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Preventing Delays in Initiation of Radiation Therapy Following Breast Conserving Surgery – A Process Improvement

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Background

- In July of 2023 new guidelines were released by Commission on Cancer (COC) related to start of radiation treatment following definitive breast conserving surgery for patients who were not previously treated. (1)
- Previous tracking at our institution was reflective which did not allow for prevention of start of radiation falling outside of the sixty-day window recommended in the new guidelines.
- Discussion at a weekly tumor board indicated that a process improvement could benefit our patient outcomes by assuring start of radiation within the recommended guidelines.
- Clinical reasons such as chemotherapy following surgery, seroma, healing issues, or infection are acceptable clinical reasons for start of care falling outside of the recommended start time.
- If chemotherapy is indicated following breast conserving surgery, and radiation is to follow the chemotherapy, the radiation should begin within the sixty-day window of chemotherapy completion.

Objective

- A primary goal of nurse navigation in oncology is to facilitate the recommended continuum of care, for breast cancer patients, this can include surgery, radiation, and systemic treatment. (2)
- A proactive process was needed to assure that patients who had breast conserving surgery without prior treatment were referred to radiation oncology in a timely fashion.
- Ideally, a radiation consult should be set up prior to surgery when possible. This approach would set expectations for patients and reduce any last minute scheduling concerns for the radiation team.
- An improved tracking method was needed.

Methods

- Discussion was had with the radiation oncologist and the director of oncology data services.
- A proactive tracking process was developed to allow for referral to radiation oncology prior to scheduled surgeries when possible.
- Discussion was had with patients and care givers following their surgical planning appointment with the breast surgeon.
- This included that they would be scheduled for consultation three to five weeks following their surgery and that COC recommendations include start of radiation within sixty days of the surgical date.
- Once discussion was had with the patient, a referral was placed for radiation consult which includes the type of cancer diagnosis, the date range for consultation, and the surgeon referring the patient.
- For patients who live far from our center, daily radiation can be a barrier to care. Many patients choose to receive their radiation treatment at health systems closer to their home. Referral to the provider/location of their choice is made prior to surgery as well to avoid any delay in start of radiation.
- Tracking is managed with a spreadsheet, and all breast conserving surgeries are added regularly. This includes patient name, medical record number, surgical date, surgeon, diagnosis, location of choice for radiation, consult request date, start of treatment date, and completion date. Additionally if there is a delay, the clinical reason for the delay is listed as well.
- Color coding for ease of use includes separate colors for planned surgeries, planned radiation, completed radiation, any delays, and if radiation is not indicated or was refused by the patient.

Results

- The previous tracking method for data related to timeliness of radiation treatment start was reflective. The data services team reviewed surgeries and care provided weeks-to-months later, this was too late to prevent start of care within the new guidelines.
- The new tracking method includes all breast conserving surgeries, benign pathology included. If a patient initially has a benign finding and surgical pathology reveals a cancer diagnosis, they are contacted and set up for radiation consult following the surgeon reviewing their pathology with them.
- If a patient has an excisional biopsy which remains benign, their case is moved to another page of the spreadsheet which allows for ongoing tracking of benign surgeries as well. This impacts our accreditations within the breast center and relieves the data services team from searching through every surgery.
- Data from the initiation of this process on 2/1/2024 through 9/30/2024 demonstrates a significant improvement in maintaining start of radiation within the new guidelines. See below graph.

Conclusion

- Previous reflective tracking for the year 2022 indicated that 78.72% of patients began radiation in the recommended sixty-day window, for the year 2023 the number increased slightly to 81.82%.
- Of the 86 surgeries tracked from 2/1/2024 through 9/30/2024, excluding the seven patients for whom radiation was not recommended, the percentage of patients who met the guidelines is 91.86% with the improved tracking and referral process.
- This process improvement has allowed our patients to remain within the recommended guidelines for the care continuum and prevented three patients from falling out of those. This was rectified with an outreach to the radiation team to adjust a start date for those patients.
- The goal going forward is that this process becomes streamlined even further through the capabilities of the electronic health record.

References

1. Quality of Care Measures. ACS. February 1, 2024. Accessed June 4, 2024. <https://www.facs.org/quality-programs/cancer-programs/netional-cancer-database/quality-of-care-measures/>.
2. Franklin, E., Burke, S., Dean, M., Johnston, D., Nevidjon, B., & Simms Booth, L. (2022, June) *Oncology Navigation Standards of Professional Practice*. CJON.ONS.ORG. 10.1188/22.CJON.E1-E12

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