Using a Comprehensive Breast Program to Illustrate Ways to Improve Patient Safety

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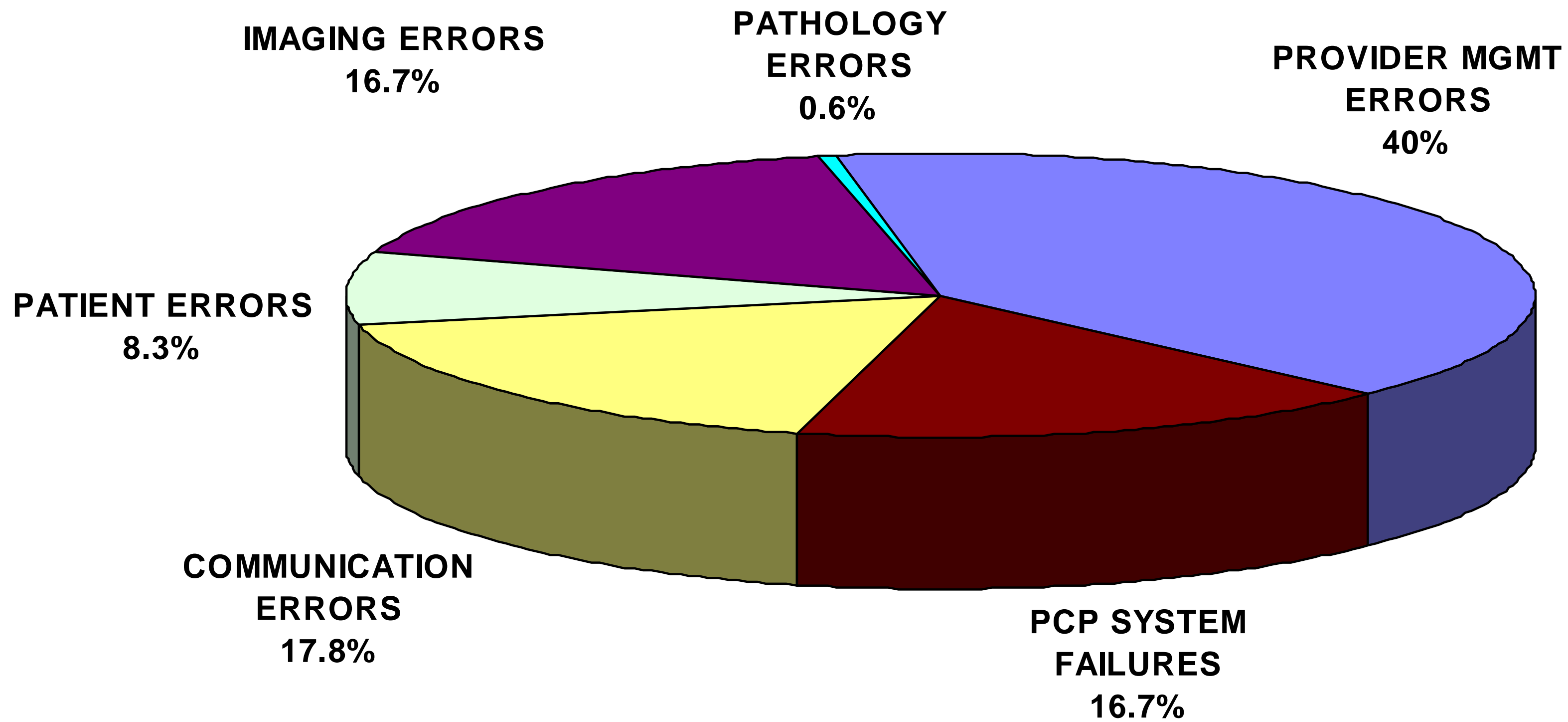
Delays in Diagnosis of Breast Cancer

Develop Guidelines as Part of an Educational Program

- Guidelines for Breast Lumps and Lesions
  - Breast Management Task Force
    - Experts / leaders in community
    - Baseline recommendations and timelines
  - Breast Claim Review Study
    - Obtain evidence-based data
    - Delineate factors involved

Top Issues Identified



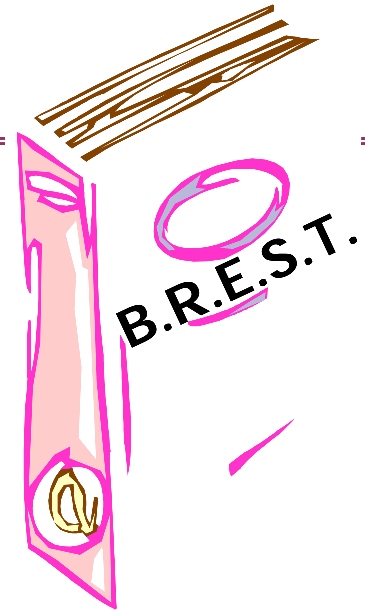
The Age-Old Question

- Now That We Got Guidelines….
- How Do We Get Them Used???

Implementation Tool Kit

To Make Guidelines Easier to Follow in Daily Practice

The Breast Evaluation System (B.R.E.S.T.)



- **Knowledge**
  - Clinical decision support
  - Visit forms
  - Patient education materials
- **Tracking and reminder tools**
  - Chart tracking forms
  - Central calendar / labels / flags
    - Monitor appointments, referrals and tests; incoming reports; patient contact
  - Communication tools
    - Pt-physician agreement form / letter kit / refusal forms

Goals

- Provide systematic approach
  - Decrease chance for errors - aviation approach
  - Put everything in one place
  - Avoid re-inventing the wheel every time a patient presents with a breast problem
- Improve care - decrease delays - decrease risk
  - Management (increase awareness)
  - Tracking and reminder issues
  - Communication (encourage team approach)
  - Documentation

Measuring Adherence and Effectiveness

- Breast Management Outcomes Assessment Study - MGMA/COPIC
  - Control and Intervention Group
  - Three time periods
    - T1 (1997) - baseline - no guidelines or tool
    - T2 (1999) - guidelines alone
    - T3 (2001) - guidelines plus The B.R.E.S.T System
  - Objectively - 363 chart reviews
  - Subjectively - focus groups / survey

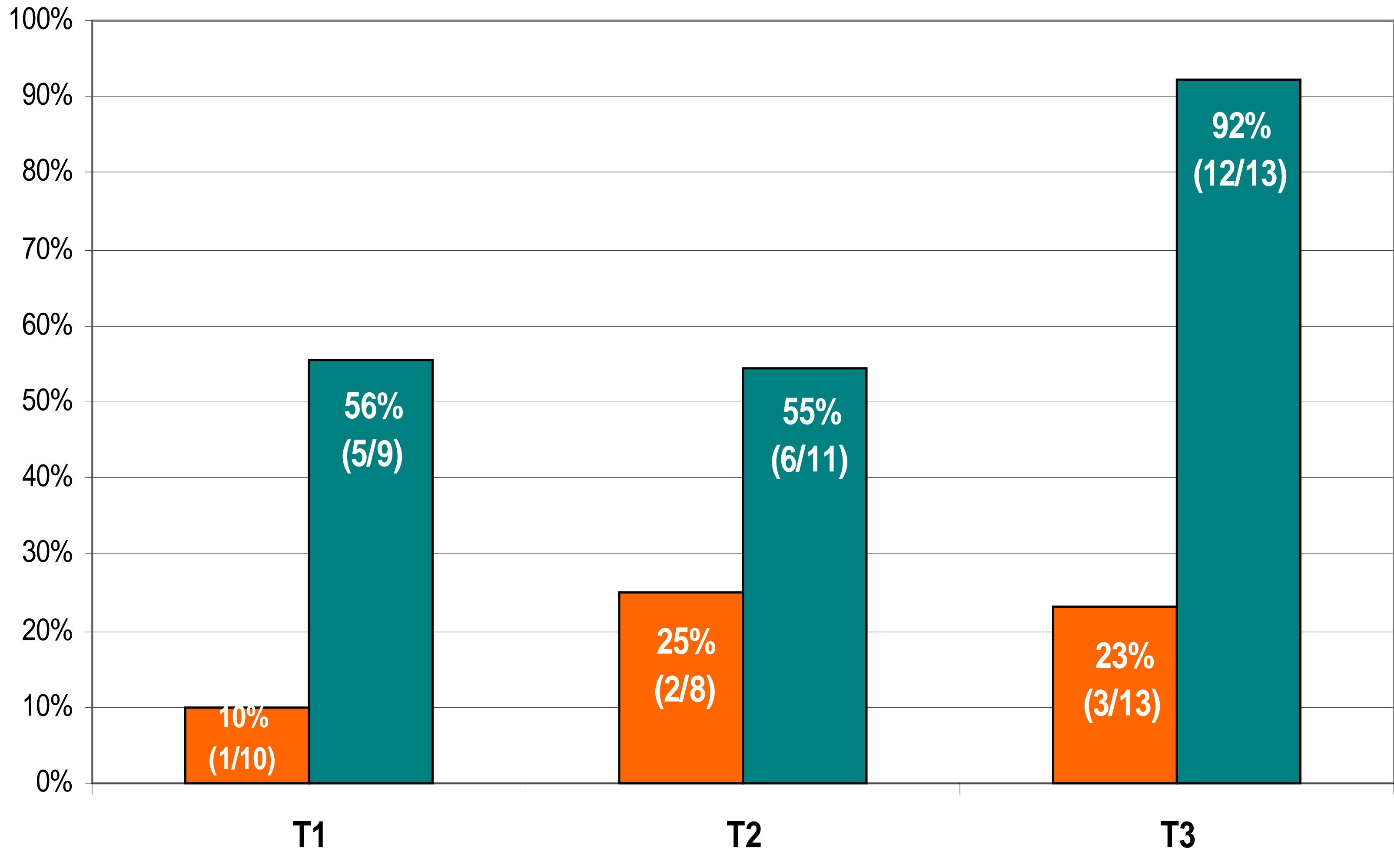
Management Issues

Did the clinician resolve the breast problem within 3 months according to the guidelines?

	CONTROL GROUP	INTERVENTION GROUP
TIME PERIOD 1	19/61 (31%)	24/59 (41%)
TIME PERIOD 2	24/62 (39%)	23/60 (38%)
TIME PERIOD 3	31/67 (46%)	35/54 (65%)

Tracking and Reminder Issues

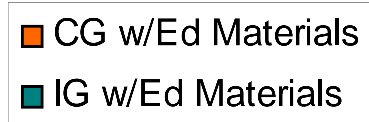
When a patient was non-compliant, was the Tracking and Reminder System used?


Non-Compliant Cases With Tracker
CG w/Tracker
IG w/Tracker
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
10%
(1/10)
56%
(5/9)
25%
(2/8)
55%
(6/11)
23%
(3/13)
92%
(12/13)
T1
T2
T3

Communication Issues

Did communication between physician and patient improve?

Use of Patient Education Materials-All Cases



100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

3% (2/61)
8% (5/59)
2% (1/62)
3% (2/60)
0% (0/67)
67% (36/54)

T1
T2
T3

Documentation Issues

- Significant improvement for:
  - Major risk factors
  - Description of patient complaint
  - Exam details including location of problem

Small Pilot Study
Preliminary Results Promising

- Few differences shown with guidelines alone
- Much improved with guidelines plus the system
- Roll out for further evaluation

Growing Movement for Change

- IOM STUDY

  "To Err is Human" ?=? "Doctors kill 44,000 to 98,000 people every year"

  Increased pressure to address these issues

  Use Breast Program principles for other topics

- Malpractice Crisis

  Affecting physicians/patients (decreased access to care!)

  Tort Reform……demand for Patient Safety Measures!

- Great opportunity for improvement

  NOT by increasing bureaucracy, rules, and punitive measures

The Treadmill Effect?

Healthcare professionals
already have an overwhelming amount of work
to do, in less time, with less resources in an
increasingly complex environment!

Rather by Us Taking Charge to…

- Identify areas where patient safety may be compromised
- Develop targeted and systematic approaches
  - Guidelines and educational programs
  - Tools and systems
- Encourage TEAM APPROACH

- Incorporating these principles into training programs
  - Improve patient safety
  - Reduce Risk