2017, 2018, 2019 Survey Results

	2017	2018	2019
Meeting Organisation			
1. Is there a dedicated person/position to document meeting outcomes? ('Yes')			
n	85	92	132
N	129	115	145
%	65.9%	80.0%	91.0%
2. Does the MDM have a Terms of Reference or guideline to guide the conduct of the meetings? ('Yes')			
n	20	54	69
N	129	117	125
%	15.5%	46.2%	55.2%
3. Are there established criteria to determine which types of patients should be referred to the MDM? ('Yes')			
n	34	62	80
N	129	117	146
%	26.4%	53.0%	54.8%
4. Is there a follow-up process to check whether referrals are actually made? ('Yes')			
n	18	22	44
N	129	117	146
%	14.0%	18.8%	30.1%
CInicial Decision Making			
5. Is consensus documented for each patient as a result of discussion in the meeting? ('Always' and 'Usually')			
n	107	108	144
N	129	115	146
%	82.9%	93.9%	98.6%
6. How often are treatment decisions based on an individual clinician's preference rather than endorsed guidelines or published literature? ('Always' or 'Usually')			
n	50	41	15
N	129	115	146
%	38.8%	35.7%	10.3%
7. Does the MDM refer to International, National or State Clinical Practice Guidelines or Standard Treatment Protocols when making management decisions for cancer patients from your tumour stream? ('Always' and 'Usually')			
n	81	72	111
N	129	117	145
%	62.8%	61.5%	76.6%
Patient Considerations			
8. How often are patients informed that they will be discussed in the MDM? ('Always' and 'Usually')			
n	70	89	108
N	129	115	145

n: Number of 'positive' responses
N: Total number of responses
%: Percentage of 'positive' responses

2017, 2018, 2019 Survey Results

%	54.3%	77.4%	74.5%
9. Is there a formal process for raising patient preferences in the MDM discussions? ('Yes')			
n	22	19	46
N	129	115	146
%	17.1%	16.5%	31.5%
10. How often are patient preferences discussed in the MDM? ('Always' and 'Usually')			
n	74	Not included	88
N	129		145
%	57.4%		60.7%
11. How often are supportive care needs (e.g. social, financial, psychological, or others) of patients discussed in the MDM? ('Always' and 'Usually')			
n	36	34	49
N	128	115	145
%	28.1%	29.6%	33.8%
12. Do you routinely collect whether the patient has a psych-oncology screening? ('Yes')			
n	3	1	4
N	129	115	145
%	2.3%	0.9%	2.8%
Quality Improvement and Research			
13. How often are quality improvement activities discussed in, or reported to, the MDM? ('At least quarterly')			
n	24	16	24
N	129	115	145
%	18.6%	13.9%	16.6%
14. Are internal audits conducted to confirm that treatment decisions match current best practice? ('Yes')			
n	9	9	9
N	129	117	146
%	7.0%	7.7%	6.2%
15. Do you routinely collect time from diagnosis to active treatment? ('Yes')			
n	13	22	23
N	128	117	145
%	10.2%	18.8%	15.9%
16. Do you routinely collect % of patients seen by the MDM prior to commencement of treatment? ('Yes')			
n	12	14	20
N	128	115	145
%	9.4%	12.2%	13.8%
Education/Professional Development			
17. How often are professional development activities made available for MDM members? ('Always' and 'Usually')			
n	36	34	25
N	129	115	145
%	27.9%	29.6%	17.2%

n: Number of 'positive' responses
N: Total number of responses
%: Percentage of 'positive' responses