

Project Title: I-DO GOC: Improving Documentation in Oncology with Goals of Care

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Institution: Kaiser Permanente: San Francisco

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Institutional Overview

Kaiser Permanente: Northern California

- 4.4 Million Patients
- 15 Service Areas
- 8200 Physicians
- 127 Oncologists
- 21 Medical Centers

Kaiser Permanente: San Francisco

- American College of Surgeon's Commission on Cancer (COC)
- Accreditation Program is part of the National Cancer Institute of the National Institutes of Health



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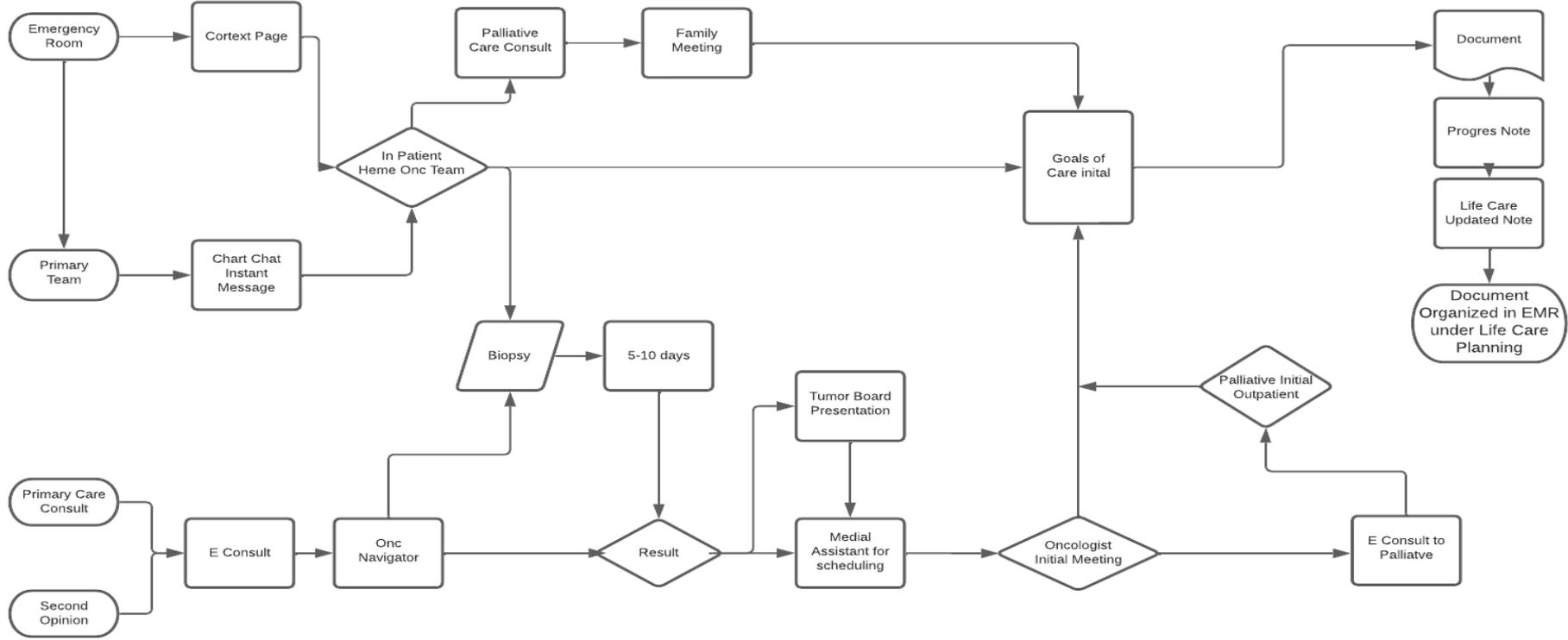
Problem Statement

Between January 2020-June 2020, zero percent of KP SF medical oncologists documented Goals of Care conversations in the agreed-upon Life Care Planning Tab in the EMR for Stage IV (Lung, Esophageal, Gallbladder, Liver, Biliary, Pancreatic, and Gastric Carcinomas). As a result, health care providers did not have easy access to these GOCs which possibly led to unwanted interventions, increased cost of care, and decreased provider, patient, and family satisfaction.

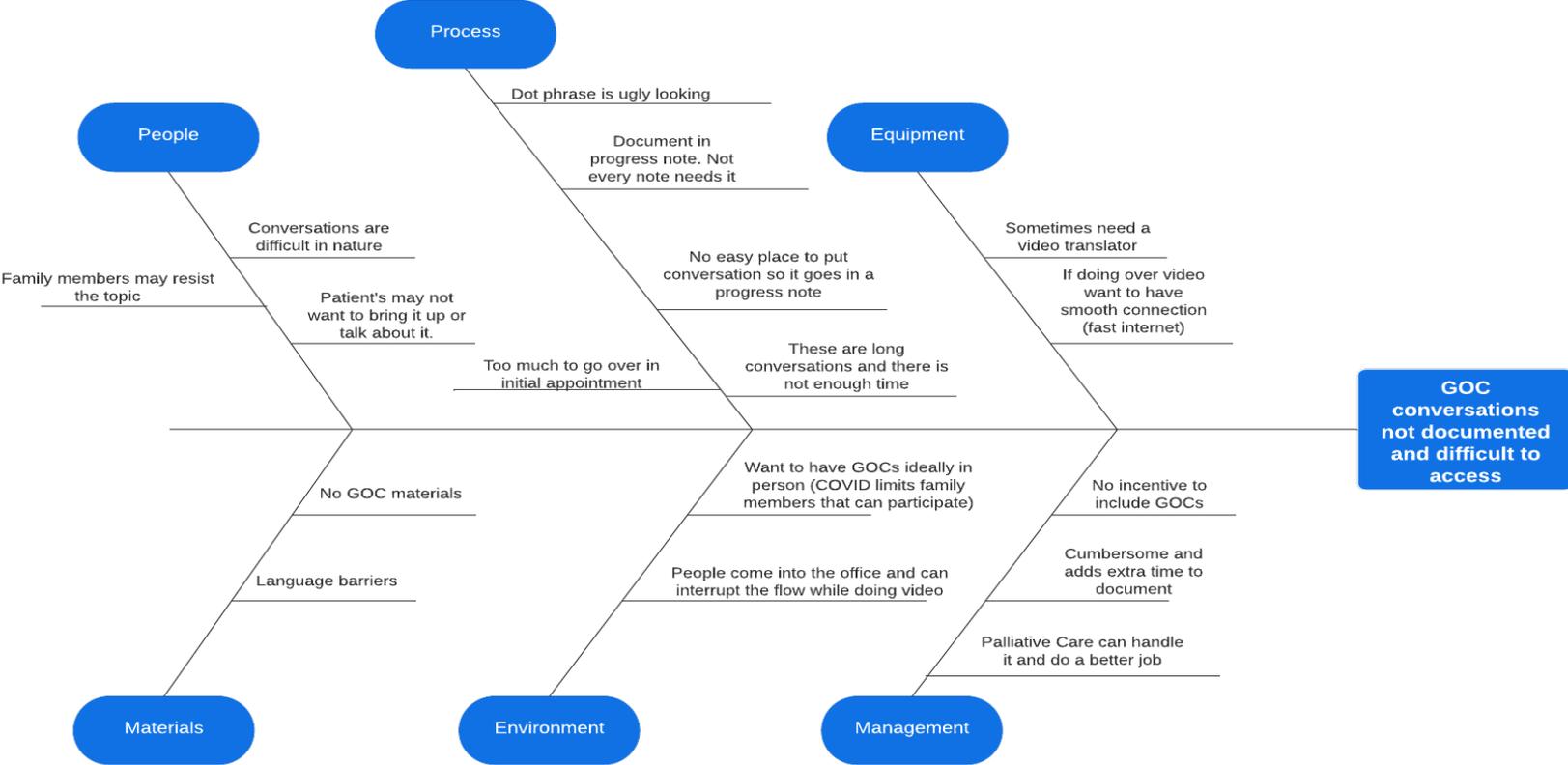
Aim Statement

Starting 1/2022, the KP SF Oncology began a quality improvement initiative aimed at increasing accessible Goals of Care documentation for advanced cancer (stage IV or recurrent cancer) patients seen within the KPSF Oncology department from a baseline of 0% to a target of 25% within 6 months of implementation.

Process Map

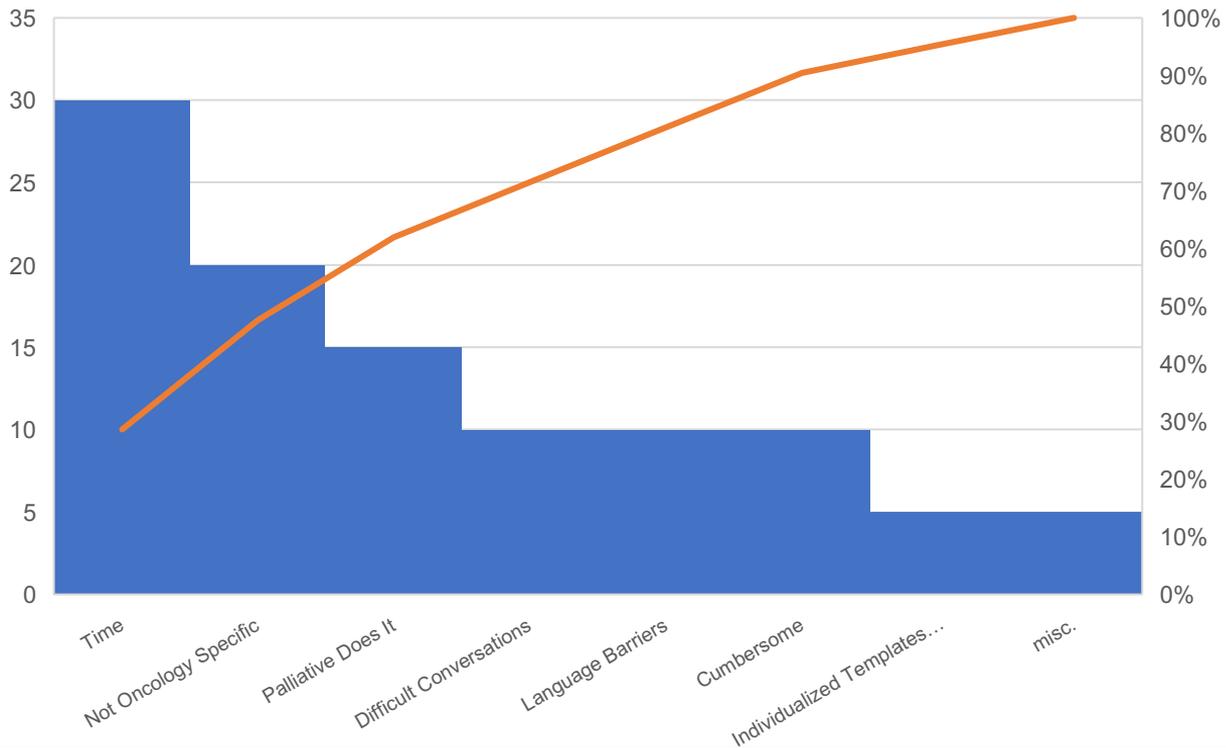


Cause and Effect Diagram



Diagnostic Data

Standardized GOC Documentation



Measures

Item	Description
Measure:	<p>Percent of Advanced cancer patients (LCP/pall care reg) with documented GOC by an oncologist</p> <p>Equity Measures: Percent of patients with documented GOC stratified by language, race, ethnicity, age</p>
Patient population: (Exclusions, if any)	Stage IV or recurrent: lung, esophageal, gallbladder, liver, biliary, pancreatic, and gastric tumors
Calculation methodology: (i.e. numerator & denominator)	<p>Numerator: Pall Care/LCP registry patients with advanced cancer in SFO who have documented goals of by an oncologist</p> <p>Denominator: Total number of LCP/Pall registry patients with advanced cancer between 1/2022-6/2022</p>
Data source:	Health Connect Report
Data collection frequency:	Monthly
Data limitations: (if applicable)	Single designated analyst available to pull the report in a timely manner, cancer staging information delayed requiring manual chart review. Limitations associated with automated data pulls (lower stage, old histologies and recurrence)

Baseline Data

Data from Historical Chart Review (1/20-6/20)

	Total Number N=83	Percentage
GOC by Onc	7	9%
Placed in Life Care Planning	0	0%
Average Age	68 (37-93)	
Race		
White	40	49%
Black	4	5%
Asian	30	37%
Hispanic	7	9%
Language		
English	68	83%
Non-English	20	24%
Vital Status		
Alive	39	48%
Dead	44	54%

Prioritized List of Changes (Priority/Pay –Off Matrix)

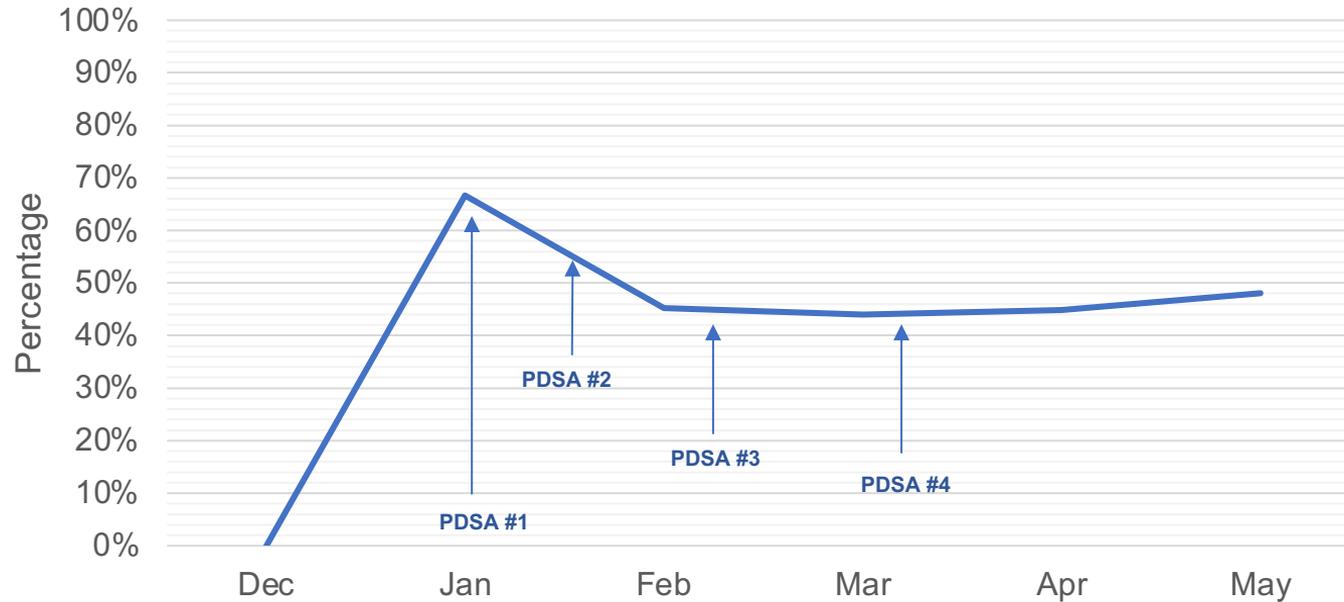
High Impact	Launch announcement to Heme/Onc Department Monthly feedback on number of documented GOCs	New Dot Phrase (Goals of Care) Formal Education and Information Sessions One on One Feedback Sessions
	Email Reminders “Cosmic Apple Incentive”	Instructional word document on how to view GOC/Life Care Planning Tab
Low Impact	Easy	Difficult
Ease of Implementation		

PDSA Plan (Test of Change)

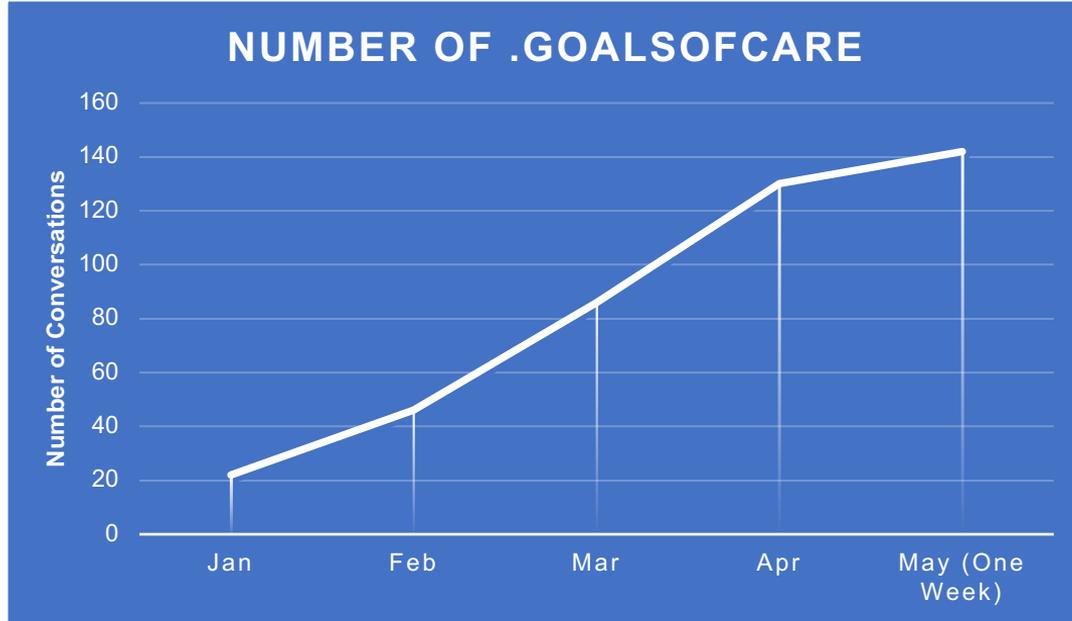
Date of PDSA Cycle	Description of Intervention	Results	Action Steps
1/21/22	Fellow education session	Using dot phrase	Incorporate into templates
2/1/22	Medical faculty reminder session	Using dot phrase	
2/15-3/1	One-on-one feedback	Obtained feedback on usage and barriers	Helped incorporate more use into progress notes
3/16	Instructional word document on how to view GOC/Life Care Planning Tab	Increase use	

Change Data

Percentages of Patients with Documented Goals of Care seen



Change Data



Month	Placed In LCP
Jan	100%
Feb	100%
Mar	100%
Apr	100%
May (One Week)	100%

Month	Missed Opportunities
Jan	11
Feb	29
Mar	51
Apr	54
May (One Week)	13

Conclusions

Our ASCO Quality Training Program initiative increased the overall number of GOC conversations by oncologists. Those conversations were more accessible to the entire care team.

During the study period, we increased the documented GOC by medical oncologists to 47%

This process can serve as a model for the all 21 KP NCAL cancer centers.

Further efforts will be made to sustain and increase GOC documentation and study secondary outcomes, patient and provider satisfaction, resource utilization and goal aligning care.

Next Steps/Plan for Sustainability

Continue data collection

Explore reasons for missed opportunities

Streamline data dashboard analysis

Expand to other KP NCAL centers.

Repeat cause and effect analysis

Standardize malignant Heme

Expand to stage III solid tumors.

Continue survey collection

Reengagement plan

Submit to ASCO Quality