Te Whatu Ora
Health New Zealand

Mesh Exceptions Multidisciplinary Team Meeting (MDM) Terms of Reference (ToR)

1 Purpose & Brief

Purpose

The purpose of the Mesh Exception Multi-disciplinary Team Meeting (MDM) is to facilitate robust multidisciplinary practitioner discussion for the application for the use of surgical mesh for a woman with Stress Urinary Incontinence (SUI), whilst the pause on the use of this product is in place in New Zealand.

For the purposes of this document the word *female and woman* refer to individuals born with female pelvic organs (vagina, uterus, and ovaries). It does not make any judgement about whether individuals identify themselves as male, female, or non-binary. Where the word consumer is used, this represents individuals who are female.

Aim

1. All discussions, outcome and agreements are predicated on the aim that they will enhance the quality of clinical care and outcomes, consumer quality of life, their safety and experience of the health service.

2. To ensure that all surgeons in New Zealand have an expert forum to discuss cases where they consider that the use of surgical mesh to treat female SUI as the only suitable option remaining for the patient.

3. To provide health consumers with confidence that the conditions described for the use of surgical mesh during the New Zealand pause are being upheld.

NOTE
At this time, a patient's choice for the use of surgical mesh is not an accepted reason for seeking an exception to implant.
See Surgical mesh | Ministry of Health NZ for further details

Scope of MDM

In Scope	Out of Scope
• Patients for whom there is evidence of harm (defined in a patient centric manner) from delaying surgical treatment until the pause is lifted, or surgeon and referring MDM advice is that a non-mesh procedure may carry additional risks. • Patients who have been discussed according to the Interim High Vigilance Guideline for Non-Mesh Stress Urinary Incontinence Surgery and those involved in that process agree that requesting an exception for mesh is the appropriate next step.	• Patient choice for the use of mesh over other treatment options that the responsible surgeon and MDM consider suitable. • Patients with known or potential complications associated with surgical mesh previously inserted to treat SUI or POP. • Patients being considered for surgical mesh implantation for a condition other than female SUI e.g., hernia repair with mesh.

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Objectives

The Chair and meeting participants will ensure that:

1. evidence-based treatment recommendations are being made with respect to the consumers goals of treatment, as clinical circumstances dictate and agreed by providers that are directly involved in the consumers pathway. Where evidence does not exist, best practice recommendations are offered and consensus expert opinion from the credentialed practitioners is used.
2. health providers directly involved in the consumers pathway are involved in case discussion, and that interactions are respectful, appropriate, and professional. Health providers not directly involved in the case are invited to participate in discussions and questions at the Chairs discretion.
3. documentation of treatment recommendations for each case are maintained and communicated to relevant practitioner and external health providers, primary care practitioner (if appropriate), the patient medical records (where these are held in a public hospital system).
4. the MDM audit that includes processes, outcomes, and experiences of the meeting process are reported to the Surgical Mesh Roundtable (SMRT) Chair, noting that audit data may be shared, at the discretion of the SMRT Chair, with external parties that are related to the national pause.

2 Structure

Member Accountability -

- The NZFPMS MDM Coordinator will support the work input and outcome of this MDM. The MDM Chair will work collaboratively with the coordinator to administrate, deliver, capture, review and produce reports for each consumer presented.
- Chair to ensure that any behaviour inconsistent with the purpose of creating an inclusive team culture, where every voice matters in the meeting is managed immediately and professionally. Where this is not possible or is unsuccessful, it is managed outside the meeting urgently and in-line with the appropriate Te Whatu Ora Human Resource Management policy. Repeat discussions with the same member about behaviour or conduct are to be escalated to Health New Zealand Chief Clinical Officer for management.
- All surgeons undertaking female SUI procedures in New Zealand can refer and present a case to the Mesh Exception MDM. It is expected they will present and participate in the MDM discussion.
- The MDM only accepts presentation of a case by the patients' responsible clinician i.e. the MDM does not accept presentation of cases by a proxy clinician in the event of said clinician's absence.
- Achieving an appropriately constituted MDM quorum requires all surgeons to make available their tier 2 credentialing outcomes to the MDM Chair and Coordinator prior to planned meetings. This includes the presenting surgeon if they are part of the required tier 2 procedure quota. Information will not be accessible to other members, unless permission is given.
- Chair to ensure confidentiality is upheld at all times. Breaches of confidentiality are referred immediately to Chief Medical Officer of the host site for appropriate management and the Health New Zealand (HNZ) Chief Clinical Officer. All health care professionals are subject to confidentiality agreements through their regular employment contract.
- The MDM process does not include a remit or aim to educate participants. It recognises that indirect learning could occur as a result of attendance and appropriate participation in discussion, however that this forum does not include assessment of learning to ensure it is correctly comprehended. The Chair is accountable for managing situations where teaching is appropriate and relevant to the discussion, that the time and flow of the meeting is not compromised, and making recommendations to follow up outside the meeting to ensure a safe learning outcome is important in this situation.

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Appointment & Terms

- The Mesh Exception MDM will be in place for the duration for the remainder of the New Zealand pause on the use of surgical mesh for female incontinence surgery. The Mesh Exception MDM will cease to operate when the pause is lifted.
- MDM Chair must be credentialed for a minimum of 2 mesh removal procedures, 1 of which must be Retropubic Mid-urethral Sling and contracted to New Zealand Female Pelvic Mesh Service.
- Appointment of the MDM Chair will be reviewed annually, with nominations by the HNZ Clinical Leadership team and ratification HNZ Chief Clinical Officer.
- Terms of Reference are reviewed annually, or ad-hoc if at least 1 of the following criteria is met:
  - ❖ An agreed/proposed change in the national guidance
  - ❖ Chair or significant number of members propose a review.
- Terms of Reference review is led by the Chair, includes full member consultation and is ratified by HNZ Chief Clinical Officer.
- Records of review and ratification process, with signatures of members to be kept by MDM Coordinator in accordance with controlled document requirements for NZFPMS.

Meetings Structure

<table>
<tr><td>Chair</td><td colspan="2">Dr Hazel Ecclestone (Taranaki District Hospital)</td></tr>
<tr><td>MDM Coordinator</td><td colspan="2">MDM Coordinator or CNS to capture discussion and outcome</td></tr>
<tr><td>Attendance</td><td>Quorum (6)</td><td>Invited as required</td></tr>
<tr><td></td><td>• MDM Chair (NZFPMS Tier 3 credentialled)
• 1 x NZFPMS Tier 3 credentialled surgeon
• 1 x Tier 2 Credentialled Surgeon (vocationally registered Gynaecologist)
• Presenting (requesting) surgeon
• CNS - Incontinence
• Pelvic Health Physiotherapist</td><td>• Radiologist
• Stoma Nurse</td></tr>
<tr><td>Specific Conditions to be met</td><td colspan="2">1. Tier 3 surgeon representative(s) must be contract members of the NZFPMS and credentialed for a minimum of 2 mesh removal procedures, 1 of which must be the proposed procedure. The Tier 3 surgeons must collectively have achieved full credentialed status for the full range of non-mesh SUI procedures. Whilst they are not counted in the Tier 2 quota, they do need to have met credentialed status for safe participation in discussion.

2. If a Tier 3 surgeon requests to present a mesh exception case, they must recuse themselves from the Tier 3 quota and present as a Tier 2 surgeon.

3. Tier 2 surgeon representative must be collectively credentialed according to the New Zealand Framework for the full range of procedural options for female SUI. Tier 3 surgeons are excluded from the Tier 2 quota, as they are primarily present to consider potential complications.</td></tr>
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	Note: The presenting surgeons' credential status can make up this quota.
Guests	Guest invitations will not be extended/permitted during the period of surgical mesh pause.
Attendance records	Attendance (partial or full meeting) at every meeting is recorded by the MDM Coordinator
Frequency	• Frequency: 4-weekly until the pause on surgical mesh is lifted. • First meeting: 01 August • Meeting duration: 40 minutes • Timing: Thursday 9 - 9.40 am • Venue: Digital via Microsoft Teams link ***Note:*** • All meetings will be video linked and recorded. • Recordings will be kept for 30 days before being removed from the secure drive. • Access to recordings is restricted to the MDM Coordinator and Meeting Chair.
Agenda & Outcome Report	• The schedule of dates will be published 6-monthly. • Intention to submit a referral to the MDM to be received no later than **10-days** prior to the MDM date. Notifications to be sent to NZFPMSNationalMDM@waitematadhb.govt.nz with subject line '**Attention MDM Coordinator – Mesh Exception Request'**. • Completed MDM referral to be submitted to the MDM Coordinator no later than **7-days (5 working days)** prior to the meeting. • Referrals where the mandatory fields are incomplete will be returned to the referrer, if not completed and returned within 96 hours of the MDM date, the patient case will be deferred to the next MDM. • An agenda with patient details will be sent to relevant members no later than 48 hours prior to meeting. • Request to remove a case from presentation should be received no later than 24 hours before the meeting. • Discussion and outcome reports will be captured in real time by the MDM Coordinator, approved by the Chair (where possible, in real time) and released in PDF format to the referring clinician, clinical portal records (for public patients).
Monitoring and Reporting	• Recommendations, actions, agreements for treatment plan and timelines will be reviewed by the MDM Chair prior to distribution. • MDM Coordinator, on behalf of the Chair, will distribute agreed outcomes and actions, in PDF format to relevant stakeholder within 3 working days of meeting close. • MDM Coordinator will send a monthly report to the Mesh Exceptions lead at the MoH this will include a patient identifier (not name or NHI), requesting surgeon and if mesh implantation is endorsed or not. • Bi-annual (twice a year) report of the following to be sent to Health New Zealand Chief Clinical Officer and Chair of Surgical Mesh Roundtable: ❖ Number of cases referred by ethnicity. ❖ Number of cases discussed by ethnicity. ❖ Number of cases deferred by ethnicity. ❖ Referring surgeon proposed procedure, by ethnicity. ❖ Outcome recommendation, by procedure agreed and by ethnicity. ❖ Number of cases where mesh procedure is endorsed, by ethnicity.

	❖ Number of meetings ❖ Service origin of cases discussed by ethnicity and domicile. ❖ Percentage of quorate meetings ❖ Number of attendees, by designation • Requests to utilise MDM data must follow standard health provider and regional ethics requirements. • A courtesy notification to the Chair is required to ensure no conflict with pending reports or publications is known.

2.1 Member Requirements

- Chair is responsible for finding suitable replacements in their absence. Replacement must be a member of the NZFPMS contracted surgeon group.
- Cancellation of meetings is not recommended, all reasonable steps to ensure service continuity with a Chair and the required quorum is the responsibility of the Chair. In the event a cancellation is not preventable, the intended notice period is 24 hours.
- Apologies from quorum members are to be communicated to the MDM Coordinator no less than 48 hours prior to the meeting.
- Request to defer presentation of a case by the presenter are to be forwarded to the Chair and MDM Coordinator 48 hours prior to meeting.
- Late additions will not be accepted.

2.2 Decision Making / Escalation

Decision making

Agreement to make a recommendation or action requires the following agreement process:

- If non mesh procedure recommended: 2 x Tier 2 surgeons who collectively are credentialled, against the NZ Framework, for the full range of listed non-mesh treatment options + the MDM Chair and 1 non surgeon practitioner e.g., pelvic health physio.
- If mesh is the recommended treatment option: 2 x tier 3 credentialled surgeons (must be credentialled to deliver surgical treatments for the potential complications of the intended treatment), + 1 x Tier 2 surgeon credentialed (to the NZ Framework) for the intended treatment option e.g. Retropubic Mesh Urethral Sling.

Escalation:

In the event consensus cannot be reached, referral to the HNZ Chief Clinical Officer for guidance is required. The outcome of this discussion is final.

This process needs to be treated as urgent and resolved within in 7-working days to prevent unnecessary impact on the consumer treatment journey and stress on practitioners.