

# **Key factors for effective multidisciplinary work in tumour boards linking team culture and communication to the perceived benefit for patients in cancer care.**

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## Introduction

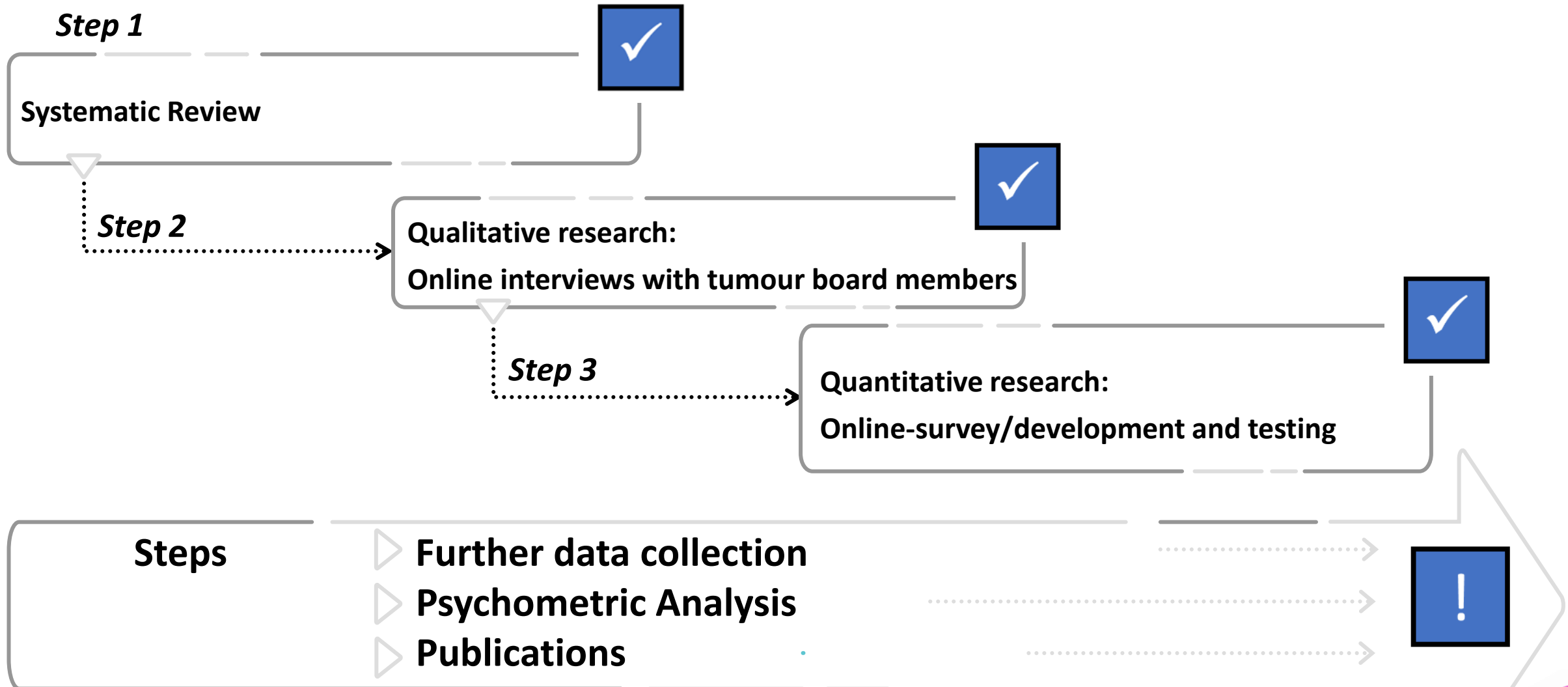
- In Austria, **40,000 people** are diagnosed with **cancer** each year (expected to **double by 2040**) (Statistik Austria, 2024; Wild et al., 2020).
  - Cancer is increasingly becoming a chronic disease, resulting in more **cancer survivors**.
- The Austrian health system is **among the world leaders in treatment costs**, but **the outcome of oncological care is average for most entities** (Allemani et al., 2018; OECD, 2023).
- As demand in oncology grows, it becomes increasingly important **to use limited resources as effectively as possible** (Lamb et al., 2014; Soukup et al., 2020a; Soukup et al., 2020b).
  - Consideration of the **quality of multidisciplinary teamwork** in cancer care
  - Although much information is available on multidisciplinary teamwork in health care, **evidence of its quality in cancer care is still missing**.

## Introduction

- The multidisciplinary approach **suggests...**
  - ... **improved communication and decision-making** between health professionals.
  - ... **benefits** for patients.
  - ... high-**quality** cancer care and **improved survival**.
  
- **Tumour boards** (MDTs), are **considered the gold standard** in oncology (Kočo et al., 2022).
  - **Treatment recommendations in weekly meetings**
  - Discussion of **every initial cancer** diagnosis
  - **Mandatory disciplines:** surgery, radiology, radiation, oncology and histology

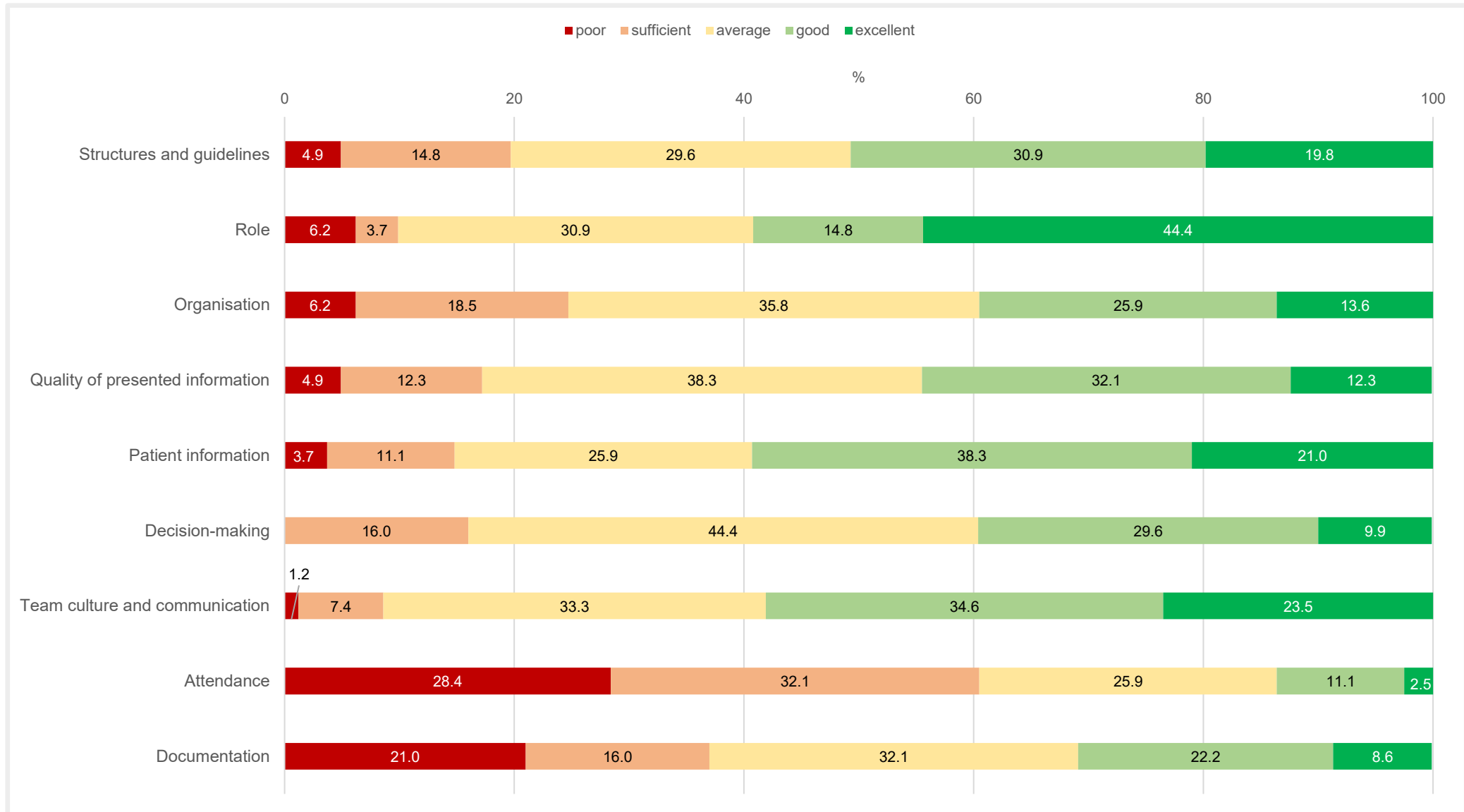
## Introduction

- The **regular implementation** of tumour boards requires a high commitment of **human, financial, and time resources**, which are then not available for routine operations (Winters et al., 2021).
  - The benefits **are sometimes controversial from a business and management perspective**, particularly regarding effectiveness and efficiency (Engelhardt et al., 2021; Freytag et al., 2020).
- **No clear link has been found** between tumour board discussions and improved outcomes (Ali et al., 2023; Askelin et al., 2021; Kočo et al., 2021; Soukup et al., 2021).
  - **Evidence suggests that tumour boards do not always work optimally** (Jalil et al., 2013; Lamb et al., 2013c; Walraven et al., 2023).
- Studies measuring the practical benefits of tumour boards in terms of **effectiveness and efficiency using a mixed-methods design have not yet been conducted in Austria** (Lumenta et al., 2019).



## The Survey

- **The Austrian Tumour Board Survey (ATS) was developed from October 2020 to date.**
  - **52 Items at a 5-point Likert scale and open questions for improvement strategies.**
  
- **Nine Dimensions and two outcome variables relating to MDTs in Austria:**
  - (1) structures and guidelines, (2) role at the MDT, (3) organization, (4) quality of presented information, (5) patient information, (6) decision-making, (7) teamwork and culture, (8) attendance, (9) documentation
  - (1) Tumour boards result in better patient care (Outcome-Variable 1)
  - (2) Perceived value of the tumour board for patient management (Outcome-Variable 2)
  
- **Online-Survey with LimeSurvey (March-May 2022 (pilot) and January-August 2023)**
  - **202 and 177 members of nine MDTs of an Austrian academic hospital.**
  - **117 and 81 participants** answered the questions completely (response rate 58% and 45,7%).



n=81

*Measures of location/ dispersion and Spearman correlations*

Variable	<i>M (SD)</i>	<i>Md (IQA)</i>	Team culture and communication	Tumour boards result in better patient care
Team culture and communication	4.19 (.46)	3.75 (.62)		
Tumour boards result in better patient care	4.30 (.73)	4.00 (1.00)	.50**	
Perceived value of the tumour board for patient management	4.22 (.87)	4.00 (1.00)	.54**	.66**

*Note.* Explanation of the abbreviations for the statistical key figures: *M* = mean; *SD* = standard deviation, *Md* = median and *IQA* = interquartile range. The asterisks (\*\*) indicate that the correlations are significant ( $p < .001$ ).

## Conclusion

- **A positive team culture can lead to a more positive perception of the tumor board.**
  - The tumour board members **make more effort to run** the board efficiently.
- If participants perceive the tumor board as a tool that **contributes to better treatment, more time will be allocated to tumor board-related tasks.**
  - The tumor board is **visited more conscientiously** and is scheduled as a fixed date (enhancing attendance of mandatory disciplines).
  - Results and patient information are more likely to be **up-to-date** (enhancing the quality of presented information).
  - The **documentation** is carried out in more detail (enhancing the quality of documentation).

## Outlook

- **Further research is needed (limited sample size)**
  - To gain a **deeper understanding of the teamwork processes** in tumor boards.
  - To confirm the assumptions made and to provide implications for practice.
- **Validation of the developed questionnaire to drive a continuous improvement process in cancer care in Austria:**
  - **Internal evaluation** of structures, processes, and outcomes to identify areas for improvement per board
  - **Independent implementation of improvement** potential by tumor board members
  - Use of **checklists and facilitated documentation** to increase patient safety

# Thank you for your attention!

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