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Title:

Establishing a Weekly Electrophysiology and Device Multidisciplinary Meeting to Improve Collaborative Decision-Making and Education in a Tertiary Cardiology Centre

Objectives:

To implement a structured, inclusive weekly electrophysiology (EP) and device multidisciplinary team (MDT) meeting within a tertiary cardiology centre, aiming to improve collaborative decision-making, documentation, and education.

Materials and Methods:

Prior to this quality improvement project, our centre had no formal MDT for EP and device-related decisions. Complex cases were discussed informally at ad-hoc consultant meetings, with little input from trainees and allied professionals, no uniform documentation, and no standardised process for contributions from affiliated district general hospitals (DGHs).

In response, we introduced a one-hour weekly virtual MDT meeting, following stakeholder consultation involving consultants, cardiac physiologists, arrhythmia nurses, and cardiology trainees. Referrals are submitted via a standardised form embedded within the EPIC HIVE electronic health record (EHR). Meetings are held on Microsoft Teams to enable Trust-wide participation, including DGHs, and are supported by the use of webcams to improve team dynamics.

Case lists are circulated in advance, and cases are presented using a snapboard function within the EHR to facilitate real-time discussion, tracking, and documentation. Lessons from MDT discussions often prompt further service improvement initiatives. This structured MDT approach was implemented despite the absence of national standards for EP MDTs, aligning with recent recommendations on cardiac multidisciplinary structures [1].

Results:

The introduction of the MDT meeting has delivered significant improvements in service delivery:

- A reliable, inclusive forum for collaborative decision-making on complex EP and device cases.
- Increased participation from physiologists, nurses, and cardiology trainees, fostering multidisciplinary learning and engagement.
- Improved access to specialist opinion from across the Trust and affiliated sites.
- Enhanced educational value through structured, case-based discussions.
- Consistent documentation of decisions within the EHR, supporting transparency, audit, and continuity of care.
- Feedback has been overwhelmingly positive across professional groups. The MDT has supported a culture of collaboration, enhanced decision clarity, and improved the perceived quality and safety of care. It has also provided new educational opportunities for cardiology trainees and allied health professionals.

Conclusions:

This quality improvement project has transformed an informal, ad hoc decision-making process into a structured, scalable, and inclusive EP/Device MDT model. The intervention has improved clinical governance, multidisciplinary collaboration, and education, while laying the foundation for future wider integration. Plans are underway to evolve the MDT into a regional networked model, in line with NHS England's Getting It Right First Time (GIRFT) programme [2], to reduce care variation and support standardised practice across Trusts.

This project offers a replicable framework for centres seeking to enhance MDT processes in cardiac electrophysiology and device therapy.

References:

1. Association for Cardiothoracic Anaesthesia and Critical Care, British Cardiovascular Intervention Society, British Cardiovascular Society, British Heart Valve Society, Society for Cardiothoracic Surgery. Getting the Best from the Heart Team: Guidance for the Structure and Function of Cardiac Multidisciplinary Meetings. May 2021.
2. NHS England. Getting It Right First Time (GIRFT): Cardiology. https://www.gettingitrightfirsttime.co.uk