

# Breast Cancer Conference Template Improves Documentation of Clinical Staging



Chantel L.G. Morey<sup>1</sup> B.A., Jan H. Wong<sup>2</sup> M.D., Helen M. Johnson<sup>2</sup> M.D., Andrew Weil<sup>3</sup> M.D., Mahvish Muzaffar<sup>3</sup> M.D., Nasreen A. Vohra<sup>2</sup> M.D., Phyllis DeAntonio<sup>3</sup> R.N., Lauren E. Geisel<sup>1</sup> B.S., Katherine H. Mulligan<sup>1</sup> B.S.,  
 1 Brody School of Medicine (BSOM) at East Carolina University (ECU), 2 Department of Surgical Oncology at ECU, 3 Department of Hematology/Oncology at ECU

## BACKGROUND

- Eastern NC has been shown to have an increased mortality rate for breast cancer when compared to the rest of the state
- Clinical pathways are widely accepted tools for improving the quality of breast cancer care
- Clinical staging of cancer patients is crucial in ensuring the correct clinical pathway is followed

## PROJECT AIM

- Ensure that breast cancer patients in Vidant hospital system have their clinical stage documented in the EHR to encourage national clinical pathways are followed
- Streamline the established Vidant Breast Cancer Conference (VBCC) and create an EHR template that includes staging
- 6 months after implementing VBCC changes and EHR template, 100% of new breast cancer patient charts should have VBCC notes and the clinical stage documented prior to treatment

## MEASURES

### Process measure:

- Presence of a VBCC note in the EHR

### Outcome measure:

- Documentation of clinical stage prior to treatment in the EHR

### Balancing measure:

- Self-report survey by the VBCC attendees on awareness of the template, time spent at VBCC, and time spent reading and writing notes from VBCC

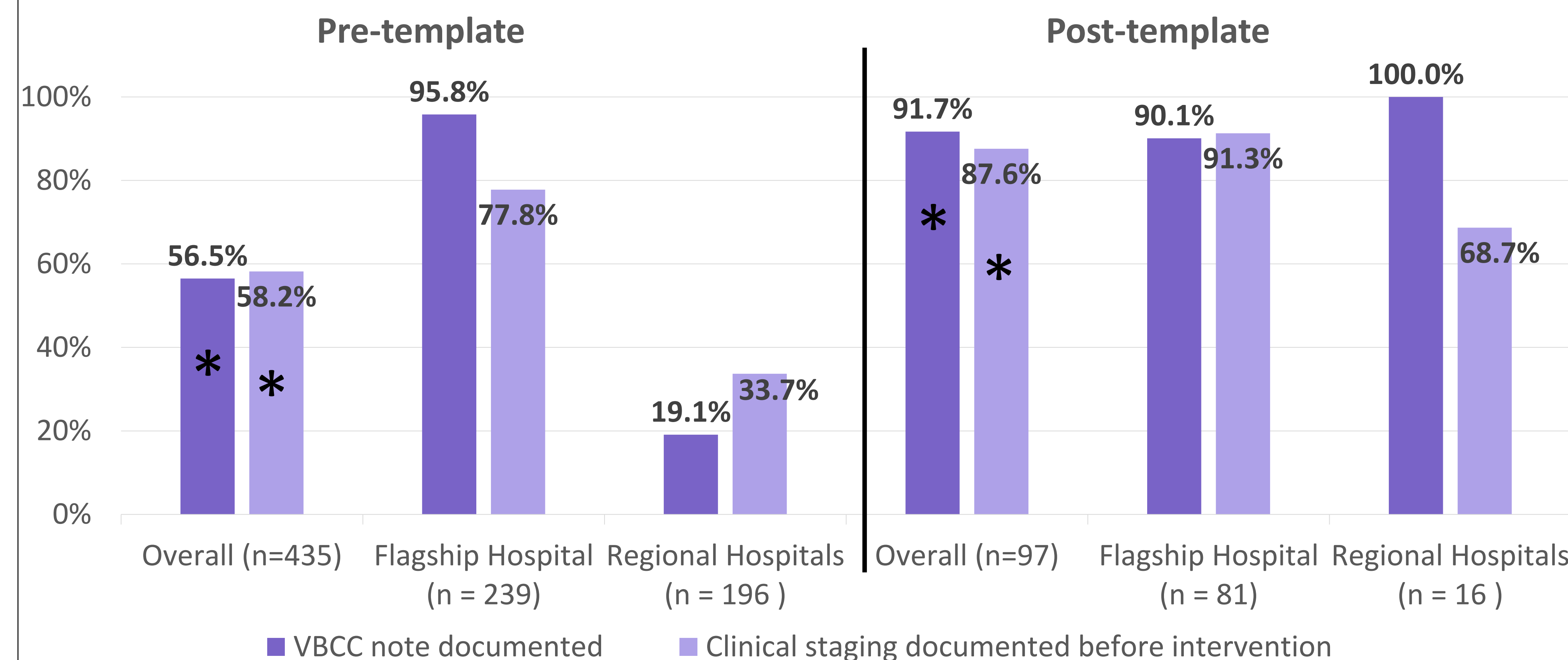
## CHANGES MADE (PDSA CYCLES) AND OUTCOMES

1. Determine who should participate in the Vidant Breast Cancer Conference (VBCC) meetings, especially from the regional hospitals

2. Change the VBCC format to allow for greater participation from regional hospitals

3. Create standardized VBCC template for presenting patients and incorporate template into the EHR

4. Study the effects of the VBCC template on EHR documentation from January to June of 2019



\* Results were statistically significant:

- Overall note documentation chi square (1 df, N = 532) = 42.15, p < 0.00001
- Overall stage documentation chi square (1 df, N = 532) = 29.73, p < 0.00001

### Balancing measure 6 question self-report survey result (n=18) :

- Majority (61%) did not perceive a change in the amount of time spent in tumor board
- Majority (61%) believed that tumor board was more effective since template implementation
- Work increased for the member designated to enter the data into the VBCC EHR template

## LESSONS LEARNED

### Technological barriers:

- EHR query generated very muddled data that is still being edited and cleaned
- instead conducted a more limited, manual chart review of 6 months of new cancer patients presented at VBCC

### Work flow barriers:

- Intermittent participation from some VBCC participants, especially from regional centers due to scheduling and videoconference technology issues
- Increased workload for VBCC member entering information into the EHR template to create VBCC note

## NEXT STEPS

### Further PDSA cycles can address:

- continued inclusion of regional Vidant facilities
- sustainable utilization of the VBCC template
- improvements to VBCC workflow
- Cleaning EHR report data to generate percentages for all new breast cancer cases in the Vidant system, even if not presented at VBCC

## ACKNOWLEDGEMENTS

We thank Martha Stewart Singleton and Melinda Waugh for their excellence in administrative assistance

We acknowledge the members of the EHR and IT team for helping implement these tools

We thank the LINC track for assistance and support with this project

Funded by a Pfizer Independent Grants for Learning and Change

