

# REGIONAL SUI MDM AUDIT PROGRAMME

Regional MDM Working Group  
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# Regional SUI MDM Audit Programme

## Purpose

The audit aims to ensure adherence to the standards, processes, and objectives outlined in the Terms of Reference (ToR) for the Regional SUI MDM and to evaluate the MDM's effectiveness in achieving quality, safe, and patient-centred care.

## Audit Areas and Objectives

### 1. Compliance with ToR Objectives and Scope

- **Objective:** Verify if all MDM discussions and decisions align with the ToR's purpose, scope, and objectives, ensuring safe, evidence-based care that supports patient quality of life.
- **Method:** Review a sample of meeting records to confirm discussions meet ToR aims and are based on evidence-based recommendations aligned with patient goals and clinical circumstances.

### 2. Quorum and Membership Compliance

- **Objective:** Confirm quorum requirements, as per ToR, are met for each MDM session to facilitate comprehensive multidisciplinary input.
- **Method:** Review attendance records against ToR criteria, ensuring representation from required disciplines (e.g., gynaecology, urology, CNS, and radiology).

### 3. Documentation and Communication Standards

- **Objective:** Assess the completeness and accuracy of MDM documentation and communication processes.
- **Method:** Examine a sample of MDM minutes and proformas for accurate, complete documentation of outcomes and recommendations. Verify communication of outcomes to relevant team members, patients, and referring practitioners, as outlined in the ToR.

### 4. Governance and Reporting

- **Objective:** Evaluate adherence to governance principles, risk management, and bi-annual reporting requirements.
- **Method:** Confirm submission of bi-annual reports to district hospital Chief Medical Officers and Clinical Governance Boards. Review documentation of any risks identified, and actions taken, with records in the Risk Register as required by ToR.

## 5. Confidentiality and Data Protection

- **Objective:** Ensure patient confidentiality and secure handling of MDM records, including meeting recordings and case data.
- **Method:** Check that only authorised personnel (Chair, Deputy Chair, and Coordinator) have access to recordings, and verify compliance with district hospital confidentiality protocols.

## 6. Patient-Centred Care and Consent Processes

- **Objective:** Confirm that shared decision-making and informed consent processes are consistently applied.
- **Method:** Review MDM records to confirm shared decision-making steps are documented and that patients are informed about MDM discussions and their right to consent.

## 7. High Vigilance Criteria for SUI Patients

- **Objective:** Verify that patients meeting the high vigilance criteria are flagged and receive additional monitoring as outlined in the proforma.
- **Method:** Confirm that high vigilance cases are identified, appropriate pelvic floor muscle exercises are trialled, and a trained clinician interprets urodynamics. Ensure shared decision-making is documented for these patients.

## 8. Evaluation of Recommendations and Follow-up Plans

- **Objective:** Assess whether recommendations align with patients' treatment goals and follow-up plans are documented.
- **Method:** Review completed proformas for clear follow-up plans and alignment of treatment recommendations with patient goals. Verify that follow-ups are appropriately scheduled and communicated.

## 9. Surgical Credentialing Compliance

- **Objective:** Confirm that surgeons performing recommended procedures are credentialed per the ToR.
- **Method:** Review surgeon credentialing documentation for compliance with credentialing requirements for specific SUI procedures.

## Data Collection Tools and Sources

- **MDM Meeting Records:** Minutes, attendance records, documented case discussions, and recommendations.
- **MDM Referral and Outcome Proforma:** For each case, confirming completeness, accuracy, and compliance with required fields.
- **Bi-annual Reports:** Submission records, including ethnic breakdowns, outcomes by category, and meeting statistics.
- **Risk Register:** Entries related to MDM operations and escalations.
- **Confidentiality Agreements:** Verification of confidentiality compliance and handling of any breaches.

## Performance Indicators

<b>Quorum Compliance</b>	Percentage of meetings that met quorum requirements.
<b>Timeliness of Documentation</b>	Percentage of meeting outcomes documented in real-time.
<b>Data Completeness</b>	Completeness score of MDM proformas for each case
<b>Patient Consent and Awareness</b>	Percentage of cases where patient consent and awareness are documented
<b>Surgical Credentialing Compliance</b>	Percentage of surgical recommendations where credentialing compliance was verified
<b>High Vigilance Monitoring:</b>	Compliance rate for high vigilance protocol adherence.

## Audit and Frequency

- **Audit Cycle:** Annual, with interim reviews bi-annually to align with reporting requirements.
- **Findings Report:** Compile findings and recommendations in a report to be submitted to MDM Chair, district hospital Chief Medical Officer, and Clinical Governance Board. Annual report from each region to be submitted to Office of the Chief Medical Officer, Health New Zealand.

**Note:** Findings of non-compliance or improvement areas should be highlighted, with actionable recommendations provided for enhancing adherence to the ToR and safe patient outcomes.

# Audit Spreadsheet for Regional SUI MDM Compliance

## 1. Sheet 1: Audit Summary

Audit Date	Auditor	Number of Meetings Audited	Total Cases Audited	Overall Compliance (%)	Notes/Recommendations
(Date)	(Name)	(e.g., 5)	(e.g., 20)	(Calculated Compliance %)	Summary of key findings

## 2. Sheet 2: Meeting Compliance

Meeting Date	Quorum Achieved (Y/N)	Required Disciplines Present (Y/N)	Attendance Record Complete (Y/N)	MDM Purpose Adhered (Y/N)	Governance and Risk Management (Y/N)	Comments/Notes
(Date)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Comments)

### Sheet 3: Case Review

Case ID	Patient ID	Referral Date	Reason for Referral	MDM Discussion Date	Patient Consent Documented (Y/N)	Proforma Complete (Y/N)	Confidentiality Maintained (Y/N)	Comments/Notes
(e.g., 001)	(Anonymised)	(DD/MM/YYYY)	(Brief reason)	(DD/MM/YYYY)	(Yes/No)	(Yes/No)	(Yes/No)	(Comments)

### Sheet 4: Compliance with Documentation and Recommendations

Case ID	Treatment Goal Documented (Y/N)	Recommendation Evidence-Based (Y/N)	Recommendation Communicated to Referring Practitioner (Y/N)	Follow-Up Plan Documented (Y/N)	High Vigilance Criteria Met (Y/N)	Notes
(e.g., 001)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Comments)

## 5. Sheet 5: Bi-Annual Reporting Compliance

Reporting Period	Number of Cases Referred (by Ethnicity)	Number of Cases Discussed (by Ethnicity)	Number of Cases Deferred (by Ethnicity)	Outcome Recommendations by Category	Surgery Recommendations (Y/N)	Attendance Rate (%)	Quorum Compliance Rate (%)	Comments
(e.g., Q1/Q2)	(Data Entry)	(Data Entry)	(Data Entry)	(Data Summary)	(Yes/No)	(Percentage)	(Percentage)	(Comments)

## 6. Sheet 6: High Vigilance Monitoring

Case ID	High Vigilance Criteria Met (Y/N)	Pelvic Floor Exercises Tried (Y/N)	Urodynamics Performed (Y/N)	Shared Decision Documented (Y/N)	Informed Consent (Y/N)	Notes
(e.g., 001)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Comments)

## 7. Calculations and Compliance Rates (see attached Excel Spreadsheet)

- Use **formulas** to calculate compliance percentages for each section and provide an overall compliance score.
- Conditional formatting** can be applied to highlight non-compliance items in red to quickly identify areas that need attention.

# Regional SUI MDM Member Experience Questionnaire

## Introduction

Thank you for taking the time to complete this questionnaire. Your feedback will help us enhance the quality and effectiveness of the SUI MDM meetings, ensuring a collaborative and supportive environment for all members.

Recommend using hospital paid survey tool to collate data from all participants in the region. Each region to share their report for comparative analysis as a national process.

Section	Question(s)	Answer scales
Section 1 Meeting Structure and Organisation	1. How effective is the current meeting structure in addressing the purpose of the MDM (i.e., discussing and planning patient care for SUI cases)?	<input type="checkbox"/> Very Effective <input type="checkbox"/> Effective <input type="checkbox"/> Neutral <input type="checkbox"/> Ineffective <input type="checkbox"/> Very Ineffective
	2. Do you feel that the duration of each meeting is sufficient to cover all agenda items?	<input type="checkbox"/> Yes <input type="checkbox"/> No, they're often too long <input type="checkbox"/> No, they're often too short <input type="checkbox"/> No opinion
	3. Are the meeting agendas clear and distributed in a timely manner (48 hours prior to the meeting)?	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never
	4. How would you rate the ease of accessing and navigating meeting documents (e.g., patient cases, reports)?	<input type="checkbox"/> Very Easy <input type="checkbox"/> Easy <input type="checkbox"/> Neutral <input type="checkbox"/> Difficult <input type="checkbox"/> Very Difficult
	5. What improvements, if any, would you suggest for meeting organisation or structure?	<i>Open text response</i>
Section 2: Collaboration and Communication	1. How well do you feel your role and expertise are utilised during MDM discussions?	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Neutral <input type="checkbox"/> Poorly <input type="checkbox"/> Very Poorly
	2. Do you feel comfortable sharing your opinions and recommendations during the MDM?	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never
	3. How would you rate the level of respect and inclusivity demonstrated among MDM members?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair

		<input type="checkbox"/> Poor <input type="checkbox"/> Very Poor
	4. How effective is the communication of case outcomes and decisions following the MDM?	<input type="checkbox"/> Very Effective <input type="checkbox"/> Effective <input type="checkbox"/> Neutral <input type="checkbox"/> Ineffective <input type="checkbox"/> Very Ineffective
	5. What suggestions do you have to improve collaboration and communication within the MDM?	<i>Open text response</i>
<b>Section 3: Governance and Confidentiality</b>	1. Do you feel the governance structure (e.g., role of Chair, quorum requirements) supports effective and efficient decision-making?	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
	2. How satisfied are you with the current protocols for maintaining confidentiality during meetings and in accessing meeting materials?	<input type="checkbox"/> Very Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very Dissatisfied
	3. Do you believe there are adequate safeguards in place for handling patient information shared during meetings?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Neutral <input type="checkbox"/> Rarely <input type="checkbox"/> No, never
	4. Are there any governance or confidentiality practices you would recommend updating or improving?	<i>Open text response</i>
<b>Section 4: Meeting Effectiveness and Patient-Centeredness</b>	1. To what extent do you feel the MDM's recommendations align with evidence-based practices and patient-centred care goals?	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
	2. How often do you think that patients' goals and preferences are clearly addressed in treatment recommendations?	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never
	3. How would you rate the level of clarity and support in recommendations made for complex cases?	<input type="checkbox"/> Very Clear and Supportive <input type="checkbox"/> Clear and Supportive <input type="checkbox"/> Neutral <input type="checkbox"/> Unclear and Lacking Support <input type="checkbox"/> Very Unclear and Lacking Support
	4. What additional support or resources would help the MDM provide more effective recommendations for patient care?	<i>Open text response</i>

<b>Section 5: Overall Satisfaction and Suggestions for Improvement</b>	1. How satisfied are you with your overall experience participating in the SUI MDM?	<input type="checkbox"/> Very Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very Dissatisfied
	2. What do you believe are the MDM's greatest strengths?	<i>Open text response</i>
	3. What areas do you feel could benefit from improvement or additional support?	<i>Open text response</i>
	4. Are there any specific training or educational opportunities you would find valuable as part of your MDM role?	<i>Open text response</i>
	5. Any other feedback or suggestions?	<i>Open text response</i>

### Thank You!

Your feedback is invaluable in helping us improve the Regional SUI MDM experience and ensure we deliver the best possible patient care outcomes.