

## Improving the Efficiency of Breast Multidisciplinary Team Meetings: A Toolkit for Breast Services

### Section 8: MDTM Outputs

#### Attendance Records

The MDT Coordinator or nominated administrative staff should record attendance records of core MDT members that are available for scrutiny at a future date.

#### MDTM Documentation

Real time electronic completion of data entry and documentation of MDT discussion/ decisions should take place during MDTMs.

This process can be facilitated by:

- Prior entry of available histology and other relevant results in advance of the MDTM by administrative staff that can be validated at the MDTM
- Local modification of data capture software (e.g. Infoflex, Somerset) to enable the use of drop-down menus of options to facilitate rapid live data entry
- Projection of the pro forma for each patient so that it is visible to all present and can be checked in real time for accuracy of data entry and documentation of discussion and decisions. If this is not possible there should be a named clinical individual responsible for ensuring the information is accurate.
- Clear summarising of the MDTM discussion and any decisions made by the chair to assist the MDT Coordinator

Relevant results, MDT discussion and decision-making should be clearly documented in a single document. This can avoid errors due to variation in documentation of decisions when individual disciplines make separate records.

This document should be available to all relevant disciplines of the MDT following the meeting and, if appropriate, circulated to an agreed list of MDT members. A copy of the document should be included in the patient's case notes. Particular attention should be paid to the quality of record keeping (e.g. refrain from excessive use of abbreviations) – this is of paramount importance for audits and quality improvements for MDTs to ensure highest quality of care for patients.

There should be locally agreed processes for this, which will vary according to local IT software and the phase of transition from paper case notes to electronic patient records in the Trust. There should also be agreed processes for required actions to be communicated following MDTM discussion to the relevant responsible individual(s).

#### Patient Pathways

Relevant databases for cancer tracking / waiting times monitoring should be updated and checked for errors.

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### Data Collection

Relevant databases for data collection should be updated (these vary according to locality) and checked for errors.

### GP Communication

The MDTM may be used to co-ordinate processes that inform GPs of a patient's breast cancer diagnosis.

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