Tumor Board: Transitioning from Dysfunction to Function
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Introduction

• Who am I
• Where did I come from
  – Christian Hospital Comprehensive Community Cancer Program (CCCP)
• What is it that I do
  – CTR - 13 yrs
  – Cancer Program Coordinator - 8 yrs
  – Cancer Conference Coordinator - many years
• Why do I do it
• Where are we going today

Cancer Committee Membership

• Standard 1.2 Individual members of the committee are appointed to coordinate important aspects of the cancer program
• I am discussing the Cancer Conference Coordinator
Cancer Conference Coordinator

- The cancer conferences provide a forum for formalizing the disease stage of patients discussed; utilizing nationally recognized, evidenced-based treatment guidelines, when appropriate; and continuing medical education. A coordinator appointed from within the membership of the cancer committee will monitor the cancer conference activity and report the findings to the cancer committee at least annually and recommend corrective action if activity falls below the annual goal or requirements. The Cancer Registrar can be selected to fulfill this coordinator role.
- That’s sounds great, but how do we do that?

Where we were...

- Where we began...
  - Attendance was low
  - Lack on interdepartmental cooperation
  - Losing our focus on the purpose of the meeting
  - Lack of support internally/externally
  - Lack of structure and organization
  - Lack of communication
  - Lack of accountability
  - 1% of the people doing 99% of the work
Where we are...

- Clear and concise policy and procedure manual
- Weekly meetings Wed 7:45-9:00 am
- Average attendance: 25-30 not counting 15 medical students
- Present on average 236 cases a year
  - 21 cases monthly
  - 5 cases weekly
- Shared departmental accountability

How did we do it...

- Physician champions
- Departmental accountability
- Policy and Procedure
  - How to add cases
  - Who was responsible
  - Streamlining the meeting
- We no longer allow speakers in Tumor Board, they are directed to our Grand Rounds
- Presentations utilize:
  - EMR which houses the dynamic Radiology images
  - PowerPoint which Pathology provides for images
  - Ventana’s Virtuoso for scanning slides

Physician Champion

- I had to have a physician champion and I was lucky enough to get two
- Cancer Committee Chair/Departmental chair/new facilitator for Tumor Board
- Pathologist/Cancer Liaison Physician
Policy and Procedure

• Any physician on staff may add a case for discussion by contacting me phone, e-mail, in house IM
• Cases are finalized by noon the Friday prior
• PROCESS NOTE: Every pathology report from the previous day comes across my desk every morning; if a case seems interesting I will contact the physician myself

Policy and Procedure

• 5-7 cases maximum; if >7 the facilitator will make the final decision, overflow will be moved to the following week
• Late cases will be added on a case by case basis
• Breakfast is scheduled and provided by pharmaceutical companies which is a tremendous cost savings for the program
• Reps can attend as long as they sign the confidentiality agreement prior to the meeting
• Check in at the pharmacy and obtain visitor badge

Policy and Procedure

Agenda is distributed

– Facilitator
– Presenting physicians
– Pathology
– Radiology
– Hematology/Oncology
– Radiation Oncology
– Nurse Navigation
– Surgery
– Pulmonary
– Staff that has asked to have the agenda sent to them via fax or secured e-mail
– Staff
– Research
## Streamlining the meeting

- Single laptop linked to the facility network and internet
- Overhead projector linked to laptop
- Laser pointer
- PP presentation loaded at the meeting
- Virtuoso pulled up via internet

## Coordinator role in the meeting...

- Pull up the cases on the EMR
- Load PP for pathology
- Assist with any technical issues
- Sign in sheets
  - Physician CME’s (must attend :30 to get credit)
  - Allied Health CE’s
  - Pharmaceutical Representatives
- De-identified agenda distributed in the meeting

## Coordinator role in the meeting...

- Take notes on the cases
  - These are only working notes for the registry, they are not available for public use nor do they become part of the medical record
  - Great opportunity to get physician’s notes from their office, they usually bring copies of their own notes for reference in the case
  - Notate clinical staging, NCCN discussion, research findings; these are documented in the registry abstract
Coordinator role in the meeting...

- Prompt physician to stage clinically
  - Provide laminated staging forms for the top 5 sites for reference
  - This was a challenge at first but has become second nature and now they are all doing it. They are all becoming very adept at staging cases
- Prompt NCCN Guidelines
  - NCCN Guidelines have lead to great discussion and teaching points
  - Provide copies of Guidelines

Research

- Research screens the patients prior to the meeting and is communicated the day before
- If new information is presented during the meeting then it is screened further on the fly
- Provide laminated screening cards for all of the available studies for quick review by the physicians and staff
- Referrals to the larger academic hospital for clinical trials are tracked

Medical Students

- Presenting physicians will allow their medical students to present cases
- Physicians enjoy having the students in the meeting for teaching points and for them to have the opportunity to impart their wisdom
  - Pathology blue is bad, cell differentiation on a slide and special staining
  - Pulmonary and differential diagnoses
  - Radiology masses v inflammation v infection v TB
Meeting time utilization

- Facilitator allows for constructive discussion as long as it stays on topic
- Facilitator moves to the next case once discussion is exhausted and consensus is reached
- If time is left physicians are welcome to present cases on the fly for discussion
  - Radiology is willing to pull up and review the films
  - Pathology can read the reports in the EMR

Post Conference

- Sign in sheets are faxed to the appropriate departments for tracking
  - Education tracks Allied staff participation
  - Physician Services tracks physician participation
- I do not track the CE or CME
- Attendance tracking
- Case Summary

Attendance Summary

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### Case Summary

| Case | Frequency | Chest Infl | M | W | H | J | A | S | O | N | D |  |
|------|-----------|------------|---|---|---|---|---|---|---|---|---|---|---|
| 9 Jan | 1         | 2           | W | M | H | J | A | S | O | N | D |  |
| 10 Jan | 1         | 2           | W | M | H | J | A | S | O | N | D |  |
| 11 Jan | 1         | 2           | W | M | H | J | A | S | O | N | D |  |
| 12 Jan | 1         | 2           | W | M | H | J | A | S | O | N | D |  |
| 13 Jan | 1         | 2           | W | M | H | J | A | S | O | N | D |  |
| 14 Jan | 1         | 2           | W | M | H | J | A | S | O | N | D |  |
| 15 Jan | 1         | 2           | W | M | H | J | A | S | O | N | D |  |
| 16 Jan | 1         | 2           | W | M | H | J | A | S | O | N | D |  |
| 17 Jan | 1         | 2           | W | M | H | J | A | S | O | N | D |  |
| 18 Jan | 1         | 2           | W | M | H | J | A | S | O | N | D |  |

### What we no longer do...

- **We no longer allow speakers in Tumor Board**
  - It was decided to keep Tumor Board as case presentations, speakers deterred us from our mission.
  - The meeting emphasis is patient care.
  - We will not lose our room or be moved due to the nature of our meeting-patient care trumps any other usage of the room or the time.
  - 7:45 am is best for physicians and surgeons schedules.
- It is not a dictatorship but rather a collaboration where everyone is respected and heard.
Questions

Thank You