

**EASTERN HEALTH
BREAST CARE SERVICES**

MAROONDAH HOSPITAL BREAST CLINIC

DEMONSTRATING BEST PRACTICE IN MULTI-DISCIPLINARY CARE

July 2003

MAROONDAH HOSPITAL MULTI-DISCIPLINARY BREAST MEETING

TERMS OF REFERENCE

The overall aim of the Maroondah Hospital Multi-disciplinary Breast Cancer Meeting is to enable a formal mechanism for multi-disciplinary input into treatment planning and ongoing management of patients with breast disease.

The objectives of the meeting are:

- to provide an opportunity for multi-disciplinary discussion of all new cases of breast cancer presenting to the surgical team at Maroondah
- to ensure that all new patients presenting with breast malignancy have their case discussed by a multi-disciplinary team having access to all available information about that case
- to determine – in the light of all available information and evidence – a recommended treatment plan for each individual patient
- to provide education to senior and junior medical, nursing and allied health staff

PROTOCOLS

1. Membership

Membership of the Maroondah Hospital Multi-disciplinary Breast Cancer Meeting consists of medical staff providing specialist clinical services in relation to breast cancer within any of the hospitals located in the Eastern Health Network - Surgeons, Medical Oncologists, Radiation Oncologists, Radiologists, Pathologists, Psychologist, Registrars, Residents and specialist nurse representatives from breast care and oncology nursing of the Eastern Health Network including Peter MacCallum Cancer Institute, Box Hill.

A contact list of medical and nursing specialists is kept by the breast care nurse (BCN).

2. Attendance

Attendance of the Maroondah Hospital Multi-disciplinary Breast Cancer Meeting will be by:

- a. The members of the meeting;
- b. General Practitioners who have in their care a patient who has been included on the meeting's agenda;
- c. Other health professionals by invitation of the presenting clinician or chairperson of the meeting;
- d. Any support staff who may be required to assist meeting implementation.

A record of attendance of meetings will be kept by the BCN.

3. Time of meetings

Meetings will be held on Tuesdays fortnightly unless otherwise notified, and will begin promptly at 7:30am

4. Meeting venue

The meeting venue, unless otherwise notified, will be Conference Room 2, Lower Ground Floor, Maroondah Hospital.

Notification of venue change must be in writing and circulated by the Breast Clinic administrative staff to members of the meeting at least 3 working days prior to the meeting day (i.e. the Thursday preceding the meeting).

5. Chairing of meetings

Each meeting will be chaired by a member of the meeting as nominated at the previous meeting.

Where the nominated chairperson is unable to attend, he/she will organise for a proxy to chair the meeting. The BCN will be notified, where possible, in advance of the meeting.

6. Notification of meetings

All members of the meeting will receive notification of:

- a. the meeting dates and venue at the beginning of the year; and
- b. cases for presentation at least **3 working days** prior to the meeting

7. Meeting agenda

All surgical cases of malignant breast disease need to be included in the agenda for multi-disciplinary discussion.

Clinicians will agenda other cases for presentation at the meeting by informing the BCN of the relevant case details at least 5 working days prior to the meeting.

8. Results

Request on behalf of the presenting clinician for test results will be made to the respective diagnostic services, by the BCN at least 4 working days preceding the meeting.

Request for results will include the requesting doctor's name, the patient's full name, date of birth, medical record number, test procedure and date.

9. Notification of other professionals re case agenda

To enable full presentation of relevant medical and psychosocial factors, the Chairperson or Head of the Breast Unit (or their delegate) will inform and/or request attendance at the meeting of other key health professionals as specified by the presenting clinician.

10. Case discussion

No patient will be discussed in the absence of the consulting clinician or his/her delegate.

All applicable patient information should be available for case discussion to proceed.

Case discussion should incorporate the patient's age, clinical condition and any psychosocial aspects impacting on clinical management.

A summary of the recommendations arising from the discussion should be articulated by the chairperson before proceeding to the next case.

11. Confidentiality

Case discussion will remain confidential to the meeting.

Information provided in this meeting is provided by clinicians in confidence.

The clinical agenda will be collected from members and destroyed following the meeting by the BCN. Any clinicians retaining the agenda in their possession are responsible for maintaining the confidentiality of the document. The BCN will retain one copy of the agenda for auditing purposes.

12. Meeting documentation

Documentation in the patient Medical Record regarding recommendations arising from the meeting discussion will be through the completion of the Eastern Health Breast Care Services 'Clinical Meeting Recommendations Form'. The BCN is to ensure this form is filed in the patient's Medical Record.

The General Practitioner will be notified of the meeting's recommendations through a standardised letter to be completed by the chairperson.

13. Review

These Terms of Reference and protocols will be reviewed in March 2004.

Indications for early review will include:

- i. legislative change;
- ii. change to government or hospital policy;
- iii. an absence of key specialty groups from the meeting over at least 3 consecutive meetings;
- iv. less than 60 percent of meeting members attending over at least 3 consecutive meetings.

PERFORMANCE INDICATORS FOR THE MEASUREMENT OF CRITICAL ELEMENTS OF THE MAROONDAH HOSPITAL MULTI-DISCIPLINARY BREAST CANCER MEETING

Membership, Attendance & Timing of the Meeting

Performance objective	Minimum standard	Performance Indicator	Requirement	Method
<p>A regular multi-disciplinary case conference meeting will be held</p>	<ul style="list-style-type: none"> • A multi-disciplinary case conference meeting will be held fortnightly • the multi-disciplinary team will comprise at minimum: <ul style="list-style-type: none"> • surgeon • pathologist • medical oncologist • radiation oncologist • radiologist • breast care nurse • psychologist 	<p><i>PI: A multi-disciplinary case conference meeting will be held fortnightly except during holiday periods</i></p> <p><i>PI: All disciplines in the m-d team will be represented at the meeting on at least 80% of occasions</i></p>	<p>Head of the Breast Unit to determine dates for the fortnightly meetings at the start of each year</p> <p>List of dates to be circulated to all relevant staff</p>	<p>Audit clinical agendas</p> <p>Audit clinical agendas</p>

Meeting Agenda/Results

Performance objective	Minimum standard	Performance Indicator	Requirement	Method
<p>An opportunity for multi-disciplinary discussion of all cases of breast cancer managed at Maroondah Hospital will be provided</p> <p>All information pertaining to the management of a case will be made available to the team</p>	<ul style="list-style-type: none"> • all new cases of breast malignancy will be discussed • a clinical agenda will be provided to the meeting which includes: <ul style="list-style-type: none"> • name of patient • UR • name of surgeon • date of surgery • summary of surgery to date • grade and type of tumour • tumour size • receptor status • node involvement • pertinent psychosocial information • presentation and clinical findings 	<p><i>PI: 100% of new cases of breast malignancy receiving surgery at Maroondah will be discussed at the meeting</i></p> <p><i>PI: a clinical agenda will be available at 100% of breast meetings</i></p>	<ul style="list-style-type: none"> • the Head Surgeon, in consultation with the BCN, will determine in advance of the meeting, which cases are to be discussed • the BCN is responsible for ensuring that all relevant information and results are available in a clinical agenda made available at the meeting • the BCN will communicate with the Pathologist at least 4 working days prior to meeting, the names and UR's of cases to be discussed. • Pathology results will be made available to the BCN on the Friday preceding the Tuesday meeting 	<p>Audit episode details by DRG against clinical agenda</p> <p>Audit clinical agendas</p>

Case Discussion

Performance objective	Minimum standard	Performance Indicator	Requirement	Method
<p>The case will be discussed in the light of all the available information</p>	<ul style="list-style-type: none"> • the Pathologist will provide a verbal report which includes: <ul style="list-style-type: none"> • tumour size • histological grade • tumour margins • presence or absence of DCIS: % of lesion & DCIS grade • presence or absence of vessel space invasion in the main tumour • examination of all removed axillary nodes • resection margins – DCIS invasive component • presence or absence of extracapsular spread • oestrogen and progesterone receptor status • C-erb B2 status • the BCN will provide appropriate/relevant information associated with the identification of psycho-social risk factors which may impact on the patient’s future management • the opinion of the multi-disciplinary team will be sought with regard to future management options. This will include the opinion of a: <ul style="list-style-type: none"> • medical oncologist • radiation oncologist • where this opinion indicates the need to consider systemic or radiation therapy, this will be indicated in the action plan as a referral for opinion. 	<p><i>PI: in 90% of cases all of the above information will be provided</i></p> <p><i>PI: in 100% of cases a verbal Pathology report will be available</i></p> <p><i>PI: a minimum. of 50% of cases discussed will have input from the BCN</i></p> <p><i>PI: 100% of patients recommended for medical oncology or radiation oncology opinions do receive this opinion</i></p>	<ul style="list-style-type: none"> • The designated pathologist will have available all relevant information pertaining to the cases to be discussed • The BCN will have available all relevant information pertaining to the cases to be discussed • Documentation of recommendations arising from the discussion to be made by the BCN upon the clinical agenda 	<p>Audit of record kept in meeting</p> <p>Audit of record kept in meeting</p> <p>Audit of record kept in meeting</p> <p>Audit of record kept in meeting against documented evidence in medical record that patient received the opinion</p>

Case Discussion (cont)

Performance objective	Minimum standard	Performance Indicator	Requirement	Method
An action plan will be determined	<ul style="list-style-type: none"> an action plan will be determined which will reflect the management plan deemed most appropriate by the team 	<p>PI: <i>an action plan will be articulated by the chairperson on 100% of occasions stating:</i></p> <ul style="list-style-type: none"> <i>any referrals to be made</i> <i>any other follow up requiring action</i> <i>suitability for further review at breast meeting</i> 	<ul style="list-style-type: none"> 'Clinical meeting recommendations form' to be completed during the meeting and filed in the patient's medical record 	Audit of record kept in meeting
Cases for longitudinal follow up will be identified	<ul style="list-style-type: none"> cases will be identified for longitudinal follow-up 	<p>PI: <i>100% of patients identified for follow up in a subsequent meeting will be reviewed within 6 weeks</i></p>		Audit of medical record and meeting agenda
To provide feedback to the patient on the course of management recommended by the multi-disciplinary team	<ul style="list-style-type: none"> all patients whose case has been discussed will be made aware of this by a member of the multi-disciplinary team 	<p>PI: <i>80% of patients will have an appointment with a member of the team within 14days of the breast meeting.</i></p>		Audit medical records