To evaluate the impact of a quality improvement initiative regarding utilization of ultrasound and FNA prior to resection of malignant thyroid neoplasms at a community-based hospital.

Methods

- In 2014, the authors conducted a quality improvement initiative in accordance with the hospitals interdisciplinary cancer committee.
- The authors explored awareness of the National Comprehensive Cancer Network (NCCN) and American Thyroid Association (ATA) guidelines for Utilization of FNA prior to thyroidectomy.
- Retrospective chart review in 2014 demonstrated FNA utilization in 53% of eligible cases.
- In 2015, a Systems wide in service presented an informational poster and fielded questions on quality improvement. Subsequent chart reviews from January 2015–July 2016 were preformed.
- The two data sets from before and after the initiative were compared with regard to preoperative thyroid US and FNA utilization to improve patient safety and quality.

Overall and by Use of FNA

Table 1. Characteristics of Thyroidectomies Performed at Doctor’s Hospital in 2014 and 2015, Overall and by Use of FNA

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RESULTS

- January 2014 to July 2016, 366 patients that underwent FNA or thyroidectomy were reviewed retrospectively.
- Twenty-three unique patients with histologically proven thyroid malignancy were identified. (Table 1)
- 2014: 7 of 12 patients had preoperative FNA (58%) and 9 of 12 patients had preoperative US (75%).
- Following the quality improvement initiative in early 2015, 11 of 11 patients had preoperative FNA (100%) (p=0.0155). 11 of 11 patients had preoperative US (100%) (p=0.0753).
- Overall, FNA was performed on 18 of the 23 malignant specimens (78%). Pre-operative US was performed on 20 of 23 patients (87%).

CONCLUSION AND RECOMMENDATION

- This study supports implementing adoption of national guidelines by establishing a departmental and hospital wide in-service to bolster clinician awareness.

REFERENCES