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Breast Program Leadership Rules and Regulations

The Breast Program Leadership Committee (BPLC) is a sanctioned committee established by Cancer Care Committee under the direction of the Medical Executive Committee to oversee quality of the Breast Disease Program at Hendricks Regional Health. The BPLC is responsible for reviewing, evaluating, and disseminating data related to breast disease care and services. The BPLC leads the program through setting goals, monitoring activity, and evaluating breast disease patient outcomes and improving care. This leadership includes assuring that breast disease patients have access to the full scope of services required to diagnose, treat, rehabilitate and support breast disease patients and their families. The BPLC also recommends and evaluates prevention and early detection services provided by the facility either on-site, by referral, or through coordination of services with other facilities and/or local agencies.

Goals

The goal of the Hendricks Regional Health BPLC is to assist in improving the quality of breast disease patient care through evaluation of various breast cancer-related programs. These programs are concerned with prevention, early diagnosis, pretreatment evaluation, staging, optimal treatment, rehabilitation, surveillance for recurrent disease, support services, and end-of-life care. As a guideline to achieve high quality breast disease patient services, the BPL will follow the structure outlined in the National Accreditation Program for Breast Centers (NAPBC) Standards Manual 2018, which is affiliated with the American College of Surgeons. These standards allow for monitoring quality multidisciplinary breast cancer care delivered in the hospital setting and helps facilities measure treatment patterns and outcomes; encourages the use of breast cancer patient data to evaluate hospital performance and aids in the development of effective educational interventions to improve breast cancer care outcomes.

Composition

The BPLC utilizes a multidisciplinary team approach to coordinate the best breast disease treatment options. The cancer care committee along with the medical staff office oversee that all physicians who provide cancer care for patients in the cancer program are board certified or are in the process of becoming board certified.

Composition of the BPLC, which is a sub-committee of the cancer care committee is comprised of the program director, a radiologist, a radiation oncologist, nursing representation, a pathologist, a surgeon, a medical oncologist, a radiology technologist, a nurse navigator, a rehabilitation specialist, a social worker, a radiation therapist, nutritionist, pharmacist, and a plastic surgeon. Other members will be representatives from the cancer registry, quality control and administration.

Responsibilities

The BPLC is responsible for an annual audit of Multidisciplinary Breast Care Conference Activity, Breast Conservation Rate, Sentinel Lymph Node Biopsy Rate including +/- findings, Needle Biopsy Rate, Clinical Trial Accrual and Quality and Outcomes. The BPLC identifies and references evidence-based breast cancer evaluation and management; including but not limited to NCCN, ASCO, ASTRO, and Adjuvant Online. The BPLC will ensure that all Physician team members are board certified or in the process of board certification. The BPLC will oversee the navigation process to guide the patient thru provided or referred services. The BPLC will make sure a plan is in place for assuring follow-up surveillance of breast cancer patients. The BPLC will develop a process for monitoring the use of AJCC staging in treatment planning for breast cancer patients and this information will be discussed annually. The BPLC will monitor that CAP guidelines for all invasive breast cancers are utilized and discussed annually, and that pathology reports are in a synoptic format. The BPLC will ensure that all mammography, diagnostic mammography, and breast MRI meet MQSA standards and are interpreted by MQSA –certified physicians. The BPLC will ensure that all ultrasound and or ultrasound-guided needle biopsies and stereotactic core needle biopsies are performed by ACR or ASBS –certified physicians. The BPLC will oversee breast quality measures endorsed by the NQF when radiation therapy and or medical oncology treatment is utilized. The BPLC will ensure that nursing assessment and interventions are guided by evidence-based standards of practice and symptom management. The BPLC will ensure that support and rehabilitation services are provided to clinicians with specialized knowledge of diseases of the breast. The BPLC will continue to monitor that genetic risk assessment; education, testing and counseling are monitored on an annual basis. The BPLC will monitor the use of culturally appropriate educational resources are available and this will be reviewed annually. The BPLC will ensure that reconstructive surgery will be provided or referred. The BPLC will also monitor the evaluation and management of benign breast disease following nationally recognized guidelines and report as needed. The BPLC will provide a formal mechanism that will allow breast cancer patients to receive information about the availability of breast cancer related clinical trials. The BPLC will ensure that two or more breast cancer education, prevention and or early detection programs are targeted to the community and follow up is provided to patients with positive findings.

The BPLC will review all professionally certified/credentialed members of the BPLC to ensure that in addition to the breast conferences, members participate in at least two local, state, regional, or national breast-specific educational programs on an annual basis. The BPLC will conduct or participate in two or more studies that measure quality and or outcomes and the findings are communicated and discussed with the BPLC as well as the Cancer Care Committee.

Meetings/Cancer Conferences

The Breast Program Leadership Committee will meet quarterly, February, May, August and November, and will submit meeting minutes to the Cancer Care Committee to assure that administrative responsibilities related to the breast cancer program are carried out and to maintain communication between the committees. Leadership members are expected to

attend all meetings of the Breast Program Leadership or delegate a proxy from their specialty to attend in their place so that all disciplines will be represented, with a minimum of 75% attendance on an annual basis.

In accordance with NAPBC guidelines, Multidisciplinary Breast Care Conference meets twice monthly. (HRH's analytic case count is 100-250 breast cases per year). The goal of the BPLC is to discuss 80% of our analytic breast cancers diagnosed at HRH at Multidisciplinary Breast Care Conference with 85% being prospective. The BPCL requires participation of at least one surgeon, medical oncologist, radiation oncologist, radiologist, and pathologist at each Multidisciplinary Breast Care Conference. The multidisciplinary team will be involved with patient evaluation and management, also includes a nurse navigator, a social worker, and a physical therapist. Other health professionals may include the palliative service, genetics, a pharmacist, and a registered dietitian. For each patient, AJCC staging will be addressed/discussed at each cancer conference and recorded in the cancer registry abstract for data collection purposes. Per NAPBC standards, Multidisciplinary Breast Care Conference should include the following 1.) presentation of relevant history and physical elements, including family history, 2.) discussion of stage, risk profile, surgical options, and pre-surgical options, 3.) visual display of pathology slides and radiology imaging with a discussion of the radiology-pathology correlation, 4.) discussion regarding clinical trials, genetics risk, and reconstructive options, 5.) consideration of nationally recognized guidelines (include but are not limited to NCCN, ASCO, ASTRO, and Adjuvant Online), 6.) an open discussion by all conference participants. Treatment recommendations will be recorded in the cancer registry abstract in text format with dates for when recommendations were made and dates for when recommendations were carried out and on the Cancer Conference Outline, which is scanned into the EMR as a clinical notes. Breast Program leadership will evaluate interdisciplinary patient management and adherence to AJCC staging, as well as other treatment guidelines (NCCN, ASCO, ASTRO, and Adjuvant Online) annually and discuss at Breast Program Leadership meeting. Meeting minutes will reflect this discussion.

Educational Resources

Culturally appropriate educational resources are available at the Women's Center for Breast and Bone Health, the Cancer Resource Center located in the Oncology Nurse Navigation Office, and at HRH Radiation Oncology, including but not limited to brochures, information packets, and internet availability. A Nurse Navigator meets with each patient and provides a binder including but not limited to diagnosis, treatment, graphics, and physicians on staff. Resources from the American Cancer Society and other sources are available in multiple languages. All resources are available to patients throughout diagnosis and treatment from our nurse navigation team.

Reporting

As a subcommittee of the Cancer Care Committee, the Breast Program Leadership will forward meeting minutes to the Cancer Care Committee, which in turn will forward the information to the Medicine/ICU Committee for forwarding to the Medical Executive Committee. Non-aggregate Breast Cancer Care data and peer review issues will be discussed per guidelines established in the Medical Staff Peer Review Policy and will be forwarded in the appropriate manner as outlined. Quality data and pertinent information forwarded through the Cancer Care Committee to the Medicine/ICU Committee to the Medical Executive Committee

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will be reported to the Board of Trustees when necessary. Breast Cancer Care data and information will be disseminated as appropriate.