

Comprehensive Breast Care Centers

Focusing on communication and patient comfort

By Tom Schaffner

A comprehensive breast center works to make breast cancer screening less stressful and more convenient for patients. But not every facility is equipped to handle the multi-faceted demands that a comprehensive center can. In some cases, hospitals need to work around certain roadblocks to benefit both the patient and the medical staff.

Priscilla A. Pechnick, BS, RT(R)(M), is the former mammography services supervisor at La Grange Memorial Hospital, located outside of Chicago. Still a part-time radiologic technologist at La Grange, Pechnick has since added the title of national sales coordinator for Fischer Imaging's SenoScan digital mammography system. She sees firsthand the benefits a comprehensive breast care center can offer patients, and talks about how her facility used this approach.

La Grange Memorial is a not-for-profit, midwestern community hospital with the philosophy that "you don't treat the disease, you work on the patient's overall wellness."

Pechnick says that La Grange didn't

have all of the tools to be a comprehensive breast center, but was more or less a "virtual breast center."

PATIENT COMFORT

Pechnick says the main concern of a comprehensive breast care center is to address a patient's emotional and physical needs through the atmosphere of the facility. La Grange establishes different waiting rooms for patients receiving diagnostic mammograms and patients who come in for routine screenings.

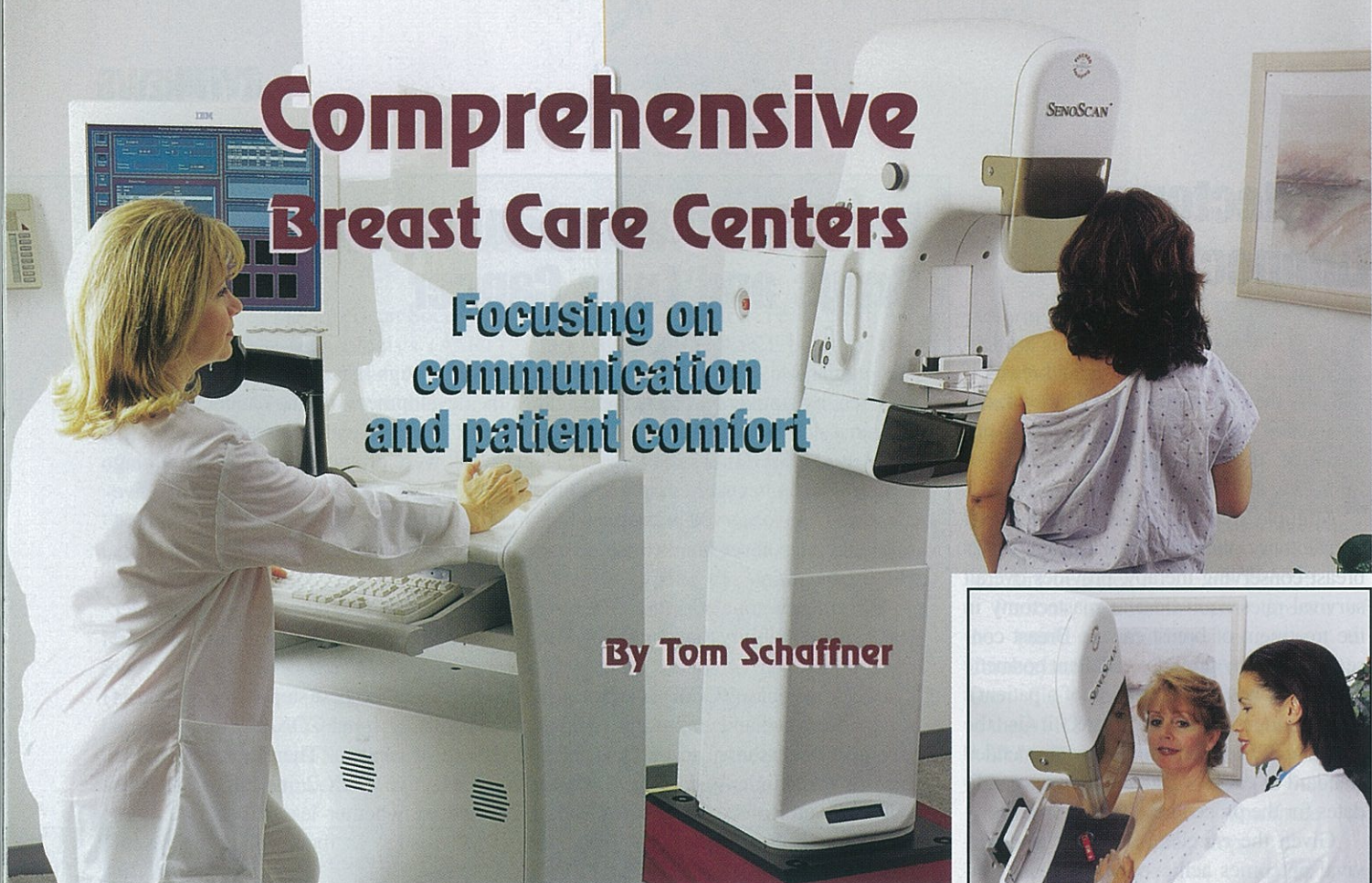
Patients are separated for screening and diagnostic mammograms because screening mammograms are completed at a faster rate than their diagnostic counterparts. Pechnick says that in a diagnostic setting, the mammographers address patients differently, allowing double the patient/mammographer exam time, because the patient expects undivided attention, needs sufficient time and receives detailed information at every level.

"Because of the advancements in digital technology, we can do a screening mammo-

gram in eight minutes," Pechnick says. In the waiting room, five screening patients could have their exams done to one diagnostic patient, she adds.

"For a diagnostic mammogram, the patient experiences an entirely different set of mental, physical and emotional processes. For them, the necessity to rush is not a huge factor," she adds.

In other matters of patient comfort, Pechnick says the center tries to alleviate the patient's responsibility of transporting medical records between the physician's office and the hospital. "If a patient is being seen at our surgeon's office, the surgeon comes and gets the films," she says. "We take that responsibility off the patient because it can be stressful, and we found that it's more accurate to work directly with medical professionals when handling medical records. It's important to network and communicate with the



Photos courtesy of Fischer Imaging

surgeons — knowing what they want and when they want it.”

Pechnick says knowing they do not have to track down and carry their medical records back and forth between the physician’s office and the hospital can be a big relief for patients. She notes a recent survey from her facility that shows patients just want to know their physicians got the results and agreed with the hospital’s findings.

At La Grange, the patient’s results are sent to the referring physician as soon as they are known. Then, the office staff verifies the report was received and grants permission to La Grange to schedule any necessary follow-up visits with the hospital. “The physician doesn’t necessarily have to talk to the patient,” Pechnick says. “This [process] gets the patients in and out faster. We can get the turnaround time from an abnormal screening mammogram to a diagnosis on biopsy within a two-week span, which was our goal.”

In order to achieve that goal, Pechnick says the center connected its ancillary departments and communication systems with the referring physicians and surgeons. After providing information on performed procedures, the center obtains permission to contact the patients directly. La Grange can then schedule any necessary follow-up appointments without inconveniencing the patient or referring physician. By keeping the lines of communication open, Pechnick says both the patient and physician always know what is going on.

“This communication process and the consent from the referring physician or surgeon is important because it shows we’ve gone that extra step for their patients,” Pechnick says. “Part of a comprehensive breast care center is knowing the full extent of different diseases or complications that come through.”

EDUCATION

The center’s radiologists normally read screening mammograms and notify referring physicians within 48 hours of the patient’s examination. (It may take longer if the patient’s previous films are not available.) Pechnick says the center notes any questionable cases that come across during a screening. She says many physicians don’t flag abnormal reports, so the

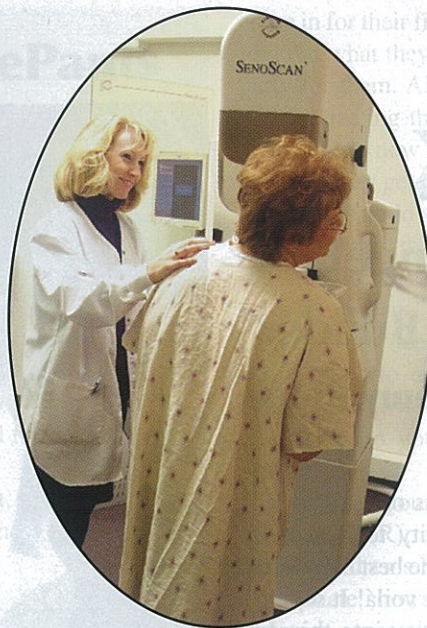


Photo by Paul Mariniec

Priscilla A. Pechnick, BS, RT(R)(M), educates the patient as to her diagnosis and procedures during the entire process.

center will keep tabs on patients who require additional work-ups. Pechnick’s staff then contacts the patient and arranges follow-up visits. The referring physician is notified and kept informed of the examinations.

“Physicians like that we identify how and when we are going to help them with their patient,” she says. “And with the patient in our care, it is a faster turnaround time for them.” This system lets patients know the facility is familiar with their physicians and how they operate.

For follow-up, Pechnick says patients are informed on their diagnoses. “We communicate to [the patient] what to worry about, what not to worry about and what the next series of steps in the process will be,” she says. “Throughout the process, we send her follow-up letters and reminder letters. We also follow up with the referring physician, letting the patient know that we’re not going to forget about her and this is what we’re going to do.”

If a patient needs a stereotactic biopsy, the radiologist describes the procedure to the patient and explains why it is necessary. “Our goal is to make sure we know what we are dealing with, but with as little physical trauma to the patient as possible so her breast tissue will not be a constant reminder that something benign was there,” Pechnick says.

La Grange’s center uses a team approach for handling extensive or unusual mammography cases. “We have a tumor board that meets on a regular basis or whenever a patient needs them to go over mammography cases,” Pechnick says. “We’re not limited to the number of cases that we review. We review cases not only at the onset of diagnosis, but throughout the patient’s treatment.” The cancer registry-certified hospital is associated with the University of Chicago and has a radiation department, on-staff medical oncologists and provides both radiation therapy and chemotherapy.

KEEPING AN OPEN MIND

Pechnick says that having a state-of-the-art facility is not always the main thing when putting together a comprehensive breast care center. “You don’t need brick and mortar,” she says. “You need the team, and you need to have communication and things set up so everyone knows who’s doing what.” She says this attitude comes from La Grange’s mission: “We take care of you physically, emotionally and spiritually.”

The center’s mammographers get together regularly to discuss the best ways to communicate with patients. For Pechnick and the staff at La Grange’s comprehensive breast care center, good communication and the individual handlings of various situations reflect the mammographer’s professionalism.

Pechnick says it is also important not to lose track of the goal: to catch cancer early. Once the cancer is found, she says, the next step is to get the patient to the next stage in the treatment process. “We know we’re going to provide an expert diagnosis, but the next thing is treatment and knowing how all [the medical personnel] work with us to achieve that goal.”

“We are there for the patient,” she adds. “It’s a passion. It’s a mission to understand and to know that this is what we do for every patient.”

— **Tom Schaffner is the editor of RT Image. Comments on this article are encouraged and can be directed to tschaffner@rt-image.com.**

