

Sneak Peak

Breast Imaging Protocol Manual

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Section II: Mammography Ordering and Scheduling Guidelines

Mammography examination and procedure scheduling guidelines shall be followed by all imaging technologists, interpreting radiologists, breast navigators, breast center customer service representatives, radiology schedulers and administrative assistants. Patients shall be greeted in a kind and friendly manner using clear and concise communication. All attempts shall be made to answer patient questions according to guidelines set forth in this protocol manual, following facility-specific policies and procedures.

I. Patient Information

The following general patient information must be obtained for ALL examinations and procedures in addition to specific information necessary for each exam/procedure as listed below:

- A. Two patient identifiers (i.e. name, date of birth)
- B. Pregnancy status
- C. Breast augmentation (implants) and/or any past breast surgical procedures
- D. Date and location of most recent mammography exam
- E. [Optional] No powders, lotions, deodorant on the day of exam
- F. Need for language interpretation services on the day of exam
- G. Need for assistance via patient advocate/representative on the day of exam
- H. Add a note to schedule if the patient requires assistance and/or has special needs that require extra time or attention on the day of exam

II. Screening Mammogram

- A. XX- minute time interval:
 - 1. Follow all facility guidelines for screening mammogram procedure.
- B. Self-requesting patients: patients who come for mammography on their own initiative, but are able to name a health care provider who accepts responsibility for that patient's clinical breast care¹:
 - 1. Patients may call and schedule a screening mammogram without an order from their provider.
 - 2. Patient must name a provider.
- C. Self-referred patients: patients who come for mammography, but have no health care provider, or who decline a health care provider, or for whom the provider declines responsibility¹:
 - 1. *This facility does not accept patients who self-refer. All patients must be referred by a licensed healthcare provider to ensure proper coordination of care. Staff should ensure that appropriate referrals are in place before scheduling or providing services.*
- D. Note: Facilities must follow MQSA requirements for patient reporting and communication and have a

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policy in place in the event the examination results are abnormal^{1,2}.

III. Diagnostic Mammogram

- A. XX- minute time interval.
 - 1. Follow all facility guidelines for diagnostic mammogram procedure
- B. Must have an order from the patient's provider:
 - 1. Order must list the examination to be performed, and indication for exam including laterality (affected side).
 - 2. Order must define location of abnormality.
- C. Date and results of patient's recent clinical breast exam by provider, if applicable.
- D. Schedule any additional imaging examinations to be performed in addition to the diagnostic mammogram (i.e.: breast ultrasound).
- E. Example call-back scripting:
 - "Hi, this is Susan from XYZ Breast Center. How are you today? I am calling to let you know that the radiologist (the doctor who looked at your mammogram) would like you to come back for some extra pictures. Mammograms are really good at seeing changes in your breast. Most changes are normal, but we want to make sure if there are changes, that those changes are normal for YOU. I have an appointment at (Time) on (Date). Will that work for you?"³.

IV. Breast Imaging Procedure

- A. Procedure time intervals.
 - 1. Prone stereotactic biopsy: XX- minute time interval.
 - 2. Upright stereotactic biopsy: XX- minute time interval.
 - 3. Contrast-enhanced mammogram: XX- minute time interval.
 - 4. Wire localization and Non-wire localization: XX- minute time interval.
 - 5. Postprocedure imaging: XX- minute time interval.
 - 6. Ductogram: XX- minute time interval.
- B. Must have an order from the patient's provider:
 - 1. Order must list the procedure to be performed, laterality (affected side) and indication for the procedure⁴.
- C. Procedure specific questions/patient instructions⁴:
 - 1. Patient allergies (including contrast and metal allergies).
 - 2. Patient medications such as aspirin, anticoagulants or blood thinners, other platelet inhibitors or agents known to impact bleeding time (if applicable per facility specific protocol)⁵.

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3. Patient history of a bleeding diathesis.
4. Prone stereotactic biopsy:
 - a. Patient able to lie face down on their belly for an extended period of time?
 - b. Current height and weight.
5. Upright stereotactic biopsy: Patient able to remain in the position required for the procedure?
6. Instruct the patient to wear a supportive bra on the day of exam (i.e. sports bra).
7. Facility does not have any additional procedure specific questions and/or patient instructions to include.