Based on current incidence rates, a woman born today has approximately a one in eight chance of being diagnosed with breast cancer. Early detection is important in obtaining the appropriate diagnosis and optimizing treatment. Historical practice with patient referral compliance inspired us to look further into how we track these outcomes. Implementing a follow up process utilizing breast mass referrals is essential to ensure that all breast masses are thoroughly evaluated and appropriately treated.

**INITIAL FINDINGS**
- 40% of patients with breast masses did not have a formal referral for breast imaging or a referral to a Breast Specialist – goal not met.
- 67% of referrals for further evaluation for breast mass were followed to completion, but 33% were lost to follow up or non-compliant – goal not met.

**IMPLEMENTING CORRECTIVE ACTIONS**
- A designated referral nurse was assigned to initiate and complete all follow up of patients with an identified breast mass.
- All patients referred for imaging have an EMR referral generated to notify the referral nurse to follow up with the patient. Dedicated EMR systems are capable of providing reminders to alert the referral nurse. All patient contact is documented in the EMR.

**RE-MEASUREMENT FINDINGS**
- 53 charts were reviewed; the date range was April 2019 – October 2020.
- 100% of patients with a documented breast mass were referred for imaging and/or follow-up by their PCP – goal was met.
- 100% of patients had documented follow-up and case management from the referral nurse – goal was met.

**CONCLUSION AND FUTURE DIRECTIONS**
By implementing these system changes, we were able to document and provide follow up to 100% of patients referred to the referral nurse.

Implementing the internal EMR referral process for patients with a suspected breast mass streamlined the follow up process leading to a 100% follow up rate compared to 67% pre-study.

Some patients did not respond to communication attempts made by the referral nurse (including multiple means such as text messages, secure messages, and phone calls) ultimately resulting in a certified letter being sent to the patient.

These same patients had subsequent clinic visits for other concerns, but the referral was not discussed.

One suggestion is to flag the patient chart to alert the provider to inquire about the referral and update the patient chart.

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More information on this and related projects can be obtained at https://www.csulb.edu/student-affairs/student-health-services