During the February 2014 Cancer Committee meeting at Medical Center of Lewisville it was proposed by the Breast Navigator, Kim Talac, that the committee reviews the available benchmarks on timing for breast cancer diagnosis or treatment. It was agreed that this would be an excellent place to start for process improvement since Breast Cancer is the number one cancer diagnosis at Medical Center of Lewisville. It was then agreed upon that a sub-committee will be formed to collect and review the data for breast patients of the previous calendar year of 2013 to establish baseline data.

At the March Cancer Committee meeting after the data had been researched it was found that according to the National Quality Measures for Breast Centers (NQMBC), one of the quality measures that are reviewed is imaging timeliness of Care. In other words, Lewisville conducted a monthly review of the time between patients having a diagnostic mammogram and a recommended needle/core biopsy if applicable. When looking at the timeliness of care the National Consortium of Breast Centers (NCBC) has established a benchmark of 7 calendar days from reporting of abnormal screening mammogram results to completion of a breast biopsy. For the purposes of our project we are calculating this date from the time of abnormal screen and recommendation for biopsy to the date of the scheduled procedure for biopsy. According to the NCBC a national average is 6.5 business days. The best observed organization was able to complete the biopsy on the same day as the recommendation.

**Baseline data collected from 2013**

<table>
<thead>
<tr>
<th>Month</th>
<th>Average Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>June</td>
<td>11.31</td>
</tr>
<tr>
<td>July</td>
<td>9.65</td>
</tr>
<tr>
<td>August</td>
<td>4.59</td>
</tr>
<tr>
<td>September</td>
<td>5.3</td>
</tr>
<tr>
<td>October</td>
<td>12.78</td>
</tr>
<tr>
<td>November</td>
<td>8.86</td>
</tr>
<tr>
<td>December</td>
<td>8.54</td>
</tr>
</tbody>
</table>

Medical Center of Lewisville – Oncology Services – Cancer Committee – Quality Improvement

Standard 4.8
In evaluating our current turn-around time, during the March 2014 Cancer Committee meeting, the members reviewed data collected from June 2013 through December 2013 to determine if Medical Center of Lewisville was meeting, exceeding or not meeting the benchmark of 7 days. The total number of abnormal mammograms was 173 of those 140 biopsies were conducted and the average time from day of recommendation to day of biopsy was 11.55 days. This was not meeting the 7 day benchmark. It was decided that Medical Center of Lewisville would set their goal at 7 days or less from the date of recommendation to date of biopsy. At the April 2014 Cancer Committee meeting, it was proposed and approved to create a sub-committee comprised of members from the Radiology Department and the Breast Navigator that would meet to review the data monthly, formulate action items and report all findings up to Cancer Committee. These members included Kim Talac (Breast Navigator), Holly White (Breast imaging Supervisor), Kristi Mainwaring (Director PAS), Kelly McCoy (Lead Sonographer), Pam Fox (AVP Radiology), and Isabel Fincher (Call Center Manager of Scheduling Services). At that time it was agreed that the Sub-Committee would meet monthly to review the previous month’s data and to review the action items generated during the previous month for effectiveness.

**Sub-Committee: Breast Quality Improvement Project Data and action items**

The first meeting of the Breast QI project Sub-committee was on April 24th 2014 to strategize ideas for process improvements in order to decrease time between birads 4-5 (abnormal mammograms) and biopsy obtained.

**Sub-Committee Recommendations generated at the April 24, 2014 meeting were:**

1. Increase availability and schedule flexibility for biopsies to be scheduled.
2. Patients that are not receiving Nurse Navigator services will receive a biopsy brochure from the Radiology Department, instructed to follow-up with their ordering physician, and encouraged to schedule their biopsy appointment within 5-7 days.
3. Breast navigator would denote which patients are receiving navigation services and who is considered non-navigation on the Breast Center of Excellence spreadsheet.
4. Patients who express a need for financial assistance for their biopsy procedure when speaking with the scheduling staff will be urgently escalated to Patient Access and Kristi Mainwaring must be notified.
5. The Sub-committee will meet the first week of June to review the progress of their recommendations for process improvements.
6. The Sub-committee will report their findings to the Cancer Committee.
June 3rd 2014 Breast QI project Sub-Committee minutes- Review of previous action items

1. Increased availability has not been needed due to lower than usual patient volumes this month.
2. The Scheduling Department, mammogram staff, and sonogram staff are encouraging non-navigation patients to schedule within the recommended time frame of 7 days. Patients receiving Navigation are instructed by the Nurse Navigator.
3. Barriers Identified: Currently, the Radiologists are unaware of the 7 day benchmark goal. It has been observed that they will inform patients there is no urgency in scheduling, but biopsy needs to be performed. –Education to Radiologists will be provided
4. Patient Access reports no known issues with access barriers for breast biopsy patients.
5. Report all findings to the Cancer Committee.

Review of data collected for and reviewed by Sub-Committee members for May 2014 is as follows.

The Sub-Committee found that after the action items from the May 2014 meeting were put into place the average time decreased from 11.55 days to 9.2.

Action items developed at the June 2014 meeting include:

1. All of the aforementioned action items.
2. Enlist radiologists help in meeting benchmark by setting expectation for procedure turnaround times with the patient.

Medical Center of Lewisville – Oncology Services – Cancer Committee – Quality Improvement Standard 4.8
July 2014 Breast QI project Sub-Committee

1. There was not a meeting of the Sub-Committee during the month of July due to the low census of exams being performed.

Review of June 2014 Data

Average number of days from date of recommendation to day of biopsy

August 5th 2014 Breast QI project Sub-Committee minutes- Review of previous action items

1. Increased availability and schedule flexibility changes have been successful in accommodating patients sooner.
2. Communication with Patient Access has been seamless.
3. The Scheduling Department, mammography staff, and sonogram staff continue to partner with the patient and educate on the target time frame for breast biopsies to be within 7 days of abnormal mammogram findings.
Review of the July 2014 data collected and reviewed by committee members seen below.

The Sub-Committee found that after the action items from the June 2014 meeting were put into place the average time decreased from 9.2 to 7.2.

Action items for next meeting:

1. Holly White (Radiology Supervisor) will assist with the coordination and planning of Breast Sub-Committee to continue to achieve benchmark as the joint venture with Solis is underway.
2. Data from Breast QI Sub-Committee will be reported up to the Quality Outcomes Coordinator, Holli Thornhill, who will then report the data to the Cancer Committee.

September 2014 Breast QI Project Sub-Committee- Review of Action Items

1. Increased availability and schedule flexibility changes have been successful in accommodating patients sooner.
2. Communication with Patient Access has been seamless.
3. The Scheduling Department, mammography staff, and sonogram staff continue to partner with the patient and educate on the target time frame for breast biopsies to be within 7 days of abnormal mammogram findings.
4. Continue monitoring and communicating with Radiology staff to confirm patient has a biopsy appointment scheduled before they leave the department.
The Sub-Committee found that after the action items from the August 2014 meeting were put into place the average time increased from 7.2 to 8.8.

**October 2014 Breast QI Project Sub-Committee - Review of Action Items**

1. Continue monitoring and communicating with Radiology staff to confirm patient has a biopsy appointment scheduled before they leave the department.

There were not any new action items established by the Sub-Committee members at the October 2014 meeting.
Review of the September 2014 data collected and reviewed by committee members seen below.

The Sub-Committee found that after the action items from the September 2014 meeting were put into place the average time decreased from 8.8 to 5.1.

**November 2014 Breast QI Project Sub-Committee- Review of Action Items**

**Recommendations:**

1. Continue monitoring and communicating with Radiology staff to confirm patient has a biopsy appointment scheduled before they leave the department.
Review of the October 2014 data collected and reviewed by committee members seen below.

The Sub-Committee found that after the action items from the October 2014 meeting were put into place the average time increased from 5.1 days to 7.8 days.

**December 2014 QI project Sub-Committee Meeting**

The plan for the Breast QI project is to continue the reinforcement of all previous action items. Also it should be of noted that for the month of October and November the Radiologists for Solis were on site for a maximum of two days a week. It is expected that once there is adequate staffing of radiologists that the average number of days from date of recommendation to day of biopsy will continue to improve and consistently meet benchmark.
Review of the November 2014 data collected and reviewed by committee members seen below.

The Sub-Committee found that after the action items from the November 2014 meeting were put into place the average time decreased from 7.8 days to 6 days.

January 2015 QI project Sub-Committee Meeting

The plan for the Breast QI project is to continue the reinforcement of all previous action items. It is to be noted that during the month of December the number of recommended biopsies was increased compared to previous months and it was difficult to meet the scheduling needs of the patients. It is also felt that the number of holidays in the month of December that affects when the clinic is closed played a factor in the increase in number of days from recommendation to day of biopsy time.
Review of the December 2014 data collected and reviewed by committee members seen below.

The Sub-Committee found that after the action items from the November 2014 meeting were put into place the average time increased from 6 days to 8 days.

Year in Conclusion

The Medical Center of Lewisville has made great strides in decreasing the time between notification of an abnormal radiological screen for breast cancer and the time of biopsy. This is paramount in improving the lives of our patients by potentially decreasing the time to treatment for the patients that ultimately have malignancies as identified by the biopsy. This is best-practice for our patients in keeping with the national benchmark of as soon as possible with a max of 7 days. Our goal is to continue to improve this process to further decrease our times. As of the now, for the year 2014, the average number of days from date of recommendation to day of biopsy is 7.42.
Reference Benchmark