



Queensland Government
Queensland Health

Cancer Care Services
Royal Brisbane and
Women's Hospital

Head and Neck Cancer

Multidisciplinary Meeting Protocols

Head and Neck Cancer Multidisciplinary Meeting

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Head and Neck Cancer Multidisciplinary Meeting

Approval

The Terms of Reference of the Head and Neck Multidisciplinary Meeting have been reviewed and accepted by:

SIGNED

Dr Robert Hodge (Chairperson)

Date : 00/00/08

Terms of Reference

The overall aim of the multidisciplinary Head and Neck cancer meeting is to enable a formal mechanism for multidisciplinary input into treatment planning and ongoing management and care of patients with Head and Neck cancer.

The objectives of the meeting are:

- To provide an opportunity for multidisciplinary discussion of all new and recurrent cases of Head and Neck cancer presenting to the surgical and /or oncology team.
- To ensure all patients presenting with a new or recurrent 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.

Membership

Core Membership of the multidisciplinary Head and Neck cancer meeting comprises medical staff from the following disciplines:

- Ear, Nose and Throat Consultants and their registrars
- Plastic and Reconstruction Consultants and their registrars
- Maxillo-facial Consultants and their registrars
- Radiation Oncology Consultants and their registrars
- Medical Oncology Consultants and their registrars
- Dentist
- Consultant in Radiology
- Consultant in Nuclear Medicine
- Respiratory Medicine Consultant

Associate members of the Head and Neck Multidisciplinary Meeting and who will be in attendance are:

- Clinical Nurse, Specialist Clinics, Cancer Care Services
- Cancer Care Coordinators
- Multidisciplinary Team Coordinator
- Data Manager
- Allied health professionals
- Specialist nurses
- Any support staff who may be required to assist meeting implementation
- Other health professionals invited by the presenting doctor or Chairperson of the meeting

A record of attendance will be kept by the Multidisciplinary Team Coordinator.

Multidisciplinary Team Coordinator (Administration Officer)

The Head and Neck Multidisciplinary Team (MDT) coordinator will be responsible for the overall functioning of the meeting. The MDT coordinator reports operationally to the Clinical Nurse of the Specialist Clinics and Chairperson, professionally to the Senior Administration Officer.

Duties include:

- Scheduling patients for presentation at the Head and Neck clinic and for discussion at the Head and Neck Multidisciplinary Meeting.
- Collecting and collating patient information required for Meeting (including relevant pathology results and imaging investigation reports).
- Ensuring availability of relevant patient records.
- Distributing agendas and information to members of the team.
- Responsible for tracking patient medical files in the event they are removed from the department after the meeting.
- Returning patient medical files after the meeting to Keyboard Services in order the dictated recommendations are able to be typed and placed into the medical record and letters sent.
- Booking seminar room on an annual basis.
- Setting up the seminar room and ensuring all necessary equipment is available and in working order. Setting up AV equipment including videoconferencing if required.
- Organizing catering for morning tea and the Head and Neck Pathology Breakfast.

Time of Meetings

Meetings will be held each Friday, unless otherwise notified. Meetings will commence promptly at 0930, after the patients have been examined in clinic.

The clinical examination of the patients will be from 8:30 am to 9:30am.

In the event that a Public Holiday falls on a Friday, patients referred to the meeting will be allocated to the meeting prior or subsequent meetings after discussion with the Chairperson.

The Head and Neck Pathology Meeting held each fortnight from 7.30 am to 8.30 am is coordinated by the ENT registrar.

Meeting Venue

The clinical examinations will be conducted in consulting rooms 11A to 16A and 11B to 16B on Level 4, Joyce Tweddell Building, Royal Brisbane and Women's Hospital (RBWH).

The meeting venue, unless otherwise notified, will be Level 5, Seminar Room Joyce Tweddell Building, RBWH. The Head and Neck Pathology Meeting is also held in the Seminar Room.

The MDT coordinator will notify members of the Head and Neck MDT meeting of any venue or time change via email or phone at least 2 days prior to the meeting.

Chairing of Meetings

The chairman of the Multidisciplinary Head and Neck cancer meeting is Dr Robert Hodge. Where Dr Hodge is unable to attend, he will organise for a proxy to chair the meeting.

Conduct of Meeting

The chairperson 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.

Notification of Cases – attending and discussion

The lists of patients attending the Head and Neck and those for discussion will be distributed to the Chairperson, ENT / Plastics / Maxillo - Facial Departments, Medical Imaging, Nuclear Medicine, Dentist and the Data Manager by the MDT coordinator at least 3 days prior to the meeting and a finalised list 1 day prior.

Any late changes or inclusions will be conveyed by the MDT coordinator by phone or email to the above departments.

Referrals

Upon receipt of all referrals the Clinical Nurse will view and either allocate an appointment for the next available clinic or refer to the appropriate consultant/ department. Referrals of newly diagnosed Head and Neck cancer will be accepted on approval of a consultant or registrar. The referring doctor will be notified by the MDT coordinator of the appointment date for the patient.

Booking Process

Doctors will place cases for presentation / discussion by informing the Multidisciplinary Team Coordinator of the relevant case details by midday the day prior to the clinic. Details must include:

- Patient's full name, date of birth, address and contact details
- The referring doctor's details
- Diagnosis
- Investigation / diagnostic results required for the meeting and the respective diagnostic service
- Psychosocial issues pertaining to patient

The clinic can accommodate 12 presenting patients and 20 discussions. Late inclusions are acceptable (only if the clinic is not fully booked). In this instance it is the presenting doctor's responsibility to ensure the appropriate results are available to the meeting.

If the clinic is fully booked and the referring doctor requests an urgent appointment, the Clinical Nurse will liaise with the Chairperson, who will then triage the referrals and allocate clinic time as appropriate.

Please be aware, due to the physical layout of the clinic area, it is unable to accommodate high care immobile patients requiring a bed. In these instances the patients are best presented as discussions.

Results

Request on behalf of the presenting doctor for investigation / diagnostic results will be made to the respective diagnostic services by the Multidisciplinary Team Coordinator. The request for results will include the requesting doctor's name, the patient's full name, date of birth, test procedure, date and any other information required by the individual service.

Private imaging must be delivered to the Multidisciplinary Team Coordinator by midday the day preceding the meeting. It is the referring doctor's responsibility to have imaging from other hospitals transferred to PACS and have reports faxed to the Multidisciplinary Team Coordinator.

The Multidisciplinary Team Coordinator will deliver any private imaging to Medical Imaging for review by the consultant on receipt of or by 3pm the day preceding the meeting.

In case of late inclusion on the agenda, it is the presenting or referring doctor's responsibility to ensure the appropriate results are available to the meeting.

Invitation to Non-core and Non-associate Members

To enable full presentation of relevant medical and psychosocial factors, the chairperson (or their delegate) will inform and/ or request the attendance at the meeting of other key health professionals as specified by the presenting doctor.

Case Discussion

No patient will be discussed in the absence of the consulting doctor or his or her delegate.

Patients attending the clinic must have a detailed letter addressed to the Chairman, a data presentation form, diagram, indicated imaging and accompanying reports, a blood profile, and a tissue diagnosis i.e. histology or cytology.

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.

The chairperson should identify the doctor responsible for the documentation and the team or doctor who will discuss the Meeting recommendations with the patient.

Confidentiality

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

The chairperson should identify the doctor responsible for the documentation and the team or doctor who will discuss the Meeting recommendations with the patient.

Clinicians provide information presented in this meeting in confidence. The MDT coordinator will ensure any remaining copies of the clinical agenda are destroyed following the meeting. Any clinicians retaining the agenda are responsible for maintaining the confidentiality of the document. The MDT coordinator will maintain the Chairman's copy of the agenda in an agreed secure manner for audit purposes.

Meeting Documentation

Treatment and care recommendations from the meeting discussion will be documented by an identified member of the team or the referring doctor in the medical record by using the Win Scribe Digital Dictation system. The chairman will allocate dictation to the oncology medical staff to complete after the meeting.

Discussion cases must be documented by the presenting doctor using the dictation system or by writing in the progress notes. Using Win Scribe ensures continuity in the patient's medical file and on the data base.

The dictated recommendations of the meeting will be sent in letter form to the referring practitioner. Names of doctors to receive correspondence must be stated at the end of the dictation.

All dictation and resulting documentation arising from the Multidisciplinary Head and Neck meeting will be treated as urgent for filing and mailing purposes.

The Clinical Nurse will also keep a record of the meeting outcomes.

Data Management

Data collection, maintenance and development of the RBWH Head and Neck database will be by the data manager for Head and Neck Cancer and in line with the Chairman's protocols.

Communication with Patients and Families

On completion of the Multidisciplinary Head and Neck meeting an identified member of the 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.

Cancer Care Coordinator

The role of the Cancer Care Coordinator is to be the key contact person for the patient undergoing radiation and/or chemotherapy across the continuum of care, and within and across multiple settings. A primary function of the role is to facilitate links with other health professionals to ensure that patient care is delivered in a logical, connected and timely manner so that the medical and personal needs of the patient are met.

Recommendations from the Meeting

It is the presenting doctor's responsibility to ensure the meetings recommendations (after communication with patient and families) are actioned with appropriate referrals, documentation and appointments in accordance with Queensland Health Specialist Outpatient Framework.

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. The Clinical Nurse, Cancer Care Coordinators and other members of the Team can assist in coordinating timely referrals and appropriate specialist appointments.

Terms of Reference and Protocols 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 speciality 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.

Contact numbers

Clinical Nurse: (07) 3636 4428

Multidisciplinary Team Coordinator: (07) 3636 4598

Pager No: 43494

Fax number: (07) 3636 0448

Cancer Care Coordinator: Radiation Oncology 0437 346 605

Medical Oncology 0423 604 582

Address: Head & Neck Clinic
Cancer Care Services
Level 4, Joyce Tweddell Building, RBWH.
Butterfield St, Herston. QLD 4129

This document is courtesy of, and has been modified from the

Victorian Department of Human Services, Multidisciplinary Meeting Toolkit.