinical staff to administrative personnel.

Next Steps

- Scope the level of interest in virtual meeting technology with further MDTs and implement the technology where required.
 - Develop a process to ensure documented MTD recommendations are communicated to members at remote sites.
- Implement the communication of treatment recommendations to patients' usual GP.
- Improve the awareness and utilisation of the "Multidisciplinary Care" patient information brochure.
- Improve the documentation of patient consent to MDT discussion.
- Investigate and develop software solutions to support the administration of the MDT.
- Investigate the level of interest, and opportunities to involve further cancer-related MDTs in the project.
- Promote the consideration and documentation of supportive care issues in MDT discussions.
- Develop, in conjunction with health service managers, a sustainability strategy for ongoing MDT coordination.

INTRODUCTION

It is widely recognised that a multidisciplinary approach to the planning of cancer treatment is an important component of best practice and evidence-based cancer care. To date the Multidisciplinary Team (MDT) Pilot Project has significantly enhanced participating MDTs, and further improvements are anticipated with the implementation of virtual meeting technology and MDT software solutions.

The Victorian government has made a significant commitment to cancer reform policy and service development since 2002. These reforms are being implemented by the Integrated Cancer Services (ICS) which facilitate and support improvements in the integration and coordination of services within a geographic area. Southern Melbourne Integrated Cancer Service (SMICS) is one of three metropolitan ICS and is a joint initiative of Alfred Health, Cabrini Health, Peninsula Health and Southern Health.

The Department of Human Services (DHS) has identified four key priority areas for cancer reform:

- multidisciplinary care
- care coordination
- supportive care, and
- unwanted variation in practice¹

Victoria's Cancer Action Plan 2008-2011 (VCAP), released in December 2008, outlines a medium-term vision for ongoing cancer reform that builds on the work undertaken by the ICS over the past four years. VCAP has provided additional impetus for the ICS and cancer services to continue to improve the delivery of multidisciplinary care through stated measurable targets across four action areas, including:

*"Increasing the number of newly diagnosed cancer patients that have a documented MDT care plan by 20 percent each year, with the aim of achieving 80 percent documentation by 2012."*²

Given the intrinsic relationship between multidisciplinary care, care coordination, supportive care and reducing unwanted variation in practice, SMICS has undertaken several inter-related projects. These projects are known collectively as the *SMICS Continuum of Care Project (CCP) 2007-2011*. Between March and June 2008, SMICS staff attended 60 MDT meetings across the then three SMICS member health services. The audit identified existing meeting practices and provided some baseline data for the MDT pilot project. Appendix 1 provides an overview of the projects undertaken in the separate phases of CCP. The SMICS MDT Pilot Project (the project) was commenced in July 2008 as part of CCP phases three and four.

The project objective is to enhance existing MDTs and facilitate the establishment of new MDTs throughout the SMICS catchment to:

- improve multidisciplinary care and care coordination for cancer patients and their families, and
- build the capacity of health services to sustain multidisciplinary care in the future.

SMICS have identified that a best practice MDT meeting will:

- comprise membership based on the Patient Management Frameworks³ (PMFs)
- be a forum to discuss cancer patients in which health professionals feel valued and comfortable contributing
- enable determination and documentation of the most appropriate treatment and care plan for each patient
- provide an opportunity for ongoing professional development and clinical networking
- consider patient's individual needs and treatment preferences

A joint initiative of Alfred Health, Cabrini Health, Peninsula Health and Southern Health
Connecting cancer care, driving best practice and improving patient outcomes

PLANNING

With the endorsement of the SMICS Executive on 17 April 2008, SMICS commenced the SMICS MDT Pilot Project within Alfred Health, Peninsula Health and Southern Health as part of CCP Phases 3 and 4 in July 2008.

An executive sponsor was identified in each member health service to assist in the establishment of the MDT project officer roles and provide local project guidance and support. Through this executive support, crucial milestones such as the allocation of on-site office space, and access to health service clinical information systems for the MDT project officers have been achieved. At Alfred Health, a Multidisciplinary Team Steering Group has also been established with broad clinical and executive representation.

Draft MDT documentation was developed, based on the DHS *Multidisciplinary Care Toolkit*.⁴ These forms were used as the basis for discussion with MDT members and provided the foundation for the development of documentation tailored to meet the specific needs of individual MDT meetings and individual health services.

The consumer interviews conducted in CCP Phase 2 identified that there was limited information available regarding the purpose of MDTs and how recommendations for the treatment for cancer are decided. A 'Multidisciplinary Care' patient information brochure was developed to provide an explanation of how MDTs work. Consumer feedback on the brochure has been sought through the SMICS Consumer Advisory Group. Further evaluation will be undertaken through a survey of people affected by cancer that have been provided the brochure.

In conjunction with ECHO Consulting, an evaluation framework was developed using a program logic approach. The program logic exercise developed a set of key measures relating to the activities, outputs and outcomes of the project. A summary of the framework is provided in Appendix 2.

IMPLEMENTATION

MDT Project Officer recruitment

Three SMICS MDT project officers were recruited to work in each health service for an initial period of 18 months, to work to provide high level administrative support to cancer related MDTs and assist with the coordination of MDT meetings. An additional project officer was appointed to work within the Southern Health network in May 2009 in order to facilitate the inclusion of further MDTs based across the network's multiple sites.

Project activities and outputs

Initial work of the project officers within the health services involved developing relationships with key staff in the following clinical and support services:

- health information services and medical records departments
- internal and external pathology services
- internal and external diagnostic imaging services

Relationships were also developed with the chair and members of each MDT. The project aims and role of the MDT project officer in supporting the MDT were clarified.

Meeting terms of reference and protocols

Meeting terms of reference and protocols were established and refined through close consultation with all team members. The terms of reference articulate the purpose of the meeting, the type of cases which will be discussed, and specify the required disciplines which constitute a meeting quorum, based on the relevant PMF³. The meeting protocols describe the roles and responsibilities of meeting chairs, members and the MDT coordinator. The protocols also explain the process and deadlines for referral of patients into and from the meeting. Timelines were established to allow adequate time for diagnostic imaging and pathology team members to review and prepare for the case presentations. These timelines also made allowance for the request of histopathology slides from external pathology services where required.

MDT meeting process mapping

Through the process of establishing the meeting protocols, the way in which patients are referred into, and from individual MDT meetings were identified, refined where needed and documented. MDT meeting referral process maps have been developed for all nine teams currently participating in the project. These process maps also include the meeting's relationship with outpatient services where relevant.

As an example, the process map describing the Southern Health MDT Lung meeting and its relationship with the Chest Oncology outpatient clinic at Monash Medical Centre Clayton, is provided in Appendix 3.

MDT meeting minimum dataset and meeting documentation

Using the MDT Pilot Project evaluation framework as a guide, an agreed MDT minimum dataset has been developed in MS Office Excel across Alfred Health, Peninsula Health and Southern Health. Standard information requirements for the administrative processes of organising and running the MDT meetings were identified and built into the spreadsheet. The dataset has also been able to be adapted to meet the requirements of

individual teams involved in the project. The identification and implementation of the dataset has allowed analysis throughout the project and will enable SMICS to provide clinicians with data regarding patients discussed at MDT meetings.

The dataset has streamlined the preparation of the meetings by enabling MDT project officers to generate meeting agendas, minutes and management plans by merging the data into formatted word templates.

Table 1 provides a summary of the volume of cases discussed by MDTs in each health service between 1 January and 30 June 2009. As patients may be discussed more than once by an MDT, the figures do not represent the actual number of cancer patients treated by each health service. Data regarding the Southern Health neurological team was not collected as involvement in the project was delayed due to the development of the Southern Health Neurosciences Service Plan and the recent establishment of the brain tumour outpatient clinic.

Timeframes and agreed processes for referring patients for discussion in the meeting have been established in the meeting protocols. While it is recognised that late referrals are necessary for the discussion of urgent cases, the project team are working to ensure wherever possible, meeting processes are followed in order to:

- allow radiology and pathology team members to review investigations prior to the meeting
- ensure data is collected for the majority of patients discussed and,
- maximise the documentation of MDT recommendations through the pre-population of dedicated medical record forms.

Table 1			
Health Service	Alfred Health	Peninsula Health	Southern Health
Tumour stream	<ul style="list-style-type: none"> • Head & Neck • Genito-urinary • Lung 	<ul style="list-style-type: none"> • UGI /Colorectal • Breast • Lung 	<ul style="list-style-type: none"> • Lung • UGI
No. of patients	280	257	407
Proportion of late referrals	17%	6%	17%

Figure 1 provides a summary of project progress in each member health service regarding the recording of MDT discussions and treatment recommendations in patients' medical records. Within Alfred Health and Southern Health there has been a significant increase in the proportion of documentation of treatment recommendations. At Alfred Health 14% of patients discussed in all participating MDTs between 1 January and 31 March 2009 (Q1) had a treatment plan documented in the medical record. Documentation of MDT discussions at The Alfred between 1 April and 30 June 2009 (Q2) had increased to 88%. Similar progress was seen at Southern Health with an increase from 26% to 87%.

Prior to SMICS involvement, all MDTs at Peninsula Health were in the practice of documenting MDT discussions, and this rate of documentation at Peninsula Health has remained relatively static. Work at Peninsula Health has involved the realignment of administrative tasks for the meeting preparation from clinical staff to the non-clinical project officer. The figures also reflect the higher proportion of private patients presented at Peninsula Health MDT meetings and the fact that documented treatment plans of private patients discussed are not held in a public medical record.

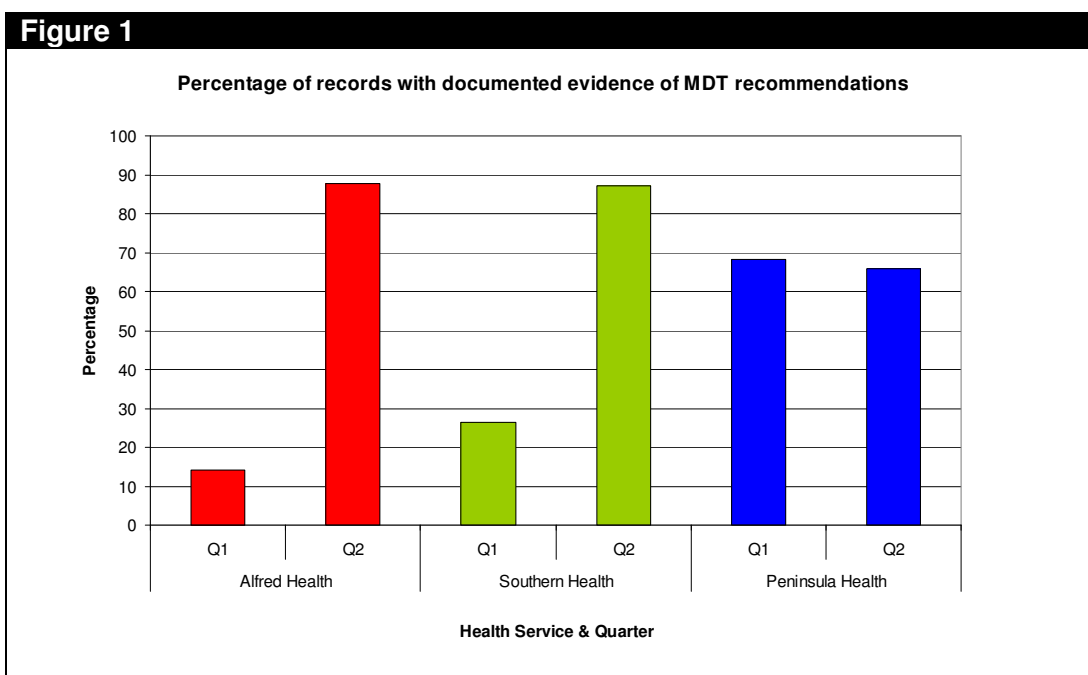
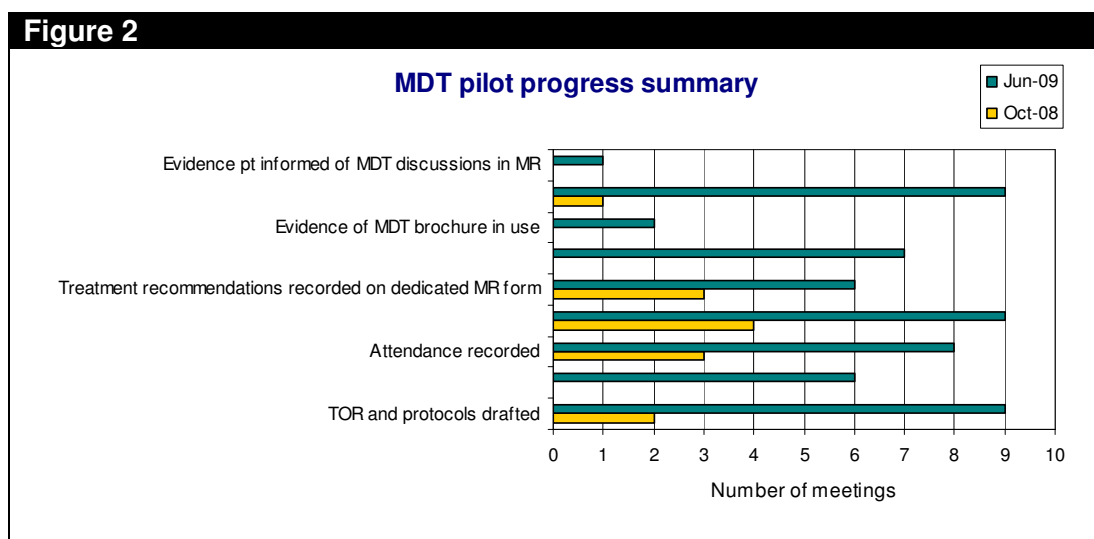


Figure 2 shows a summary of the progress made in the project outputs across the 9 teams involved in the project as at 1 July 2009.



Once the MDT administration process had been established and embedded in usual practice, it was possible to expand the project to include further MDTs. Table 2 provides a summary of the additional teams supported in each health service and those teams identified for involvement in the project in the coming months.

SMICS has observed the Genito-urinary MDT held at Frankston Private Hospital, met with the nurses who coordinate the meeting, and provided the team with examples of SMICS meeting documentation. SMICS has offered to coordinate this meeting at Frankston Hospital in the future.

Table 2			
	Initial MDTs (Oct 2008)	Additional MDTs (July 2009)	Potential for involvement
Alfred Health	<ul style="list-style-type: none"> • Lung • Genito-urinary • Head & Neck 	<ul style="list-style-type: none"> • Upper GI 	<ul style="list-style-type: none"> • Breast
Peninsula Health	<ul style="list-style-type: none"> • Breast • Lung • Upper GI / Colorectal 		<ul style="list-style-type: none"> • Skin • Genito-urinary • Gynaecology
Southern Health	<ul style="list-style-type: none"> • Lung • Upper GI • Neurological 	<ul style="list-style-type: none"> • Gynaecological • Colorectal 	<ul style="list-style-type: none"> • Head & Neck • Thyroid • Breast • Skin • Genito-urinary

Attendance registers and meeting attendance

Attendance registers have been implemented in the participating MDTs. Since the commencement of the project, there has been an increased interest in these MDT meetings. New attendees include both senior and junior medical staff, and nursing and allied health professionals.

SMICS has facilitated the expansion of several MDTs to include additional professions or disciplines to reflect the recommendations of the PMFs. Table 3 provides a summary of those teams whose membership has expanded as a result of involvement in the project.

Table 3		
	MDT	New discipline attending
Alfred Health	Lung	<ul style="list-style-type: none"> • Pathologist
	Head & Neck	<ul style="list-style-type: none"> • Palliative care registrar • Social worker
Peninsula Health	UGI / Colorectal	<ul style="list-style-type: none"> • Radiologist • Gastroenterologist • Colorectal surgeon • UGI surgeon
Southern Health	UGI	<ul style="list-style-type: none"> • Palliative care nurse

Additionally a small situational analysis project has commenced in conjunction with the Southern Health Dietetics Department to identify current patterns of dietetic involvement in the care of UGI and Hepatopancreatobiliary (HPB) cancer patients and scope how the dietetic staff can contribute to the MDT. The Southern Health project team has also facilitated the involvement of a pathologist in the Lung MDT meeting from October 2009, and a nuclear medicine physician is expected to join the Colorectal MDT meeting at Dandenong Hospital in the coming weeks.

Virtual Meeting Technology (VMT)

The investigation of the use of technology to support MDTs conducted by Cancer Care Ontario found that information technology is a key enabler of MDT meetings and can play an important role in facilitating collaboration between clinicians at remote sites⁵

Multidisciplinary cancer teams identified issues regarding:

- access to clinical information, particularly if the patients have been treated at another site
- health professionals working across multiple sites being unable to attend some MDT meetings
- delays in meeting decisions and the need to re-discuss patient cases as critical information is not available, and
- the lack of specialist clinicians in some geographical areas.

Selected SMICS tumour group representatives were invited to comment on a potential virtual meeting technology (VMT) solution. The results of this survey were used to match with functionality of market options to determine the best fit solution.

SMICS engaged Khor Wills & Associates in the second quarter of 2008 to complete a discovery report on the clinical data sources and systems in use at Alfred Health, Peninsula Health and Southern Health. The report was used to inform the next phase of the project.

Conduct of virtual meetings

Existing MDTs can host the virtual meetings, with remote members invited to participate through their desktop computers. The SMICS MDT project officers facilitate the process during the meeting. The host computer at the main hospital site shares the images and documents on the screen with the other participants of the meeting for case discussion. There will also be the capacity for remote sites to show images for review by members at the host site.

The technology allows for the computer screen view to be shared, allowing the remote review of:

- PACS images
- digital pathology images
- MIA online system images
- power point presentations
- photographs and
- word processing documents, such as agendas.

Process

The Centre for Health Innovation (CHI) was engaged by SMICS in November 2008 to develop a functional and technical specifications report which included:

- a detailed scoping to understand the business requirements of the project
- a definition of the functional requirements of the users
- a definition of the high level technical requirements of the users
- the development of a high level matrix of selected market options to meet the business needs
- the development of a tool to support vendor or product evaluation.

Cisco WebEx , which is currently being successfully used by other ICS, was subsequently identified as the best solution. The implementation of the VMT was delayed due to the

lengthy process involved in liaising with the IT departments of the member health services and procuring teleconferencing equipment.

The implementation of VMT is in its early stages, with initial trials of the technology with the Gynaecological MDT based at Monash Medical Centre Moorabbin (MMCM). This MDT has traditional links and established referral pathways with health services based in the Grampians Integrated Cancer Service (GICS) and North Eastern Melbourne Integrated Cancer Service (NEMICS) catchments. While yet to be formally evaluated, the use of VMT is proving to be highly valued by clinicians within the host MDT and at the remote sites.

"This is a wonderful system and represents the future of how this team will work", and

"Cutting edge technology – its great progress." (MMCM MDT members).

"This is fantastic for us at Ballarat. The audio quality is a vast improvement" (Ballarat based clinician)

VMT will be demonstrated and rolled out to other MDTs in the coming months.

EVALUATION

ICS Audit

The ICS participate in a medical record audit three times a year with the results provided to DHS and health services. The purpose of the audit is to measure progress in the implementation of DHS policy in the areas of multidisciplinary care, supportive care and care coordination. Some of the ICS audit data will be able to be used to verify the evaluation of the project. The following ICS audit criteria are relevant to the MDT pilot project:

- documented evidence of patient consent to MDT discussion
- documented evidence of MDT recommendations
- evidence of communication of initial treatment plan to the patients' usual GP

To maximise the use of requested medical records, SMICS has developed additional criteria to measure progress in the project which include:

- documented evidence of MDT discussion for new diagnosis or recurrence
- documented evidence of supportive care discussion by MDT

The 2009 ICS audit has reviewed the medical records of patients who have had a cancer related episode of care during the calendar year of 2008. It is anticipated that significant improvement in the results will be revealed in the 2010 ICS audit as a result of the activities of this project.

MDT member survey

A survey of members from the MDTs participating in the project was undertaken over a two week period in July and August 2009. MDT members were asked to complete an 11 question survey (Appendix 4) and return it at the end of their meeting. The aim of the survey was to gauge the clinical importance of the meetings, and to evaluate the changes to the meeting administration and processes. Members' views on patient consent and their awareness of the Multidisciplinary Care patient information brochure were also examined.

Questions one to five and seven to eight utilised a four-point likert scale and provided members with the opportunity to make additional comments. The scale could be rated from "1" strongly agree; to "4" strongly disagree. Question five also required a "yes", "no" or "did not know" response. Question six required members to rank discreet statements regarding the value of MDTs according to their own preference. Questions nine to eleven were open questions with members able to give qualitative responses.

Survey results

A total of 66 surveys (n=66) were returned from MDT members working in all three health services:

- Alfred Health (n=19)
- Peninsula Health (n= 19)
- Southern Health (n=28)

Respondents included both consultant and junior medical staff involved in cancer treatment, in addition to those involved in diagnostic imaging and pathology services. Nursing and allied health members also responded to the survey.

Questions one to three required respondents to consider the way in which their MDT meeting was organised. Figure 4 provides a summary of MDT member responses.

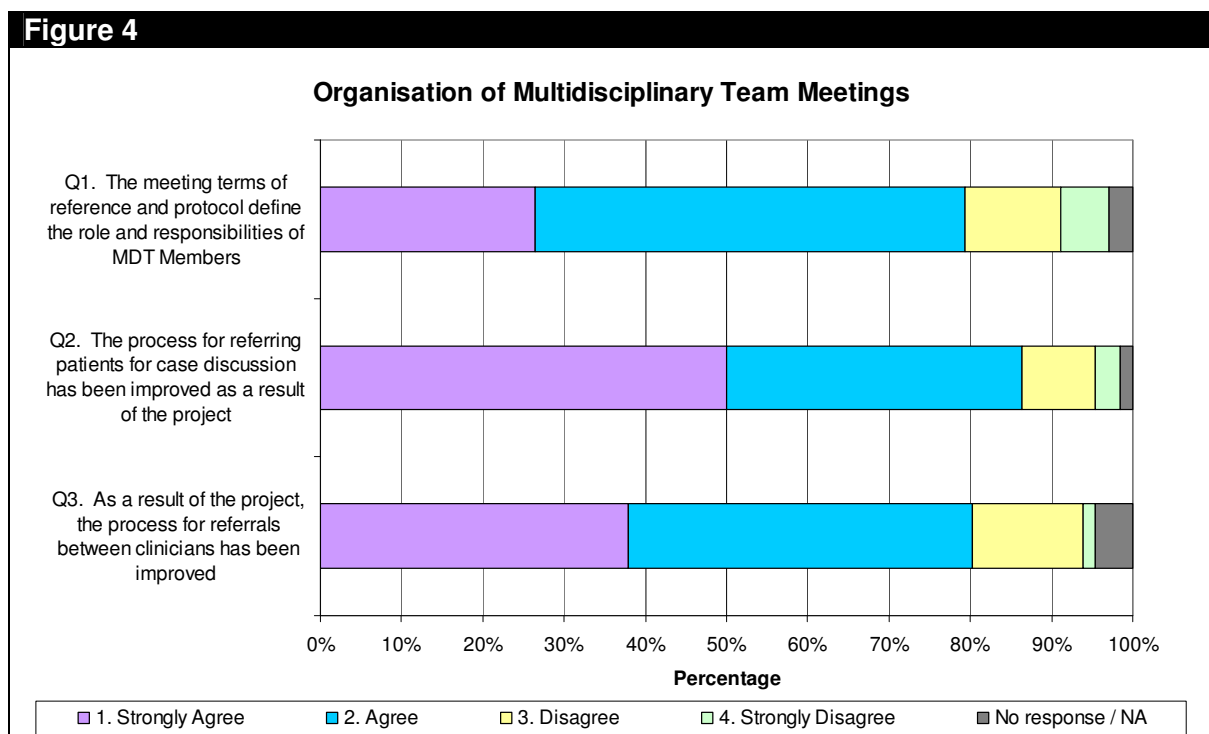
Question one asked MDT members to rate the usefulness of the meeting protocols and terms of reference. As shown in Figure 4, 79% of respondents indicated these documents were useful.

Question two required members to indicate if the process for referring patients for discussion by the MDT had improved as a result of the project. The majority (86%) of respondents indicated the referral processes into the meeting had improved, with one member commenting:

"If only other tumour streams were so well established." (*Breast clinician*)

Question three asked respondents to indicate if the process of referral between clinicians had been improved as a result of the project. Most members (79%) indicated they either agreed or strongly agreed that referrals had been streamlined.

Figure 4



Questions four, seven and eight required MDT members to consider the way in which treatment recommendations were decided, and recorded by the team. The results are summarised in Figure 5.

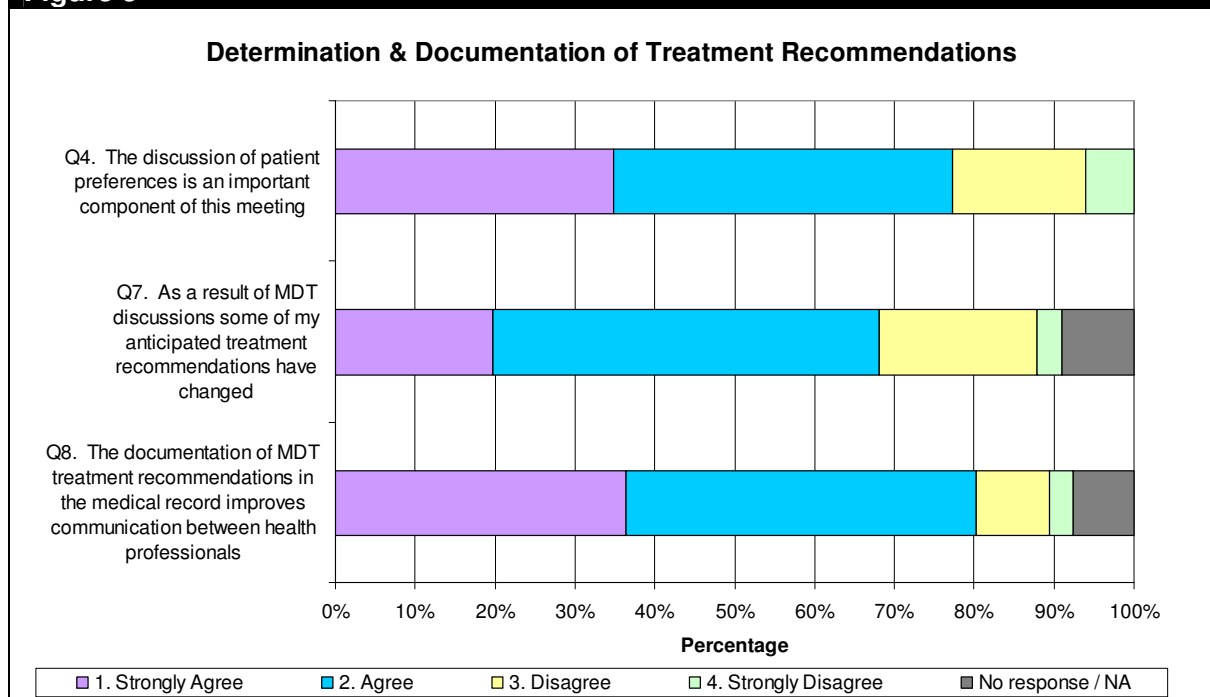
Question four asked MDT members to indicate if discussion of patient preferences for treatment were an important component of their meeting. The majority of clinicians (77%) agreed that patient preferences were considered by the team. Of the 15 respondents who disagreed with the statement, four were members of the lung MDT at Southern Health where the preferences of new patients to the service are often not known. One member of this team commented on this aspect of the meeting when completing this question.

Question seven required respondents to consider the extent to which their anticipated treatment plans were altered, subsequent to discussion with the team. The majority of respondents (68%) agreed that treatment recommendations of the team differed from the treatment they would have recommended if they had planned the care in isolation.

In question eight respondents were asked to consider the meeting documentation forms that they had developed in conjunction with the SMICS project team. Eighty percent of

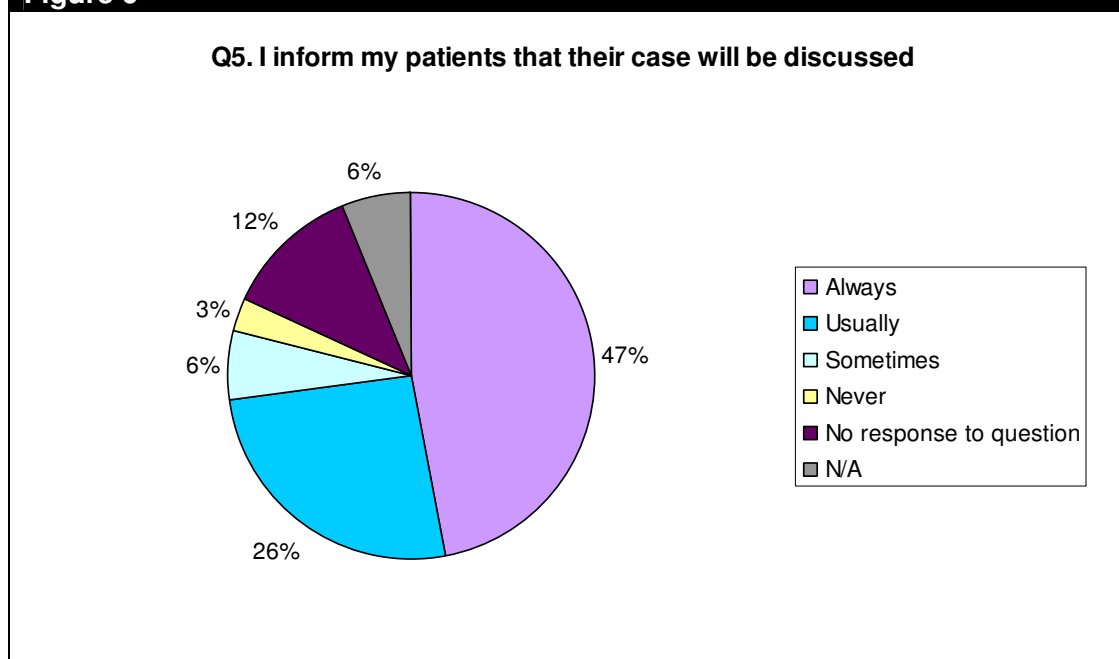
members agreed that the documentation of the MDT discussion and treatment recommendations filed in the medical record improved communication between health professionals. One clinician commented that communication would be further improved if the treatment recommendations were held in an electronic record.

Figure 5



Question five required MDT members to indicate their practice of informing patients that their case was to be discussed by the MDT. A summary of responses is provided in figure 6. Seventy three percent of the members indicate that they inform their patients of the MDT discussion. Of the 66 respondents, eight did not answer this question, and four clinicians had written “n/a” or “not applicable”. Another six respondents indicated that they “never” or only “sometimes” inform patients. It is not clear whether the responses from these 18 members indicate patient consent to discussion is not considered important, or whether they do not consider informing patients of MDT discussions to be part of their role.

Figure 6



The second part of question five measured MDT members' awareness and utilisation of the Multidisciplinary Care patient information brochure. The results indicated that more work needs to be undertaken by the project team to increase awareness of the brochure. Of the 37 members who responded to the second part of this question, only 5 clinicians indicated that they regularly provide the brochure to patients. Of the remaining 32 respondents, 11 indicated they did not provide the brochure to their patients, and 21 indicated they did not know about the brochure.

Question 6 required members to indicate the value of the MDT by ranking, in order of importance, the following statements:

- an opportunity to collaborate with colleagues
- best practice cancer care
- an opportunity for professional development
- an opportunity to streamline referrals for my patients
- an opportunity to clarify results
- an opportunity to teach junior medical staff

That MDT meetings represent 'best practice cancer care' was most commonly ranked of greatest importance by MDT members. The opportunity afforded by the meeting for collaboration between colleagues was ranked the next most important. The criteria for opportunity for professional development, clarification of results and the streamlining of referrals were all given approximately equal rating by the members. The item ranked lowest in importance was the teaching of junior medical staff.

Question 9 required the MDT members to respond in free text regarding priorities to further improve their meeting. The feedback was grouped into the following themes:

- Improving the clinical content of referrals to the meeting and the need for online referrals.
- Improving the availability of MDT determined treatment recommendations through electronic transmission and electronic medical records.
- Ensuring the meeting captures all new cancer patients in the tumour stream.
- Improving the access to imaging from external providers of diagnostic imaging services such as MIA
- Improving communication with other clinicians involved in the care of the patients, i.e. GPs and allied health
- Expanding MDT membership to include further disciplines
- The need to increase awareness of MDTs of the potential benefits of allied health professional involvement in treatment planning.

Question 10 invited members to make additional comments regarding their meeting and the progress of the project. Some suggestions regarding meeting processes and scheduling of meetings were made. Generally the comments of members were positive and indicate a high level of satisfaction with the administrative support of the meetings:

"SMICS has been excellent in organising and streamlining the meeting process" (Nuclear medicine physician)

"The project has made significant improvements in the meeting" (Radiation oncologist)

"This meeting should serve as a model at [] Health for MDT reviews" (Radiologist)

"This has been an excellent and worthy project and should be continued" (Surgeon)

"Well run; efficient process and meeting" (Medical oncologist)

Question 11 asked respondents if they were aware of any other cancer-related MDTs which were in need of support. The MDT members indicated that there was an existing

thyroid cancer meeting at Southern Health which could benefit from involvement in the project. One clinician at Peninsula Health also commented that there was a need to establish a melanoma meeting in that health service. The project team will investigate the level of interest and opportunities to involve these and other known MDTs in the coming months.

Summary of progress

While there is still much to be achieved, there has been significant progress through the implementation of the MDT Pilot Project:

- SMICS has forged new relationships with support services personnel in the member health services. There has been an increased level of interest in SMICS' activities from health service management and clinical staff.
- There has been an increase in the engagement of tumour group members whose meetings are involved in the project, which has in turn increased the identification of other opportunities for improvement. Several other MDTs have approached SMICS about being involved in the project, and members have identified other cancer-related MDTs which were not previously known to SMICS.
- With the rolling out of VMT, the ground work has been laid for increased collaboration between clinicians across health networks in southern Melbourne and their regional partners.
- The realignment of meeting administration from clinical staff to administrative personnel is highly valued by the majority of team members.

NEXT STEPS

- Scope the level of interest in virtual meeting technology with further MDTs and implement the technology where required.
 - Develop a process to ensure documented MTD recommendations are communicated to members at remote sites.
- Implement the communication of treatment recommendations to patients' usual GP.
- Improve the awareness and utilisation of the "Multidisciplinary Care" patient information brochure.
- Improve the documentation of patient consent to MDT discussion.
- Investigate and develop software solutions to support the administration of the MDT.
- Investigate the level of interest, and opportunities to involve further cancer-related MDTs in the project.
- Promote the consideration and documentation of supportive care issues in MDT discussions.
- Develop, in conjunction with health service managers, a sustainability strategy for ongoing MDT coordination.

RECOMMENDATIONS

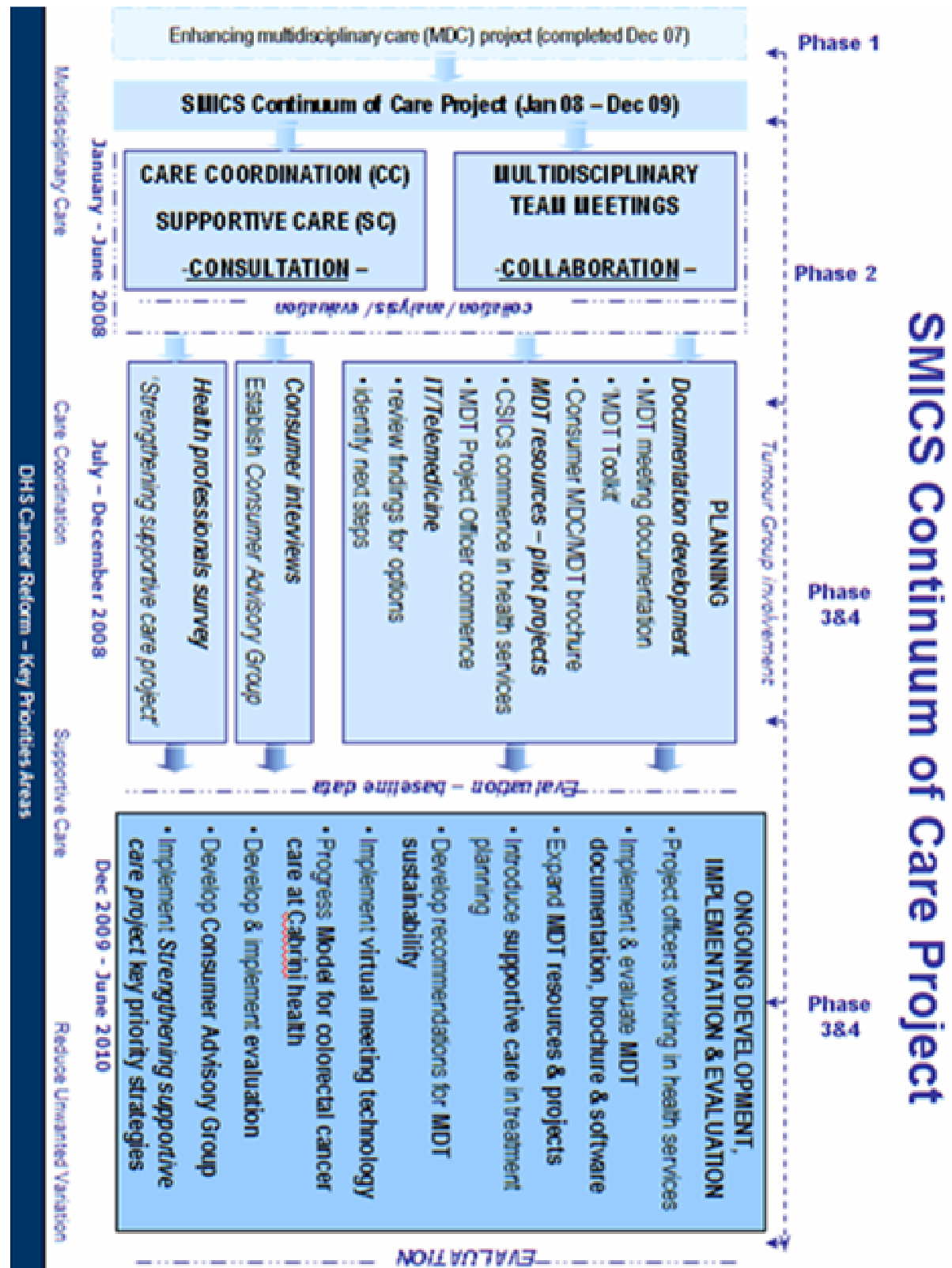
- That the SMICS Governance Committee notes progress to date in the MDT Pilot Project.
- That the SMICS Governance Committee notes the next steps to be undertaken in the MDT Pilot Project.
- That the SMICS Governance Committee endorses the extension of the MDT Pilot Project to June 2010.

ABBREVIATIONS & ACRONYMS

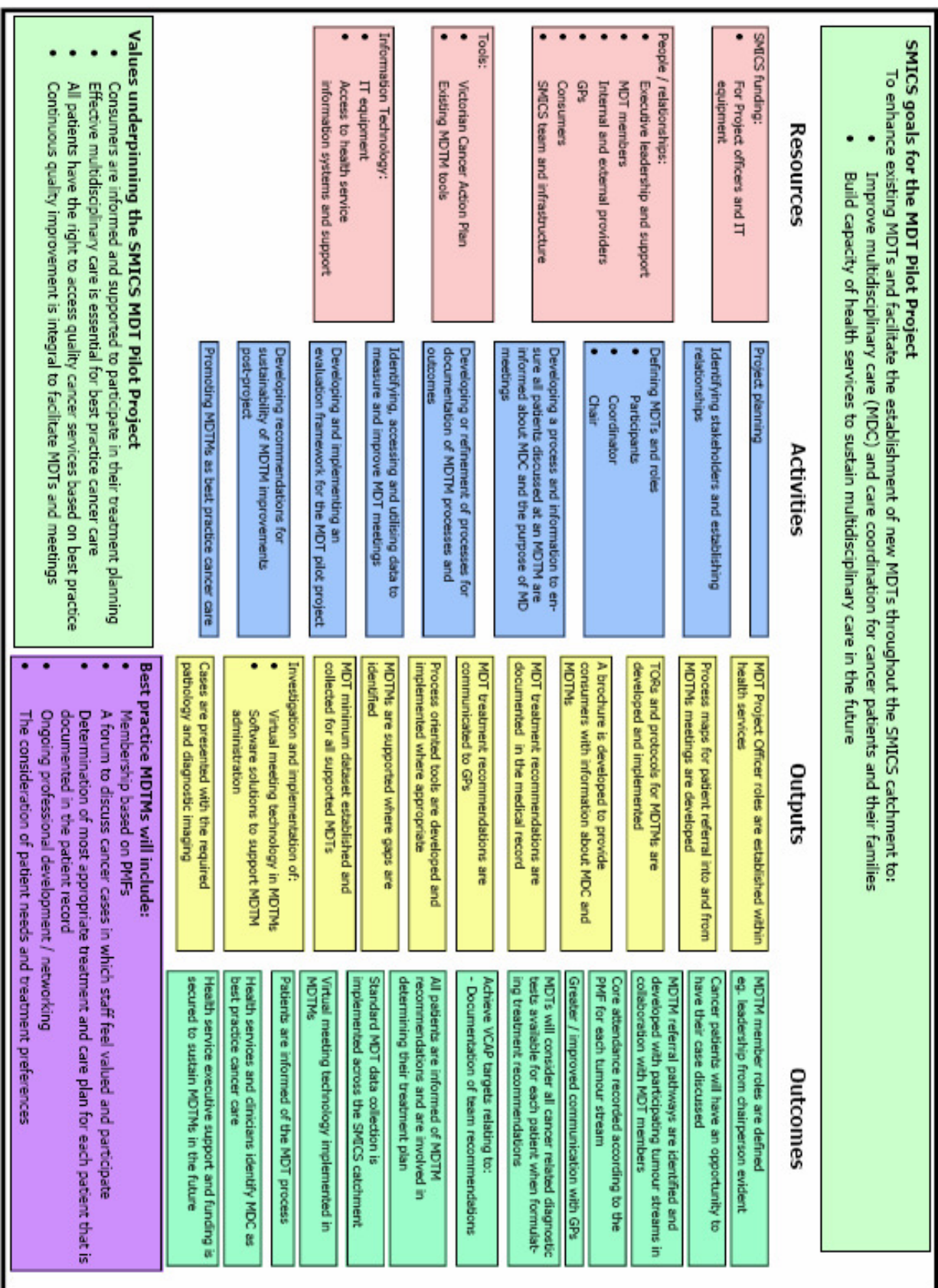
CCP	Continuum of Care Project
DHS	Department of Human Services
GICS	Grampians Integrated Cancer Service
GP	General Practitioner
HPB	Hepato-pancreato-biliary
ICS	Integrated Cancer Service
MIA	Medical Imaging Australia
MDT	Multidisciplinary Team
NEMICS	North Eastern Melbourne Integrated Cancer Service
PACS	Picture Archival Communication System
PMF	Patient Management Framework
SMICS	Southern Melbourne Integrated Cancer Service
UGI	Upper Gastro-intestinal
VCAP	Victoria's Cancer Action Plan
VMT	Virtual Meeting Technology

APPENDICES

Appendix 1

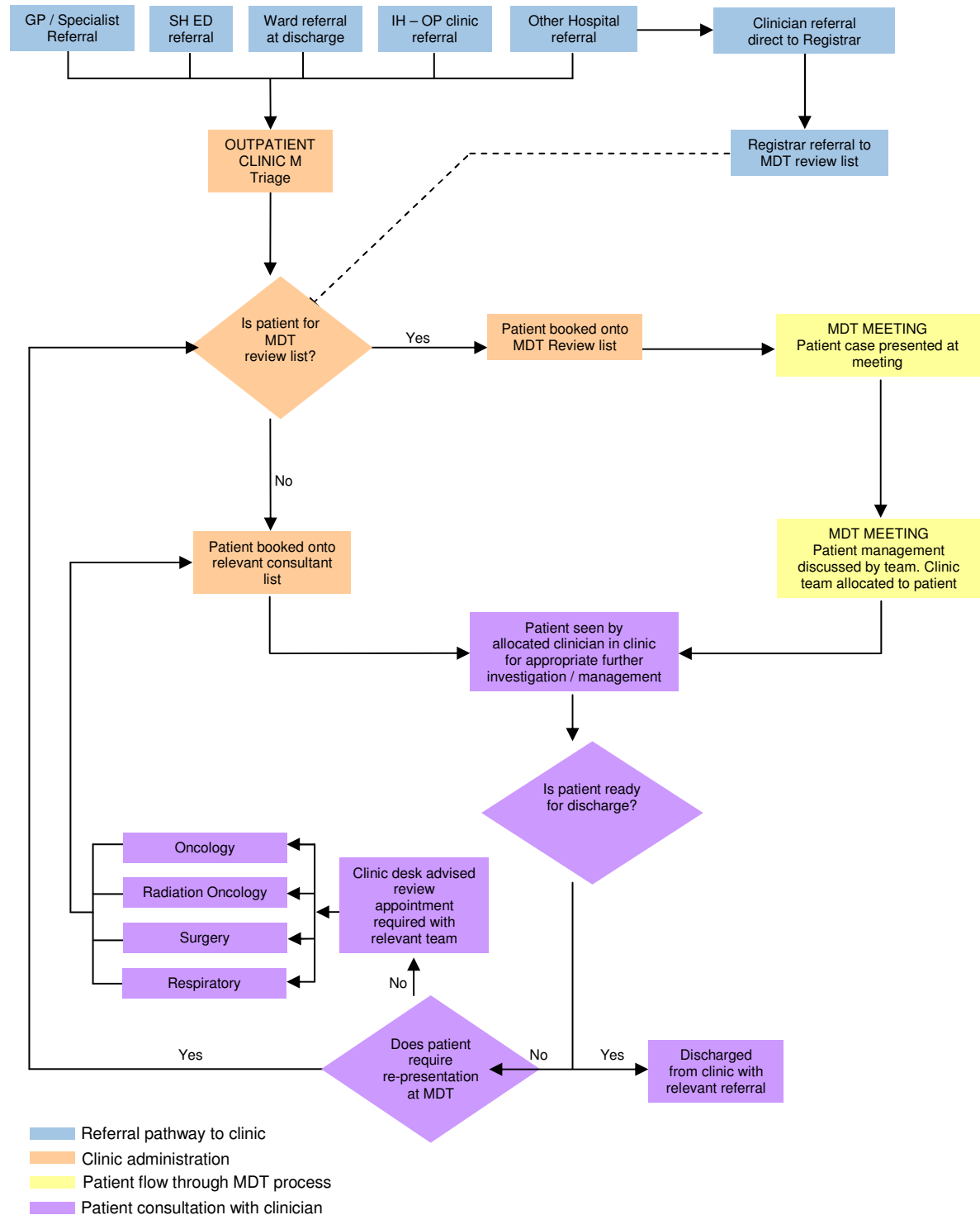


The SMICS MDT Pilot Project—Program Logic Chart



Appendix 3

PATIENT FLOW Southern Health Lung MDT Meeting & Outpatients



Appendix 4



Southern Melbourne Integrated Cancer Service

Centre Road
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SMICS Continuum of Care Project: MDT Pilot Project MDT Member Survey

The Southern Melbourne Integrated Cancer Service (SMICS) was established in 2004 to support the implementation of the Cancer Services Framework for Victoria. It is a joint initiative involving Alfred Health, Cabrini Health, Peninsula Health and Southern Health and aims to support improvements in the integration and coordination of cancer care.

As part of the Continuum of Care Project, SMICS commenced the MDT Pilot Project. The goals for the MDT Pilot Project are to enhance existing MDTs and facilitate the establishment of new MDTs throughout the SMICS catchment to:

- improve multidisciplinary care and care coordination for cancer patients and their families and,
- build capacity of health services to sustain multidisciplinary care in the future

Gaining the feedback of MDT members is an important part of the project evaluation, and will assist SMICS to continue improve MDT meeting processes and provide evidence to support sustained MDT coordinator roles.

All data will be de-identified for reporting. The survey is brief and it is anticipated that it will only take a few minutes of your time.

Please return completed surveys at the end of the meeting. If you wish to make further comment, please feel free to contact the MDT project team working within your health service:

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Multidisciplinary Team (MDT) member survey					
1. The meeting terms of reference and protocol define the role and responsibilities of MDT members Rate: 1 2 3 4 Strongly Strongly Agree Disagree Comments:			2. The process for referring patients for case discussion has been improved as a result of the project Rate: 1 2 3 4 Strongly Strongly Agree Disagree Comments:		
3. As a result of the project, the process for referrals between clinicians has been improved Rate: 1 2 3 4 Strongly Strongly Agree Disagree Comments:			4. The discussion of patient preferences is an important component of this meeting Rate: 1 2 3 4 Strongly Strongly Agree Disagree Comments:		
5. I inform my patients that their case will be discussed at the MDT Rate: 1 2 3 4 Always Never I provide the SMICS MDT brochure when explaining the MDT process to patients <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not know about the brochure			6. I value the MDT meeting as: (Please rank 1-6) <input type="checkbox"/> An opportunity to collaborate with colleagues <input type="checkbox"/> Best practice cancer care <input type="checkbox"/> An opportunity for professional development <input type="checkbox"/> An opportunity to streamline referrals for my patients <input type="checkbox"/> An opportunity to clarify results <input type="checkbox"/> An opportunity to teach junior medical staff		
7. As a result of MDT discussions some of my anticipated treatment recommendations have changed Rate: 1 2 3 4 Strongly Strongly Agree Disagree Comments:			8. The documentation of MDT treatment recommendations in the medical record improves communication between health professionals Rate: 1 2 3 4 Strongly Strongly Agree Disagree Comments:		
9 What should be the priority areas of work for the SMICS MDT project team in the next 6 months? 					
10. Are there any other comments or suggestions you would like to make? 					
11. Are you aware of cancer related MDT in need of support? If so, please state name and campus of meeting. 					

REFERENCES

¹ A Cancer Services Framework for Victoria: *A report from a consortium led by the Collaboration for Cancer Outcomes Research and Evaluation*. July 2003
<http://www.health.vic.gov.au/cancer/framework.htm>

² Department of Human Services, (2008) *Victoria's Cancer Action Plan 2008-2011*, Victorian Government, Melbourne

³ Department of Human Services, (2006), *Patient Management Frameworks*, Victorian Government, Melbourne

⁴ Department of Human Services (2007), *Multidisciplinary meeting toolkit*, DHS Victorian Government, Melbourne

⁵ Cancer Care Ontario, 2008, *Environmental scan and assessment of MCC technology enablers of CCO's against MCC standards*. www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=33559