

(SD 060 - RESULTS)

#### **Summary of Changes**

 NEW
 Previous

 BC Cancer
 May 2023

 Feb 2018

 Jun 2002

Last Revised:	04/MAY/2023	Next Review:	04/MAY/2026	
				Page 1 of 6

(SD 060 - RESULTS)

#### 1. Introduction

#### **1.1.** Focus

The Breast Screening Program (the Program) has developed a "Fast Track" process to expedite diagnostic work-up for all participants with screened-detected abnormalities. This process involves agreement from the diagnostic facility to promptly schedule imaging work-up for patients directly referred.

Screening images and reports for the referred participant are forwarded as expediently as possible to the designated diagnostic facility by the screening centre. The diagnostic facility will contact the participant directly to arrange for an appointment.

The purpose of this document is to set goals and expectations for diagnostic imaging facilities receiving Fast Track referrals from the Program.

#### 1.2. Health Organization Site Applicability

- Breast Screening Centres including ancillary centres
- Designated Fast Track Diagnostic Facilities
- Client Services Centre

#### 1.3. Practice Level

- Program Staff
- Diagnostic Imaging Facility Staff

#### 1.4. Definitions

**Fast Track:** Process that refers to automated facilitation of referrals for diagnostic testing of participants with screen-detected abnormalities on behalf of primary care providers (PCP) who have authorized direct referrals.

#### 1.5. Need to Know

Referrals will not be sent on behalf of PCPs who have opted out of the Fast Track process or PCPs who are naturopaths. Instead, they will receive a results notice indicating their responsibility to refer their patient for follow-up testing.

Screening participants are automatically referred to a designated diagnostic facility identified on the client record at time of booking. This may be the facility associated with the screening centre where the exam took place or it may be the nearest diagnostic

Last Revised:	04/MAY/2023	Next Review:	04/MAY/2026	
				Page 2 of 6

This material has been prepared solely for use at Provincial Health Services Authority (PHSA). PHSA accepts no responsibility for use of this material by any person or organization not associated with PHSA. A printed copy of this document may not reflect the current electronic version on the PHSA Intranet.

(SD 060 - RESULTS)

facility in the participant's Community Health Services Area (CHSA). At a participant's request, any diagnostic facility may be chosen as their preferred facility, which would override the designated one. Participants may also decline to be "Fast Tracked".

#### 1.6. Program Goals

Diagnostic imaging facilities must aim to meet the following Program goals:

- 90%+ of referred participants (internal or external referrals) are to be contacted, ideally within one week of receipt of the referral, to arrange an appointment for the recommended testing
- 2. Diagnostic assessment (diagnostic mammogram and/or ultrasound) is to be completed within **five weeks** from screen date for those **without biopsy**
- 3. Diagnostic assessment (diagnostic mammogram and/or ultrasound) is to be completed within **seven weeks** from screen date for those **with biopsy**

If a diagnostic facility is unable to meet the above targets, the Program must be informed promptly.

#### 1.7. Fast Track Criteria

Diagnostic imaging facilities participating in the Fast Track process must meet the following expectations:

- 1. Are DAP or CAR accredited
- 2. Have workflows in place to accommodate incoming Fast Track referrals, including:
  - Ability to contact and inform referred participant of their upcoming diagnostic work-up date or status of referral, ideally within one week of receipt of referral
  - b. Ability to follow-up with participant until appointment(s) are booked
- 3. Will inform the Program when changes to facility contacts, services, and accreditations occur

Last Revised:	04/MAY/2023	Next Review:	04/MAY/2026	
				Page 3 of 6

(SD 060 - RESULTS)

#### 2. Procedure

#### 2.1. Steps and Rationale

Workflow Step	#	Procedure	Role
Referral Distribution	1.	Generate referral for diagnostic work-up and electronically forward to	Program
		Excelleris for distribution.	
	1.1	Deliver referral to diagnostic facility via facility's selected mode of	Excelleris
		delivery (fax, eMR, Launchpad).	
Referral Handling	2	Contact referred participant to book work-up appointment within	
		seven days of receipt of referral.	Facility
			Booking
		If appointment is booked, proceed to <u>Step 2.7</u> .	Clerk
	2.1	Make at least three attempts to reach participant until successfully	
		contacted.	
	2.2	Contact PCP if attempts were unsuccessful and inform PCP that their	
		patient has not yet booked work-up.	
	2.3	Confirm participant's contact details with PCP office and correct	
		records, if different.	
	2.4	Make one final attempt (fourth call) using updated contact details to	
		reach participant.	
	2.5 Document dates and times of all calls/attempts made.		
	2.6	Notify the Program of the status of the referral by completing a	
	Referral Update Form. Indicate on the form ' <b>Transfer Request</b> ' of		
		'Patient Not Proceeding' to share status of the referral if no	
	<ul> <li>appointment is booked at the facility.</li> <li>2.7 Ensure relevant previous images are requested and received from the screening centre where the screening exam took place.</li> </ul>		
,		Follow-up with screening centre if previous images have not arrived by	
		scheduled appointment date.	
Referral Reconciliation	3	Generate Fast Track Referrals report on weekly basis for each	Client
		participating diagnostic facility.	Services
			Clerk
		Report includes a list of all referrals generated in <a href="Step 1">Step 1</a> above that	
3.1 Distribute each Fast Trac		were sent in previous week.	
		Distribute each Fast Track Referral report to respective facility manager	
		or designate.	
3.2 Reconcile weekly list against referrals received in previous week to verify no missing referrals.			Diagnostic
		verify no missing referrals.	Facility
	3.3	Report missing referrals or discrepancies to the Program for immediate	Manager
		investigation.	or
			Designate

Last Revised:	04/MAY/2023	Next Review:	04/MAY/2026	
				Page 4 of 6

This material has been prepared solely for use at Provincial Health Services Authority (PHSA). PHSA accepts no responsibility for use of this material by any person or organization not associated with PHSA. A printed copy of this document may not reflect the current electronic version on the PHSA Intranet.

## FAST TRACK-FACILITATED REFERRAL FOR DIAGNOSTIC WORKUP PROCEDURE: BREAST SCREENING (SD 060 - RESULTS)

#### 3. Related Documents and References

#### 3.1. Related Documents

CASCADE BR\_UG\_Fast Track Referrals

CASCADE BR\_UG\_Report\_Breast Fast Track Referrals by Screening Centre

2023 Fast Track Application Form - diagnostic facilities

Referral Update Form

Last Revised:	04/MAY/2023	Next Review:	04/MAY/2026	
				Page 5 of 6

(SD 060 - RESULTS)

#### \*\*Last page of document\*\*

First Issued:	01-Jun-2002					
Approving Body:	Breast Screening Quality Management Committee					
Final Sign Off:	Name	Title	Date Signed			
	Dr. Charlotte Yong-Hing	Medical Director Breast Screening	04-MAY-2023			
Developed By:	Name	Dept.	НО			
	Mary Nagy	Screening Programs	PHSA-BC Cancer			
Owner(s):	Mary Nagy					
	Client Service & Operations Manager, Screening Programs					
Posted Date:	05-MAY-2023					
Version:	2.0					
Revision:	Name of Reviser	Description	Date			
	Mary Nagy	Updated to reflect current practices, procedures and updated template	04-MAY-2023			

Last Revised:	04/MAY/2023	Next Review:	04/MAY/2026	
				Page 6 of 6

This material has been prepared solely for use at Provincial Health Services Authority (PHSA). PHSA accepts no responsibility for use of this material by any person or organization not associated with PHSA. A printed copy of this document may not reflect the current electronic version on the PHSA Intranet.