

*Session II*

# ASCO Quality Training Program

Improving Compliance of  
Documentation of Oral Chemotherapy

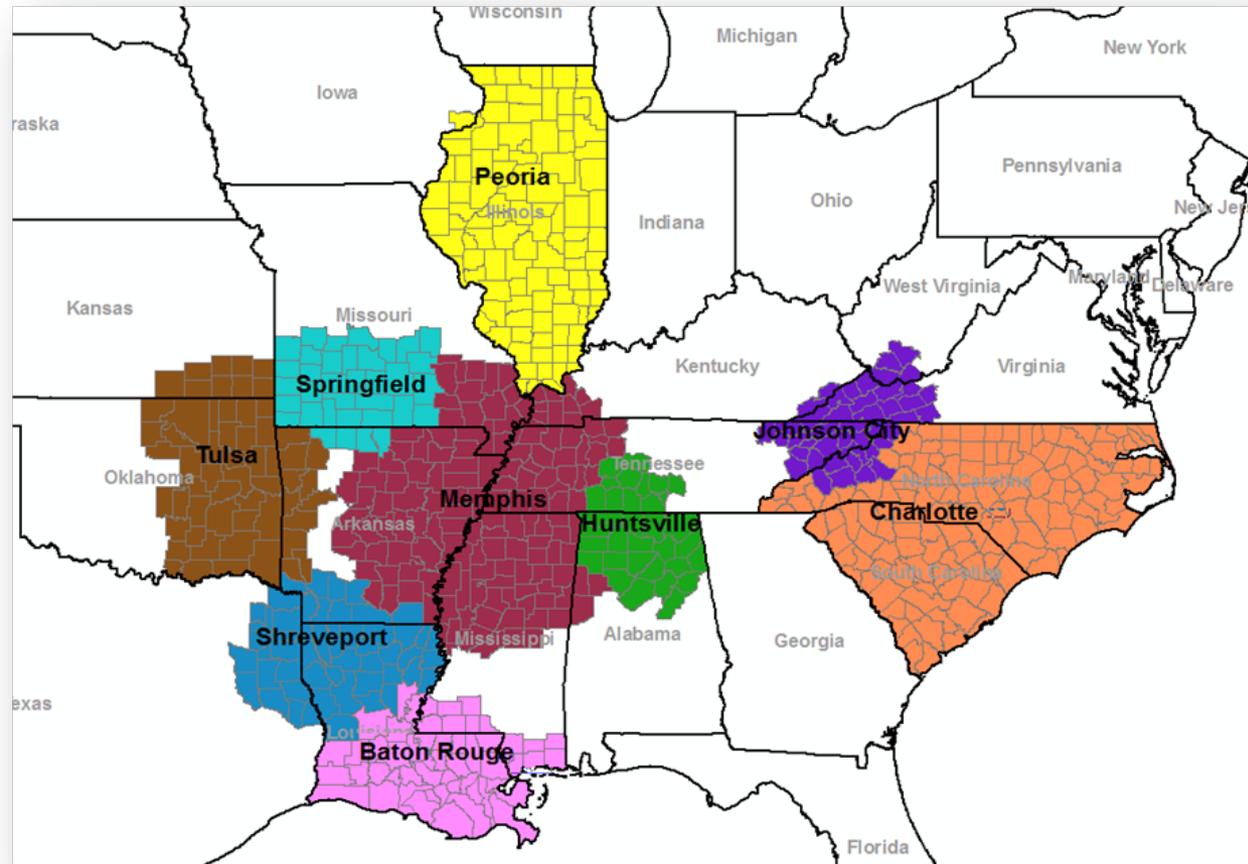
---

**Brittney S. Hale, PharmD, BCOP**

September 24, 2020

# Institutional Overview

- 8 Affiliate clinics in the Southeast and Midwestern US
- Serving rural to suburban areas with diverse racial/ethnic demographics
- The Affiliate network cares for ~350 new oncology patients per year



# Institutional Overview

## Mission of the St. Jude Affiliate Program

- To allow more children to receive St. Jude care close to home
- To increase the accruals on St. Jude clinical trials

<i>Site</i>	BR	CLT	Huntsville	JC	PE	Shreveport	SF	Tulsa
<i>MD</i>	4	5	2	2	6	2	2	3
<i>APP</i>	3	3	3	1	3	1	1	2
<i>CRA</i>	1.5	2	1	1	2	1	1	1.5
<i># new onc</i>	39	37	29	23	51	28	26	45

# Impact of COVID-19 Pandemic

- QTP team needed to slow down timeline of project
- Increased patient volumes at local affiliate clinics due to reduced patient volumes at SJCRH
- Change in patient visits
  - Telehealth introduced at affiliate clinics
- Changes made by QI project requires universal application
  - Telehealth visits now required providers to perform documentation usually provided by RNs

# Team members

- Project Sponsor: Carolyn Russo, MD
- Team Leader: Brittney Hale, PharmD, BCOP
- Core Team Members:
  - Elizabeth Lindley Wadhwa, MD
  - Linda Stout, MD
  - Martina Hum, MD
- Other Team Members:
  - Huntsville:
    - CRA: Beatriz Renew, RN, OCN
    - Charge RN: Natosha Canterberry, RN, CPHON
  - Shreveport CRA: Carol Ashley, RN
  - Tulsa CRA: Kelly Henderson, RN
  - Memphis CRA: Paul Eddlemon, RN, BSN
- QTP Improvement Coach: Ashraf Mohammed, MD

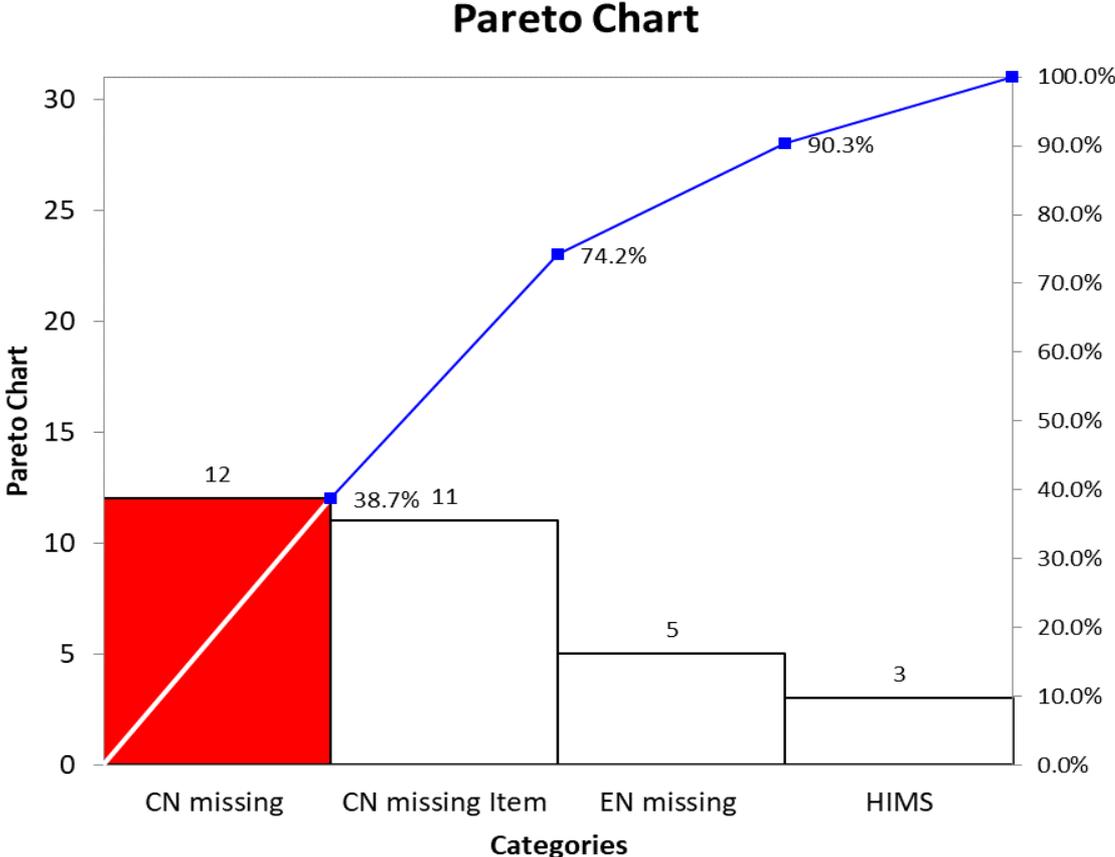
# Problem Statement

**17.4%** of oral chemotherapy patient adherence documentation is non-compliant (per St Jude standards) at 3 St Jude affiliate clinics. This leads to re-work, poor research data quality, and healthcare team frustrations.

# Baseline data summary

Item	Description
Baseline Outcome Measure:	% completed and accepted (by St Jude CRAs) documentation notes for oral 6-mercaptopurine (6-MP) and/or dexamethasone patient adherence
Patient population:	Pediatric ALL patients enrolled on the Total 17 protocol at St. Jude Affiliate Clinics (Huntsville, Shreveport, Tulsa) and receiving PO 6-MP and/or dexamethasone
Calculation methodology:	Numerator: # of non-compliant oral chemotherapy documentation instances Denominator: # of clinic visits for the month of January for on study Total 17 patients
Data source:	E-mail, and EMR
Data collection frequency:	Daily
Data limitations:	Missed e-mails

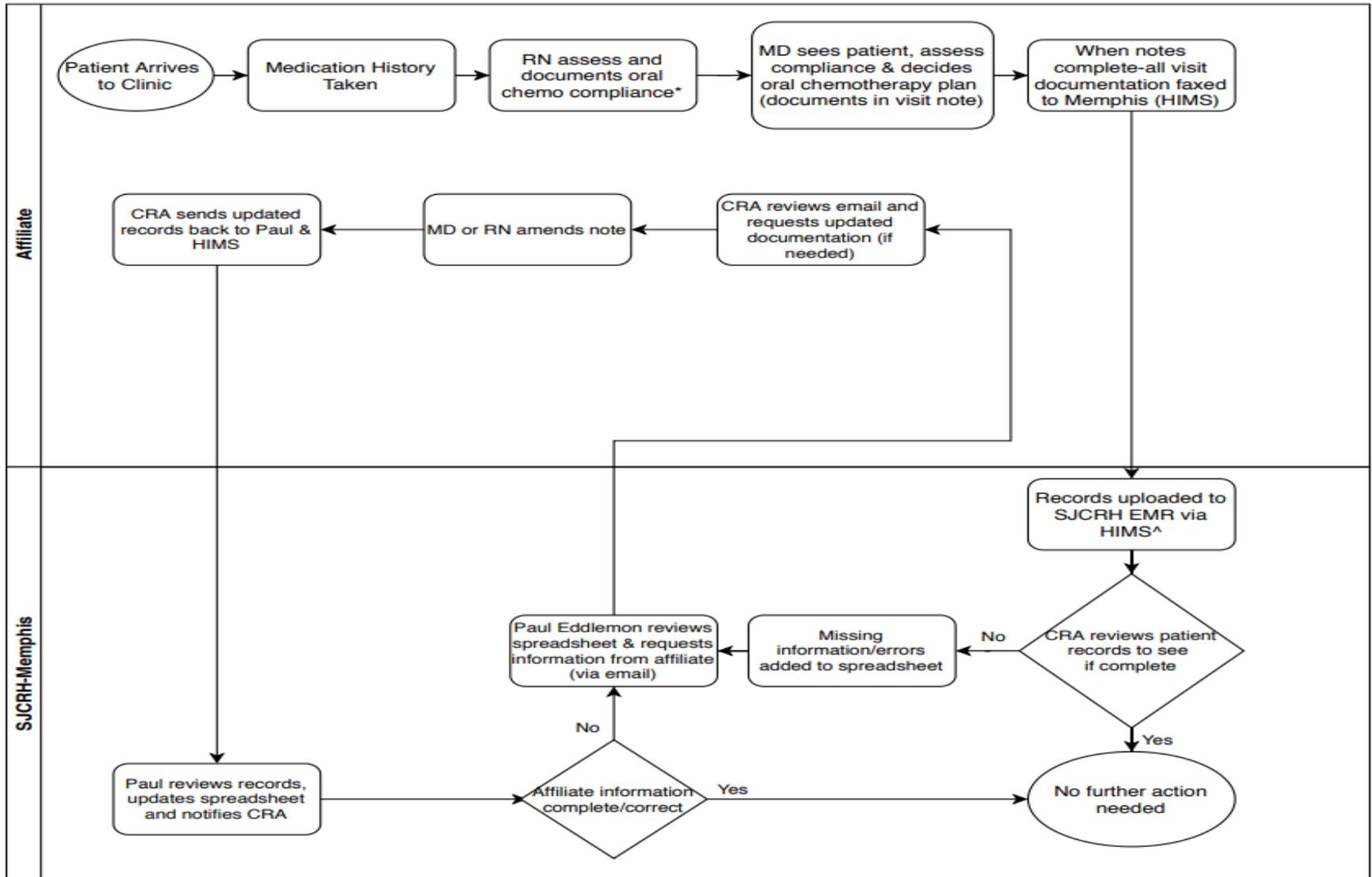
# Baseline Data Showing Types of Incompliance



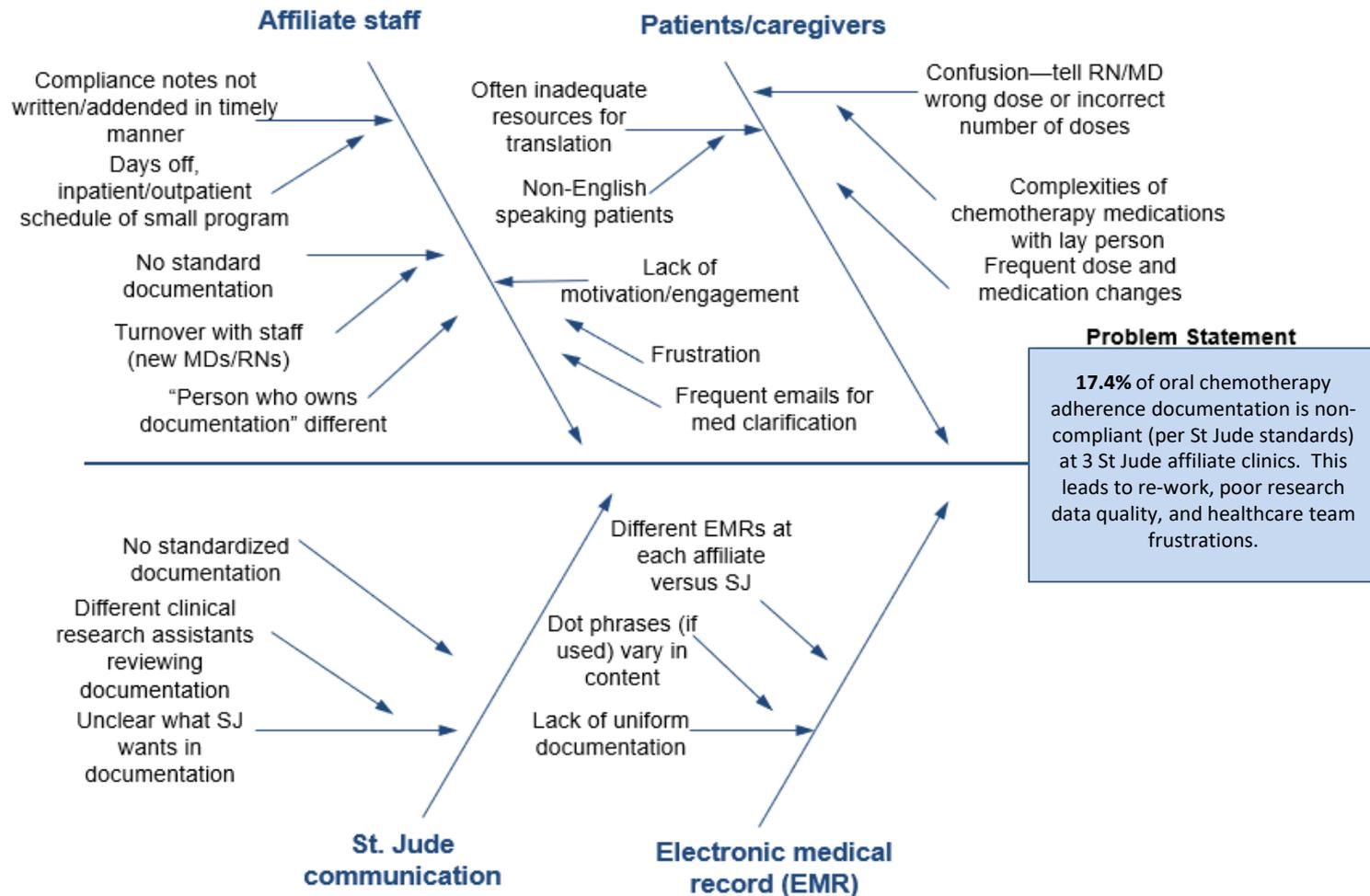
# Aim Statement

We aim to improve documentation of oral chemotherapy (6-MP and dexamethasone) adherence for patients enrolled on the Total 17 protocol (as per St Jude standards) from 82.6% to 95% by 9/2020.

# Process Map for Compliance Note Documentation



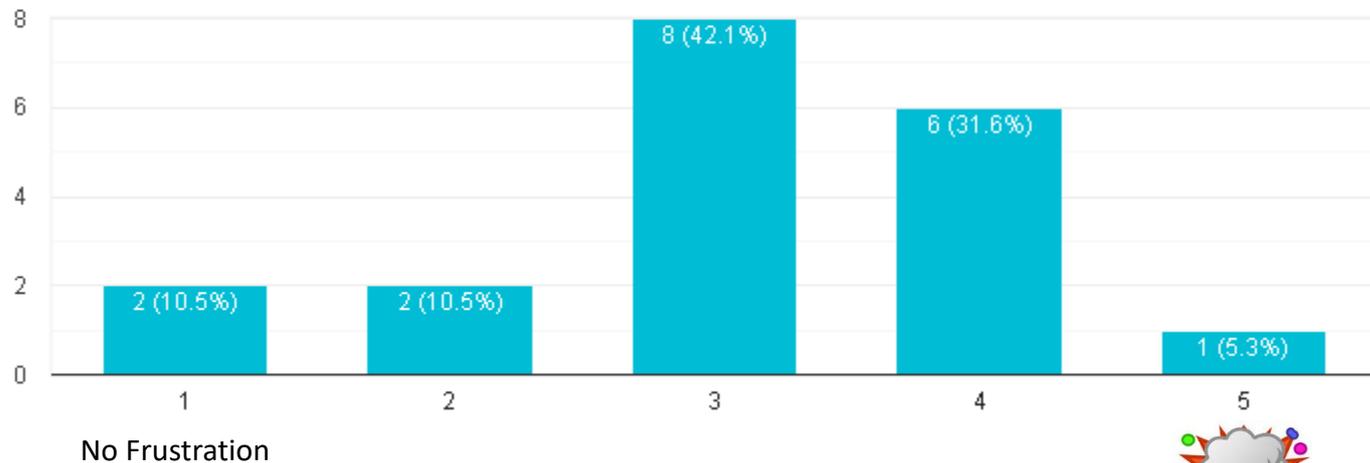
# Cause and Effect diagram



# Voice of the Customer

How do you feel when a clinic based CRA asks for data confirmation or to correct data documentation?

19 responses



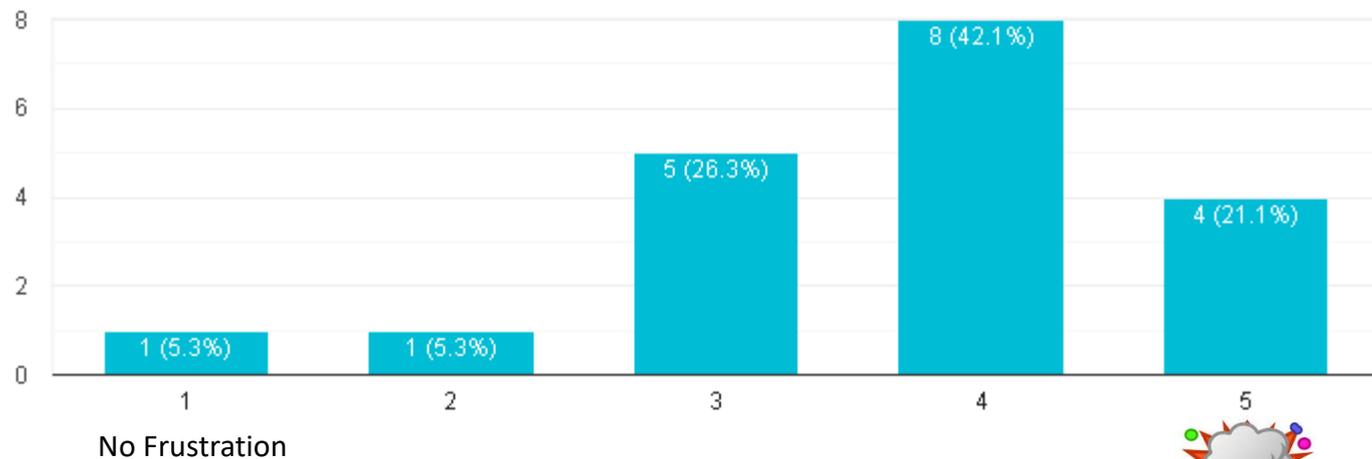
No Frustration



# Voice of the Customer

How do you feel when you receive an email from SJ-CRA Memphis regarding documentation issues?

19 responses



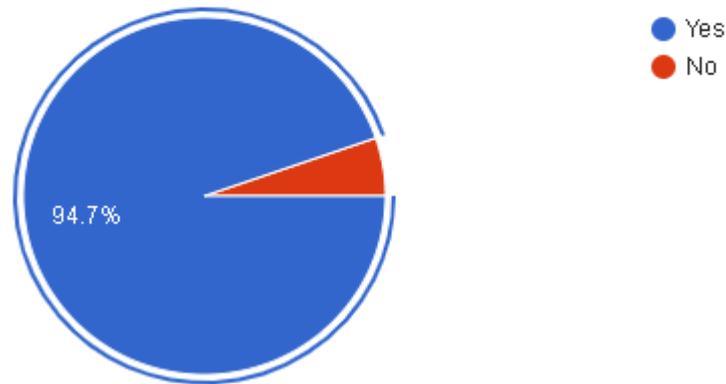
No Frustration



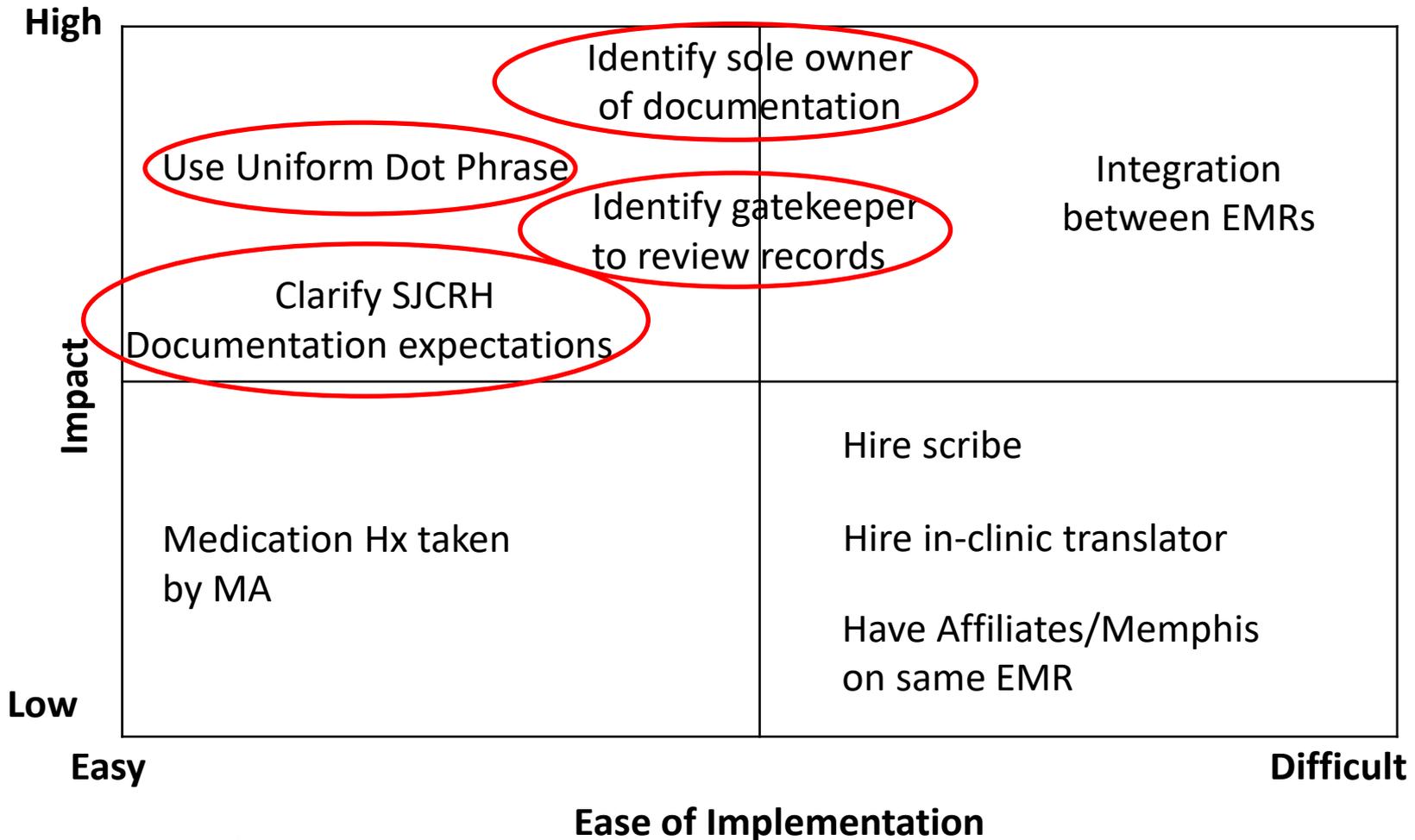
# Voice of the Customer

Would you buy into a common dot phrase to simplify compliance documentation for oral chemotherapy across Affiliates?

19 responses



# Countermeasures



# Diagnostic Data summary

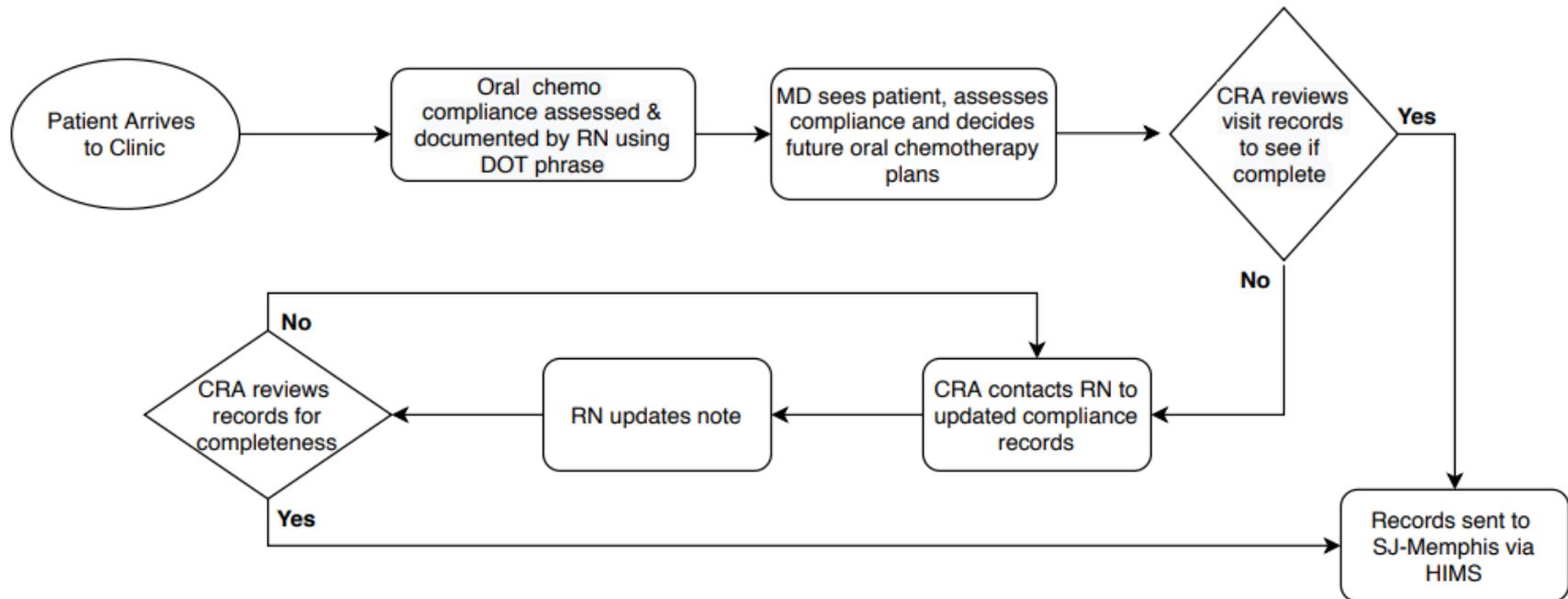
Item	Description
Outcome Measure:	% of compliant oral chemotherapy adherence documentation
Patient population: <i>(Exclusions, if any)</i>	Pediatric ALL patients enrolled on the Total 17 protocol at St. Jude Affiliate Clinics (Huntsville, Shreveport, Tulsa) and receiving PO 6-MP and/or dexamethasone
Calculation methodology:	Numerator: # of non-compliant oral chemotherapy adherence notes Denominator: # of patient visits enrolled on Total17 receiving PO 6-MP and/or dexamethasone
Data source:	EMR documentation reviewed by CRA prior to visit records being sent to Memphis
Data collection frequency:	Daily over 3 weeks
Data limitations: <i>(if applicable)</i>	Not all clinics were able to submit 3 weeks of data

# SJ-Memphis

## Documentation Requirements

- Medication name
- Dose
- Route
- Frequency
- Dates taken (start and stop)
- Any missed doses and why

# Updated Process Map at Affiliate

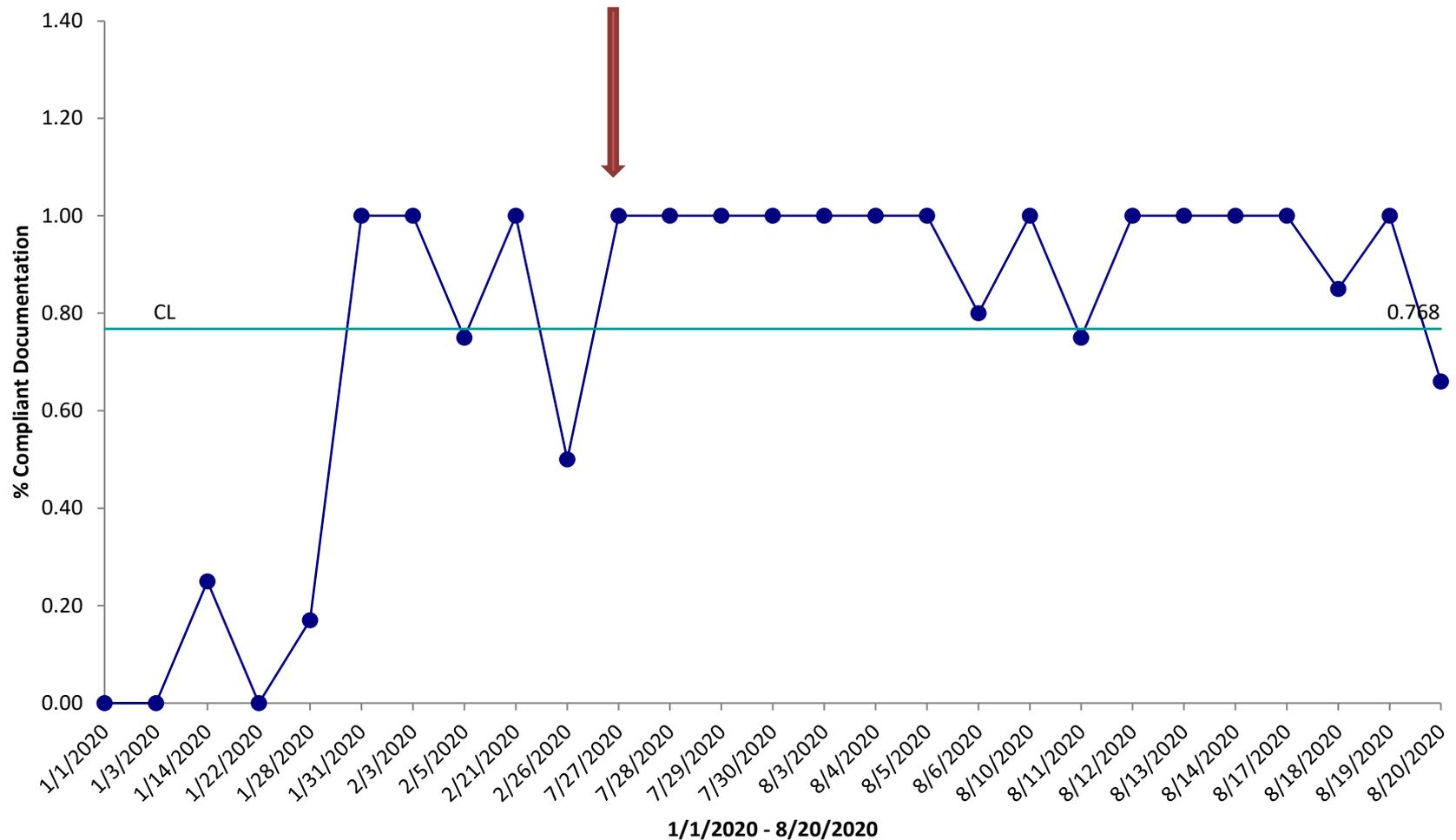


*Test of Change*  
**PDSA Plan**

Date	Process Measure	PDSA Description	Result
6/1-7/1	1	Create uniform Dot Phrase	Approved by SJCRH
7/27-8/21	2	Go-live for Dot Phrase approved by SJCRH	Used in 95% of clinic visits
7/27-8/21	3	Go-live for clinic RN completing oral chemotherapy documentation	Performed in 100% of clinic visits
7/27-8/21	4	Go-live for CRA to review compliance documentation prior to records being send to Memphis	5% identified as none compliant—were corrected prior to being sent to SJ-Memphis

# Outcome Measure

## Percent Compliance

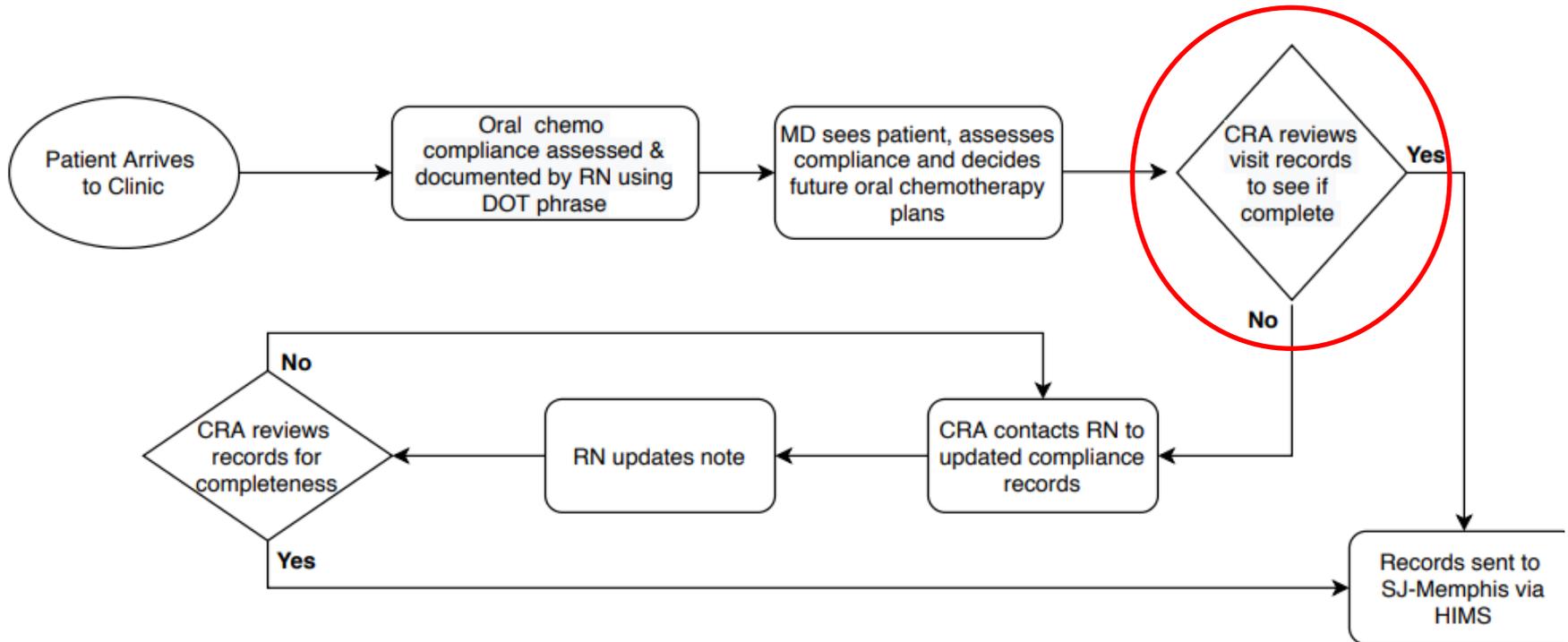


# Balancing Measures

- Negative Balancing Measure:
  - Increased affiliate CRA workload
    - Increase in time to review chart: 2 min/chart
    - Time to clarify non-compliant documentation: 8 min/chart
- Positive Balancing Measure:
  - Stakeholders request to incorporate new work flow to all oral chemotherapy agents
    - Standardized workflow for all patients and providers
    - Standardized oral chemotherapy dot phrases were added at each affiliate site

Next steps

# Sustainability Plan



New process has built-in auditing performed by the affiliate CRA

# Conclusion

- Non-compliant oral chemotherapy documentation was improved by:
  - Standardizing oral chemotherapy compliance documentation
  - Identifying an owner of compliance documentation
  - Creating a “gatekeeper” to review patient charts prior to being sent to SCJRH shows significant