



Results of a self-assessment tool in multidisciplinary cancer team meetings at a university hospital: potentials for quality improvement

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External Evaluation

INTRODUCTION

In Austria, treatment recommendations for patients with cancer are made by tumour boards (or MDTs).

- High range of financial, human and time resources.
- Evidence for their quality in cancer care and patients’ outcome is still missing.

*"MDTs are an **alliance** of all medical and **health care professionals** related to a specific **tumour disease** whose approach to cancer care is guided by their **willingness to agree on evidence-based clinical decisions** and to coordinate the delivery of care at all stages of the process, encouraging patients in turn to take an active role in their care"* (Prades et al. 2015)

OBJECTIVES

Development of a **self-assessment tool for tumour boards in Austria** (based on systematic review and qualitative analyses).

Assessing tumour board members’ perception of...
... **structures**,
... **processes** and
... **outcomes**
in their daily work.

Analysis effective teamwork processes
(i.e. communication, decision-making and patient-centred care).

Identification of opportunities for **quality improvement**.

RESULTS

Figure 1 shows the percentage distribution of responses to the item **"Please rate the tumour board as a supportive tool in patient care."**

The tumour board is perceived by **51.3 %** as a **very good tool to support patient treatment**.

33.0 % rate the tumour board as **excellent**. In contrast, the board is rated as **good** by **9.4 %**.

6.0 % of respondents consider the tumour board to be an **average supportive tool in patient care**.

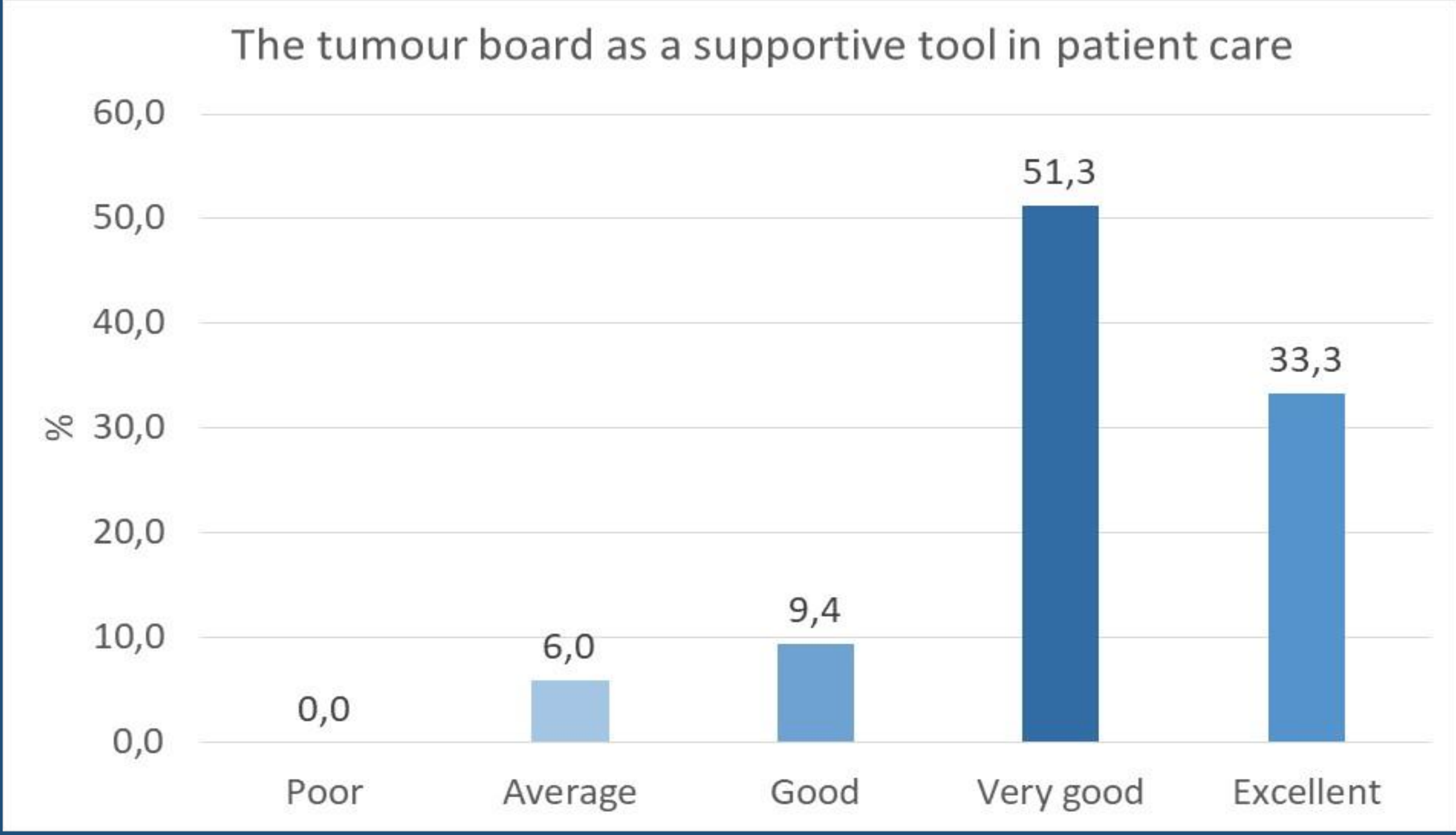


Figure 1. Evaluation of the tumor board as a supportive tool in patient care (n=117). 5-point Likert scale with response options of poor = 1, average = 2, good = 3, very good = 4, and excellent = 5.

Figure 2 shows the scale-specific mean scores across all nine tumour boards. Results show **neutral to slightly positive mean tendencies across the overall sample**.

The **"attendance"** dimension has neutral to slightly positive mean scores across all MDTs (ranging from 3.05 to 3.83).

The **"documentation"** dimension performs similarly across all tumour boards (between 3.20 and 4.02).

The **"team culture"** dimension shows different mean scores in individual dimensions; the highest mean score is 4.13, the lowest 3.62.

The **"decision-making"** dimension achieved predominantly positive mean scores (between 4.19 and 4.50).

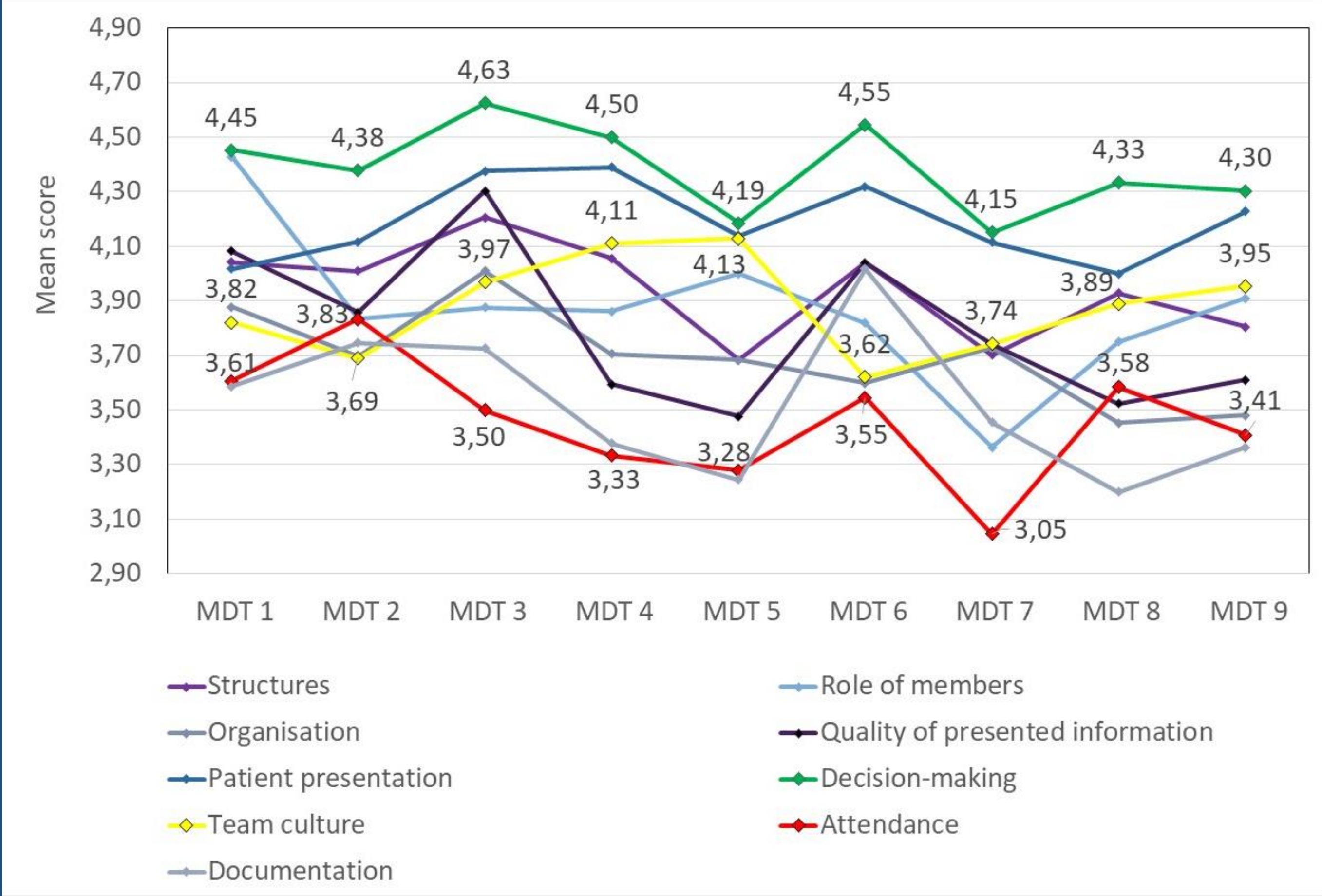


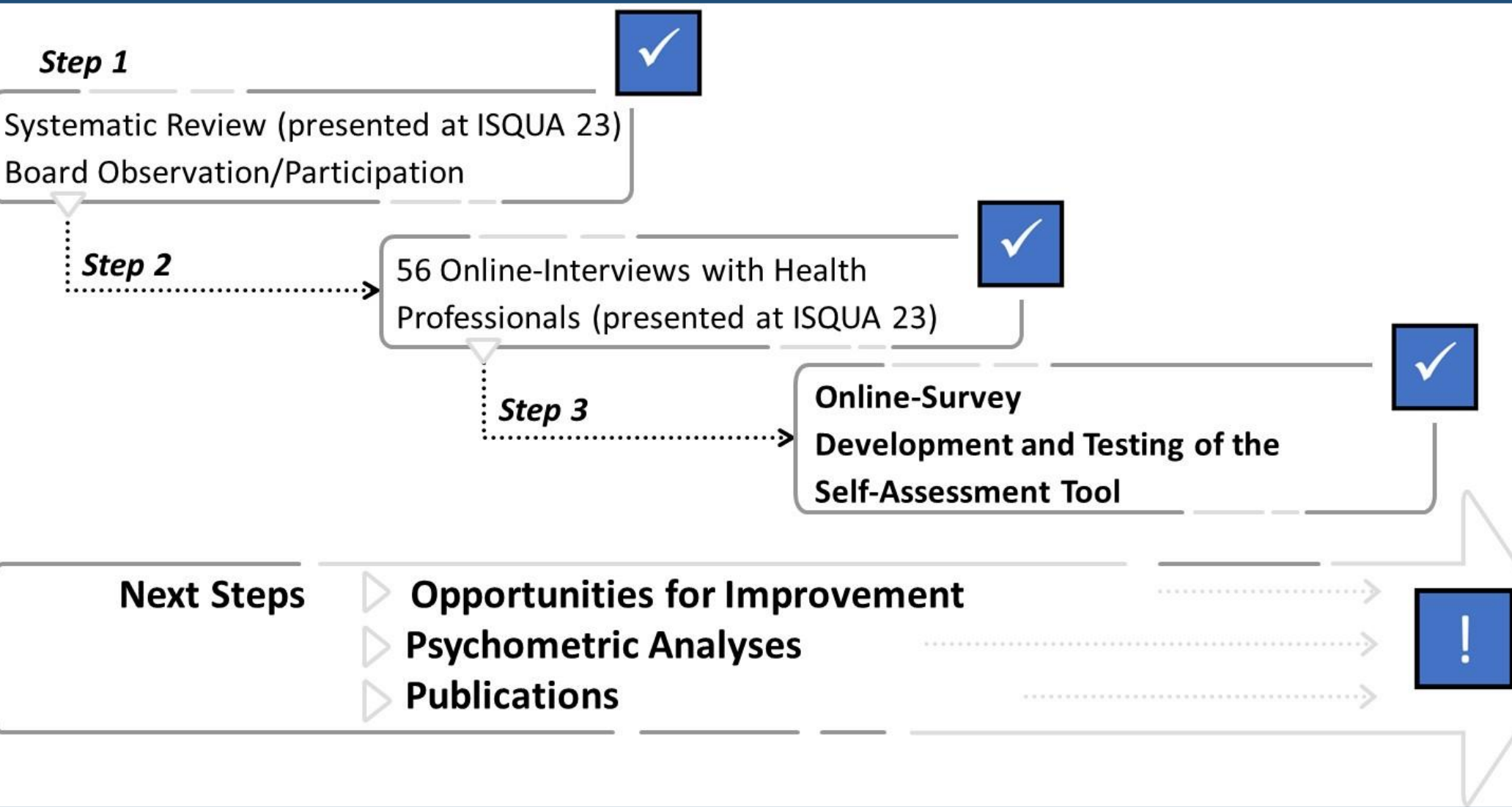
Figure 2. Mean scores per dimension across nine MDTs (n=117). Mean scores between 1 and 2.50 are considered negative, between 2.51 and 3.79 are considered neutral, and mean scores between 3.80 and 5 are considered positive.

MIXED-METHODS STUDY DESIGN

Retrospective observational study with tumour boards in an Austrian hospital (since February 2020).

Mixed-methods-design (qualitative and quantitative data collection).

The project consists of:



METHODS

The **Austrian Tumour Board Survey (ATS)** was developed from **October 2020 to date**.

44 Items at a 5-point Likert-scale and open questions for improvement strategies.

Nine Dimensions relating to MDTs in Austria:
(1) structures and guidelines, (2) role at the MDT, (3) organisation, (4) quality of presented information, (5) patient information, (6) decision-making, (7) teamwork and culture, (8) attendance, (9) documentation

Online-Survey with LimeSurvey (March-May 2022).

202 members of nine MDTs of an Austrian academic hospital.

117 participants answered the questions completely (response rate 58 %).

CONCLUSION

A **self-assessment tool** for tumour boards in Austria was developed based on prior results of a mixed-methods study design.

This study is the first to quantitatively **examine tumour board members' perspectives** on structures and processes to **assess the quality of tumour boards in Austria**.

Initial results show the current situation of the work of multidisciplinary teams in cancer care in the assessed dimensions and **provide approaches for improvement in the meaning of a continuous improvement process**.

Further research should evaluate the findings and their impact on the quality of MDTs and cancer treatment in the future.

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