

**Project Title: Improving Advanced Directive Discussion and Documentation in Thoracic Oncology Patients; The Laura and Isaac Perlmutter Cancer Center Quality Improvement Project**

***ASCO's Quality Training Program***

Presenter's Name: Gary Shelton, NP  
Laurel Stanley Glynn, LCSW  
Tanveer Mir, MD



**Institution: The Laura and Isaac Perlmutter Cancer Center at New York University Langone**

Date: March 6<sup>TH</sup>. 2014

# Institutional Overview

- The NYU Langone's Laura and Isaac Perlmutter Cancer Center is a National Cancer Institute-designated cancer center. Our patients have access to state-of-the-art cancer therapies and clinical trials, as well as psychosocial support and integrative medicine services to manage any emotional and physical symptoms that arise during treatment.
- Formerly the NYU Cancer Institute, the Perlmutter Cancer Center integrates patient care, research, education, and community outreach to care for the whole person — not just the disease.
- The Laura and Isaac Perlmutter Cancer Center (LIPCC) at 160 East 34th Street is the principal outpatient facility of The Cancer Institute. The Clinical Cancer Center is connected to NYU Langone Medical Center. The Cancer Center opened in 2004. The clinical staff at LIPCC is comprised of 206 Oncologists; 41 Nurse Practitioners; and 9 Social Workers
- Access continues to expand beyond the main medical center campus; with outpatient oncology services now available in Manhattan, Queens and Long Island. Pediatric services are provided at the Stephen D. Hassenfeld Children's Center

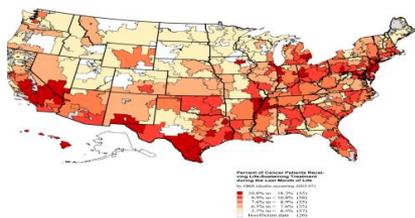
# Adult Patient volume and encounters in Fiscal Year 2012-2013:( LIPCC & Columbus)

	Volume	Infusion	Radiation
# patients	14531	3872	1695
# encounters	151026	40267	32871

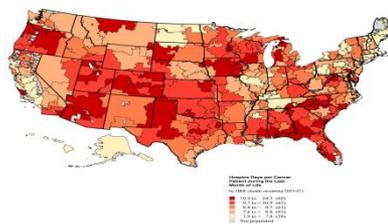
# Problem Statement

- 99% of NYU Cancer Center patients do not have an Advance Directive (AD) discussed and documented in their electronic medical records, during all phases of their cancer care. Research indicates that this may contribute to :
- A high rate of hospitalizations and readmissions (Dartmouth 1,2)
- Increase in ICU utilization (Dartmouth 1,2)
- Increased healthcare costs (Dartmouth 1,2)
- Decreased palliative care utilization (Dartmouth 1,2)
- Increased patient and family suffering (Support Trial)
- Decreased patient satisfaction (Support Trial)

## 1. Dartmouth Cancer Atlas 2010 :% of Patients Receiving Life-Sustaining Treatment



## 2. Dartmouth Cancer Atlas 2010:Hospice Days Per Cancer Patient During Last Month

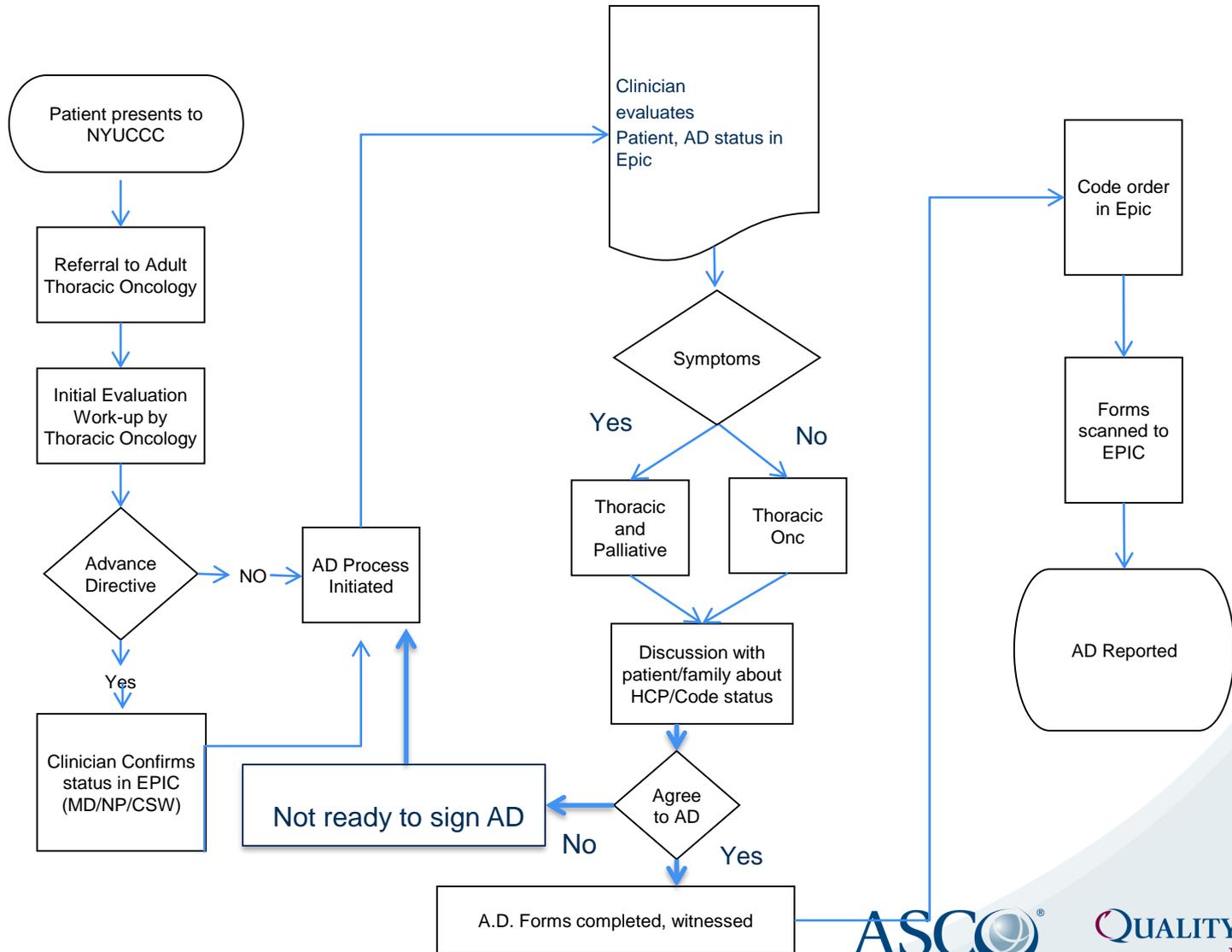


# Team Members

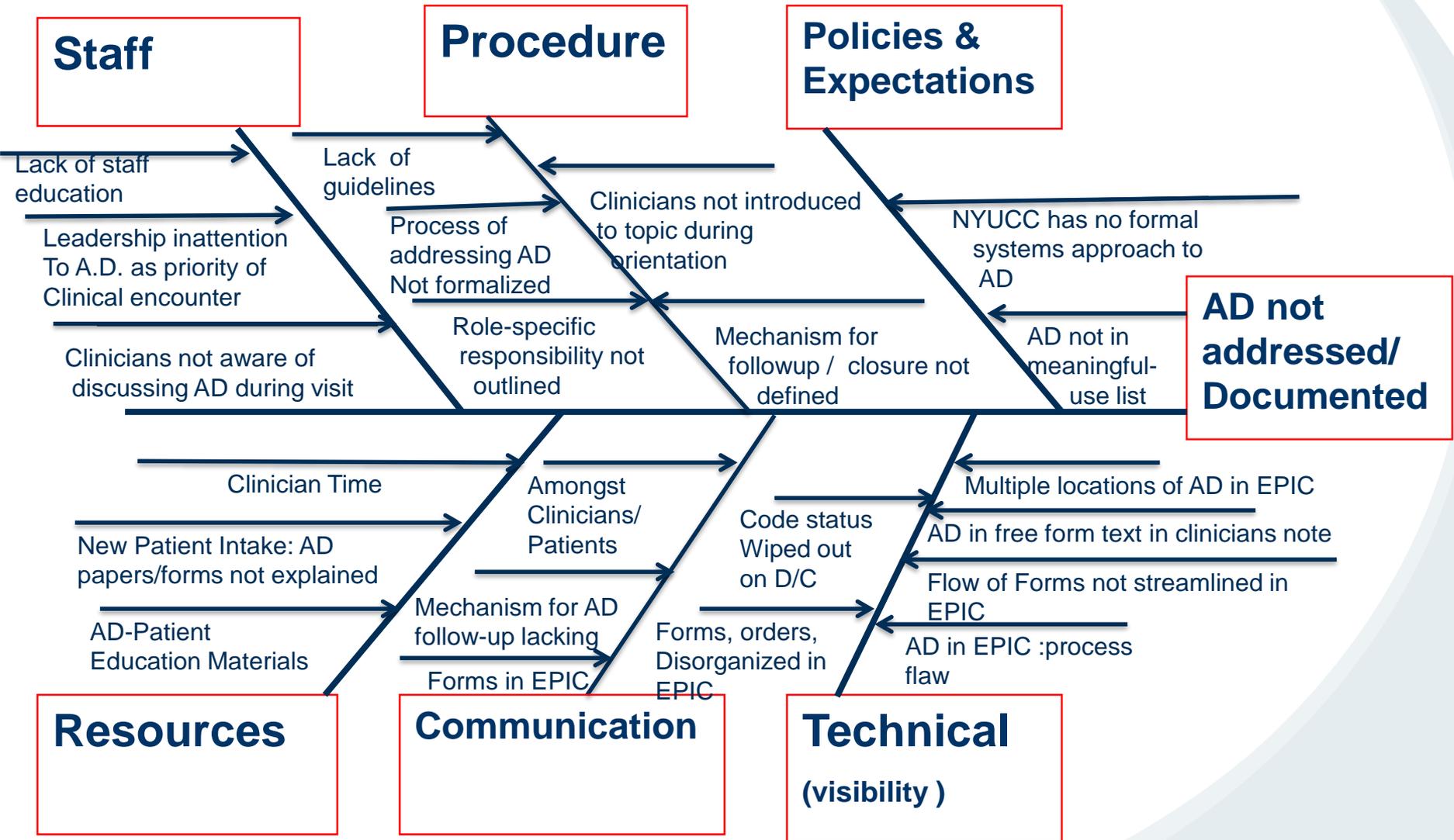
- Team Leader:
- Tanveer Mir, MD
- Team Members:
- Gary Shelton, NP
- Laurel Stanley Glynn, LCSW
- Lauren Paletti, Data Analyst
- Project Sponsor:
- Abraham Chachoua, MD
- Thoracic Team Members:
- Natalia Cherkassky ANP,
- Melissa Martinez ANP,
- Eliana Ferreira ANP
- Improvement Coach:
- Arif Kamal, MD



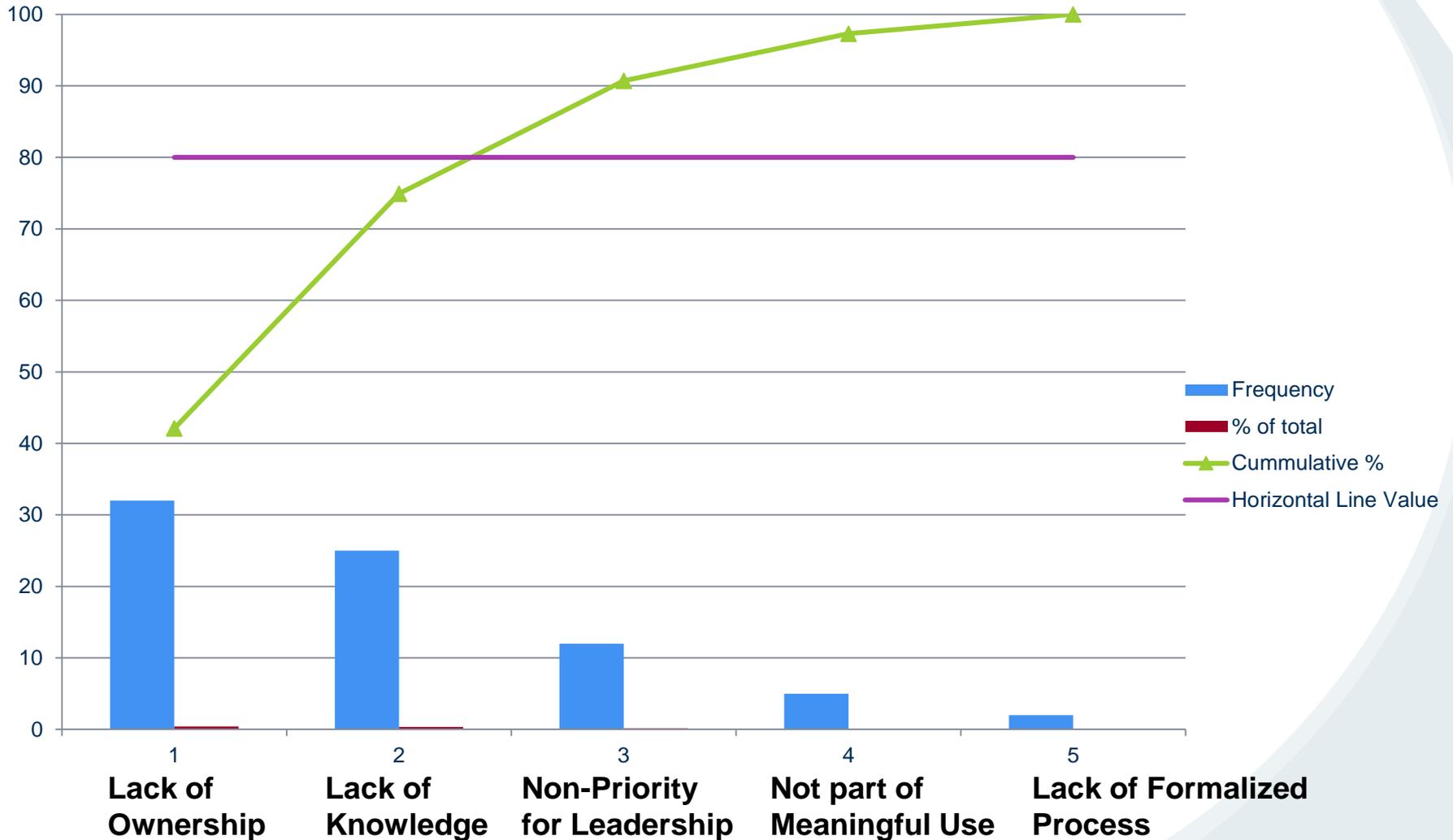
# Process Map



# Cause & Effect Diagram



# Reasons for Undocumented ADs



# Aim Statement

- To increase the advanced directive's discussion and documentation within the thoracic oncology population at LIPCC by 25%, thereby reducing hospitalizations and providing goal directed care at LIPCC , by March 2014

# Measures

- **Measure:** Weekly volume data of asymptomatic patient visits in thoracic oncology DMG ; weekly volume data for symptomatic patients in thoracic oncology referred to palliative care and weekly volume of discussed and documented Advance Directives in each group.
- **Patient population:** Thoracic Oncology patients at the NYU Cancer Center.
- **Calculation methodology:** Denominator is all Thoracic Oncology (seen by the palliative team and thoracic oncology ) at LIPCC from November 18 to February 28, 2014. Numerator is all advance documents documented in EPIC (health care proxy; code status; MOLST and living will) with scanned copies in media section of EPIC.
- **Data source:** EPIC
- **Data collection frequency:** Weekly
- **Data quality** (any limitations):Data Analyst excellent
- **Epic issues**( Code status cancelled at the time of hospital discharge (transition)

# Baseline Data : Pre-intervention

Week	T.O. Visits	A.D. in T.O .	% of AD in T.O.
1. (10/21/2013)	178	1	0.56
2. (10/28/2013)	110	0	0.00
3. (11/04/2013)	163	1	0.61
4. (11/11/2013)	171	1	0.58
Total of 4 weeks	622	3	0.48%

Advance Directives (AD) addressed or documented in **<1 %** of all Thoracic Oncology (T.O.) visits at NYUCCC in 2013

# PDSA Plan (Tests of Change)

Date of PDSA cycle	Description of intervention	Results	Action steps
10/21/2013-11/10/2013	<ul style="list-style-type: none"> <li>Obtain baseline data of thoracic oncology weekly visits (volume)</li> <li>Number of AD in EPIC</li> </ul>	<1 % Advance Directives documented in EPIC	<ul style="list-style-type: none"> <li>Confirm data</li> <li>Interview all clinical staff</li> <li>Meet with project sponsor and clinical supervisors</li> <li>Review policy</li> <li>Review clinician perception(s)</li> </ul>
11/11/13 – 11/18/13	Discuss and educate oncologists on obtaining and charting Advance Directives (specifically HCP)	Present @ faculty meetings Present at ANP meetings Present at LCSW meetings	<ul style="list-style-type: none"> <li>Ongoing discussion with staff and clinical supervisors</li> <li>ANP evaluation</li> </ul>
10/15/13 – 11/18/13	Discuss and educate NPs and SWs on obtaining and charting Advance Directives (specifically HCP)	<ul style="list-style-type: none"> <li>Attitude change</li> <li>Recognized as clinical responsibility</li> </ul>	<ul style="list-style-type: none"> <li>Focus on Epic</li> <li>Make printed copies of HCP</li> </ul>
11/18/2013-02/28/2014	Collect AD data for thoracic Oncology Weekly over 15 weeks	<ul style="list-style-type: none"> <li>AD &gt; 25 % mean :</li> </ul>	<ul style="list-style-type: none"> <li>Sustain</li> </ul>



# Materials Developed

## ADVANCE CARE PLANNING

Gary Shelton ANP,  
Laurel Stanley-Glynn LCSW  
Tanveer Mir MD, MACP

October 2013

NYUCI( Laura & Isaac Perlmutter Cancer Center as of 2/2014)

# Strategy at NYUCCC :Change in Attitude towards AD

Focus on Health Care Proxy

Joint Responsibility

Intervention designed around attitude

Slide-set and materials provided to all clinicians

# Types of Advance Directives

Health Care Proxy

Living Will

MOLST

POLST

DNR

The image shows a pink Medical Orders for Life-Sustaining Treatment (MOLST) form. At the top right, it is titled "Medical Orders for Life-Sustaining Treatment (MOLST)". Below the title, there is a section for patient information and a section for the patient's wishes. The form includes checkboxes for "Do Not Resuscitate (DNR)" and "Other Life-Sustaining Treatment (OLST)". It also has sections for "Section A: Resuscitation Instructions" and "Section B: Orders for Physical Care Instructions". The form is designed to be filled out by a patient or their healthcare proxy to specify their wishes regarding life-sustaining treatments.

# Clinician Education

AD presentations to MD/NP/LCSW Staff meetings with Project Sponsor as Leader and ASCO Team Members presenting and discussing  
:October/November 2013

Knowledge/Attitude/Skills

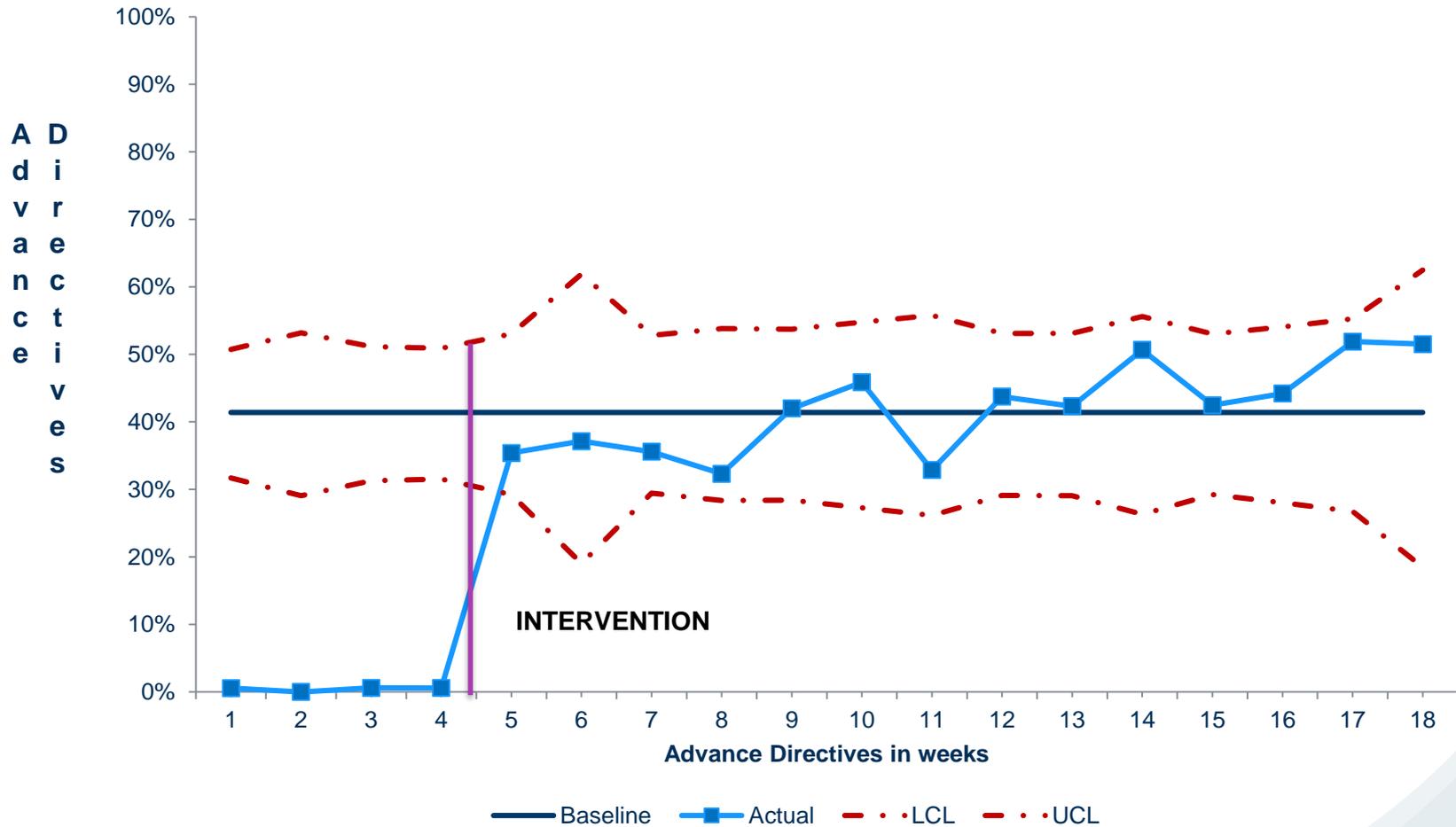
AD expectations of clinicians, roles , create

self-sufficient DMG's eventually

- Ongoing support from Palliative Team at NYUCI
- Thoracic Oncology patient referral for palliative service increased by 5-fold

# Change Data

## ADVANCE DIRECTIVES IN THORACIC ONCOLOGY



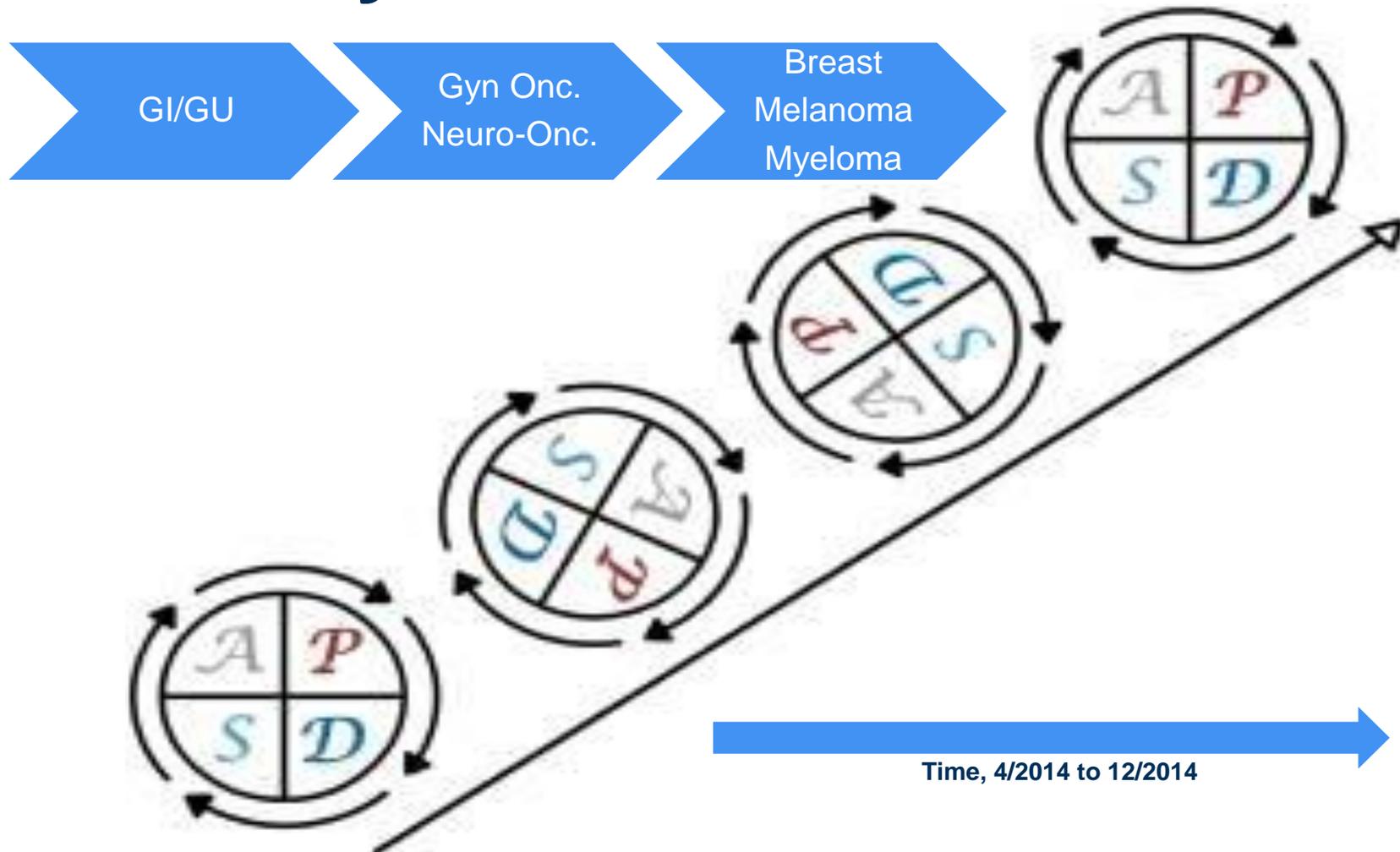
# Conclusions

- Baseline AD documentation in thoracic oncology was less than 1 %
- Aim for AD in thoracic oncology was set at 25%
- Weekly data collection after educational and project team intervention resulted in improvement
- AD were addressed and documented in 40% of thoracic oncology patients ,and 47.5% in the last 4 weeks of the study
- AD in palliative and Thoracic combined was over 60% during the study period
- Referrals to palliative and supportive oncology increased by 300%, thereby addressing patient needs and providing patient and family-centered care earlier in the cancer trajectory

# Next Steps/Plan for Sustainability

- Focused A.D. process implementation planned for all DMG's sequentially from 04/2014-12/2014
- Patient education: AD question added to distress screen questionnaire
- AD review part of annual NP/PA evaluation (performance measure)
- Hospital-wide PI Committee has designated Palliative/AD workgroup to streamline AD process and Code order issues in EPIC across transitions of care

# Future AD in DMG's at LIPCC PDSA Cycles



# Process of Implementation

- AD review part of annual NP/PA evaluation (performance measure)
- Hospital-wide PI Committee has designated Palliative/AD workgroup to streamline AD process and Code order issues across transitions

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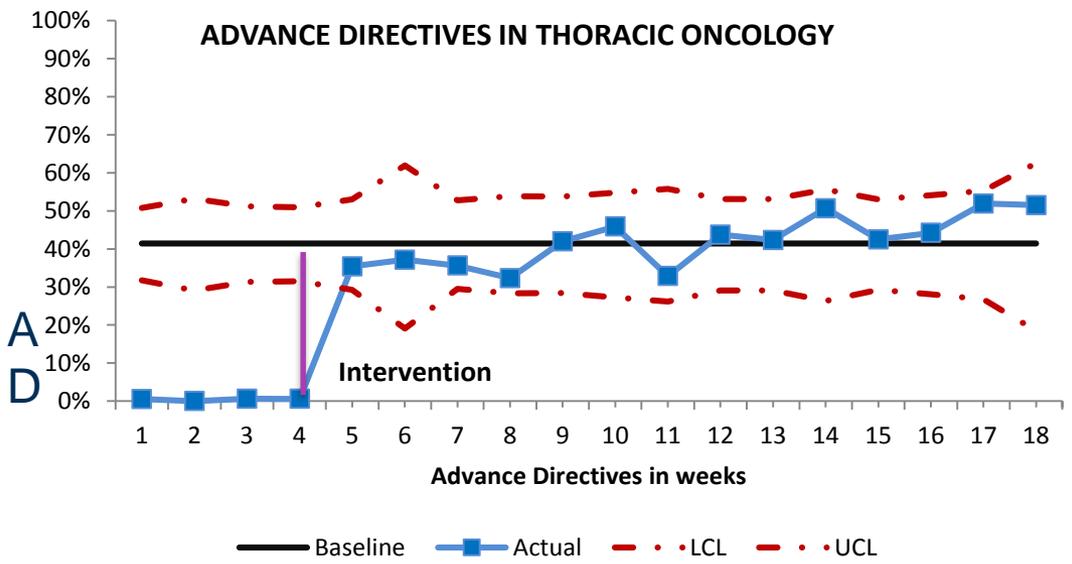
**AIM** To increase the advanced directive's discussion and documentation within the thoracic oncology population at LIPCC by 25%, thereby reducing hospitalizations and providing goal directed care at LIPCC by March 2014

**INTERVENTION:**

- Project team collected baseline data of Advance Directives at LIPCC and Thoracic Oncology services (<1%), establishing a need for improvement
- Project team conducted brain-storming sessions and interviews with key faculty, ANP's, LCSW's and their supervisors
- Project team focused discussions and huddles with all clinician groups about knowledge, attitude and skills towards the AD process
- Evaluated deficiencies in AD documentation in EPIC, reviewed AD policies and procedures at LIPCC
- Planned education and discussions with all clinician groups initiated, with regular follow-ups
- Meetings with in-patient palliative services to evaluate transitions of care issues
- Weekly data collection of thoracic oncology (T.O.) visits and A.D. rate
- Weekly team meetings to review progress and troubleshoot issues

- PROJECT TEAM: LIPCC**
- LIPCC : Gary Shelton ANP
  - LIPCC :Laurel Stanley-Glynn LCSW
  - LIPCC :Tanveer Mir MD
- PROJECT SPONSORS:**
- Abraham Chachoua MD
- TEAM COACH:**
- Arif Kamal MD
- DATA ANALYST:**
- Lauren Paletti
- THORACIC TEAM MEMBERS:**
- Natalia Cherkassky ANP
  - Melissa Martinez ANP
  - Eliana Ferreira ANP

**RESULTS:** AD documented in 47.5% of T.O. in last 4 weeks of study



**CONCLUSIONS:**

- Baseline AD documentation in thoracic oncology was less than 1%, Aim for AD in thoracic oncology was set at 25%
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**NEXT STEPS**

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