Infusing Nursing Clinical Expertise into the Multidisciplinary Cancer (MDC) Conference Infrastructure
Dawn M. Hayes, PT PhD and Natalie Townsend, RN BSN

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.

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.

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.