# Infusing Nursing Clinical Expertise into the Multidisciplinary Cancer (MDC) Conference Infrastructure

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BUILT TO BEAT CANCER

BACKGROUND / GAP

The Pandemic in 2020 substantiated the need for our multidisciplinary cancer (MDC) conferences to utilize new methods that enhance access to oncology specialists across an integrated cancer network of 5 hospital campuses. Adoption of software for virtual meeting and tumor board platform surged as the new normal, equalizing the hierarchy of discussion, enhancing sharing of various diagnostic formats, incorporating clinical practice guidelines, and providing clinical decision support. The demand for clinical expertise continues to expand for case preplanning, relevant patient case abstraction, conference facilitation, and treatment plan documentation. This gap is optimally met by experienced nurses.

From 2020 to 2023, total annual conferences increased 14% and case volume increased 18% along with growth in rare & complex conferences. Operations were standardized across nine MDC conferences and centralized under one team for the cancer network.
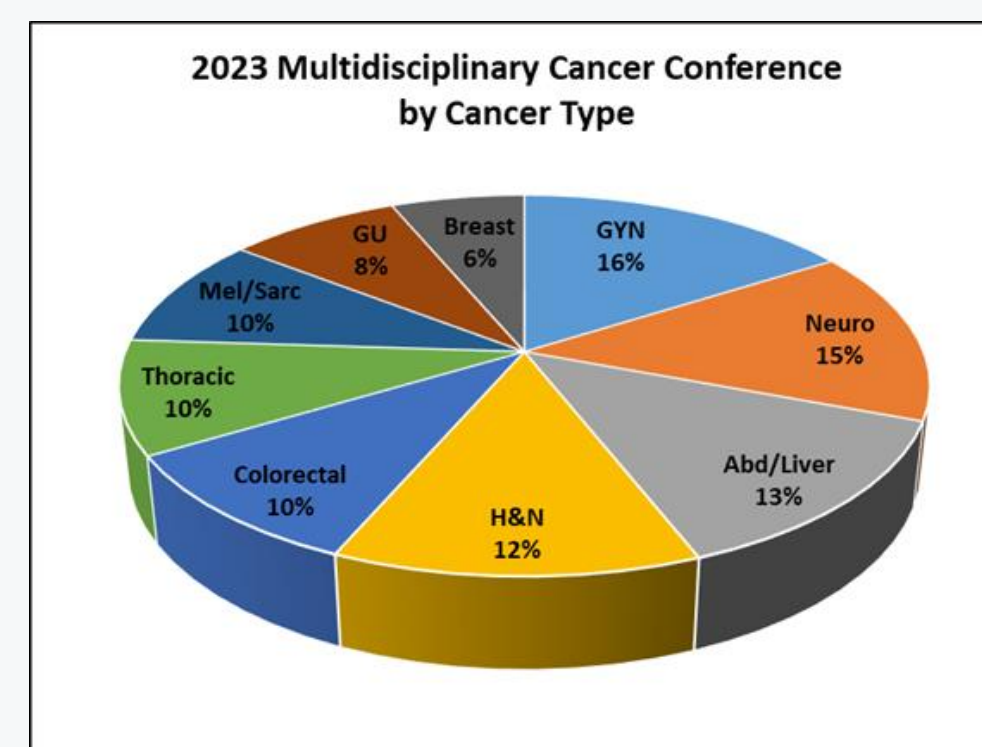

The goal was to optimize collection of clinical information during conference preplanning phase and provide accurate documentation of multidisciplinary discussion for treatment planning.
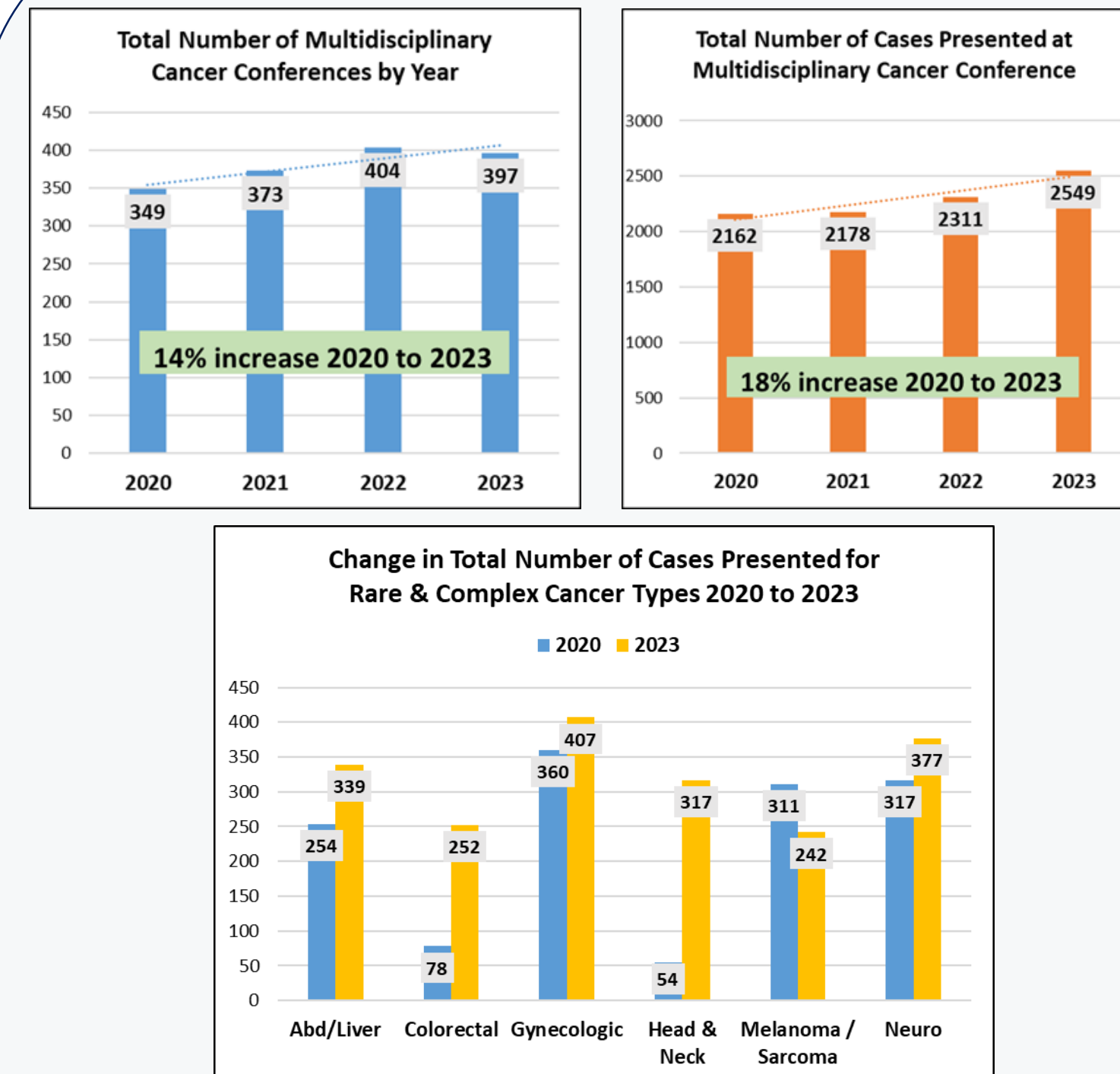

PROCESS IMPROVEMENTS

Addressing the gap led to infrastructure changes - adopting diverse roles or expansion of existing nurse roles for clinical decision support, conference facilitation and treatment plan documentation. Example nursing roles consisted of oncology nurse navigator, clinical coordinator for colorectal cancer program, research nursing, and nursing leadership. Initial focus was applied to rare & complex cancer conferences.

Additional model changes included adding a nurse clinician position to conference team.
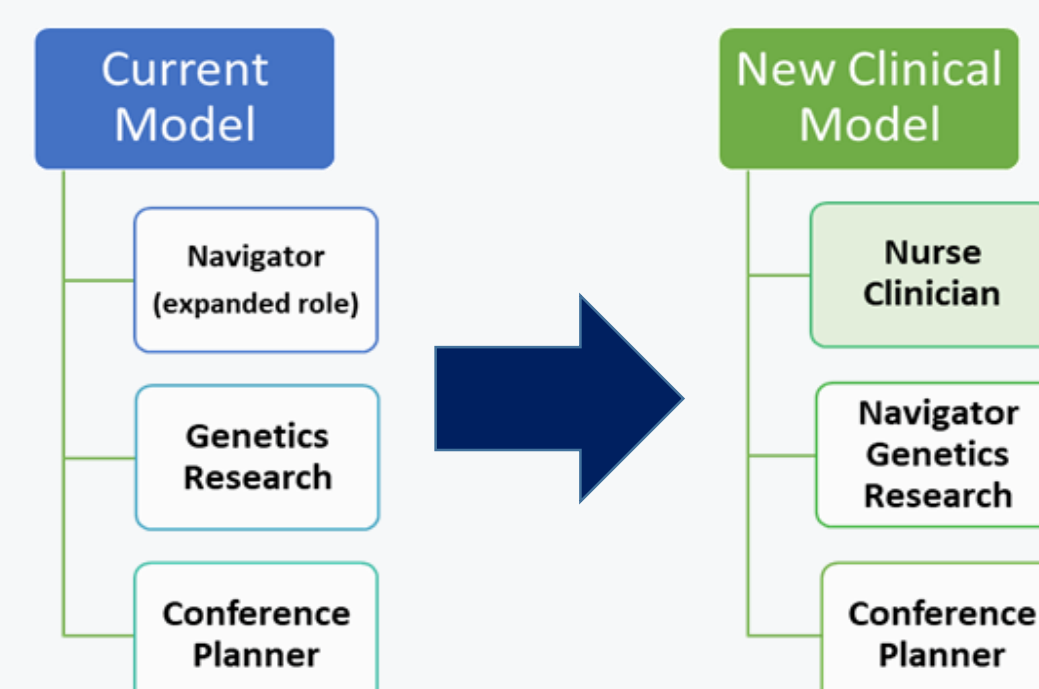
PROCESS IMPROVEMENTS Cont'd

- Centralized cancer conference program operations to manage increased volume and complexity of cases
- Utilized tumor board software platform for case management of relevant clinical information by integrating with EHR and capturing diagnostic reports, imaging, and data analytics
- Optimized virtual meeting platform for cancer conference allowing for sharing of radiologic imaging, pathologic imaging, other procedural imaging, and access to medical specialists; successful solution for multiple hospital and practice cancer network
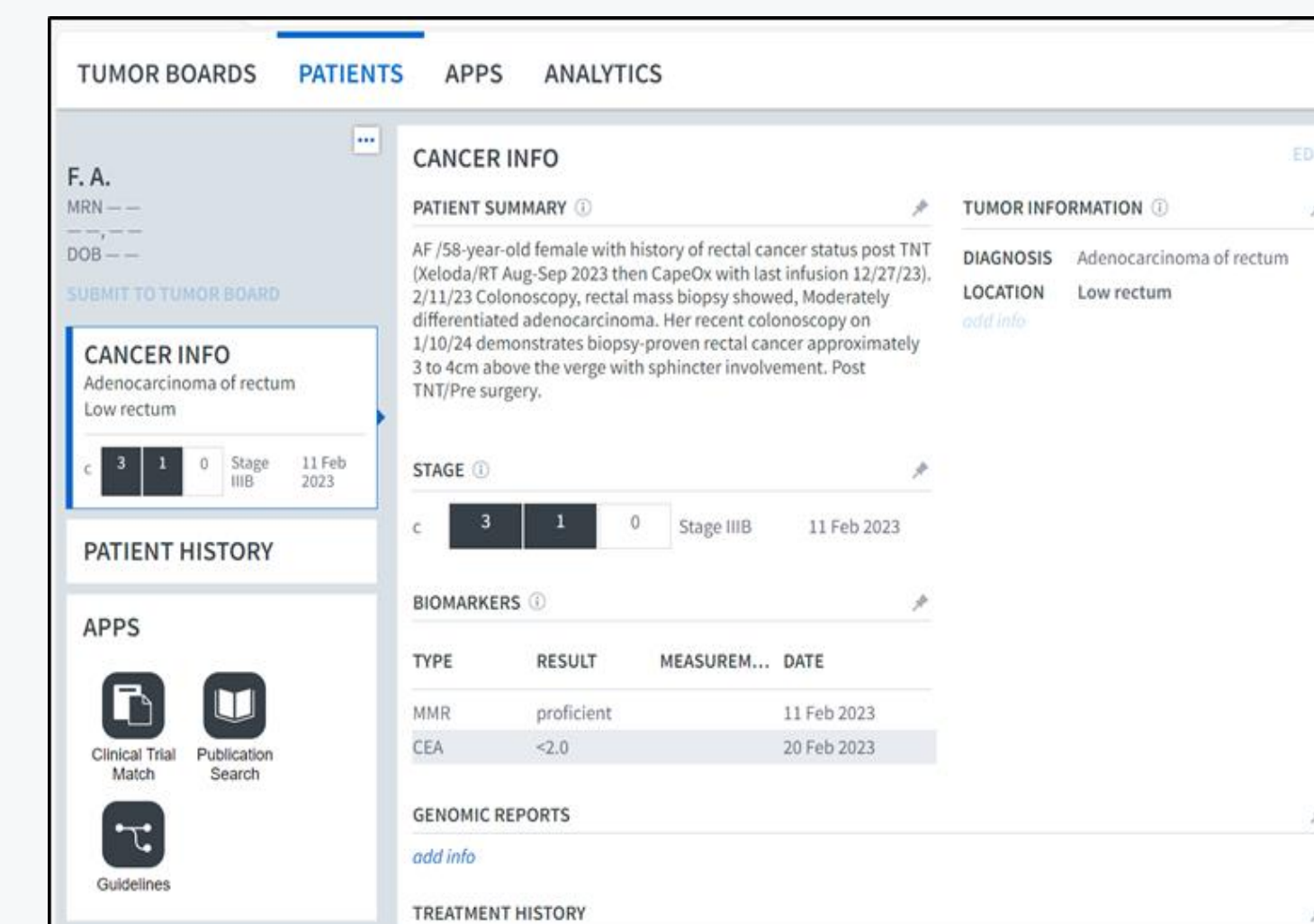
OUTCOME ASSESSMENT

Preliminary benefits included standardization of operations, optimization of patient cancer information (diagnostic reports, staging, histology, family history), increased efficiency of case facilitation and improved compliance with cancer accreditation standards with CoC, NAPBC, and NAPRC.

OUTCOME ASSESSMENT Cont'd

- Improved management of increased case volume and information collection (outside diagnostics).
- Elevated clinical relevance for cancer conference and optimized documentation of treatment consensus discussions by multidisciplinary provider team.
- Enhanced documentation of histology, staging, relevant patient summary, and biomarkers.
- Improved abstraction of treatment history and collection of relevant outside pathology and radiology diagnostics.
- Created standardized case reports from each conference discussion.
- Allowed electronic sharing of pathology, imaging, clinical photos, and reports.
- Improved accessibility to oncology medical subspecialists in a network of 5 community based hospitals for treatment planning.

NEXT STEPS

- Expand the pilot model to include 2 specially trained nurses on conference team.
- Enhance data analytics using tumor board software platform.
- Integrate case report summary for each patient case discussed to hospital EHR as consult note.
- Enhance method for electronic case submission to conference team by providers.
- Expand nurse clinician role to collaborate in quality studies that require a patient case to be reviewed at MDC Conference.