There exists a current emphasis of harms over benefits of screening mammography in the United States; this informs policy and affects perception and participation. We acknowledge that the reduction of harms inherent to screening as an asymptomatic population is of paramount importance.

- Commonly cited harms center around anxiety experienced by the patient. Anxiety and its consequences are significant, but difficult to quantify. Time can be used as a surrogate measure; the less time a patient waits, the less time a patient has to experience harm.

- Historically, a screening mammogram (SCM) is perceived as a non-emergent exam, and scheduled in a timely window for the convenience of the imaging center and the radiologist. This perception should change for the benefit of the patient.

- In a modern-day, academic breast imaging practice with sufficient resources, personnel, and expertise, any delay experienced by the patient to receive final results beyond the screening appointment potentially represents an unnecessary patient harm.

- When offered, 97–98% of women opted to participate in the SWR program. For cancer screening, I think this is critically important, since the wait can be agonizing.

- The final report is signed by the radiologist and the letter is printed in the technologist’s work area. The technologist verifies correct patient and mailing address. If the letter is not present, the technologist hands the patient letter, obviating the need to mail the results letter. Time can be used as a surrogate measure; the less time a patient waits for results, the less time a patient has to experience harm.

- The SWR physician is responsible for any “sell-off” diagnostic exams that arise from the SWR service, and also performs same-day biopsies on these patients as indicated.

- The second diagnostic center is staffed 5 days per week with a single radiologist, who performs all the above functions at that site.

- Improvement Design and Implementation

- The Imaging Care Coordinator reviewed the process between the Diagnostic Care Coordinator, who then scheduled the appointment. This cell was performed the day after the screening exam was finished. A follow-up letter was also mailed to the patient; however, the additional imaging was usually completed before this letter arrived. If biopsy was recommended, it was usually performed the day of the diagnostic exam.

- Historically, women presenting for screening mammography waited an average of 4–5 days to receive final results by mail. In our practice, roughly 92% of women are given normal exam results after performing 4 routine views. With further imaging (BI-RADS 0–3), the percentage of women who are given normal results increases to approximately 80%.

- Time-averaged mammographic results are a source of anxiety (harm) for patients, especially those requiring additional imaging.

- Time is a quantifiable target measure for reducing harm in 98% of our patient population.

- Patients needing additional imaging (BI-RADS 4 or 5) were contacted by phone by the Imaging Care Coordinator, who then scheduled the appointment. This cell was performed the day after the screening exam was finished. Follow-up letter was also mailed to the patient; however, the additional imaging was usually completed before this letter arrived. If biopsy was recommended, it was usually performed the day of the diagnostic exam.

- Measured time in our system averaged 6–7 days to receive final results by mail.

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- Plans for expansion of services include expanded clinic hours at main facility (HCH) and full service Saturday clinics twice a month at HCH.

- Additional screening facility scheduled to open in late fall 2015.

- Additional diagnostic facility is currently under construction in Farmington, UT, scheduled to open in late 2016 or early 2017.

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