



Switching Paper to Electronic Records Lessen Patient Wait Times for Pre-operative Breast Procedures



Researchers at Brigham and Women's Hospital (Boston, Massachusetts) reported in *Current Problems in Diagnostic Radiology* that switching from a paper to an electronic process speed up pre-operative breast procedures, translating into meaningful gains. Specifically, this switch saved a mean of 8.3 minutes of wait time per visit. Although these savings appear modest, the time adds up in a busy practice and improves technologists and radiologists' workflows while also benefiting patients. The time savings are substantial for Brigham and Women's Hospital, which performs roughly 1400 breast localisation procedures per year.

To achieve these savings, their breast imaging practice embedded an electronic protocol form that included all the information elements contained within their paper forms into their electronic health record (EHR) to guide pre-op procedures. Excision of non-palpable breast lesions requires extra planning and localisation beforehand, a process where efficient communication of imaging, pathology, and other clinical results between the care team members is crucial.

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Researchers at Brigham and Women's Hospital published a study of the impact of incorporating these elements into the EHR by comparing the duration between appointment and procedure start times, of procedure, and of arrival to appointment time for visits involving pre-operative breast localisation. Durations before implementation (January-April 2018, 427 procedures) were compared to those afterwards (June-September 2018, 409 procedures). Moving to an electronic process saved 8.3 minutes of wait time per visit, but the time spent on the procedures themselves increased by 4.7 minutes. Although it was beyond the study's scope to examine the factors underlying procedure time increase, the authors speculated that the increase in procedure duration might be due to the timing of the post-implementation period (June-September). This time is when new residents and fellows commence their training.

On this note, the group added that "our initiative helped us maintain a busy interventional schedule while we transitioned to new trainees. Shortening the wait times to commencement of a breast procedure is desirable for anxious breast patients."

The Society of Interventional Radiology's safety and health committee endorses using e-checklists. EHR integration accomplishes this because it improves workflow by loading patient information, linking and tracking data, reducing paper checklist errors, and increases situational awareness among team members. Incorporation into the EHR standardises collected patient data, reducing communication errors and cost. All these advantages translate to improved patient care efficiency.

The study group echoed this sentiment. "Our initiative led to a meaningful improvement in operational efficiency for initiating breast procedures and may improve the patient's experience of care."

Published on : Mon, 20 Sep 2021