

Radiology Image Examinations in Multidisciplinary Meetings: Technology Failures Delay Management Decisions

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Introduction

Cancer multidisciplinary team (MDT) meetings play a fundamental role in optimising oncology outcomes. Nevertheless, a frequent frustration for clinicians at these meetings are technology-related delays, often due to radiology access issues.

Aims

We aimed to explore the number and extent of technology-related delays in uro-oncology multidisciplinary team (MDT) meetings, as well as their causes.

Methodology

In this small, prospectively-collected, single institution observational study, data were collected on weekly urology cancer MDT meetings over a 6-month period on a mixture of public and private patients. Delays experienced within meetings and treatment decision-making were recorded. Additionally, reasons for access to the radiographic series was reported, as was the outcome following attempts to open them.



Image source: <https://www.ittoolkit.com/articles/manage-project-delays>

Results

In total 24-MDT meetings were captured over a 6-month period. There were 37-instances of radiology access-related delays (19 private, 13 and 5 unspecified). 8 cases related to bladder TCC patients, 14 to renal mass patients, 7 to prostate cancer patients and 4 to testicular cancer patients. The type of cancer was unspecified in 4 cases. The cause of delay was reported in 16 instances, 4 of which were due to login issues to private radiology companies, 6 were due to series not being imported, 4 due to the incorrect series being obtained, and 2 due to incomplete series. The outcome of whether the radiographic series were able to be opened or not was recorded in all 38 cases. In 32 cases the radiographic series were unable to be opened, and in 2 cases partial opening was achieved. In a further 2 cases complete opening was achieved after delay, and 1 case did not have the outcome recorded. Data quantifying the time wasted in MDT was captured in 29 instances with the average delay being 4.45-mins (range = 2.3–10-mins) or 7.4% (range = 3.8–16.7%) of the meeting. The treatment delay to patients was recorded for all patients. In total, 35 of the 37 patients captured (94.6%) experienced treatment delay. The average delay was 1.38 weeks and the ranging from 1–3-weeks.

Conclusions

This small 6-month snapshot into technology-related delays in a public urology MDT setting observed consistent inefficiencies delaying meetings and subsequent patient treatment decision-making and execution.



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