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- 250 words
- 2 figures/tables
- Abstracts previously submitted/presented at other meetings are eligible.

Submission Categories:

- (1) PROs/patient centeredness
- (2) Cancer

Title:

Improving Consistency in Patient Messaging Following Breast Surgery at a Large Academic Medical Center

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Introduction:

Tertiary care centers provide opportunity for an interprofessional approach to complex care. While this is a great strength, multiple teams contributing separately to care creates potential for mixed messaging. Assessment of variation in educational materials following breast surgery can facilitate interventions to improve patient communication across disciplines.

Methods:

Education provided to patients undergoing breast surgery +/- immediate reconstruction were reviewed between 10/2018-06/2019. Specifically, perioperative instructions provided by nurses, residents, and attendings were evaluated for consistency. Discharge instructions were streamlined with input from all attending breast surgeons and distributed to residents for use in 07/2019. Patients undergoing combined breast+reconstructive procedures were transitioned to care primarily by plastic surgery in 11/2019. Instructions were compared pre- and post-interventions for variation.

Results:

While overarching themes were congruent across educational materials, there were differences in logistical recommendations with greater variation by residents pre-intervention (Figure 1). For example, of 27 resident immediate reconstruction discharge instructions sampled, only 9(33%) aligned with plastics attending instructions and 12(44%) contained conflicting attending and resident-specific instructions. Post-intervention, consistency in instructions provided for breast surgery without reconstruction improved with 14 of 14(100%) residents uniformly using consensus instructions. For those with reconstruction, consistency also improved after transitioning care teams with 3 of 4(75%) residents using standardized instructions preferred by plastics attendings and none providing conflicting information.

Figure 1. Variation in Patient Messages Pre-Intervention

Excisional Biopsy or Lumpectomy								
	Showering	Bathing	Support Bra	Lifting Restrictions	Other			
Nursing	Shower after 24 hrs		Wear support bra at all times	Do not lift > 10lb x 1 wk				
Resident	Okay to shower immediately	Do not bathe/submerge x 1 wk		Do not lift > 10 lb x 4 wks			Incorrect clinic number provided	
		Do not bathe/submerge x 2 wks		Do not lift > 20 lb x 6-8 wks			No abdominal exercises x 1 wk	
		Do not bathe/submerge x 4 wks						
Attending	Okay to shower immediately	Do not bathe/submerge x 3 wks	Wear support bra x 1 wk					

Bilateral Mastectomy + Breast Reconstruction with Tissue Expanders								
	Showering	Bathing	Support Bra	Lifting Restrictions	Sleeping	Housework	Ice	Other
Nursing	Shower after 48 hrs		Wear surgical bra at all times x 4 wks	Do not lift > 10 lb x 4-6 weeks	Sleep on your back x 4 weeks		Do NOT use ice/heat on incisions	
Resident	Okay to shower immediately	Do not bathe/submerge x 2 weeks		Do not lift > 5lb x 4-6 weeks	Sleep on your back x 4-6 weeks	No housework x 2-4 wks	Apply ice intermittently for 10 minutes qhr	Incorrect clinic number provided
	Shower after 24 hrs			Do not lift your arms above your head				
Attending	Shower after 24 hrs	Do not bathe/submerge x 4 weeks	Wear surgical bra for comfort, or go bra-less	Do not lift > 10 lb x 2 weeks	Sleep on your back x 1-2 weeks	No housework x 2 wks		
	Shower after 48 hrs							

Bilateral Mastectomy + Breast Reconstruction with Flaps		
	Showering	Sleeping
Nursing	Shower after 24 hrs	Sleep on back x 4 wks
Attending	Shower after 48 hrs	Sleep in recliner with HOB elevated x 3 wks

Conclusions:

Standardization of educational materials for patients undergoing breast surgery is needed to ensure a coordinated message. Inconsistencies may not only lead to disjointed patient experiences but may lead to adverse outcomes if details of perioperative wound care are unclear.