



TRACKING BREAST HEALTH WAIT TIMES

Lethbridge breast health program benefits from Path to Care resources

It was just by chance that Caroline Martin crossed paths with Nicole Valade, as she had moved into the office next door. As coordinator for the Breast and Cervical Health Program, Caroline was certain that the wait times for their service were fairly good, but she had no accurate proof and was stumped on how to adequately track the wait times from referral to biopsy.

Nicole Valade was settling into her position as Senior Project Manager for Path to Care in Southern Alberta. Path to Care works with programs and services to improve system navigation and patient access to scheduled services. The “Manual Tracker” is one of many tools Path to Care has developed to standardize wait time measurement so that programs and services who do not have IT to support their referral and scheduling activities can measure wait times, generate wait lists, identify delays and find opportunities for improvement.

“I asked Nicole to give an in-service [on the Manual Tracker] to the staff in the Breast and Cervical Health Program,” remembers Caroline. “She gave us a fabulous presentation and we saw how it could help us track wait times in a real and practical way.”

How long did you work with Path to Care, and how many people at your service participated?

We worked initially in a limited way – for about four months – and then we used the tool at its full capacity since April 2015. Three of our staff members participated and set up the Manual Tracker for our department.



Caroline Martin (L) and Wanda Robertson (R) of the Lethbridge Breast and Cervical Health Programs. Missing from the photo is department secretary Leanne Aldridge.

What kind of time commitment was necessary?

The orientation meeting was about two hours, and then we committed to one or two one-hour meetings a week for a few weeks. The meetings were very organized and focused to the tasks at hand. It was a very efficient use of our time. We also phoned for assistance or to set up a meeting when there were glitches.

Looking back, were there any apprehensions or concerns expressed by your team about the Path to Care process? How were those issues addressed?

Well, at first the staff were concerned that we would go to all this work to implement the tool and it would not be helpful. There was a lot of discussion around this issue, but we finally decided to give it a try – and at first, when we looked at the way the tool was set up, it didn't really fit the needs of

our department. So we worked with Nicole to adapt it. And then again, once we started using it we found some things that didn't work. It looked good on paper but the reality was different.

So we contacted Nicole and brainstormed how to set it up differently to meet our needs. That was the really helpful part; we could constantly rework the little details so the program would accurately reflect the processes we already had in place.

What are some of the improvements made, and how did they affect your work?

For the first time we were able to track out wait times accurately! We finally had the proof that we were missing before. In the past, we didn't have a way to track the time from when we received the referral to the time the appointment was booked.

Our department has access targets (i.e. an urgent patient should be seen within 2 weeks, semi-urgent, etc.) but we now could determine if we were meeting the access targets for each referral type. We also now have a tool in place where the referring physician receives confirmation of the receipt of referral the same day the referral is received. This has increased

communication with the family physician and ensures that no referrals fall through the cracks. Plus, we can now track whether a referral is complete when we receive it. If it isn't complete, there is a process in place to account for this. We do call or fax the referring physician to obtain the information that is missing from the referral (i.e. recent mammogram). This column explains why the wait time is longer for a particular patient.

We can also now track the time from first appointment to surgery, the number of referrals per surgeon, and if a patient's appointment is rescheduled we can now track why (i.e. patient cancelled, patient rescheduled, no show, system rescheduled).

How has working with Path to Care improved the patient experience at your service?

It was a major milestone for our office to have accurate wait time data for the different steps in the patient journey in our program. We can offer better transparency to our patients about wait times and improve the areas we have control over. We also have much better communication with the patient's physician. Our department - and therefore our patients - have definitely benefitted from Path to Care.

For more information about [Path to Care](#) and how this program can help your scheduled service, contact pathtocare@ahs.ca.

The Breast and Cervical Health program in Lethbridge has also taken part in [Alberta Referral Pathways](#) to standardize provincial referral guidelines for all breast health referrals in the province. A referral [quick reference](#) for Breast Health can be found at www.ahs.ca/pathways