

Terms of Reference – IWK Health Centre

Committee: Pediatric Hematology/Oncology Tumor Board

Reports to:

Cancer Care Nova Scotia Pediatric Site Team

Children's Acute and Continuing Care Program Morbidity Review Committee

Chairperson: Appointed by Children's Oncology Group Institutional Principle Investigator

Membership: All Active Staff Hematologists/Oncologists

All Active Staff General Surgeons

Representative Physician, Radiology

Representative Physician, Pathology

Representative Physician, Radiotherapy

Social Worker

Clinical Pharmacists

Family Care Coordinator for patient

In-patient nurse representative

Others: Other IWK Health care staff or physicians from other centers may be invited to participate as appropriate. Students and residents rotating through the Pediatric Hematology/oncology service will be expected to participate (see attached guidance).

Purpose:

The Pediatric Oncology Tumor Board is a Committee established for the purpose of reviewing and recommending clinical care for patients with malignant disorders. It is specifically established to provide recommendations for individual patients.

The Pediatric Oncology Tumor Board may review clinical care in the context of studying or evaluating medical or hospital care or practice with respect to patients referred to the IWK Health Centre, specifically within the pediatric oncology population.

Functions:

1. Review clinical history, physical findings, radiological findings, laboratory investigations and pathological findings of individual patients to recommend comprehensive management.
2. Maintain a link with the following organizations:
Cancer Care Nova Scotia Pediatric Site Team
Children's Acute and Continuing Care Program Morbidity Review Committee
3. Upon identification of deficiencies in care and standards that are process or structure related, make recommendations within the care team and /or Program to address these deficiencies or issues. If these issues cannot be resolved at the care team level, or if the issue has implications beyond the health care team, then the cases should be referred to the Program Morbidity or Mortality Review Committee.
4. Maintain a record in the IWK Electronic Health Record of all Committee activities with respect to individual case management and recommendations. Forward a copy of this record to relevant physicians involved in the care of the child.
5. Upon identification of process issues relevant to "peer review", refer the matter to the appropriate committee or individual responsible. In the case of concerns of individual performance, refer the case

to the IWK Health Centre discipline chief and/or Morbidity Committee, if the individual in question is not a member of the IWK Health Centre.

6. Provide assistance to the Children's Oncology Group Principle Investigator for clinical audit.

Nature and Scope

1. Multidisciplinary care review to establish recommendations for individual patient therapy.
2. Other issues related to patient management may be brought to the Tumor Board as deemed appropriate.
3. Minutes of the Tumor Board will be in two forms:
 1. Individual Patient reviews including summary of recommendations to be kept on Health Record.
 2. Minutes pertaining to process or individual conduct concerns will be kept by the Chair of the Tumor Board.
3. The Tumor Board will meet on a regular basis, at least every 2-3 weeks, and more frequently as required.
4. A quorum will consist of 2 oncologists, a radiologist, a pathologist (if required for case review) and a surgeon.
5. The Tumor board may designate or identify groups or individuals to form a temporary task force.
6. Recommendations for peer review issues or individual performance concerns are forwarded within one month of identification to the appropriate body. Recommendations for patient management are forwarded within one week in written form to the chart.
7. From time to time, a teleconference may be established with regional centers and other tertiary care centers to assist in the management of individual patients.
8. All attendees to the tumor board are expected to maintain appropriate patient confidentiality.

Limitations

1. The tumor board is not a disciplinary committee.
2. The tumor board is not a forum for review of patient complaints. These should be referred to the appropriate discipline chief, program and/or quality assurance.

Process for review

1. Patient cases are usually identified by the oncologists but any health care professional may forward the name of a patient to be reviewed.
2. A patient summary will be produced in written form for any newly presented case at Tumor Board. Follow up review does not require a written summary to be presented to the Tumor Board but a written summary of the deliberations of the Tumor Board will be recorded.
3. When appropriate, the Chair of the Tumor Board will write a letter outlining concerns of a "peer review" or a disciplinary nature requiring referral to a discipline chief.
4. From time to time, issues identified not involving individual patients may be brought forward to the Tumor Board for review.

5. The Chair of the Tumor Board will keep a record of cases presented, outstanding summaries and reminders of outstanding summaries will be sent to the appropriate oncologist.

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