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Department of Education

The Role of Ambulatory Nursing Leadership in Mammogram Screening (Poster)

Sarah D. Creswell BS, RN-BC Lehigh Valley Health Network, Sarah D.Creswell@lvhn.org

Jennifer A. Schlegel BSN, RN Lehigh Valley Health Network, Jennifer A.Schlegel@lvhn.org

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The Role of Ambulatory Nursing Leadership in Mammogram Screening Lehigh Valley Physician Group LVPG

How Ambulatory Nursing Leadership helped our Health Network 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 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 outreach calls to patients who were overdue for mammogram.

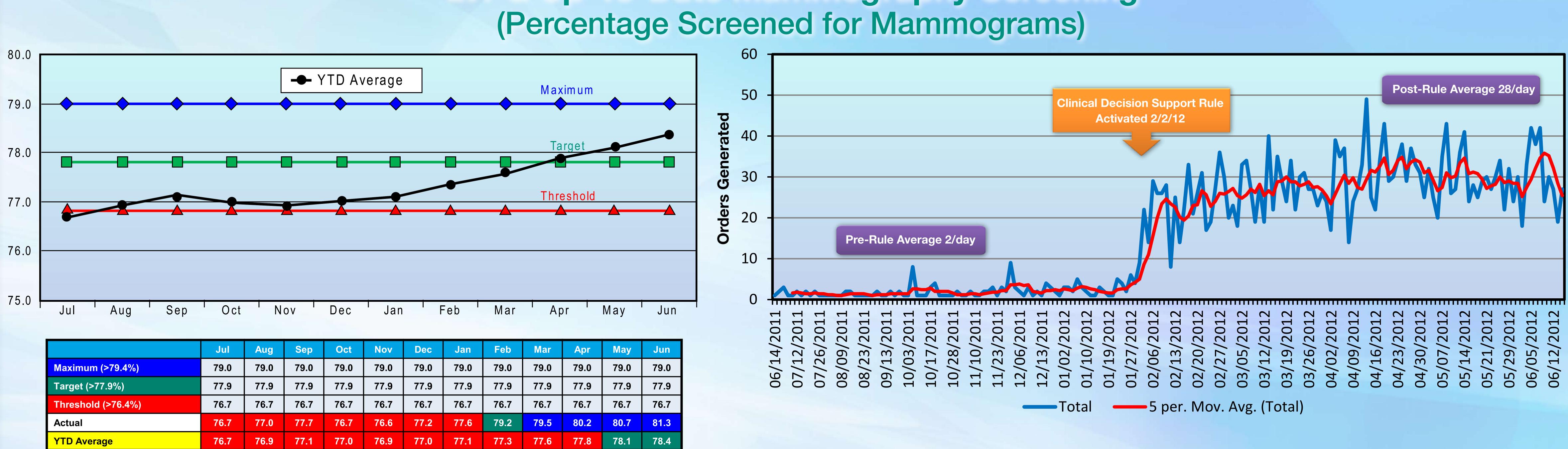
Our Shared Learning:

In order for our mammography initiative to be a success, it was identified early on that not only patient but clinical staff engagement was necessary to facilitate the discussion of the benefits of mammography screening. It is typically clinical staff who are the first clinical professionals to have the opportunity to engage the patient in the discussion of mammography screening.

By providing clinical staff with the rationale for screening, the discussion points for patient engagement, the tools for documentation, and the ability to track our progress, we empowered our colleagues to truly make a difference in managing patient and population health. A multidisciplinary approach to network initiatives with nursing acting as liaisons in the ambulatory care arena facilitated not only patient but provider involvement.

Our success continues with mammogram as we refine our use of EMR technology to provide clinical decision making support prompts, which allows for integrating reminders that prompt clinical staff to engage in the mammography screening discussion so it becomes standard work at each face-to-face patient interaction.

Lehigh Valley Health Network, Allentown, Pennsylvania



	Jul	Aug	Sep	Oct	Nov	Dec	
Maximum (>79.4%)	79.0	79.0	79.0	79.0	79.0	79.0	
Target (>77.9%)	77.9	77.9	77.9	77.9	77.9	77.9	
Threshold (>76.4%)	76.7	76.7	76.7	76.7	76.7	76.7	
Actual	76.7	77.0	77.7	76.7	76.6	77.2	
YTD Average	76.7	76.9	77.1	77.0	76.9	77.0	

Measure: 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.

The alignment has created partnerships with the network and resources such as Breast Health Services. System-wide technology is being leveraged to transform physician engagement from collecting and auditing data to a focus of improving patient outcomes and care delivery.

We've also employed several system-level countermeasures to help promote metric performance: - Perfor

- Target

Our clinical informatics team has developed registries for staff to utilize for population health management. We've created dashboards and scorecards that provide regular feedback. Additionally, monthly reports are distributed to the network and practices which can be displayed on visibility walls. 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%. © 2013 Lehigh Valley Health Network

LVPG Up-To-Date Mammography Screening

rmance Feedback	 Accountability Review 	-Em
eted Interventions	- Proactive Patient Outreach	-Pa

mbedded decision-support in EMR atient Registry Operations





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