

## **Key Components of The AAMC Breast Center**

Summary: The Key Components of the AAMC Breast Center are discussed below. Aspects of each component are documented in the “AAMC Breast Center Master Binder” containing all Breast Center policies, processes and guidelines.

### ***Status:***

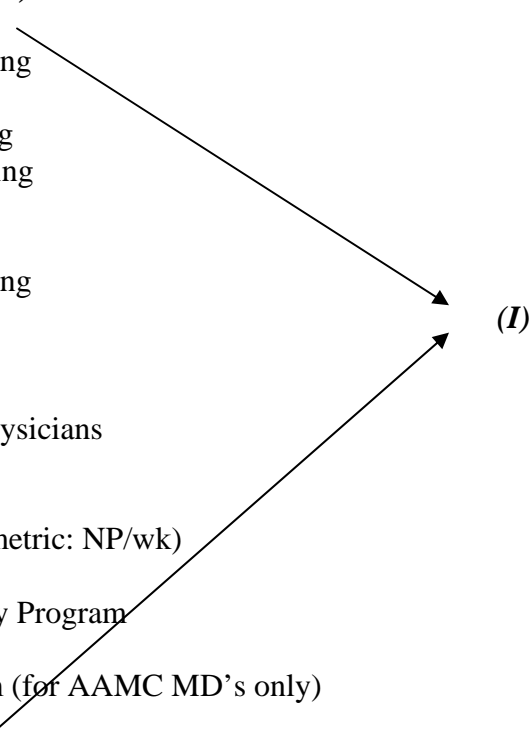
***C= Complete      I = Incomplete      A = Absent***

### **1. Breast Center Leadership & Organization (A)**

The leadership reporting structure and chart.

### **2. Physicians Participating in the Breast Center**

All physicians who agree to participate in the Breast Center will sign a Physician’s Agreement and the criteria for participation will be dictated by the respective subspecialists.

- a) Physician participation agreement (Med Onc, Surg, Rad, Rad Onc, Path) (***I***)
  - b) Process of ongoing physician compliance (***A***)
  - c) Processes for Medical Oncology Partnering
    - c1. Report at Breast Executive Board Meeting
    - c2. Report on Patient Satisfaction
  - d) Processes for Radiation Oncology Partnering
    - d1. Report at Breast Executive Board Meeting
    - d2. Report on Patient Satisfaction
  - e) Processes for Pathology Partnering
    - e1. Report at Breast Executive Board Meeting
    - e2. Report on Patient Satisfaction
  - f) Processes for Radiology Partnering
  - g) Physician Report Card
    - g1. Staff, patient & Fellow evaluation of physicians
    - g2. Adherence to practice guidelines
    - g3. Community talks
    - g4. Clinical volume & clinical efficiency (metric: NP/wk)
    - g5. Tumor Board participation
    - g6. Participation in Patient Quality & Safety Program
    - g7. Enrollment in Clinical Trials
    - g8. Participation in Administrative Program (for AAMC MD’s only)
    - g9. OR efficiencies (breast surgeons only)
- (I)***
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### **3. Physician Practice Guidelines**

Most breast cancer patients will follow NCCN practice guidelines with variation dictated by AAMC Breast Center specialists, according to the following:

- a) Low level evidence-based issues (Med Onc, Surg, Rad, Rad Onc, Path) (***I***)

- b) Mid to high level evidence-based issue ( NCCN guidelines & updated yearly with recent publications) (*I*)

#### **4. Surgical Skills Evaluation and Documentation (A)**

All surgeons participating in the Breast Center will be evaluated by guidelines dictated by the GRITS scale (Jeffrey D. Doyle, M.D., et al.); Fellows who become faculty will be exempt from this requirement.

- a) Pre-op evaluation
- b) Image-guided core biopsy
- c) Skin, nipple, areolar-sparing mastectomy
- d) Intra-op US
- e) US Certification
- f) SLN biopsy

#### **5. Referring Physicians Program (A)**

This program establishes the processes to be used to communicate with and update referring physicians on Breast Center processes, as well as breast disease changes or advances. Evaluation by the referring physician of how well the Breast Center is meeting their needs will be a key component. The goal is to keep the referral system as easy as possible and tailor it to the individual referring physician.

- a) Breast Center Newsletter for Referring Physicians
- b) Educational yearly conference for CME
- c) Database of all referring Physicians
- d) Referring Physicians' evaluation and satisfaction with the Breast Center
- e) Referral form

#### **6. High Risk Program**

This program will evaluate, treat and follow patients at increased risk of developing a breast cancer.

- a) Genetic Counselor (*C*)
- b) MRI Guidelines (*C*)
- c) Support & Structure (*I*)

#### **7. Survivors Offering Support Program (C)**

This program, administered by Denise O'Neill, a breast cancer patient treated at AAMC, is a volunteer program that needs hospital support. Breast cancer survivors matched for various issues (i.e. stage of disease) provide mentoring/buddy support to newly diagnosed Breast cancer patients.

#### **8. Social Work Program (A)**

**9. Complimentary Medicine Program (I)**

**10. Wellness Program (C)**

**11. Breast Center Clinic Processes (C)**

- a) Clinic Intake Forms
- b) MRI or additional imaging work up, Pathology Boards
- c) Newly-diagnosed Binder
- d) Video production for patients' viewing prior to visit

**12. Information System for Data Collection of All Subspecialists for: (I)**

This system will allow the generation of multispecialty reports and is crucial for evaluation of the Breast Center.

- a) Outcomes Reports
- b) Complications Reports
- c) Demographic Reports
  - c1. Primary, Secondary, Tertiary & National Markets
- d) Quality Reports
- e) Data Warehouse Retrieval Schedule
- f) Data Collection Tools Update Schedule

**13. Breast Cancer Program (C)**

This delineates the processes of evaluation and treatment, specifically of breast cancer patients.

- a) Management Standards
- b) Processes for expedited scheduling (%newly diagnosed within 48 hours)
- c) Pre and Post treatment presentation to Tumor Board
- d) Second pathology review
- e) Breast Cancer Binder

**14. Nurse Navigator Program & Staff Education (I)**

This specifies the qualifications of the specialty nurses who provide care for the breast cancer patients.

- a) Nurse Navigator Certification
- b) Nurse Navigator Continuing Education
- c) Educational syllabus reviewed in 8 sessions (every 8 weeks for 1 hour)
- d) Written exam
- e) Bonus and rewards guidelines
- f) Staff evaluations

**15. Patient and Community Outreach & Education Program (I)**

- a) Yearly Town Meetings for Patients
- b) Representation at all designated community events
- c) “Right Now Reminder” Program

**16. Survivors Retreat (C)**

This is a yearly event that honors the breast cancer survivors in our community. It is organized and directed by the survivors, with support from the Breast Center staff and is supported through grants, fundraising and AAMC.

**17. Fellowship Program (C)**

This education program trains one highly-selected graduating general surgery resident for one year to prepare for a career as a breast surgeon.

- a) Fellow evaluation of program
- b) Ranking match

**18. Breast Tumor Board and Teleconferencing for All Participants (I)**

- a) Pathology Concordance Conference
- b) Pre/post Tumor Board Conference

**19. Quality and Safety Program (I)**

An extensive Quality and Safety Program including both AAMC Breast Center initiatives, as well as national initiatives.

- a) Breast-specific Patient Satisfaction Surveys
- b) NCBC quality comparison surveys every 6 months
- c) ASBS quality program participation (minus NCBC quality measures)
- d) Quarterly luncheon with post-op patients
- e) Quality standards for subspecialty (Breast Surgery, Pathology, Radiology, Medical Oncology, Radiation Oncology, Psycho-Social, Lymphedema, Plastics)

**20. Breast Center Staff Model (I)**

A model for breast center staffing, which details task time usage for all staff, has been developed and is now undergoing testing and refinement. The model will allow appropriate hiring of staff, as volume of breast patients increases.

Bonus and Rewards guidelines (tied to volume, reward of being on website after a year of service, educational programs attendance.

**21. Lymphedema Center (C)**

- a) Standardized Program
- b) Staff Education

**22. Fundraising & Endowment Program (I)**

- a) Program coordination meetings
- b) Bi-annual “Breast Center Wish List” reconciliation

**23. Women’s Breast Boutique (A)**

**24. Tumor Registry (C)**

- a) Abstracting
- b) Reporting Schedule
- c) Quality Control Plan

**25. Research Program (C)**

This will be coordinated through the AAMC Research Institute.

- a) Walter Reed Collaborative Initiative
- b) Johns Hopkins Collaborative Initiative
- c) Abstracts, Manuscripts and Presentations
- d) Grants
- e) Breast Clinical Trials Meeting
- f) Research Retreats
- g) Research Advisory Board Meetings – These meetings are held quarterly: attended by Cancer Center Director, Breast Surgeons, Radiation Oncology representative, Medical Oncology representative, Pathology representative, as needed. The goal of the meetings is to review new research, ideas, identify granting opportunities and make critical decisions for the Breast Center Research Program.
- h) Processes of Clinical Trials Incorporation into the Breast Center
- i) Statistical Support (pending)

**26. Reconstruction Program (I)**

- a) Documented guidelines for controversial issues
- b) Physician Participation Agreements
- c) Diep flap availability: (Meeting with Dr. Maurice Nahabedian 11/27/7; discussion with Dr. Bernard Chang’s fellow, Dr. Kathy Huang: 301-910-9766.)

**27. Breast Center Administrative Program (I)**

This delineates the processes and guidelines for all administrative activities surrounding the Breast Center.

- a) Administrative Director's Guidelines & Yearly Goals
- b) Staffing Projections Models & Guidelines
- c) Breast Center Administrative Meetings
  - c1. Executive Board (Representatives of all Breast Center Participants & Programs)
  - c2. Staff Morning Report
  - c3. Leadership (Medical Director, Administrative Director, MD's)

**28. Satellite Programs (A)**

- a) Assessment of Potential Sites
  - a1. Montgomery County (569 cases)
  - a2. Prince George's County (405 cases)
  - a3. Charles & Calvert Counties (118 combined)
  - a4. Dorchester & Wicomico Counties (103 combined)
- b) Incorporation of Key Missing Components
- c) Evaluation of Satellite Program Progress

**29. Center of Excellence Report Card (A)**

This section describes the methods and evaluation process that are to be used to hold the Breast Center accountable for the care it provides.

- a) Evaluation Components
  - a1. Physician Report Card Results
  - a2. Referring Physicians' Evaluations
  - a3. Volume of High Risk Program
  - a4. Clinical Volumes/Breast Cancer Volumes – Primary Markets & Satellite Sites
  - a5. Fellowship Accreditation
  - a6. Quality & Safety Reports
  - a7. Community Outreach
  - a8. Staffing Turnover & Satisfaction
  - a9. Fundraising
  - a10. Clinical Trials Enrollment
  - a11. Abstract Submissions & Acceptances; Manuscript Submissions & Acceptances
  - a12. Fiscal Evaluation
  - a13. OR Volumes
- b) Reporting Frequency & Forum

**30. Breast Center & the Web (I)**

- a) Key Components
- b) Schedule of Review & Update (Every 6 months)
  - Divided into the Breast Center Components with responsibilities divided.
    - e-news for referring physicians
    - e-news for patients

**31. Breast Center Imaging (C)**

**32. Breast Center Technology Evaluation and Action Program (I)**

**33. Fiscal Accounting & Evaluation (I)**

- a) Overall Processes of Accounting
- b) Monthly Reports & Review
- c) Variable Costs of:
  - c1. FMLA Paperwork
  - c2. Fines for No Shows
- d) Satellite Accounting

**34. Operating Room Services Coordination (A)**

- a) Data Retrieval & Schedule
- b) Breast Center/OR Processes and Quality Meetings – held bi-monthly

**35. Breast Center Physical Structure (I)**

- a) Plans for the New Breast Center
- b) Waiting Area
- c) Children's Area

**36. Hotel Recovery Program (A)**

**37. Psychosocial Program (A)**

**38. Benign Breast Disease Program**

- a) Dedicated Physician