



Tumour boards and their quality of processes,
structures and outcomes from the experts' perspective:
a qualitative study in an academic hospital

P530
Workforce, Policy,
and Governance

G. OFFERMANN^{1,2} and A. SCHWEIGER^{1,2}
1 University of Klagenfurt, Department of Organization, Human Resources and Service Management
2 Karl Landsteiner Institute for Hospital Management

INTRODUCTION

The problem:

In Austria, 40,000 people are diagnosed with cancer yearly, which is expected to double by 2040.
To meet future challenges in oncological care, effective cancer services are the key.

Central to this ambition are tumour boards (multidisciplinary cancer teams or MDTs).

MDTs are intended to improve the quality of cancer care and improved survival.

Challenges:

Although they use many financial, human and time resources in weekly meetings, evidence of their effectiveness is still lacking.

OBJECTIVES

Assessing the work of tumour boards in Austria in order to...

- ... analyse effective teamwork processes (i.e. communication, decision-making and patient-centred care).
- ... improve quality in cancer care.
- ... develop a validated self-assessment tool for tumour boards in Austria.

Research questions:

What factors influence the **quality of structures, processes and outcomes** in tumour boards?
Are there **opportunities for improvement**?

INTERVIEW GUIDE

Based on the Systematic Review, a semi-structured interview guide was developed.

- Participants were informed regarding the further processing of the collected data and compliance with data protection.
- Verbal consent of the participants to record the interview.

- Structures
 - What is your role in the tumour board (by profession)?
 - Which tumour boards do you attend?
 - How do you prepare for the board?
 - How do you follow up on the board?
 - Has COVID-19 changed the process?
- Processes
 - What is the attendance like at the board?
 - Is the meeting well structured? (does everyone get a chance to speak)
 - Would you prefer fast-track approaches to shorten the meeting?
 - What do you think about the presentation of patient information?
 - What is the decision-making process for patients with comorbidities/pre-existing conditions?
 - Who makes the final decision?

- Questions with a focus on teamwork
 - Where do you see the potential for improvement in teamwork?
 - How do you see communication in the board?
 - Are there facilitators in the decision-making process?
 - Are there barriers in the decision-making process?
- Outcome
 - How would you define the success of a tumour board?
 - How is the outcome measured for the patient, possibly over time?
 - Would it make a difference to go to the board with an initial recommendation?
 - What influence does the tumour board have on treatment/patient outcome?

RESULTS

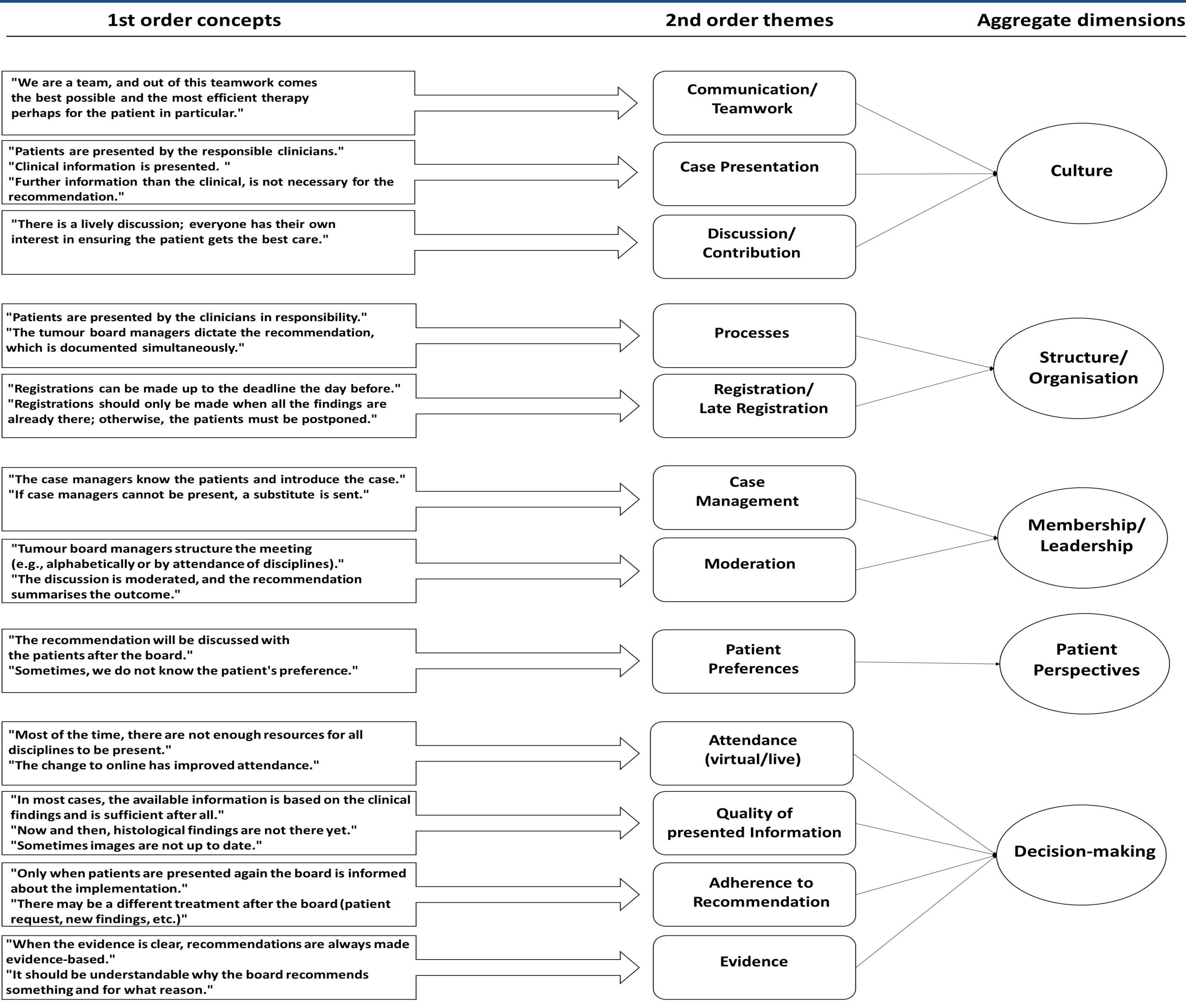


Figure 1. Qualitative data analyses (Gioia et al. 2013, modified)
Five dimensions including organisational factors and processes which are relevant for tumour boards in Austria were found.

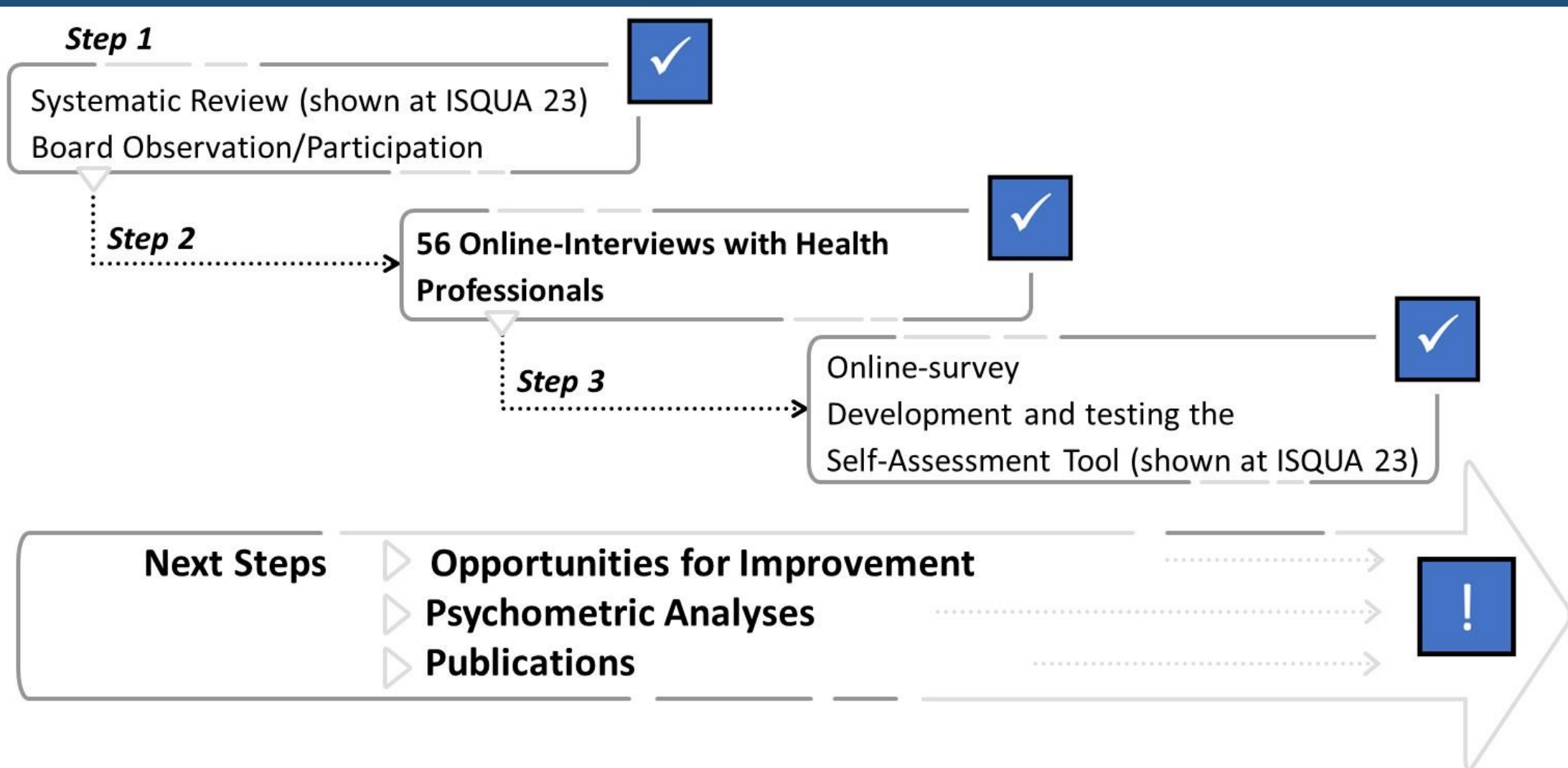
Based on the findings of the systematic literature review and the interviews, recommendations to enhance the quality of tumour boards were developed for Austria:

- Recommendation 1: Quality of Structures and Organisation**
Administration and clear agenda, functional IT, resources, transparency of documentation
- Recommendation 2: Quality of presented Information**
Presentation and quality of relevant patient information (complete and non-obsolete clinical results), outcome assessment
- Recommendation 3: Communication and Culture**
Checklists, structure of the meeting, time management, contributions to discussion
- Recommendation 4: Membership/Leadership**
Attendance of relevant disciplines, clear responsibilities, moderation, team management
- Recommendation 5: Patient Perspective**
Communication with patients, knowledge of patient history besides clinical information, and preferences

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)



METHODS

56 semi-structured online expert interviews with tumour board members in an academic hospital in Austria (February 2021-March 2023).

Relevant disciplines of tumour boards (surgeons, oncologists, radiologists, histologists and research nurses for clinical trial recruitment).

Nine MDTs (Breast, Head and Neck, Lymphoma, Liver, Pancreas, Thorax, Neurooncology and Dermatology).

Assessment of MDT experts' perspectives on quality and potentials for improvement (structures, processes, outcomes and changes due to COVID-19).

Interview quotes were coded and analysed using MAXQDA software (2020), using a standardised approach (Gioia et al. 2013).

CONCLUSION

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

This Project revealed the critical function of MDTs in cancer care and **indicated recommendations for improvement**.

A **self-assessment tool** for tumour boards in Austria was developed based on the qualitative results.

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

REFERENCES

Gioia DA, Corley KG, Hamilton AL. Seeking qualitative rigor in inductive research: Notes on the Gioia methodology. Organizational Research Methods 2013;16(1):15-31.
Jalil R, Ahmed M, Green JS, et al. Factors that can make an impact on decision-making and decision implementation in cancer multidisciplinary teams: an interview study of the provider perspective. Int J Surg 2013a;11(5):389-94.
Lamb BW, Sevdalis N, Arora S, et al. Teamwork and team decision-making at multidisciplinary cancer conferences: barriers, facilitators, and opportunities for improvement. World J Surg 2011c;35(9):1970-6.
Offermanns G, Koldžić E, Schweiger A. Quality development in oncological care with multidisciplinary teamwork by the example of Tumorboards: An overview. Public Health Forum 2019;27(3):205-07.
Horlait, M., et al., Understanding the Complexity, Underlying Processes, and Influencing Factors for Optimal Multidisciplinary Teamwork in Hospital-Based Cancer Teams: A Systematic Integrative Review. Cancer Nurs, 2021. 44(6): p. E476-e492.
Kočo, L., et al., Mapping Current Organizational Structure and Improvement Points of Breast Cancer Multidisciplinary Team Meetings - An Interview Study. J Multidiscip Healthc, 2022. 15: p. 2421-2430.

CONTACT INFORMATION

Prof. Dr. Guido Offermanns
Guido.Offermanns@aau.at

MMag. Andrea Schweiger
a.schweiger@karl-landsteiner.at