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Breast Program Leadership Rules and Regulations

The Breast Program Leadership Committee (BPLC) is a sanctioned committee established by the 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 care 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) Optimal Resources for Breast Care 2024, 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 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 following:

- Breast Program Director
- a breast surgeon
- a medical oncologist
- a radiation oncologist
- a plastic surgeon

- a radiologist
- a pathologist
- a genetics and survivorship provider
- a nutritionist
- nursing representation
- radiology department representation
- a nurse navigator
- a program administrator
- the accreditation coordinator
- a rehabilitation specialist
- a member of palliative care medicine
- a social worker
- the quality coordinator
- a radiation therapist
- a pharmacist
- the clinical research coordinator.

The Breast Care Team (BCT) is a team of physicians and other professionals involved in the evaluation and management of patients with breast disease and breast cancer. The BCT consists of physician members of the BPLC as well as Genetics and Survivorship Advanced Practice Nurse.

Responsibilities

The BPLC is responsible for an annual audit of Multidisciplinary Breast Care Conference activity, Patient Care Expectations and Protocols, clinical outcomes, Clinical Trial Accrual and Quality Improvement Initiatives.

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 through 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.

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 genetic risk assessment, education, testing and counseling on an annual basis.

The BPLC will monitor whether culturally appropriate educational resources are available review them 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 of the BCT complete least two hours of CME on an annual basis.

The BPLC will conduct 1 quality improvement initiative 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 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. BPLC members or their alternate are expected to attend all meetings of the BPLC 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 (MBCC) meets twice monthly. (HRH's analytic case count is 100-250 breast cases per year). MBCC meets the following requirements:

- We must discuss 50% of our analytic breast cancers diagnosed at HRH at Multidisciplinary Breast Care Conference prospectively.
- 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. Their participation in MBCC is 75%.
- Other health professionals may include palliative care medicine, genetics, a pharmacist, and a registered dietitian.
- For each patient, AJCC staging will be addressed/discussed at each cancer.
- Per NAPBC standards, Multidisciplinary Breast Care Conference should include the following
 - presentation of relevant history and physical elements, including family history
 - discussion of stage, risk profile, surgical options, and pre-surgical options
 - visual display of pathology slides and radiology imaging with a discussion of the radiology-pathology correlation
 - discussion regarding clinical trials, genetics risk, and reconstructive options
 - consideration of nationally recognized guidelines (include but are not limited to NCCN, ASCO, ASTRO, and Adjuvant Online)
 - an open discussion by all conference participants.
- Treatment recommendations will be recorded in the Cancer Conference Outline in text format with dates for when recommendations were made and dates for when recommendations were carried out, which is scanned into the EMR as a clinical note.
- 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 Center for Breast and Bone Health, the Cancer Resource Center located in the Oncology Nurse Navigation Office, the Hendricks Breast Center, and at Hendricks 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, BPLC 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 will be reported to the Board of Trustees when necessary. Breast Cancer Care data and information will be disseminated as appropriate.

Med/ICU Approved: 04/16/2024

MEC Approved: 05/13/2024