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-intervention 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.
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.