

**University Hospital
Cancer Committee
May 16, 2017
Standard 4.7 Studies of Quality**

Each calendar year, the Commission on Cancer requires that the Cancer Committee at the Cancer Institute of NJ at University Hospital develops and disseminates a report of a study outcome. The objective of this study is to improve the quality of the service provided to the patient. For your information, the following is the reported study outcome of an orthopedic related issue along with the corrective action plan.

1. **Describe the problem that is being studied:** The Orthopedic Oncology patient follow-up is often delayed due to the inability to obtain timely MRI appointments.
2. **Provide the criteria used to study the problem:** Identify the number of patients who had a follow-up appointment but did not have the MRI result at the time of the appointment and identify the reasons why.
3. **Provide the data that support the study findings?** 55 charts were reviewed. Of those charts, 19 (35%) had delayed MRI appointments (scheduled after the requested follow-up visit.), 13 (24%) were a direct result of untimely available MRI appointments.
4. **Identify the national benchmarks were used to provide evidence of concordance or nonconcordance:** According to Nascimento, Suchard, Hatem & De Abreu (2014), MRI is essential in the staging and restaging of tumors. Additionally, they are important in assessing for the effectiveness of neo-adjuvant therapy and detecting any recurrences versus post therapeutic changes. Nascimento, et al., 2014 also highlighted that base line imaging in the form of an MRI should be completed three to six months after a tumor resection and that follow up MRI intervals afterwards will vary based on if the tumor is low or high risk.¹ In Giardina, King, Ignaczak, Paull, Hoeksema, Mills, Neily, Hemphill and Singh's (2013) outpatient root cause analysis report that delays in diagnosis and treatment are considered threats to outpatient safety. One of the most common contributing factors was noted to be delayed performance and interpretation of diagnostic tests including magnetic resonance imaging (MRI).²
5. **Describe actions taken as a result of the study:** As a result of the study, the actions taken includes scheduling MRI appointments prior to patients leaving the clinic visit, working on authorizations within 24 hours, contacting patients via phone with information and following with a letter. Results were also discussed with the Department of Radiology. A new method to

¹ Nascimento, D., Suchard, G., Hatem, M., & de Abreu, A. (2014). The role of magnetic resonance imaging in the evaluation of bone tumours and tumour-like lesions. *Insights into Imaging*, 5(4), 419–440. <http://doi.org/10.1007/s13244-014-0339-z>. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4141345/>

² Traber Davis Giardina, Beth J. King, Aartee Ignaczak, Douglas E. Paull, Laura Hoeksema, Peter D. Mills, Julia Neily, Robin R. Hemphill, and Hardeep Singh. Root Cause Analysis Reports Help Identify Common Factors in Delayed Diagnosis And Treatment of Outpatients. *Health Affairs*. 2013 August. Volume 32 number 8. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3822525/>

search and find available appointments has been implemented allowing scheduling within the requested timeline. Radiology contact persons have been made available if needed.