

# The Role of Ambulatory Nursing Leadership in Mammogram Screening

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# The Role of Ambulatory Nursing Leadership in Mammogram Screening

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A PASSION FOR BETTER MEDICINE.™



# Disclosure

- The authors of this presentation have no conflicts of interest on the subject matter of this activity.



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# Lehigh Valley Physician Group (LVPG)

Lehigh Valley Health Network's Large Multi-Specialty Group Practice

- We are 2,500 colleagues
- We have a \$400M Operating Budget
- We represent 50% of the active medical staff
- We touch >80% of network in-patients
- We will have 1.8 Million Visits in FY13
- We have 350,000 unique patients in our practices

# Objectives

- Identify and resolve barriers to support Mammography quality metric, such as adopting standard measures.
- List strengths and opportunities to help promote metric performance.
- Discuss our shared learning as Ambulatory Nursing Leaders participating in our network's Mammography Initiative.

# LVPG Mammography Quality Metric Baseline 2010

- **USA NATIONAL RATE 76.0%**
- **PENNSYLVANIA 76.4%**
- **LVPG 66.0%**

LVPG's Initial 2010 Goal: Increase LVPG mammography screening rates comparable to state and local rates.

# Barriers

- Defining the metric: Standard metric (discrepancies with age of screening between ACOG and USPTF)
- Integration of process across geographic sites and “silo” cost-centers: LVPG is spread across eastern PA, with many sub-divisions of specialties.
- Provider engagement
- Standard process for extracting data for measurement.
- Staff turn-over rate and education of new nurses, medical assistants.

# Standard Mammogram Measure adopted by LVPG

- All female patients age 50 years or over at the beginning of the evaluation period, seen within the last two years that are “currently active patients”. A woman is considered up-to-date (UTD) if her mammogram was within 2 years from the date the report is run.



# Strengths and Opportunities

- LVPG has ability to pull data from EHR
- Mammogram screening part of FY'11 and '12 Network Quality Goals
- Predictable baseline from several years of measurement
- Mammogram Screening impacts a large portion of LVPG providers
- Partnerships already exist across network resources such as Breast Health Services
- LVPG employs nurses in various roles including office practices and support areas such as Clinical Services, Quality, and Clinical Informatics

# How Ambulatory Nursing Leadership helped LVHN to reach its goal

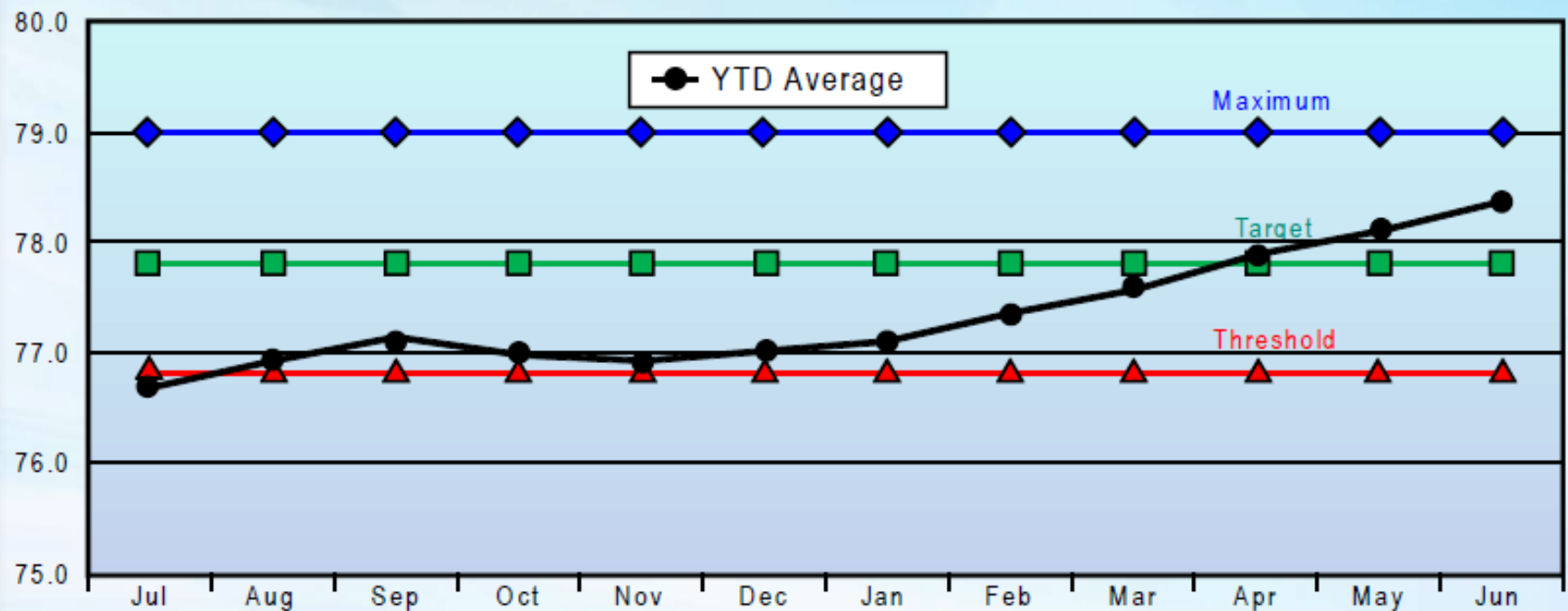
- LVPG Clinical Services Administration kicked off the initiative with a presentation to Clinical Coordinators (nurse leaders within office practices) for early staff engagement.
- LVPG Clinical Educators provided on-site educational sessions on the demographics of breast cancer and the benefits of mammography screening (regardless of the office practice's specialty) to clinical staff (RNs, LPN/LVNs, and MAs).
- LVPG Clinical Informatics educated clinical staff on the use of population registries to track patient populations in regards to mammogram.

# How We Partnered with Resources within our Health Network

- Breast Health Services partnered with LVPG to provide mammogram screening to patients after the screening was ordered.
- LVPG Quality piloted automated outreach calls to patients who were overdue for mammogram.

# LVPG Up-To-Date

## Mammography % patients screened July 2011 – June 2012



Now in 2013: The overall network metric reflects a population of approximately 75,000 women and since its inception has shown an improvement screening rate from a baseline **66%** to over **80%**.

# Our Shared Learning

Identify need for multidisciplinary approach early in process and utilize nurses as liasons.

Take the time to build in metrics to measure how well you are doing compared to your goal.

Educate staff why the action (such as mammogram screening) is important – start with nursing leaders and educators.

Empower staff to be able to review their own metric progress.

Use Technology: EMR, Clinical Decision Support Prompts, population registries, patient reminder systems.

Make the change action part of standard work:

A standard protocol for MAs, LVN/LPNs, and RNs to follow with sample scripting can help reinforce screening as standard work. The protocol also allows them to order mammograms from a decision tree.

# Questions?

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