

IMPLEMENTATION OF A PROTOCOLISATION AND TRIAGING SYSTEM TO STREAMLINE BREAST MULTIDISCIPLINARY MEETINGS
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Background:

With increasing cancer diagnoses and complexity of cases there are expanding demands placed on multidisciplinary (MDT) meetings in terms of patient numbers and time spent per case. In our trust, there is a once weekly MDT meeting involving 3 hospitals with approximately 100 cases discussed (all requiring prior preparation by radiologists/ clinicians) and approximately 30-50 members of staff present for the discussions. Any option to reduce list length would therefore benefit a considerable number of people.

Methods:

In September 2018, a "triage" MDT was established. Two days prior to the main meeting the list was reviewed by a smaller MDT group involving 3 consultants (Radiologist, Oncologist and Surgeon), a breast care nurse and MDT coordinator. Standard protocols have been devised for patients with T1a/b NO, T4d, disease recurrence and metastatic disease. These pathways can be implemented at triage saving main MDM discussion. Other cases where either imaging or pathology was not yet ready could be deferred to a later date. As a trial system, the number of cases dealt with at triage were recorded and analysed alongside meeting length. The triaged case outcomes were also included at the end of the main MDM sheet in order that the whole MDM group was kept informed of all decisions made and could re-discuss any cases they felt needed further input from the main meeting.

Results:

The main MDM list has reduced significantly on a weekly bases following implementation, saving much radiology preparation time and 30-50 clinicians MDM attendance time (at the expense of only 5 members of staff involved in new MDM). Number of patients who breached the 62 day pathway reduced following protocolisation. 62 day performance improved following protocolisation which was followed by 2 months of 100% compliancy. This had not been achieved since November 2017. These efficiencies have enable us to add the 4th hospital from our trust into the main meeting.

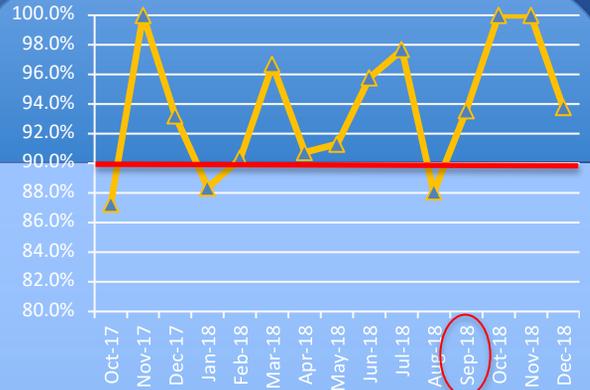


Figure 1 shows 62 day performance. Women with breast cancer detected through NHS-BSP must commence treatment within 2 months of the date of decision to recall to assessment (minimum standard >90%, target 100%). Performance improved following protocolisation (Sept 2018), with no dips below the 90% minimum standard and 2/3 months post introduction of 100% compliancy. This had not been achieved since November 2017.

Conclusion:

The implementation has received extremely positive feedback and although still in its early development phase, has had a significant impact of departmental efficiencies. The benefits include:

- Preparation time radiology/pathology
- Meeting length reduction
- Case number reduction
- Allowed amalgamation of MDM with the 4th hospital within our trust
- Positive impact on performance indicators

In our department we will continue to explore ways to increase MDM efficiency further, but would highly recommend a protocolisation/ triaging system to other Trusts.

"The triage MDM process has been excellent from a radiology point of view as it has generally saved an hour of preparation time per week and also gives the presenting radiologist more time to concentrate on those cases that are on the main meeting."