

# Tips for navigating the MDM electronic submission process

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<https://mdm.grha.org.au/cgi-bin/mdm>

A link to the website is also included in the email advice for upcoming meetings. At first log-in, create your own login (your name is preferred for ease of identification, e.g. NicolePelchen) and password. For password changes and log-in advice, contact GICS.

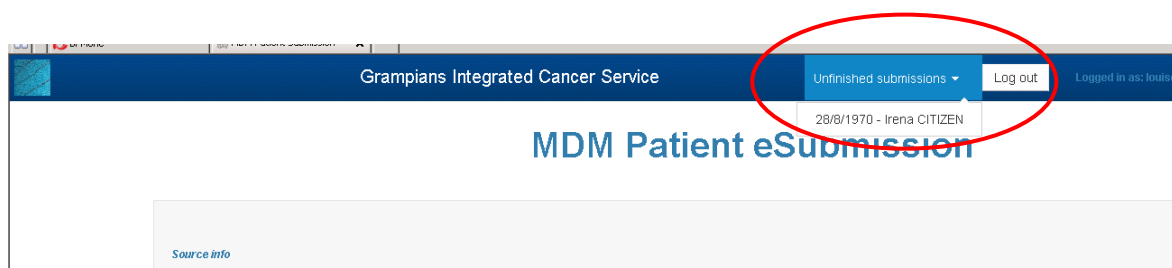
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There are also part-time and casual staff assisting with MDM preparation on an ad hoc basis. To ensure your requests are dealt with in a timely fashion, please address all correspondence to [mdm@bhs.org.au](mailto:mdm@bhs.org.au).

## General Notes:

- Mandatory fields have a red background
- Try to have all your patient information including required diagnostics at hand before commencing the process. Editing is not completely intuitive in the current version and you will avoid trouble if prepared. Please ring if you encounter a problem.
- Press “Go back” to edit the mandatory items in the current view.
- The mandatory field changes to orange and can be re-confirmed by pressing “Continue”.
- In some browsers, clicking in the radio boxes does not initiate any action – use tab or press “Continue” to proceed to the next step.
- The case is saved after each mandatory field and at the completion of each tab. Try to complete the demographics page in one sitting (to ensure your text is saved). Otherwise, you may log out and resume your case at a later time as convenient by selecting from “Unfinished submissions” (at the top of the page next to the log out button).



- If “Continue” fails to advance the case, check that all the mandatory fields have been completed on the page.

## Meeting info section:

- Stream is mandatory – to change your selection, press “Go back”
- After selecting a date, the number of submitted / approved cases are displayed. Please take note of the total number of cases for the meeting! If there are more than 10, consider choosing another meeting (“Go back” to change the date.)
- If the cut-off date for the meeting has passed, please ring GICS to discuss whether the case can be added *before completing the submission*.

Grampians Integrated Cancer Service Log out Logged in as: lous

## MDM Patient eSubmission

**Source info**

When: 19/09/14  
Source: Web  
Who:

**Meeting info**

Stream: Test  
Date: Sep 22 2014

**The selected MDM is less than a week away. Please contact GICS on 5320 6772 BEFORE PROCEEDING!**

**Confirm entry**

Number of patients: 2 of which 2 are approved.

Go back Continue

[Help](#)

## Patient section

- All cases created by your group to date are listed alphabetically by surname. The information displayed includes the name, date of birth and most recent MDM stream and date.
- Selecting from this list will pre-populate demographic, diagnosis and procedure fields, streamlining the submission process!
- Review the MDM information supplied – you may discover someone else has already submitted the case to the same meeting you are contemplating.

**Search existing patient in system**

**Please CHECK if patient exists in system BEFORE ticking "Create new patient"**  
**(previously entered details will populate the new submission, saving you time!)**

*Patient name (DoB) - Last MDM where patient was submitted*

Patient

**If patient not**

**Confirm**

[Help](#)

CITIZEN, Anthony (DoB: 30/11/1968) - Test MDM 31/3/2014
CITIZEN, Audrey (DoB: 15 November 1980) - Test MDM 10/11/2013
CITIZEN, Barbara (DoB: 21/01/1953) - Test MDM 22/9/2014
<b>CITIZEN, Brunhilda (DoB: 22/02/1922) - Test MDM 15/8/2014</b>
CITIZEN, Delilah (DoB: 02/09/1962) - Test MDM 25/12/2013
CITIZEN, Eliza (DoB: 22 October 1970) - Test MDM 1/11/2012
CITIZEN, Evelyn (DoB: 03/01/1940) - Test MDM 14/8/2014
CITIZEN, Fiona (DoB: 21/05/1962) - Test MDM 14/8/2014
CITIZEN, Francis (DoB: 11/01/1931) - Test MDM 15/5/2014
CITIZEN, Fred (DoB: 13/10/1998) - Test MDM 15/7/2014
CITIZEN, Georgina (DoB: 10/10/1980) - Test MDM 31/3/2014
CITIZEN, Hartian (DoB: 13/04/1966) - Test MDM 15/12/2013

## Demographics

The image shows a pre-existing case with information pre-populated. The mandatory fields are in a paler shade, indicating that they can be edited if required.

**NOTE: Postcode and town are not mandatory at the moment but are absolutely required!**

The remaining items relate to this specific presentation – please complete as many of them as you can. In particular:

- The “Question for the meeting” is mandatory and is to guide the discussion focus – Why are we discussing this case?
- “Clinical notes” is a brief summary of the presenting complaint – pathology and radiology details are not required (in these notes) if they will be presented by the relevant specialists at the meeting.
- Health service unit IS REQUIRED for all public cases.
- Contact person is auto-filled according to the log-on.
- GP is now mandatory to ensure the treatment plan is communicated to the GP following the MDM.
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**Grampians Integrated Cancer Service**

*Patient details*

Title: Mrs. [dropdown]  
 Given names: Irena  
 aka: [text] optional  
 Surname: CITIZEN  
 DoB: 28 / 8 / 1970  
 Gender:  M  F  O  
 Postcode: 3212 *Four digits only*  
 Town: AVALON [dropdown]  
 Medicare No.: [text] / [text]  
 IHI: [text]

*Hospital*

BHS [dropdown] UR ii123123  
 [dropdown] UR [text]  
 Specify Other: [text]

*Type of Patient*

Done

**Grampians Integrated Cancer Service**

Written consent signed  
 Verbal consent given  
 Consent to be obtained prior to MDM

Please note, evidence of consent needs to be documented in the patient record

*Discussion Focus*

Treatment Options  Pathology  Radiology  MedOnc opinion  RadOnc opinion  Surg opinion

Patient category: [dropdown]  
 Question for the MDM: [text]

*Notes*

Clinical notes: [text area]

*Clinician*

Primary Treating Clinician: [dropdown]  
 Health Service Unit: [dropdown] *Public only*  
 Person submitting: [dropdown]  
 Presenting clinician: [dropdown]  
 GP: [dropdown] Practice: [dropdown]

*Other info*

Previously presented at MDM:  No  Yes  
 Patient treated outside region:  No  Yes  Unknown

Confirm patient info

## Diagnosis

The question: “Is the diagnosis known?” should be answered YES in most cases. There are Unknown / Unspecified options for the subsite and ca type if these details are unavailable at time of submission. Unknown primary is also an option. It is rare to not know where the site of disease is!

The subsites and catypes are dependant from the primary site and are based on the ICD-10 codes. There is an option to add to the Catype list. However, the system is quite mature now and the requirement for new items should be extremely low.

There are special cases:

- Thyroid is found in the Endocrine system, (not Head & Neck).
- Metastases - use System = Secondaries; Pr.site then offers a list of all possible primary sites including Unknown; Side and Subsite relate to the metastasis site.
- Bilateral (e.g. breast) tumours are two separate diagnoses (as they usually have different characteristics).
- Non-cancerous – this system is reserved for interesting surgical cases where there is no question of cancer (as opposed to cases where cancer has not been proven).

Previously presented cases will display existing diagnoses. Check that “Use in MDM” is ticked.

Further diagnoses can be added.

- The date of diagnosis (DoDx) is the biopsy or other procedure date where cancer was first identified / confirmed.

## Previous Treatment

An opportunity to record chemotherapy (CT), immunotherapy (IT) and radiotherapy (RT) details.

If no details available, click “No additional treatment entries”.

## Surgery

Please record all relevant surgery. A previously presented case will offer any previous details after selecting “Yes” – tick the “Use in MDM” box for ALL surgery entries so that they write to the treatment plan.

New procedures require:

- Provider
- Date – the year alone may only be used for historical procedures (>2years prior) if the complete date is not available. Use **complete dates** for all procedures relating to the current or recent diagnosis!
- When multiple diagnoses exist, enter which target diagnosis the procedure relates to. (If only one Dx, the system defaults to it.)
- Procedure lists have been abridged to those that result in tissue diagnosis. Other details should be added to the clinical notes if relevant.
- Multiple procedures performed on the same date can be added:
  - Click “Yes” at the prompt: Additional procedure on this date.
  - A new row is created.
  - When all procedures have been added, click “No” at the prompt *and then* Confirm entry.
- If a row is accidentally created, select “Procedure added in error” (Rows cannot be deleted.)
- If the entire surgical entry is incorrect, click “Entry made in error, ignore” and then Confirm entry.
- *Notes:*
  - *Items depend from the site and procedure date. Procedures performed on different dates require multiple entries.*
  - *Similarly, if multiple regions are operated on for the same date, a second entry will be required to capture the other region.*

Patient: Mrs. Irena CITIZEN - 28/08/1970

Select entry

Surgery  Yes  No

Surgical entries may be staged if pathology will not be available. Pathology staging is preferred wherever possible.

Previous surgery entries for this patient

Service provider	Site	GI - Colon, Rectum & Anus	Date	Estimate	Use in MDM
BHS			29/02/2014	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Procedure: Fiberoptic colonoscopy to the caecum with biopsy

New surgery entries for this patient

Staging

Service provider: Camperdown Hospital Site: GI - Colon, Rectum & Anus Date: 12/10/2012 Estimate:  Use in MDM:

Procedure: Total colectomy with ileostomy

Staging

New surgery entries for this patient

Yes, add new surgery entry  No additional surgery entries

Service provider: Western Hospital Site: Thorax - Lung Date: 1 / 2 / 2016 Estimate:

Entry: 1/1

Procedure(s): 1/1 Radical lobectomy

Target: 

- 1: [L] Colon/Ascending colon
- 2: Lung/Lower lobe, bronchus or lung
- 3: [L] Lung/Upper lobe, bronchus or lung
- 4: [R] Lung/Middle lobe, bronchus or lung
- 5: Prostate(no sub-site)

if Other:  Entry made in error, ignore  Add staging

## Radiology

Please list *relevant* procedures using *complete* dates. (A patient may have had many procedures over the years. The MDM team are not responsible for (nor capable of) determining which procedures are relevant!) *We will only order what you request!*

Radiologists review all requested imaging prior to the meeting. Surplus imaging (that isn't germane to the case discussion or management) is a waste of their time. If in doubt, consult the clinician responsible for the patient.

Patient: Mrs. Irena CITIZEN - 28/08/1970

Select entry

Surgery  Yes  No

Surgical entries may be added to the MDM. Pathology staging is preferred wherever possible.

Previous surgery entries for this patient

Service provider: BH Date: 28/8/2014 Estimate  Use in MDM

Procedure: Fib

New surgery entries for this patient

Add new surgery entry

Service provider: please specify: Entry: 1/1

Site: Date: / / Estimate

Procedure (s):

if Other:

Entry made in error, ignore  Add staging

## Pathology

When the date matches a surgical date, the procedure is imported. This is a free text field – notes may be added to or replace the imported procedure. If requesting historical procedures, consider whether the report will be adequate or whether the slides need to be reviewed.

Surgical entries do not automatically imply that associated pathology is required. Enter pathology details required for discussion at the meeting.

Again, pathologists spend many hours reviewing slides and reports for each meeting. Do not request procedures that are not germane to the discussion.

Patient: Mrs. Irena CITIZEN - 28/08/1970

Select entry

Pathology  Yes  No

Stage pathology entries that contribute to the overview of the case or provide additional information.

Previous pathology entries for this patient

Service provider	Ref.	Date	Estimate	Use in MDM
Dorevitch		28-08-2014	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Procedure: Fibrooptic colonoscopy to the caecum with biopsy

New pathology entries for this patient

Add new pathology entry Done

Service provider: Dorevitch if Other, please specify: Entry: 1/1

Date: 10 / 9 / 2014 Estimate  Lab & Access No. I-12345678-HIS-0

Procedure: tion of the rectum - report only thanks!

Entry made in error, ignore  Add staging

## Other information

Please list other clinicians associated with the case.

Please indicate the nature of presentation.

- Screening (organized) is by a recognized program such as Breast or Bowel
- Asymptomatic includes opportunistic screening.

Grampians Integrated Cancer Service

Patient: Mr. Francis (Frank) CITIZEN - 11/01/1931

Other clinicians involved in this patient's care

NOTE: Adding clinicians here allows them to receive the PTFI

Medical Oncologist: Hamilton, Dr. Kate

Radiation Oncologist: Baghi, Dr. Pinyi

Social Worker: Bond, Dr. Rodney

Surgeon: Brown, Dr. Steve

Other: Cadden, Dr. Craig

Presentations: Chung, Dr. Geoffrey

Other: Faisal, Wasek

Other: Francis, Dr. Heather

Other: Hamilton, Dr. Kate

Other: Kinnourakis, Prof. George

Other: Phillips, Dr. Prashant

Other: Shah, Dr. Bhauram

Other: Sycamias, Dr. John

Other: Teo, Dr. Lee Na

Other: Tran, Dr. Yen

Other: Turner, Dr. Natalie

Other: Waller, Dr. Melanie

Other: Yap, Saw Yee

Other: Unknown

Other information

ECOG:  0  1  2  3  4  5  Unknown

1st degree family history:  Yes  No  Unknown

2nd degree family history:  Yes  No  Unknown

Menopause status:  Pre  Peri  Post  NR  Unknown

Co-morbidities:

After pushing the Confirm-button below the patient information will be available in the MDM case.

**ECOG** is mandatory. If unsure of classification, hover the mouse to review the help for this field.

0. Fully active;
1. Restricted but ambulatory/ capable of light work;
2. Ambulatory/capable of self-care/unable to work;
3. Limited self-care/confined to bed or chair 50% or more of waking hours;
4. Completely disabled/confined to bed
5. Death

**Family history** is relevant if it pertains to the same or linked tumour stream(s) e.g. breast / ovarian, where:

- 1<sup>st</sup> degree family = parents, offspring, full siblings
- 2<sup>nd</sup> degree family = grandparents, half-siblings, grandchildren

**Menopause status** – Note: “post” indicates 12 months after final MP.

Please list any **comorbidities** – commonly used abbreviations are welcome.

At the conclusion of the submission, download the summary for your information. This may be printed (or saved). If changes are required, (e.g. additional diagnostics) please call GICS to amend your submission.

# MDM Guide for Presenters

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- Please introduce yourself if on rotation / new to this meeting stream
- Speak clearly, particularly if remote from microphone or central table

## ***Include:***

- Clinical history, presentation details
- Co-morbidities
- ECOG status
- Supportive care requirements
- If relevant:
  - Family history
  - Menopause status
  - Medications
- Question for the meeting

## ***Don't include:***

- Pathology / Radiology details if to be discussed by pathologist / radiologist