A Summary of Quality Initiatives for a Newly Accredited NAPBC Center

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ALBANY MED Health System
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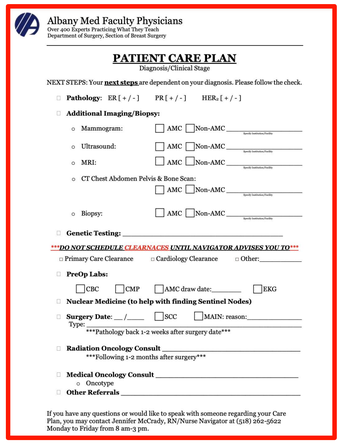
Background

The National Accreditation Program for Breast Centers (NAPBC) serves as a model for facilities to emulate when evaluating and treating breast disease. The NAPBC requires accredited facilities to create annual quality initiatives (QI) that address their patients' health needs and assess these initiatives based on the facility's performance and adherence to providing quality care to patients. As a newly accredited NAPBC center since 2021, AMC Breast Care Center implemented several quality initiatives since 2020. The following QI projects have served our community tremendously.

Surgeon Led Oncotypes - 2020

Reason: This project was conducted to assess whether oncotype results were received faster when initiated by the surgeon rather than the medical oncologist.
Method: Data was collected through chart review
Conclusion: Surgeon led oncotype allowed orders to be placed 7.5 days sooner than medical oncologist, resulting in an average of 10.3 days advancement of results.



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PATIENT CARE PLAN
Diagnosis/Clinical Stage

NEXT STEPS: Your **next steps** are dependent on your diagnosis. Please follow the check.

- **Pathology:** ER [+ / -] PR [+ / -] HER_2 [+ / -]
- **Additional Imaging/Biopsy:**
  - Mammogram: AMC Non-AMC
  - Ultrasound: AMC Non-AMC
  - MRI: AMC Non-AMC
  - CT Chest Abdomen Pelvis & Bone Scan: AMC Non-AMC
  - Biopsy: AMC Non-AMC
- **Genetic Testing:**

DO NOT SCHEDULE CLEARANCES UNTIL NAVIGATOR ADVISES YOU TO
Primary Care Clearance Cardiology Clearance Other:

- **PreOp Labs:** CBC CMP AMC draw date: EKG
- **Nuclear Medicine (to help with finding Sentinel Nodes)**
- **Surgery Date:** __/__/____ SCC MAIN: reason:
  Type:
  Pathology back 1-2 weeks after surgery date
- **Radiation Oncology Consult**
  Following 1-2 months after surgery
- **Medical Oncology Consult**
  - Oncotype
- **Other Referrals**

If you have any questions or would like to speak with someone regarding your Care Plan, you may contact Jennifer McCrady, RN/Nurse Navigator at (518) 262-5622 Monday to Friday from 8 am-3 pm.

Patient Care Plan – 2020

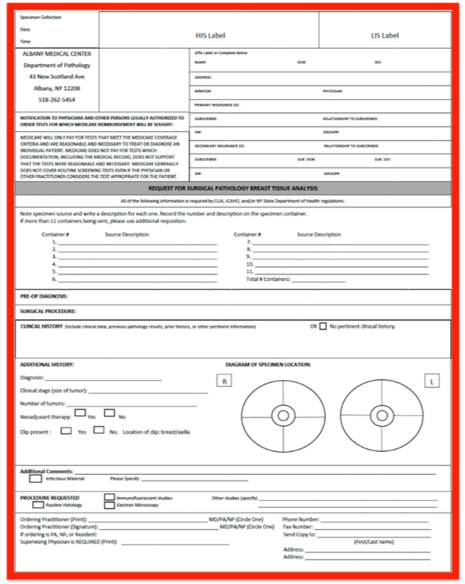
Reason: Patients were overwhelmed with information at time of appointment.
Method: A patient care plan was given to each breast cancer navigation patient.
Conclusion: Patients have had an easier time navigating their next steps and required appointments. Per verbal reports from patients, they have had increased satisfaction and decreased anxiety since implementation.

External Pathology Reviews - 2021

Reason: For the year of 2020, AMC was deficient in one of the standard requirements per NAPBC due to external pathology results not being reviewed consistently
Method: Once an appointment was confirmed with our clinic, the admin staff faxed the external pathology side form to the outside pathology department. Then pathology slides are directly sent to the Breast surgery clinic from where it was couriered to the AMC pathology department. There was a clear process implemented to make this happen.
Conclusion: With the new process of receiving external pathology slides, there has been an improvement in requesting and reviewing external pathology; a requirement for NAPBC accreditation

Comprehensive Pathology Addendum Forms - 2021

Reason: There were many instances of delay in final pathology reports at the multidisciplinary breast care team meeting due to lack of information about patient's history and specimen
Method: A new pathology form was created to include a diagram to mark specimen site, patient's treatment status, clip placement, clinical stage and diagnosis information. This paper form went to the pathology department together with the collected specimen.
Conclusion: There has been improved delivery of information to the pathologists with improved turnaround time for results.



Specimen Collection
Date:
Time:

HIS Label | LIS Label

ALBANY MEDICAL CENTER
Department of Pathology
43 New Scotland Ave
Albany, NY 12208
518-262-5454

NOTIFICATION TO PHYSICIANS AND OTHER PERSONS LEGALLY AUTHORIZED TO ORDER TESTS FOR WHICH MEDICARE REIMBURSEMENT WILL BE SOUGHT:

MEDICARE WILL ONLY PAY FOR TESTS THAT MEET THE MEDICARE COVERAGE CRITERIA AND ARE REASONABLE AND NECESSARY TO TREAT OR DIAGNOSE AN INDIVIDUAL PATIENT. MEDICARE DOES NOT PAY FOR TESTS WHICH DOCUMENTATION, INCLUDING THE MEDICAL RECORD, DOES NOT SUPPORT THAT THE TESTS WERE REASONABLE AND NECESSARY. MEDICARE GENERALLY DOES NOT COVER ROUTINE SCREENING TESTS EVEN IF THE PHYSICIAN OR OTHER PRACTITIONER CONSIDERS THE TEST APPROPRIATE FOR THE PATIENT.

REQUEST FOR SURGICAL PATHOLOGY BREAST TISSUE ANALYSIS

All of the following information is required by CLIA, JCAHO, and/or NY State Department of Health regulations:

Note specimen source and write a description for each one. Record the number and description on the specimen container.
If more than 11 containers being sent, please use additional requisition.

Container # | Source Description | Container # | Source Description

PRE-OP DIAGNOSIS:
SURGICAL PROCEDURE:
CLINICAL HISTORY (Include clinical data, previous pathology results, prior history, or other pertinent information) OR No pertinent clinical history.
ADDITIONAL HISTORY:
DIAGRAM OF SPECIMEN LOCATION:
Diagnosis:
Clinical stage (size of tumor):
Number of tumors:
Neoadjuvant therapy: Yes No
Clip present: Yes No; Location of clip: breast/axilla
Additional Comments:
Infectious Material Please Specify:
PROCEDURE REQUESTED
Routine Histology
Immunofluorescent studies
Electron Microscopy
Other studies (specify):
Ordering Practitioner (Print):
Ordering Practitioner (Signature):
If ordering is PA, NP, or Resident:
Supervising Physician is REQUIRED (Print):
MD/PA/NP (Circle One)
Phone Number:
Fax Number:
Send Copy to:
(First/Last name)
Address:

Nuclear Medicine Intra-operative Injections at AMC Main Campus – 2022

Reason: In the past, all patients who required nuclear medicine injections, had to present to our main campus the day prior to surgery or the morning of pre-operatively
Method: Nuclear medication injection was completed once patients were anesthetized in the operating room, for patients having surgery at the main hospital.
Conclusion: ongoing

2022 CoC and NAPBC Assessment of Smoking in New Cancer Patients PDSA Quality Improvement Project and Clinical Study: Just ASK - 2022

Reason: To increase and improve the integration of smoking assessment as a standard of care.
Method: Chart review of newly diagnosed breast cancer patients for smoking status
Conclusion: implement interventions to aid with smoking cessation as needed – providing patient education to patients who are identified as smokers at the time of visit

Monthly Chart Audits - 2022

Reason: Necessary medical record documents were found to be missing from the medical record.
Method: Chart reviews were completed monthly by the nurse navigator based on the tumor board list from 6 months prior and an active data sheet was maintained to track any deficiencies.
Conclusion: Missing medical record documents were swiftly identified, and providers and admin staff were able to learn about the common deficiencies and work to eliminate them.

Patient Mentor– 2023

Reason: Many newly diagnosed patients were requesting to speak with another patient who had gone through a similar journey as them.
Method: A list of volunteer patient mentors was created
Conclusion: Ongoing, we have started adding patients to the mentor database list and pairing them to newly diagnosed patients.

Feedback Questionnaires– 2023

Reason: In order to provide good patient centered care, a questionnaire was created so patients could give authentic anonymous feedback.
Method: Patients were given a QR code to scan that allowed them to fill out the feedback questionnaire after their surgical care in our office.
Conclusion: Ongoing, so far patients are showing great satisfaction with the care they are receiving with an 8/10 rating.

SCAN ME

Conclusion

Initially, as a newly accredited NAPBC center we faced the challenge of understanding how to apply and execute annual quality initiatives that addressed our patients' needs. A lot of consideration was placed on starting these specific QI projects that were specifically tailored to our patient population. This summary was put together to encourage thought and aid new centers who are considering NAPBC accreditation. If other centers require any assistance with being established as a NAPBC center, please feel free to contact us at the AMC Breast Care Center.

References:
https://www.facs.org/quality-programs/cancer-programs/pdsa-just-ask/
https://www.facs.org/quality-programs/cancer-programs/national-accreditation-program-for-breast-centers/
"Surgeon-Initiated Oncotype Ordering in Early-Stage Breast Cancer." Vol 13, Issue 9, Sept 2017, Journal of Oncology Practice

ACS Cancer Conference 2024 | February 22-24 | Austin, TX

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