

Timeliness in Breast Cancer Care as an Indicator of Quality

Deirdre Kiely, MS, MPA, RN, ANP



The current study sought to define best practice for timeliness for a breast cancer program at each diagnostic step. The study was a retrospective review of patients newly diagnosed with invasive breast cancer who were enrolled in the breast cancer database from 2009–2011. A convenience sampling methodology was used for patient selection, and descriptive statistics for various time intervals were calculated for identified data points from abnormal imaging to surgery. No evidence-based practice standards exist for access to breast cancer care. Practice guidelines that include benchmarks for quality measures and an established process to measure patient outcomes would promote high-quality care. An understanding of how practice sites function also would help healthcare providers identify and develop resources to improve patient outcomes. In the current study, the advanced practice nurse (APN) in the practice setting was identified as a key point person in facilitating patients' timely access to healthcare services. The physician and APN practice model was instrumental in influencing the process. The results of the current study provided clinical data to identify benchmarks that a breast oncology practice can use to monitor timeliness as a quality indicator.

Deirdre Kiely, MS, MPA, RN, ANP, is a nurse practitioner at New York University Langone Medical Center in New York. The author takes full responsibility for the content of the article. The author did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the author, planners, independent peer reviewers, or editorial staff. Kiely can be reached at deirdre.kiely@nyumc.org, with copy to editor at CJONEditor@ons.org. (Submitted April 2013. Revision submitted July 2013. Accepted for publication July 12, 2013.)

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The American Cancer Society ([ACS], 2013) estimated that 234,580 women would be diagnosed with breast cancer in 2013. The diagnosis and management of breast cancer has evolved during the past three decades. The advent of the Comprehensive Breast Center as a model of care in the 1980s and all of the advances that have occurred within its multidisciplinary specialties have changed the face of breast cancer care. Those changes include the use of breast magnetic resonance imaging (BMRI) as a diagnostic tool, breast-conserving approaches to surgical management, and targeted therapy in the adjuvant setting. Timely access to care has been used as a measure of efficiency for the multidisciplinary team approach in providing care to the patients with breast cancer in this complex model of care (Landercasper et al., 2010).

The clinical setting for the current study is an urban academic breast cancer program that sees more than 500 patients per year who have been newly diagnosed with breast cancer. The diagnosis of breast cancer has become a complex, multistep process that can result in significant delays in treatment (Vandergrift et

al., 2013). The National Consortium of Breast Centers defined quality of breast cancer care as "accurate evaluation and appropriate services with compassion in a technically competent and timely manner" (Landercasper et al., 2010, p. 449). Timely access to each of the diagnostic steps from initial consult to surgery is important to ensure that women with breast cancer avoid treatment delays. Multidisciplinary breast cancer services currently do not have established benchmarks to ensure that high-quality structural and process indicators are maintained and enhanced. A need exists for a better understanding of how breast oncology services are provided across different settings to develop a standard to provide access to high-quality care. Timely access to care remains a priority topic on the agendas of the American College of Surgeons' (2013) Commission on Cancer and the Institute of Medicine (Hewitt & Simone, 1999).

The purpose of the current quality and performance improvement study was to clearly define an urban academic breast cancer program's best practice for timeliness at each diagnostic step. The multidisciplinary team included physicians, nurses,