A Summary of Quality Initiatives for a Newly Accredited NAPBC Center
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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.

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, patients 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 external pathology side form to the outside pathology department. Then pathology per NAPBC due to external pathology results not being reviewed consistently.
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 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.

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, allowed them to fill out the feedback questionnaire after their surgery care in our office.

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, 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, patients are showing great satisfaction with the care they are receiving with an 8/10 rating.

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/amc-re-programs/national-accreditation-programs-for-breast-centers/

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