

MULTIDISCIPLINARY CARE TEAM
CANCER STREAM MEETINGS
Gippsland Regional Integrated Cancer Services

MEETING PROTOCOLS

1. Aim

The overall aim of the Multidisciplinary Care (MDC) team, cancer stream meetings is to enable a formal mechanism for the prospective, multidisciplinary treatment and care planning.

The objectives of the meeting are:

- 1.1 To provide an opportunity for multidisciplinary discussion of all referred cancer stream cases.
- 1.2 To ensure patients referred with a malignancy have their case discussed by a multidisciplinary team with access to all available information about that case.
- 1.3 To determine, in the light of all available information and evidence, the most appropriate treatment and care plan for each individual patient.
- 1.4 To provide education to senior and junior medical, nursing, and allied health staff to improve continuity of care across Gippsland.

2. Team Membership

Team membership will consist of:

- 2.1 Medical staff, nursing staff, allied health and psychosocial professionals providing clinical services in relation to cancer within associate hospitals and Gippsland Regional Integrated Cancer Service (GRICS).
- 2.2 Invited specialist clinicians.

3. Attendance

Attendance will be by:

- 3.1 The members of the MDC team.
- 3.2 General practitioners of referred patients.
- 3.3 Other health professionals invited by the presenting clinician or chairperson of the meeting.
- 3.4 Any support staff who may be required to assist meeting implementation.
- 3.5 Any health professional not of an associated hospital whom is involved with the patients treatment and care.
- 3.6 Any prospective attendee whom does not fit the above attendance requirements, must place a request in writing to the GRICS executive or acting chairperson.
- 3.7 A record of attendance of meetings will be kept by GRICS.

4. Meeting venues

- 4.1 The core meeting venues, unless otherwise notified, will be Latrobe Regional Hospital, West Gippsland HealthCare Group, Bairnsdale Regional Health Service, Gippsland Southern Health Service and Central Gippsland Health Service. Rooms will be advised prior to the meeting via the MDC Management System.
- 4.2 Other meeting venues may be added, upon request by a MDC team member dependant on availability of videoconferencing facilities.
- 4.3 Notification of venue change must be in writing and circulated to members of the meeting forty-eight hours prior to the meeting day.
- 4.4 A MDC team member may teleconference to a meeting however must mute the telephone when not speaking.

5. Chairing of meeting

- 5.1 The chair will be rotated every four meetings. At the fourth meeting the multidisciplinary team will elect the new chair as the last agenda item presided over by the outgoing chair.
- 5.2 Where the nominated chairperson is unable to attend, he or she will organise for a proxy to chair the meeting.
- 5.3 Each meeting will have a meeting facilitator who will be nominated by Gippsland Regional Integrated cancer services (GRICS). This will be reviewed annually by the MDC team by questionnaire.
- 5.4 Where the meeting facilitator is unable to attend, he or she will organise with the MDC coordinator for an experienced member of the MDC team to facilitate the meeting.

6. Meeting notification

All team members will receive:

- 6.1 The meeting invitation.
- 6.2 The meeting agenda at least forty-eight hours prior to the meeting.
- 6.3 A meeting calendar will be delivered to all team members at the start of each New Year or by request. The meeting calendar will contain all of the meeting dates for the following 12 months.

7. Meeting agenda

- 7.1 The meeting title will distinguish cancer type that may be included on the agenda for prospective multidisciplinary treatment planning.
- 7.2 Referrals will be made for patients who currently reside or will reside in Gippsland.
- 7.3 The meeting will see a maximum of three cases per half-hour. Each case will be no less than 10 minutes in duration.
- 7.4 The referring clinician will receive patients' informed consent prior to the meeting. The consent may be either written or verbal. Informed consent will be supported by a GRICS MDC Patient Information Brochure, accessible via the GRICS website or by contacting the MDC Coordinator.
- 7.5 MDC Team members will refer patients to the meeting agenda via the MDC Management System or by faxing a GRICS MDC referral form at least 48 hours prior to the meeting.
- 7.6 If referrals have exceeded the case limit per meeting, the cancer stream leader will decide on which cases will be included on the agenda for their respective tumour streams.

7.7 Late inclusions to the agenda will not be accepted. Cases referred less than 48 hours prior to the scheduled meeting will not be accepted.

8. Results

8.1 The MDC Coordinator will make requests on behalf of the presenting Multidisciplinary team member for investigation/diagnostic results to the respective diagnostic services at least forty-eight hours preceding the meeting.

8.2 Clinicians requesting results must include the requesting doctor's name, the patient's full name and date of birth, medical record number, test procedure and date.

8.3 Radiology will be provided via the Regional Imaging Gippsland database. Pathology will be provided in either digital format or slides. Mammograms will be provided on a digital overhead projector.

8.4 Mammograms must be received by GRICS at least forty-eight hours preceding the meeting.

9. Case discussion

9.1 No patient will be discussed in the absence of the referring MDC team member or his or her delegate.

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

9.3 Regional Imaging Gippsland will not be asked to comment on images not by Regional Imaging Gippsland.

9.4 Regional Imaging Gippsland will not comment on mammograms without seeing the mammogram forty-eight hours preceding the meeting.

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

9.6 The chairperson will articulate a summary of the patient treatment plan arising from the discussion, and ask for team agreement before proceeding to the next case.

10. Confidentiality

10.1 Attendance of medical and other health professionals and the meeting details will remain confidential to the meeting.

10.2 MDC team members provide information presented in this meeting in confidence.

10.3 The agenda will be destroyed following the meeting. Any MDC Team members 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.

10.4 Referred patient's name, residing town, DOB and/or age will be displayed on the meeting agenda. Patient information will be de-identified when presented electronically by videoconference linkage.

11. Meeting documentation

11.1 A nominated team member will document the patient treatment and care plan derived from the meeting discussion on a standardised patient treatment and care form.

11.2 At the close of the meeting the facilitator will certify the Patient Treatment Plan documents are a true and accurate account of the discussed patient treatment plan.

11.3 The outcomes will be documented in the MDC Management System. The patient treatment plan will be faxed to the patient's General Practitioner. Multidisciplinary team members can access an E-patient treatment plan via the MDC Management System.

11.4 When private patients are presented at a multidisciplinary meeting, it is the responsibility of the treating clinician to record team recommendations in the patient notes and sign.

12. Communication with patients and families

12.1 The referring clinician 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.

13. Medicare bulk billing

13.1 The referring clinician will inform the patient verbally or via the patient information brochure that they are required to sign Medicare vouchers for participating clinicians.

13.2 The referring clinician may generate and process own claims under item number 871.

13.3 Clinician's who treat the referred patient in the last or next twelve months may claim under item number 872.

13.4 Pilot study review September 2008: Referring clinicians will present patients with Medicare vouchers for Regional Imaging Gippsland and Gippsland Pathology. These will then be returned to GRICS for distribution.

14. Review

14.1 The terms of reference and meeting protocols documents will be reviewed annually or as specified. Indications for early review will include:

14.1.1 Legislative change.

14.1.2 Change to government and hospital policy.

14.1.3 An absence of key specialty groups from the meeting over at least three consecutive meetings.