Timeliness in Breast Cancer Care as an Indicator of Quality

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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.

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 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,