

Quality Standards

Lee Wilke, MD, FACS

Senior Medical Director; Clinical Cancer Services

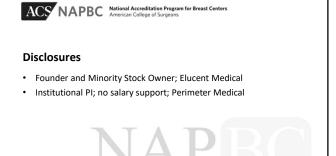
UW Health/Carbone Cancer Center; University of Wisconsin

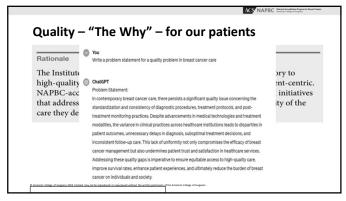
Madison, WI

ACS NAPBC National Accreditation Program for Breast Centers

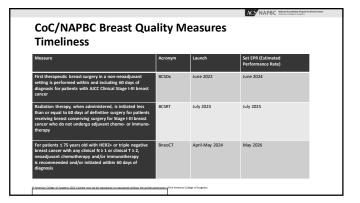
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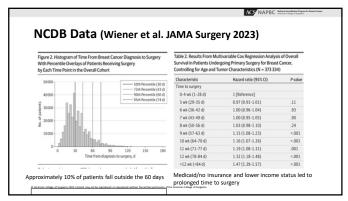
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Standard 7.1: Quality Measures In Orvelopment 7.1 Quality Measures Standard 7.1 is in development. Compliance is not being evaluated at this time. NAPBC will develop and introduce quality measures in association with CoC NAPBC will develop and introduce quality measures in association with CoC Quality Measures NAPBC will develop and introduce quality measures in association with CoC Quality measures must be reviewed and implemented by the NAPBC-accredited program and be reviewed und implemented by the NAPBC-accredited program and the review of a uniquented by the NAPBC-accredited program and the review of the alternation and implemented by the NAPBC accredited program and the review of the alternation and program and the review of the alternation and implemented by the NAPBC accredited program and the review of the alternation and program and the review of the alternation and implemented by the NAPBC accredited program and the review of the alternation and implemented by the NAPBC accredited program and the review of the alternation and the accredited program and the review of the accredited program and t





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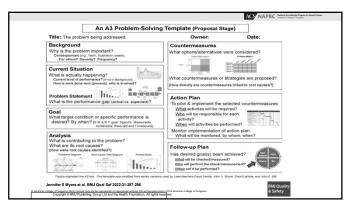
Standard 7.2 Quality Improvement Initiative

- Program must design and implement at least one breast cancerspecific quality improvement (QI) initiative each calendar year
- Utilize a consistent quality improvement methodology (PDSA/DMAIC)
- Status reports to the BPLC twice per year
- Final presentation summary after the QI initiative is complete $\,$
- Projects may extend into a second year, but a new project must also be started for the next calendar year

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Performance Improvement Tools Lean –FOCUS/PDCA Find a Process to Improve Organize a Team Clarify current state Understand variation Select the improvement Plan and Do the improvement Check the results Act and Determine next steps Lean –FOCUS/PDCA Six Sigma - DMAIC Define: the problem and convene the team inclusive of the customer Understand variation Select the improvement Analyze: Identify root causes Improve: Develop and pilot test solutions then collect data to measure improvements. Check the results Act and Determine next steps Control: Create a Monitoring Plan to continue measuring the performance of the process



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Find a Process to Improve

- How do you know you have a problem?
 - Review of National Cancer Database
 - Review of patient surveys
 - \bullet Delayed time to "events" surgery, chemotherapy, radiation, biopsies; etc.
 - Missed appointments social determinant barriers
- What will happen if the problem is not solved?
 - Impacts on recurrence, mortality?
 - $\bullet \ \ Impacts \ on \ complications, \ patient \ satisfaction, \ growth, \ organizational \ goals$

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Organize a Team

- Who has the subject matter knowledge?
- Who else may provide insight?
- What patients/stakeholders need to be included (staff, patients)?
- Who needs to be on the team versus consulted?

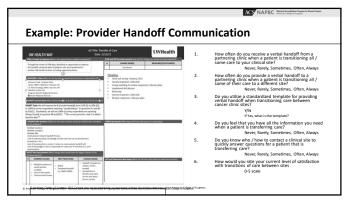
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Current State/SMART Goal

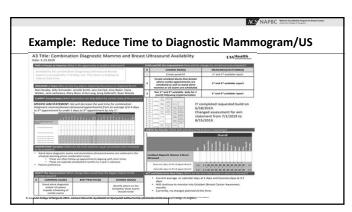
- What data or information will clarify the current state?
- What tools or methods could you use to better understand the process?
- Develop a SMART Goal
 - Specific, Measurable, Achievable, Relevant, and Time-bound.
 - We will [improve, increase, decrease] the [number, amount, percent] of [the process] from [baseline measure] to [goal measure] by [date].

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MAPRC National Accompliation Programs for Street Co.

Standard 7.2 Quality Improvement Initiative

Common Stumbling Blocks

- QI initiatives must be data-driven and based on an identified problem known to exist within the accredited program
- A problem statement must be fully developed with baseline data demonstrating a need for improvement
- Interventions implemented to drive improvement must be measurable against the baseline data

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Updates on Quality Improvement Projects

- NAPBC leadership is evaluating a potential national QI project for NAPBC sites for 2025. Ideas include:
 - Genetic testing for individuals with triple negative breast cancer
 - Use of sentinel node surgery in patients >age 70 with cT1 ER positive breast cancer
- NAPBC Sites can do a second PROMPT QI project for 2024 if it is different than the prior year
 - Contact (brp@northshore.org) to get the template

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