BHS SURGICAL STANDARD

Revision Hip MDT meetings Information Technology (IT) Specification

Background & Inclusion

IT solutions will be at the heart of revision networks to facilitate referral, robust documentation and good governance. This document aims to define an outline specification for the IT systems that regional networks should use.

Referral into the MDT

1. A common IT platform should be used to refer patients in to both Local and Regional MDT meetings, and to run the MDT meetings.
2. An agenda with a list of patients for discussion should be produced for each meeting and be recorded, ideally by the MDT software.
3. A patient summary for each case should be produced before the MDT meeting allowing the key features of the patient history to be readily available to facilitate meaningful MDT discussion. Any software system being used should facilitate this.
4. The MDT software should prompt the user as to which cases require regional versus local discussion (eg. Based on RHCC (Revision Hip Complexity Classification)).

Teleconferencing

5. Each MDT should have simple but robust teleconferencing applications to facilitate remote participation of clinicians to the MDT session. These applications should have compatibility with the MDT platform in use.

Data Management

6. The IT system should produce a database of cases being managed in each unit, searchable by category (eg. Infection, instability, complex primary).
7. MDT discussions and outcomes should be recorded in the IT system, allowing this data to be saved and recalled as needed.
8. The MDT software should record persons present at the MDT meeting and roles.
9. Data should be entered into National registries following BHS guidance (eg. NJR, BAJIR).
10. Patient Identifiable data should be available only locally within the MDT software, minimizing issues around data governance.
11. Summary data should be available to allow audit of patient management, discussions and outcomes against standards (BHSSS).

MDT Output

12. There should be an output from the MDT meeting for each patient which can be transferred to a patient electronic record, printed to physical patient notes, or used to generate a GP letter, documenting discussions and outcome.

MDT IT Administrative Support

13. Each MDT should have dedicated administrative support personnel to:
    a. enter data into IT systems
    b. prepare MDT meeting agendas
    c. ensure access to electronic PACS radiographic images and other results for MDT meetings – these may need transfer between Trusts in advance
    d. ensure discussions and outcomes are entered for each patient
    e. ensure that outcomes are produced appropriately and distributed as required
    f. prepare summary data periodically for audit of MDT activity

Governance

14. The software should be fully compliant with the NHS digital data and technology standards.
15. There will be a requirement for Caldicott approval within each Trust for use of IT systems which handle confidential patient data.