

Multidisciplinary Care Team Meeting Guidelines

Gippsland Regional Integrated Cancer Services

Multidisciplinary Care Team Meeting

Meeting Guidelines

1. Aim

The aim of the MDC tumour stream meetings is to provide a forum which promotes open communication between clinicians across the spectrum of healthcare professions for the purpose of facilitating best practice standards in the formulation, development and implementation of individualised treatment plans for newly diagnosed cancer patients within the Gippsland region.

2. Objectives

- 2.1. To develop and sustain MDC meetings that support the needs of the Gippsland community through the prospective development of patient treatment plans for all newly diagnosed cancer patients.
- 2.2. To utilise the MDC team meetings as a platform through which education is fostered as an integral component of the healthcare system
- 2.3. To embed an ongoing quality review process into the MDC team culture, utilising tools such as regional statistics and mapping projects, to assist in ensuring that the structure and content of the meetings continues to address regional issues and demand.
- 2.4. To foster a culture whereby input from others within the multidisciplinary team are heard and valued by fellow health professionals

3. Meeting facilitation

- 3.1. MDC team meetings shall be facilitated by a member the host Health Service, Cancer Care Nurse and supported by a member of the GRICS Secretariat.
- 3.2. Information Technology Support shall be coordinated through the host Health Service.
- 3.3. Meeting calendars shall be made available by GRICS to all MDC participants prior to the commencement of each new calendar year

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. Bookings for these rooms will be coordinated by the host health service and GRICS prior to the commencement of each calendar year
- 4.2. Other venues may be added upon request by an MDC team member dependant on availability of tele/videoconferencing facilities.
- 4.3. Notification of change of venue shall be in writing and communicated to MDC team meeting participants at least 48 hours prior to the commencement of the meeting

5. Meeting Notification

- 5.1. All MDC team meeting participants shall receive:-
 - The meeting agenda at least 48 hours prior to the meeting
 - A meeting calendar at the beginning of each calendar year
 - Any information relevant to the meeting via email communication
- 5.2. Any change to meeting times/dates shall be communicated to MDC participants at least 48 hours prior to the scheduled meeting

6. Chairing of the Meeting

- 6.1. The chairperson role for each tumour stream shall be nominated annually and held for not more than two terms.
- 6.2. On the last meeting of the chairperson's term, the MDC team shall elect the new chair as the last agenda item presided over by the outgoing chair
- 6.3. Where the nominated chairperson is unable to attend a meeting he/she shall arrange for a proxy to chair the meeting
- 6.4. The chairperson shall be responsible for co-ordinating the meeting and ensure that professional and ethical standards are adhered to
- 6.5. The chairperson shall be responsible for the coordination of the agenda and determine (with group discussion) as to the most appropriate order in which the agenda is to be heard

- 6.6. The chairperson shall be responsible for ensuring that new MDC participants/those video/teleconferencing in from external sites are introduced to the group and their participation encouraged
- 6.7. The chairperson shall be responsible for framing individual patient discussion ensuring that the appropriate history, investigations, diagnosis, tumour, staging, treatment and psychosocial issues are discussed
- 6.8. The chairperson shall articulate a summary of the patient treatment plan and document this accordingly prior to proceeding to the next case
- 6.9. The chairperson shall be responsible for communicating any new / relevant information to the group
- 6.10. Where there is dissent amongst the key stakeholder group, it is the responsibility of the chairperson to record this, suggest alternative sources of input and flag the patient for re-presentation at a future meeting
- 6.11. The chairperson shall punctually close the meeting

7. Meeting Participants

- 7.1. MDC team meeting participants shall correlate with the group as defined in the tumour specific MDC terms of reference
- 7.2. MDC team meeting participants shall be responsible for maintaining confidentiality in relation to the meetings
- 7.3. It is the responsibility of the participant to ensure that any documentation relating to the MDC team meeting either be destroyed or retained in such a way that patient confidentiality is maintained
- 7.4. MDC team meeting participants shall respect a culture where the opinions of others are valued and contribution encouraged
- 7.5. Participants are asked to be punctual so as to enable full discussion of the patients on the agenda within the allocated meeting timeframe
- 7.6. It is the responsibility of members of the key stakeholder group as defined in the MDC terms of reference, to notify GRICS of any potential absence for the meetings as this may impact on the ability of the meeting to be convened

8. Patient referrals

- 8.1. Referrals can be made for patients currently residing within the Gippsland area

- 8.2. All newly diagnosed cancer patients should be referred through to a GRICS MDC team meeting according to the relevant tumour stream
- 8.3. Referrals shall be submitted to GRICS by the treating practitioner / assigned delegate
- 8.4. Referrals shall be submitted at least 72 hours prior to the next scheduled meeting
- 8.5. Whereby referrals are received after this time, they will only be accepted after their “urgency” has been assessed and agreement of the relevant key stakeholders within the MDC team has been sought. The final decision shall be at the discretion of the Chair
- 8.6. Referrals to meetings shall be accepted via the electronic Patient Management system
- 8.7. Referrals shall not be accepted where all the relevant information contained in the referral form fields, has not been provided. The host Health Service shall be responsible for informing diagnostic services in order for them to collate all relevant investigative reports as indicated on the referral
- 8.8. If referrals have exceeded the recommended case limit (see section 9), referrals shall be prioritised as to their urgency in consultation with the relevant referring practitioner
- 8.9. Patients being re-presented at MDC team meetings over subsequent weeks do not require a new referral form to be completed. There does however need to be a documented clinical indication for their re-presentation

9. Meeting Structure

- 9.1. The recommended number of patients to be discussed at each meeting is limited to 14. Exceptions may be made to this however in discussion with the key stakeholder group
- 9.2. Patients shall not be discussed without the referring practitioner/their assigned delegate being present at the meeting
- 9.3. Meeting discussion shall address all elements as indicated on the Patient Treatment Plan for the relevant tumour stream
- 9.4. Meeting duration shall not exceed the allocated timeframe except where a quorum of the key stakeholder group, as defined in the MDC Terms of Reference, can be maintained

10. Meeting documentation

- 10.1. A member of the key stakeholder group shall document the patient treatment plan electronically on the standardised patient treatment plan template

- 10.2. The referring practitioner shall sign their patient treatment plans which shall be faxed or emailed to them by the MDC administrative officer for signing within one business day from the conclusion of the meeting
- 10.3. Completed patient treatment plans shall be sent to the relevant Health Information Unit at each health service, for inclusion in the patient's medical record within 24 business hours of their receipt by the Admin Officer
- 10.4. The patient treatment plan shall be sent to the nominated GP within 24 business hours of their receipt by the Admin Officer

11. Consumer Participation

- 11.1. The referring practitioner shall convey the recommendations of the MDC team meeting to the patient/nominated Medical Power of Attorney
- 11.2. The referring practitioner shall encourage informed decision making about ongoing treatment and management

12. Medicare Bulk Billing and Private Invoicing

- 12.1. The referring practitioner may generate and process claims under CMBS item number 871
- 12.2. The treating practitioner may claim under CMBS item number 872
- 12.3. The revenue from these claims, with the agreement of the key stakeholder group, may be used to support and sustain the MDC meeting
- 12.4. It is the responsibility of the referring/treating practitioner to have patients sign a Medicare slip

13. Ongoing Review Process

- 13.1. The MDC team meeting Terms of Reference, Meeting Guidelines, Referral process, statistics (meeting and regional) and other relevant documentation, shall be reviewed annually to assess their ongoing relevance and adherence to best practice standards
- 13.2. Earlier review would be indicated in the event of Legislative change /change to Government or hospital policy
- 13.3. Where regional statistics demonstrate a failure of the MDC team meetings in addressing regional demand, consideration shall be given by the key stakeholder group as to how to best address this issue and increase capacity