

# Effect of accreditation best practice systems on time to treatment delays: three-year review of a South African internationally accredited site

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## Background

- ▶ The Netcare Breast Care Centre has been an operational multi-disciplinary center since 2000.
- ▶ It was proposed that formalized accreditation improve patient services; thus, three years of patient time to treatment data were analyzed, comparing the pre-accreditation average to the mid-accreditation and post-accreditation.

## Methods

Patients for this comparison met the following criteria:

- ▶ The treating physicians were members of the unit.
- ▶ No arm of the care was external.
- ▶ Patients underwent a combination therapy of surgery; systemic treatment (neo-adjuvant or post-operative).
- ▶ The patients fell within a clearly defined treatment time frame.
- ▶ The time to treatment was judged from diagnosis date to the first treatment date, whether surgery or systemic therapy.
- ▶ Patients who delayed treatment for longer than 100 days beyond the reasonable allowance within the center's standard operating procedure were excluded.

## Results

- ▶ Pre-accreditation median time to treatment was an average of 36 days from the initial diagnosis date (Figure 1).
- ▶ An even split of primary surgery (48%) to systemic (52%) was documented (Figure 2a).
- ▶ During the implementation of new accredited systems, the time to treatment average saw a reduction of 20%, down to 29 days from the date of diagnosis (Figure 1).
- ▶ An even split of primary surgery (47%) to systemic (53%) remained (Figure 2b).
- ▶ After full implementation of the new systems and full international accreditation being achieved, the time to treatment saw a further 20% improvement (41% from initial value) of 21 days from diagnosis to treatment (Figure 1).
- ▶ The case-mix was now heavily weighted towards the systemic treatment of 71% and primary surgery 29% (Figure 2c).
- ▶ Post accreditation saw a minimum increase of 5 days for all treatment decisions but an overall decrease of time to treatment plans.
- ▶ This is postulated due to the requirement for all patients to be discussed in MDM environment.

Figure 1. Median time to treatment from initial diagnosis.

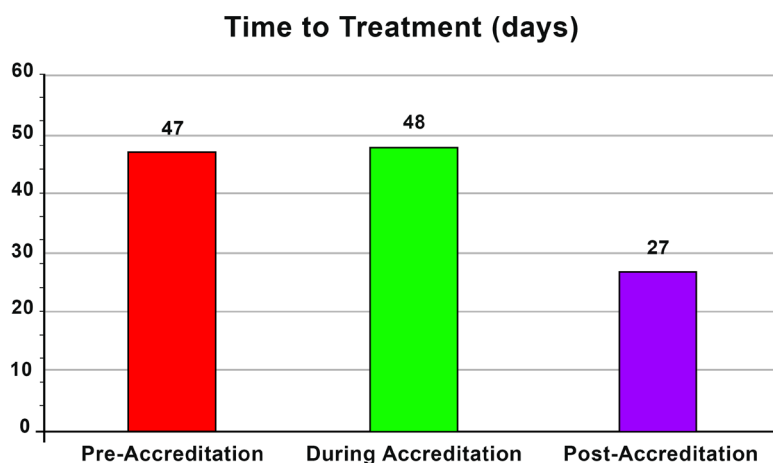
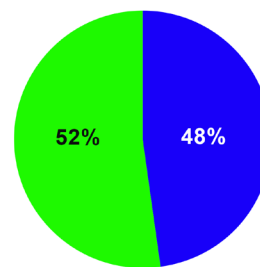


Figure 2. Surgery vs systemic treatment. Figure 2a. Pre-accreditation.

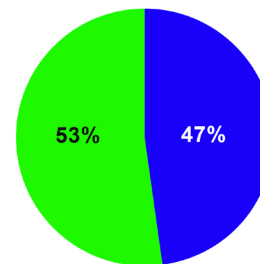
## Pre-accreditation



■ Surgery ■ Systemic Treatment

Figure 2b: During-accreditation.

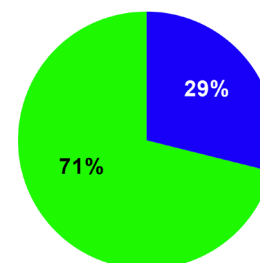
## During-accreditation



■ Surgery ■ Systemic Treatment

Figure 2c. Post-accreditation.

## Post-accreditation



■ Surgery ■ Systemic Treatment

## Conclusions

- ▶ The implementation of accredited systems and optimization of the MDM environment saw a dramatic improvement in patients' service. Throughout the accreditation period, the procedures allowed for a two-week reduction in time to treatment (40% improvement) from a previous 5-week standard.