Background
Northwestern Medicine Breast Cancer Quality Improvement Collaborative
- The Northwestern Medicine Breast Cancer Quality Improvement Collaborative (NM BCQIC) is a novel health system-wide collaborative of 5 hospitals.
- Primary Goal: Improve best practice guideline adherence, quality of care, and outcomes while reducing clinical variation health system-wide.

Readiness for Change
- Organizational- and unit-level readiness for change, including the extent to which members are prepared to implement new QI projects, is often overlooked.

Objective
- Assess the readiness of each NM BCQIC hospital and their QI teams to locally implement a collaborative-wide project to improve NCCN guideline adherence by creating and implementing a system-wide standard for indications and timing of genetic testing for breast cancer

Methods
- We adapted a QI project Readiness Assessment Tool (RAT) created previously by our research group (Figure 1).
  - The purpose of the RAT is to collect baseline data of local providers’ perceptions of their hospital’s willingness and ability to change practice.
  - 5-point Likert scale of agreement assessed areas where:
    - Local QI teams perceive a need for guidance in project implementation
    - Units or specialty areas within the hospital may need assistance in process improvement execution and change management
    - All NM BCQIC local QI team members at each hospital were asked to complete the RAT
    - Administered through REDCap.

Results
- Hospital-level survey response rates ranged from 50% to 100%.
- The RAT completion rate was 72.7% (16/22) among eligible local team members.
- Spider diagrams were utilized to identify perceptions of readiness from members of each local team (Figure 2)

Common themes identified among QI teams at all hospitals included difficulty with:
- Setting specific implementation goals
- Clarifying team roles
- Developing project management documents
- At the specialty/unit-level, perceptions of readiness to implement the QI project were strong, overall.

One hospital unit (Genetic Counseling) identified a need to strengthen understanding of how the project would personally benefit individuals.

Results Continued

Conclusions
- Perceived implementation strengths, resources, and barriers have the potential to facilitate, delay, or prevent QI project progress and success.
- Assessing local QI teams’ perceptions of their unit- and team-level readiness to implement a complex QI project provides an opportunity to gain insight into local QI assets and unanticipated barriers to project success.
- Tailored tools can then be developed to strengthen targeted areas to support implementation success.

Research Support
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Table: Participating hospital characteristics

<table>
<thead>
<tr>
<th>Type</th>
<th>Site</th>
<th>Specialties</th>
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<tbody>
<tr>
<td>Academic</td>
<td>NCI Comprehensive</td>
<td>Radiation Oncology</td>
</tr>
<tr>
<td>Community</td>
<td>Integrated Network</td>
<td>Radiation Oncology</td>
</tr>
<tr>
<td>Community</td>
<td>Integrated Network</td>
<td>Breast Surgery</td>
</tr>
<tr>
<td>Community</td>
<td>Comprehensive-Community</td>
<td>Breast Surgery</td>
</tr>
<tr>
<td>Small Rural</td>
<td>Integrated Network</td>
<td>Medical Oncology</td>
</tr>
</tbody>
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Figure 2: Spider diagram illustrating perceptions of department readiness from members of one BCQIC local QI team

Key
1 = Most help needed
2 = Help needed
3 = Uncertain
4 = Some help needed
5 = No help needed
Line type for each team member