Mesh Exception MDM: Patient guide to the Multidisciplinary Team Meeting Process

A guide to the multidisciplinary team process.

What does a multidisciplinary team approach mean for me?

The purpose of this document is to help you understand multidisciplinary care and what a multidisciplinary team meeting is.

Multidisciplinary care is a team approach to health care. Doctors, nurses, allied health professionals such as physiotherapist, who have skills in diagnosing and managing female Stress Urinary Incontinence (SUI) will meet to discuss options about your treatment and ongoing care, developing an individual treatment plan for you. This plan will be discussed with you.

Research shows that it is beneficial to involve a range of professionals in considering and recommending the best care for you.

Some of the benefits include:

- Each member brings a different area of expertise.
- Each member of a multidisciplinary team has a different perspective so the team as a whole can consider a wider variety of physical, social, cultural, and emotional needs.
- A multidisciplinary meeting makes it easier to plan treatment, streamlines referrals and prevents unnecessary tests, saving time and resources for you and the team.
- It is evidenced that, when patients have information about treatment options, their mental health and wellbeing can improve.

What is a multidisciplinary team?

A multidisciplinary team has a range of health professionals involved in assessing, planning and treating you. Each team member brings different skills that are important to managing your care.

Team members may include:

- Surgeons
- Clinical Nurse Specialists (CNS)
- Pelvic health physiotherapist
- Radiologists

To make sure you are receiving the best possible care, the team will meet to review and discuss your case at a Multidisciplinary Team Meeting (MDM), they consider the evidence and recommend the most appropriate treatment options for you.

The MDM team is responsible for:

- Working out your treatment plan
- Deciding on further tests
- Making appropriate referrals to other specialist services
- Collecting information and keeping good records.

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• There may be some people at the meeting who are not directly involved in your case. This is explained more below.

What happens at a multidisciplinary team meeting?

During the meeting the team will review your medical and surgical history and your investigation results. Personal or other health information that you have disclosed to your health providers, including your general practitioner, may be shared at the meeting, but only if it is relevant to your diagnosis or treatment, unless you request otherwise.

Everyone at the meeting is bound by a confidential agreement, just as they would in a face-to-face consultation with you. We also have measures in place to ensure we are compliant with the Health Information Privacy Code and the Privacy Act 2020.

Do I have to be discussed at one of these meetings?

Yes, your surgeon must present and discuss, with the panel of experts, your treatment options and why the use of surgical mesh is being considered as an option for you.

It is important to know that there may be health professionals present at the meeting that you may not have met. Please be assured that all members are bound by a confidentiality agreement and that the Chair of the MDM is responsible for checking all participants have a role in the MDM process and have a confidentiality agreement in place.

If you are concerned about who is present during the discussion of your case, please discuss this with your CNS or surgeon, who will work through your concerns with the MDM Coordinator and Chairperson.

If you decide you do not want the team to discuss your case, you must advise either your surgeon or CNS before the intended meeting date. Choosing not to have your case discussed at MDM may impact your care planning. Your team will explain more about this if the situation arises.

How will I know when my case is being discussed?

Your surgeon or CNS will advise you of when your case is being presented at MDM, this is generally after investigations result have been returned, they have discussed this with you, and they have the appropriate information to consider the evidence and possible treatment options.

Generally, your case will be discussed only once, but occasionally we need to discuss it a second time. You will be informed of the plan to present your case and your team will seek your verbal agreement to present your case to the MDM panel.

Can I attend one of these meetings?

You will not be invited to attend the meeting, as the team will discuss several other patients at the same meeting and need to keep their information confidential as well.

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What happens after the meeting?

After the meeting, your surgeon or CNS will advise you of what was discussed and what course of treatment the team recommended. You will have the opportunity to ask questions and indicate any preferences you have for treatment. The final decision about your care plan is made in consultation with you.

The MDM discussion is written up and approved by the MDM Chairperson, a copy is kept in your clinical records.

If the recommendations include information relevant to your GP, we will send them a copy of the outcome form to them.

If your case includes agreement that surgical mesh is an appropriate option for you, we may be requested to provide a copy of the MDM outcome with the Mesh Exception Committee for the next stages of consideration for using mesh during a national pause.

What if I have a question?

The CNS is your link between you and the team, if your care is in private your link is with your surgeon's private practice.

You can find out more about the current pause on the use of surgical mesh for stress urinary incontinence and find some frequently asked questions and answers on the Ministry of Health | Manatū Hauora website HERE

What if I have concerns?

If you have any concerns about your treatment and you do not feel you can raise it with your named surgeon or CNS, you can email your District Hospital customer support if your care is at your local hospital or if you care is in private you can raise it with the Practice Manager or with the Health and Disability Advocacy Service