

Strengthening Multidisciplinary Meetings: Improving documentation and communication

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Background

Documentation of the recommendations is an important aspect of multidisciplinary treatment planning meetings (MDMs). Good documentation ensures that all team members have access to and knowledge of the treatment plan, and leads to improved decision making transparency. It also facilitates communication with the patient's General Practitioner (GP), who may play a major supportive role within the patient's cancer journey, and should therefore be kept informed of treatment decisions.

Anecdotal reports from the Breast, Colorectal, and Haematology Tumour Groups had indicated that documentation of the MDM treatment plan and communication of this to the GP was inconsistent across MDMs in the hospitals that compose the Western and Central Melbourne Integrated Cancer Service (WCMICS).

Aim

The objective of this project was to develop tools and templates to facilitate documentation of the MDM outcomes, and the communication of these to the patient's GP.

Key aims included:

- To develop templates for documenting the treatment plan and communicating with the GP.
- To develop processes and systems to facilitate communication with the GP and other members of the care team.
- To strengthen multidisciplinary care processes across the WCMICS.
- To improve care coordination.



Methodology

Multidisciplinary meetings were audited to determine current processes and identify existing templates.

Members of each hospital's Breast, Colorectal, and Haematology multidisciplinary team, including meeting chairs, data managers and meeting coordinators, were interviewed to ascertain documentation requirements. GP Liaison Officers at each hospital were also interviewed to determine GP communication preferences.

Templates to document the MDM recommendations and communicate with the GP were then drafted. These were circulated for feedback several times before being signed off by the multidisciplinary teams.

In conjunction with the MDM Chair at each site, site-specific strategies for implementation were developed. Funding was made available to the teams for equipment to support the implementation of the templates.

Results and Discussion

Interview Results – GP Liaison Officers

All GP Liaison Officers were in agreement that there is a need for written communication from MDMs that is systematic, standardised, and provides the information that they require.

GP Liaison Officers were questioned about the preferred format of written communication from MDMs. Preferences were for a standardised one-page template rather than a letter format, as it was thought that this would be easier to read and would ensure that all required information would be consistently provided. The method of communication was also discussed, and the general consensus was that although encrypted email was ideal, privacy issues, software compatibility, and variable uptake of email technology by GPs meant that faxing would be the most practical method of communication in this instance.

When asked what information GPs would like included in the communication from the MDM, GP Liaison Officers identified several key items, including investigation results, staging, supportive care issues and referrals, treatment recommendations and any potential side effects, treatment intent and whether the patient is aware of the intent, and the contact details of the treating oncologist. These findings confer with those from a study by McConnell et al (1998) (2).

Interview Results – Hospital Team Members

When asked what information should be included on the templates, hospital multidisciplinary team members identified several key items, including a summary of the case, prognostic features, pathology results, imaging results, supportive care issues, the treatment recommendations, and any planned follow-up.

A key issue that was discussed in the interviews was who would actually be responsible for documenting of the meetings. Several clinicians noted a lack of administrative support for MDMs, and suggested that if clinical staff were to take on this role, any templates developed would need to be relatively quick and easy to fill in.



Hospital team members were strongly in favour of the development of an electronic system for documenting MDMs. Electronic systems were seen to be advantageous because data could be entered once only, it would be possible to integrate with existing systems, and the information could be viewed anywhere in the hospital rather than just where the paper-based form was located.

Template Development

Templates for documenting the meeting recommendations and communicating these to GPs were developed incorporating data fields from existing templates and the feedback received during the interviews. These were tailored to each Tumour Stream. Examples of the Breast and Colorectal forms are shown in Figures 1 & 2.

Implementation

The way in which the templates have been implemented varied from meeting to meeting. Some meetings elected to delay implementation until an electronic solution becomes available. Other meetings have implemented the templates in a paper-based format, and have nominated a team member (e.g. Breast Care Nurse, surgical registrar) to be responsible for completing the template and faxing it to the GP.

Template use will be audited at 12 months.

Figure 1

Figure 2

Although at this time the templates could not be implemented in an electronic format, a specification was developed which sets out generic functionality requirements for software to support MDMs. The development of software based on this specification has been funded at several hospitals, and this software will also incorporate the content of the paper-based templates.

Conclusion

Implementation of the templates developed as part of this project has resulted in improved documentation and more reliable communication of the MDM treatment plan to the GP, enhancing care coordination. It has also led to more robust and structured MDM processes.

This work is now being rolled out to other Tumour Streams, starting with Upper Gastrointestinal, the Central Nervous System, and Genito-urinary.

References

- (1) Cancer Coordination Unit (2006). *Multidisciplinary Meeting Toolkit*. Victorian Department of Human Services, Melbourne, Victoria
- (2) McConnell D, Butow PN, & Tattersall MHN (1999). Improving the letters we write: An exploration of doctor-doctor communication in cancer care. *British Journal of Cancer* 80(3/4): 427-437