Building a Pathway to Better Breast Specimen Handling



Ingrid Rush, MHA, BSN, RN; Donna Amado, MSN, RN, CNOR; Nancy Giacomozzi, MEd, BSN, RN-BC, CNOR; Rhiannon Gwin, AD, RN; Jeanne Sheehan, BSN, RN; Rebecca McGillivray, BSN, RN, CNOR Boston Medical Center Perioperative Services

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THE TEAM

Frontline Perioperative Nurses

Clinical Instructors
Perioperative Services

Breast Surgical Oncology Surgeons

Perioperative Services Leadership Clinical Quality
Improvement Specialist

Clinical Informaticist Perioperative Services

Pathology Department Leadership

BACKGROUND & PURPOSE



Breast specimens removed for cancer diagnosis are often irreplaceable. Loss or delay between surgery and processing, may cause unnecessary treatment or delay in treatment



A recent increase in surgical breast specimen errors and deficiencies from out-of-body time to analysis by the pathologist within 1 hour required identifying systems failures across departments and BMC's main and ambulatory ORs



New technology (e.g., specimen radiography system) used in the room reduces surgical time for the patient but was a disruption to perioperative workflows



We had a dual purpose:

- Decrease specimen handling errors
- •Standardize chain of custody from out-of-body time of the main specimen to delivery to the OR pathology room for analysis

PREPARATION & PLANNING

QI Specialist

 Observation of oncology breast cases in both ambulatory surgery and the main operating room

QI Specialists & OR Nurses

OR staff interviews to identify challenges to safe specimen handling

Breast Surgeons

Surgeons review and standardize verbiage for naming specimens

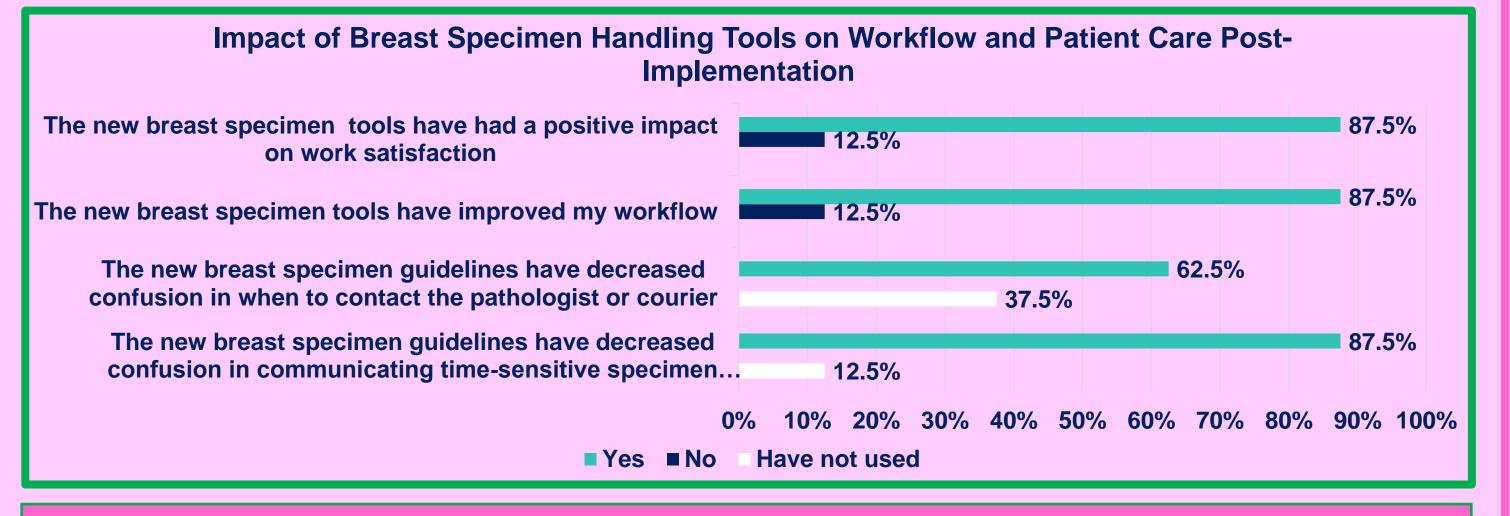
Interdisciplinary team

 Layout of breast-specimen-specific pathology form and review of policies and processes to extract key points for easy navigation

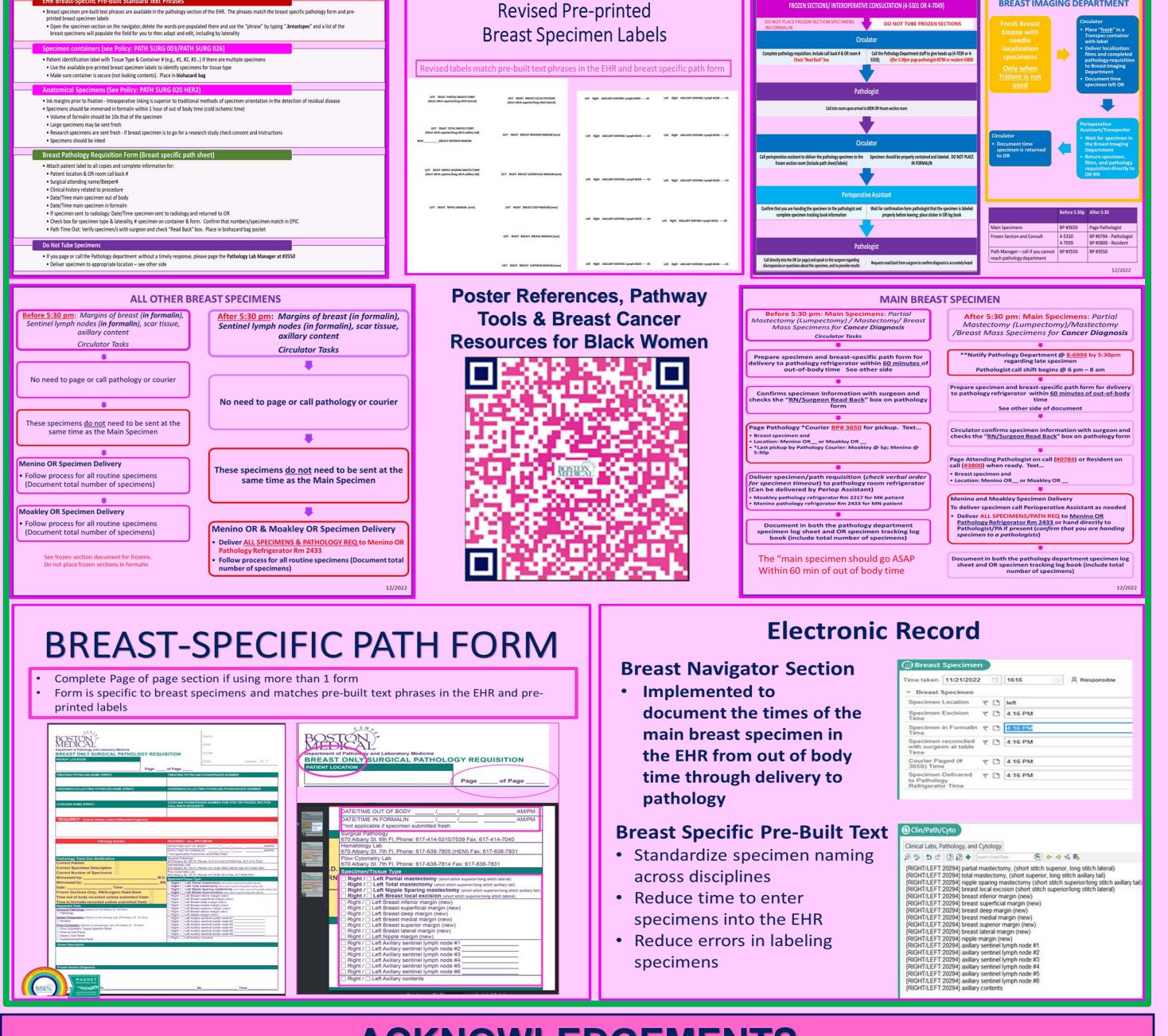
Clinical informaticist

 Create breast-specific pre-built standard text for use in specimen documentation and, breast navigation section in the EHR

Top 3 Barriers to Breast Specimen Handling Safety Pre-implementation Survey Specimen information requires writing in multiple locations Not enough time to manage specimens Contacting courier vs. pathologist confusing Top 3 Barriers to Accurately Completing Documentation Pre-implementation Survey Specimen information requires writing in multiple locations Not enough space to enter specimen information Pre-implementation Survey Specimen information requires writing in multiple locations Not enough space to enter specimen information Correcting pre-grinted labels Circulator Related Delay *Average Ischemic Time in Minutes 98.6 100 98.6 100 98.6 100 98.6 70 60 50 40 30 20 10 0 Corpute This monthly data is an aggregate of nursing, courier, and pathology delays



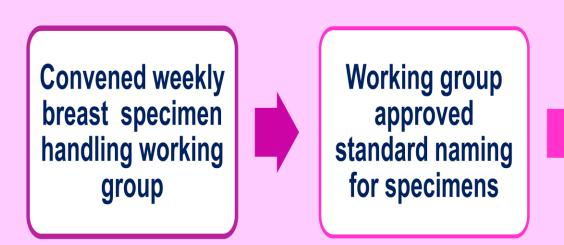
BREAST SPECIMEN HANDLING TOOLS



ACKNOWLEDGEMENTS Do O'Prion PN: Parbara Pierra PN: Charlin

Andrea L. Merrill, MD; Adrienne O'Brien, RN; Barbara Pierre, RN; Charline A. Mack; Grace Zhao, MD; Jennifer Blakeman, PA; Michael Cassidy, MD; Pamela Carlson Rosenkranz RN; Rebecca Hayes, DNP; Sara Higgins, MD

IMPLEMENTATION



Implementation:

Breast-specific pre-built standard text;

Breast navigation section for main breast specimen

Revised preprinted labels and pathology requisition to match text in EHR

Reviewed policy and procedure to create quick look posters with workflow processes



Standardized workflows across disciplines and presented to all stakeholders

Improved chain of command process for delivery of frozen sections

Standardized transport of main breast specimens from OR to Pathology

Created Surgical
Oncology Breast
Reference Binder
as central location
for breast
specimen
resources

IMPLICATIONS FOR PERIOPERATIVE NURSING



Loss of or delay in processing an irreplaceable specimen can have a devastating impact on both the patient and the team



If we hope to have zero errors or deficiencies when handling specimens and in particular irreplaceable specimens, frontline nursing staff and surgeons must be involved as part of an interdisciplinary team from the beginning



Nursing workflows should be assessed prior to the introduction of new technology to make sure everyone benefits from its installation



Reduction of data entry into various fields, and writing out specimen labels and requisitions has saved time in specimen management and allowed for safer patient practice. Additionally, the single location where policy & procedure information is accessed in a simplified format increased satisfaction among OR team members

CONCLUSION AND NEXT STEPS

- When implementing any new technology or process for patient care, consideration of the impact on all stakeholders is critical. Strategically creating space for frontline workers' input early in the decision-making process may lead to lasting change and minimize disruptions in care
- This respectful mirroring of responsibilities not only fosters team goal orientation and compliance, but it also provides front-line nurses with the opportunity to feel empowered and gain in-depth knowledge of a process that impacts their area of work

Next steps:

- Obtain feedback from staff on the workflow and suggestions for improvement and sustainability
- Reassess newly implemented tools and satisfaction survey
- Specimen bags with "Irreplaceable" identifier
- Implement pathology specimen software from EHR vendor

ingrid.rush@bmc.org; donna.amado@bmc.org; nancy.giacomozzi@bmc.org; rhiannon.gwin@bmc.org jeanne.sheehan@bmc.org; rebecca.mcgillivray@bmc.org