

Project Title: Improving Access to the UCSF Cancer Acute Care Clinic

Presenter's Name: Justice Dahle

Institution: University of California San Francisco

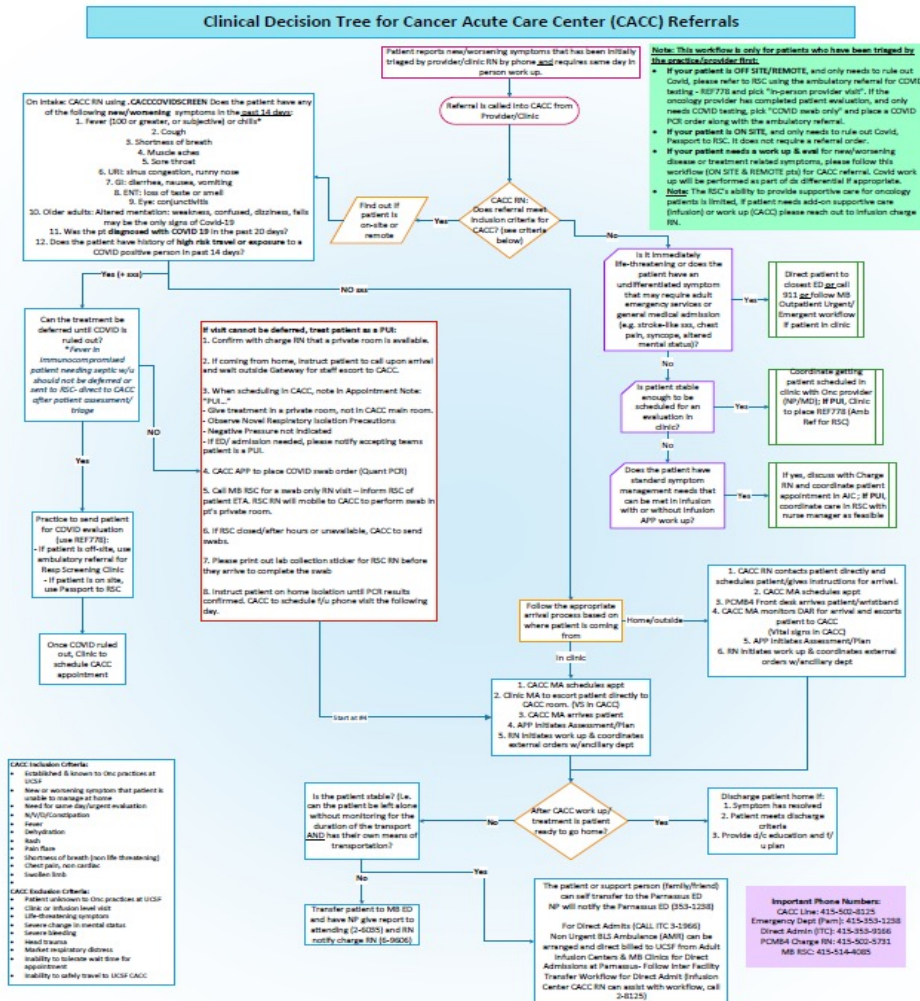
Date: 12/10/2021

# Problem Statement

From its opening in September 2019 through August 2021, a total of 413 patients were evaluated at UCSF's Cancer Acute Care Clinic (CACC), which is an average of 17 patients per month. This represents an approximate 90% under-utilization of available resources at the CACC and resulted in patients being seen in the ED for care.

# Process Map

- Number of steps: 7
- Number of hand-offs: 3
- Number of roles involved in the process: 8
- Number of decision points: 3



On intake: CACC RN using .CACCCOVIDSCREEN Does the patient have any of the following **new/worsening** symptoms in the **past 14 days**:

1. Fever (100 or greater, or subjective) or chills\*
2. Cough
3. Shortness of breath
4. Muscle aches

CACC RN:  
Does referral meet inclusion criteria for CACC? (see criteria below)

workup (ON SITE & REMOTE pts) for CACC referral. Covid work up will be performed as part of dx differential if appropriate.

- Note:** The RSC's ability to provide supportive care for oncology patients is limited, if patient needs add-on supportive care (Infusion) or work up (CACC) please reach out to Infusion charge RN.

## Clinical Decision Tree for Cancer Acute Care Center (CACC) Referrals

Patient reports new/worsening symptoms that has been initially triaged by provider/clinic RN by phone and requires same day in person work up.

**Note: This workflow is only for patients who have been triaged in the practice/provider first:**

- If your patient is OFF SITE/REMOTE**, and only needs to rule out Covid, please refer to RSC using the ambulatory referral for Covid testing - REF778 and pick "In-person provider visit". If the oncology provider has completed patient evaluation, and only needs COVID testing, pick "COVID swab only" and place a COVID PCR order along with the ambulatory referral.
- If your patient is ON SITE**, and only needs to rule out Covid, Passport to RSC. It does not require a referral order.
- If your patient needs a work up & eval** for new/worsening disease or treatment related symptoms, please follow this workflow (ON SITE & REMOTE pts) for CACC referral. Covid work up will be performed as part of dx differential if appropriate.
- Note:** The RSC's ability to provide supportive care for oncology patients is limited, if patient needs add-on supportive care (Infusion) or work up (CACC) please reach out to Infusion charge RN.

On intake: CACC RN using .CACCCOVIDSCREEN Does the patient have any of the following **new/worsening** symptoms in the **past 14 days**:

1. Fever (100 or greater, or subjective) or chills\*
2. Cough
3. Shortness of breath
4. Muscle aches
5. Sore throat
6. URI: sinus congestion, runny nose
7. GI: diarrhea, nausea, vomiting
8. ENT: loss of taste or smell
9. Eye: conjunctivitis
10. Older adults: Altered mentation: weakness, confused, dizziness, falls may be the only signs of Covid-19
11. Was the pt **diagnosed with COVID 19** in the past 20 days?
12. Does the patient have history of **high risk travel or exposure** to a COVID positive person in past 14 days?

Find out if patient is on-site or remote

Referral is called into CACC from Provider/Clinic

CACC RN:  
Does referral meet inclusion criteria for CACC? (see criteria below)

Is it immediately life-threatening or does the patient have an

Direct patient to

Yes (+ sxs)

Resp Screening Clinic  
- If patient is on site, use Passport to RSC

Once COVID ruled out, Clinic to schedule CACC appointment

8. Instruct patient on home isolation until PCR results confirmed. CACC to schedule f/u phone visit the following day.

Follow the appropriate arrival process based on where patient is coming from

In clinic

1. CACC MA schedule appt
2. Clinic MA to escort patient to CACC room. (VS in CACC)
3. CACC MA arrives patient
4. APP initiates Assessment/Plan
5. RN initiates work up & coordinates external orders w/ancillary dept

Home/outside

4. CACC MA monitors DAR for arrival and escorts patient to CACC (Vital signs in CACC)
5. APP initiates Assessment/Plan
6. RN initiates work up & coordinates external orders w/ancillary dept

Start at #4

# Institutional Overview

- UCSF Helen Diller Comprehensive Cancer Center (HDCCC) is an NCI-designated comprehensive cancer center providing care at six sites in the San Francisco Bay Area.
- The UCSF HDCCC Cancer Acute Care Clinic (CACC) offers same-day oncology and hematology supportive services to adult cancer patients experiencing treatment related side-effects and complications.
- Services are provided in dedicated 3 bed ambulatory unit within the infusion center at the Mission Bay campus and is staffed by a NP, RN and MA team.
- Referral to CACC is made by patient's UCSF provider and his/her care team.
- CACC opened in September of 2019 with goal of seeing 4-10 patients per day.



*Above: UCSF  
Bakar Precision  
Cancer Medicine  
Building (PCMB)*



*Right: Infusion  
Bay at PCMB*



*CACC Provider Team Members*

# Team Members

## QTP Participants

- Wesley Kidder – *GI Oncologist*
- Cherie Adrian - *Nurse Manager, GI Medical Oncology*
- Justice Dahle - *Senior Business Analyst*
- Param Kaur - *Quality & Safety Program Manager*

## Infusion Team

- Hope Rugo – *Breast Oncologist and Director of Infusion Services*
- Marisa Quinn - *Nurse Manager, Adult Infusion Center*
- Emely Alfaro - *Clinical Nurse Specialist, Adult Oncology*
- Tammy Baltic - *APP Supervisor, Adult Infusion Center*
- Mairead Shaw - *RN, Adult Infusion Center*
- Erin Wiley - *RN, Adult Infusion Center*

## Informatics/Data Analytics

- Jenn Wild - *RN, GI Medical Oncology*
- Amy Lin - *GU Oncologist and Medical Director of Clinical informatics and Data Analytics*
- Diana Lu – *MA Supervisor*

## Nursing Leadership

- Teresa Melville - *Director of Clinical Operations*
- Kara Merski - *Clinical Nurse Educator*
- Emmika Elkin - *Clinical Nurse Educator*

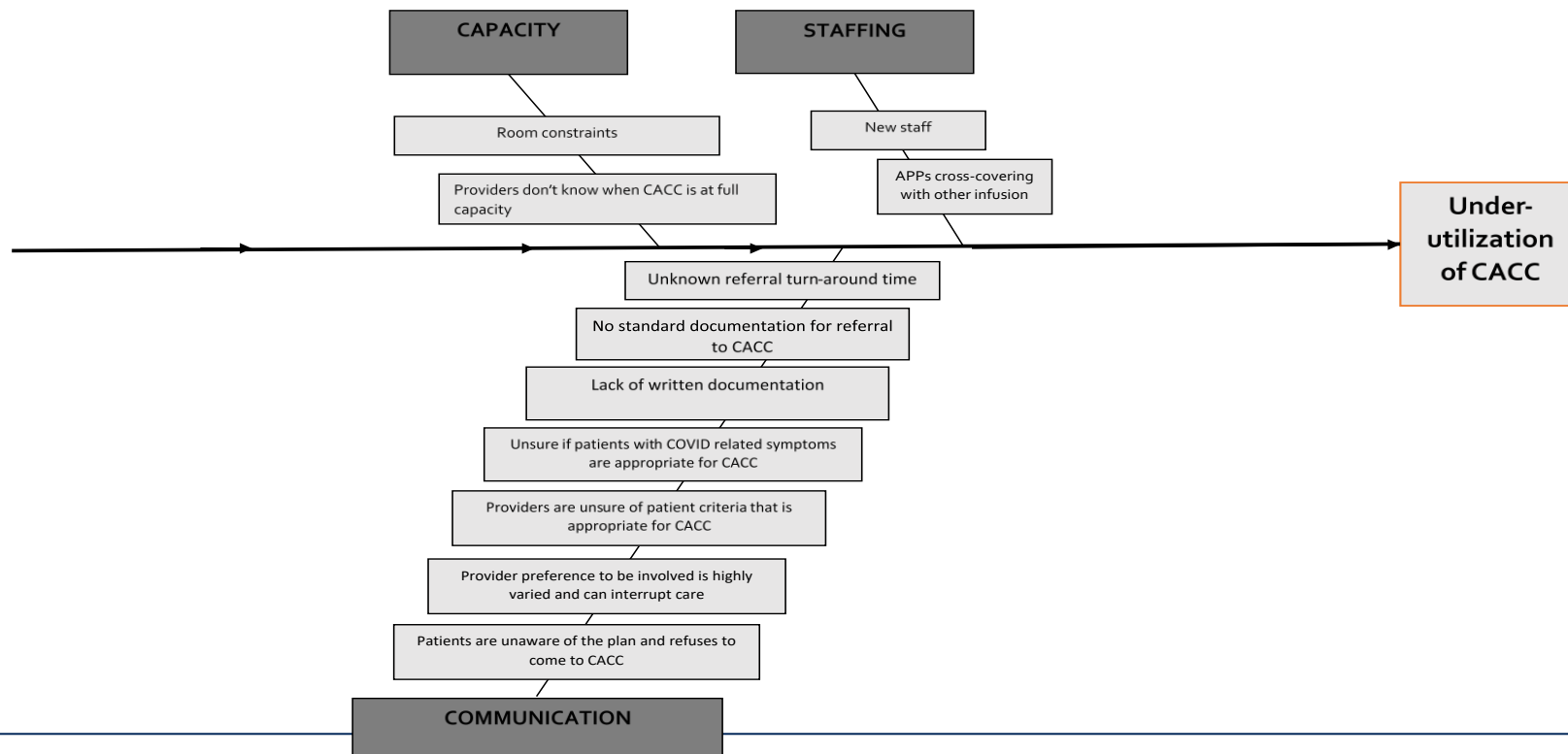
## Cancer Center Leadership Project Champions

- Laura Crocitto - *VP/CMO Cancer Services*
- Laurel Bray-Hanin - *VP/COO Cancer Services*

## Coach

- Pelin Cinar - *Quality Improvement Coach*

# Cause & Effect Diagram

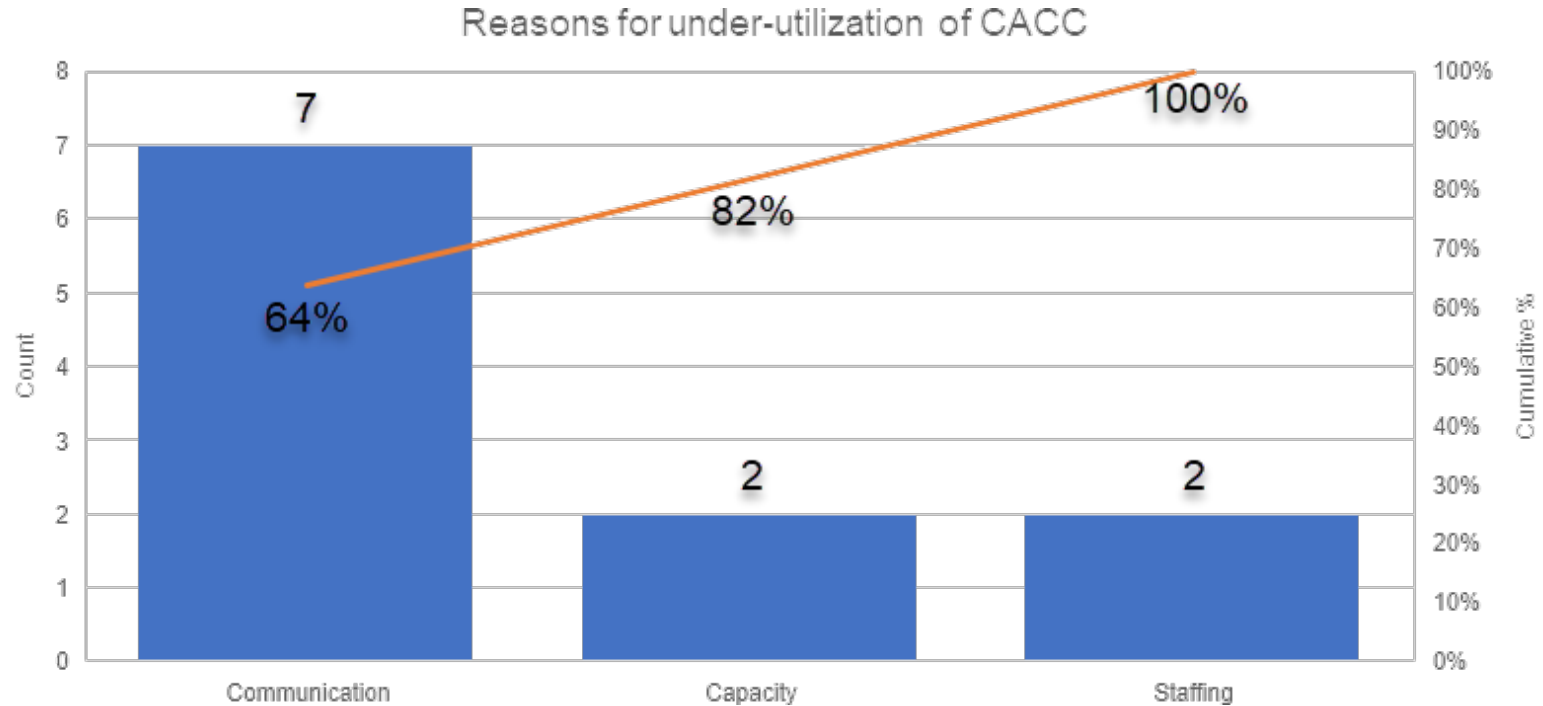




# Diagnostic Data

Item	Description
Measure:	Use of the referral triage smart-phrase
Patient population: (Exclusions, if any)	Cancer Center patients with solid tumors
Calculation methodology: (i.e. numerator & denominator)	Number of referrals to CACC with completed triage smart-phrase / Total number of referrals to CACC
Data source:	EPIC
Data collection frequency:	Weekly
Data limitations: (if applicable)	Misuse or incomplete use of smart-phrase

# Process Measure Diagnostic Data



# Aim Statement

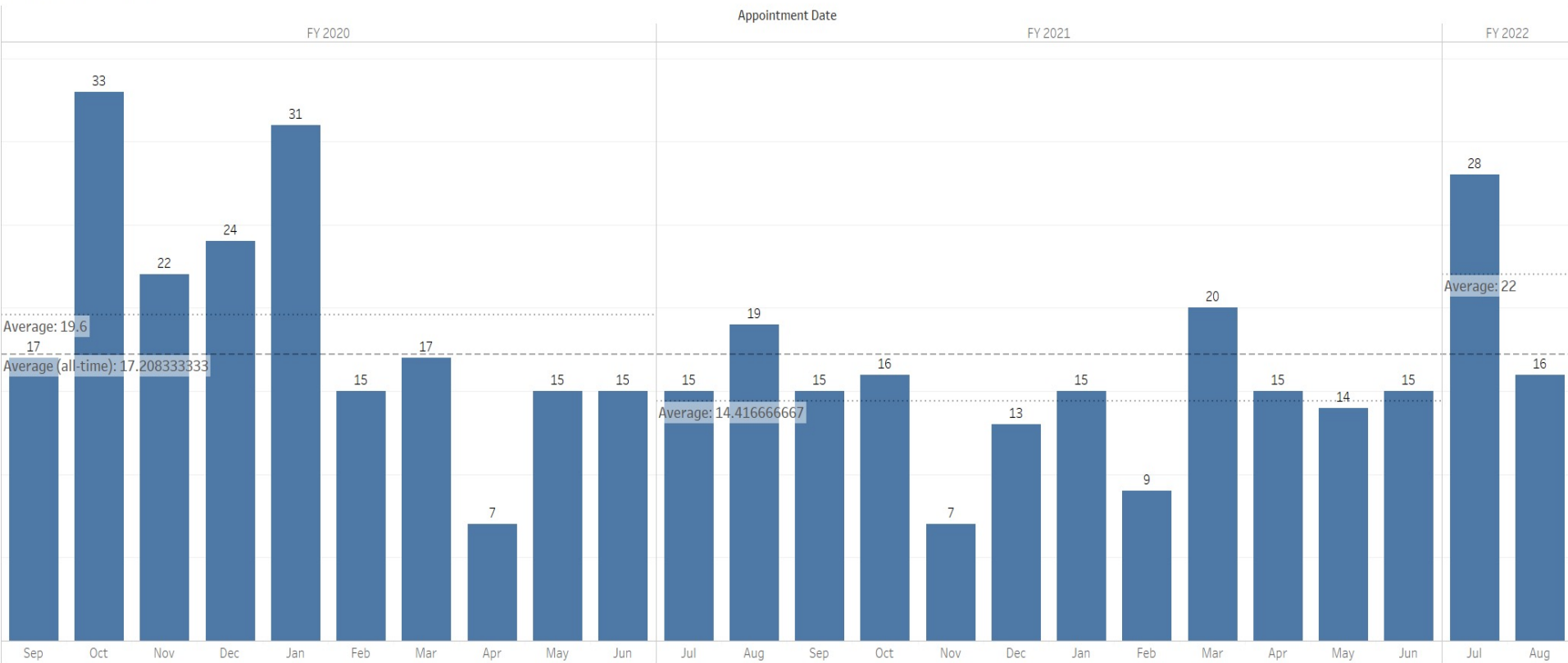
By December 2021, our goal is to increase the number of patients with solid tumors evaluated at the UCSF Cancer Acute Care Clinic from an average of 17 to 21 patients per month which represents a 25% increase.

# Measures

Item	Description
Measure:	Volume of patients seen at CACC (total number of patients)
Patient population: <i>(Exclusions, if any)</i>	Cancer Center patients with solid tumors
Calculation methodology: <i>(i.e. numerator &amp; denominator)</i>	N/A
Data source:	EPIC
Data collection frequency:	Weekly, Monthly, and Yearly
Data limitations: <i>(if applicable)</i>	N/A

# Baseline Data

## CACC Encounters



Count of CACC Encounters for each Appointment Date Month broken down by Appointment Date Year.

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

<b>Impact</b>	<b>High</b>	Communication – No standard documentation Providers are unaware of patient criteria that is appropriate for CACC	Staffing - APPs cross covering with other infusion, new staff
	<b>Low</b>	Communication – Referral turn-around time	Communication – Providers' preference to be involved
		<b>Easy</b>	<b>Difficult</b>
<b>Ease of Implementation</b>			

# PDSA Plan (Test of Change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps
10/20/21*	Implementation of the newly developed referral triage smart-phrase		<ul style="list-style-type: none"><li>○ Development of EPIC referral</li><li>○ Provider education</li></ul>
1/17/22	Develop and implement EPIC referral to CCAC		

\* Details of interventions within this PDSA cycle is outlined in the next slide.

# PDSA Actions

Date	Action
10/04/2021	Cherie presented smartphrase PDSA to <b>nurse managers</b>
10/14/2021	Cherie presented smartphrase PDSA to <b>all Cancer Center nurses</b>
10/18/2021	Cherie presented smartphrase PDSA to <b>nurse managers a second time</b>
10/18/2021	<b>Email</b> sent by Theresa Melville (Director of Nursing) to nurses about smartphrase
10/20/2021	<b>Email reminder</b> sent by Theresa Melville (Director of Nursing) to nurses about smartphrase
10/20/2021	<b>* PDSA Go-Live *</b>
10/25/2021	Nurse educator sent another <b>reminder</b> to use smartphrase when referring to CACC
10/25/2021	Cherie presented smartphrase PDSA to <b>nurse managers</b> a third time
10/28/2021	Cherie started attending <b>weekly CACC huddles</b>
11/04/2021	Updated <b>tipsheet</b> to reflect updated CACC hours
11/08/2021	Emmika sent <b>email</b> on how to add yourself to smartphrase
11/08/2021	Meeting with <b>Leadership</b> RE: CACC referral process
11/23/2021	Cherie, Emmika, and Kara send <b>reminder email</b> RE: smartphrase use



# Materials Developed (optional)

- Smart-phrase
- Tip-sheet
- Audit tool

## Referrals to the CACC

The CACC at the Precision Cancer Medicine Building is a same-day evaluation center for patients under the care of a UCSF Cancer Center clinician. It is staffed by oncology-trained advanced practice providers, registered nurses, and medical assistants.

## Purpose

The purpose of the CACC is to facilitate urgent appointments for oncology patients who develop new symptoms related to their cancer, cancer treatment, or comorbid conditions that they are unable to manage at home.

The CACC is not a replacement for the level of care provided in an emergency department, hospital unit, or clinic visit. It may be necessary to escalate the patient's level of care after evaluation in the CACC.

## CACC Department Info

Hours of operation: Monday-Friday, 8:30am-9pm, last appointment at 4:45pm

Hours of referral: Monday-Friday, 8:30am-5pm

Contact: 415-502-8125 (ext. 28125) or 415-609-7945 (cell)

Location: PCMB4 Infusion Center, 1825 4<sup>th</sup> St, San Francisco (Mission Bay Campus)

## Inclusion/Exclusion Criteria

There are important criteria that must be met for patients referred to the CACC. A complete and updated criteria list, including a Clinical Decision Tree, can be found at <https://cancer-ops.ucsf.edu/cancer-acute-care-clinic-cacc>.

### Important – The patient MUST:

- Be established with a UCSF Cancer Center clinician
- Be triaged by phone by the UCSF Cancer Center clinic team first
- Be willing and able to attend the CACC

The referring clinic should *not* make a referral to the CACC without speaking to the patient first or without the patient's agreement to refer.

Mild symptoms that can be managed at home or via a non-urgent appointment to clinic or to the infusion center are not appropriate for the CACC.

The CACC cannot accommodate urgent MRI but can facilitate certain imaging such as x-ray, CT, and ultrasound.

## How to Refer to the CACC

### Step 1.

Review inclusion criteria and clinical decision tree document referenced above.

### Step 2.

The primary clinical team (provider or RN) calls the patient to triage the referral. Open a Telephone Encounter and indicate the reason for call as REFERRAL. Document a note in the Telephone Encounter using the SmartPhrase ONCREFCACC. The SmartPhrase is built with SmartLists meant to guide you and to produce hard-stops when inclusion criteria have not been met. It may be helpful to go through the SmartPhrase live as you triage your patient over the phone.

### Step 3.

If all minimum criteria are met and the patient requires neither upgraded nor downgraded level of care with the ED or the clinic respectively, then the provider or practice RN calls the CACC at ext. 28125 (502-8125) or 415-609-7945 (cell) to alert them of the referral. The referring clinical team signs their documentation to allow the CACC triage team to review the note.

### Step 4.

The CACC team will review the referral for appropriateness. If the patient is accepted, the CACC will contact the patient to confirm an appointment at the CACC. If they are not accepted, the CACC team will contact the referring team to explain the rationale.

## How to Use the SmartPhrase

Begin a new documentation note in your telephone encounter. Type .ONCREFCACC and press enter. Then press F2 on your keyboard or right-click each SmartList individually. Note that some SmartLists allow multiple selections (example below). Note that three asterisks (\*\*\*) indicates a required field for free-text information.

REFERRAL INFO	
Reason for referral (select all that apply)	[CACC REFERRAL DIAGNOSIS 240790]
Summary of issue, in	Nausea/vomiting
Work-up requested	Diarrhea/constipation
Is the patient:	Fever
(1) Aware of the refe	Dehydration
(2) Expressed willing	Rash
(3) Can arrive to CAC	Pain flare
[CACC YES ALL / NO	Shortness of breath (non-life-threatening)
	Swollen limb (including suspicion for DVT or PE)
	Electrolyte imbalance
	Anemia
Urgency/Timing: (C	Problems (non-life-threatening)
	New or worsening symptom that patient is unable to manage at home
	Other non-emergent work-up related to cancer treatment or disease

## Referrals Documentation to the Cancer Acute Care Clinic (CACC)

A guide for clinicians in the ambulatory oncology practices

### Example

Jennifer L Wild, RN  
Registered Nurse

Telephone Encounter  
Signed

Encounter Date: 10/4/2021

**CANCER CENTER ACUTE CARE CLINIC REFERRAL**

Reference: [UCSF CACC Resource Page \(Including Inclusion/Exclusion Criteria\)](#)

Instructions: Place cursor at top of note. Then press F2 (or hold Fn + F2 on a Mac) or right click through all required fields noted with asterisks and brackets.

**BACKGROUND INFO**

**Cancer diagnosis and stage:** Colon cancer, stage IV

**Current treatment:** FOLFOX

**Date of last treatment:** 09/28/21

**Date of next infusion appointment (if applicable):** 10/12/21

**Established UCSF patient with known UCSF oncology provider?:** Yes: Attending MD: Wesley Kidder

**REFERRAL INFO**

**Reason for referral (select all that apply):** Fever, Dehydration and Infection (non-life-threatening)

**Summary of issue, including prior management by clinic team:** Mid-cycle lab check revealed ANC of 0.21. Patient sent the clinic a MyChart message to report low-grade fever 100.1F today. RN called patient, who added that his temp is now down to 99.0F after 325mg of Tylenol this morning. He had mild chills last night. He had a COVID-19 test 3 days ago which was negative (see Apex). Patient lives in SF and is agreeable to come to CACC today. He said he can be here with 45min notice if CACC calls him to schedule.

**Work-up requested:** ID work up with blood cultures, urine culture, and any other clinicals deemed appropriate by CACC APP. Request IV hydration per patient, who reports he "feels dry."

**Is the patient:**  
(1) Aware of the referral to CACC,  
(2) Expressed willingness to present for appointment if made,  
(3) Can arrive to CACC before last appointment time of the day at 4:45pm?  
Yes, all of the above

**Urgency/Timing:** TODAY

**CLINIC/CACC COMMUNICATION**

I have reviewed the inclusion and exclusion criteria for CACC and believe this patient is appropriate for CACC: Yes

I have called CACC at ext. 28125 (502-8125) to notify them of this referral: Yes  
Spoke with CACC RN named: Florence N.

Referring oncology clinic team requests call back during CACC evaluation? Yes  
Name and role of clinic team member: Jenn Wild RN, Tel/Ext: 57818

JENNIFER L WILD, RN

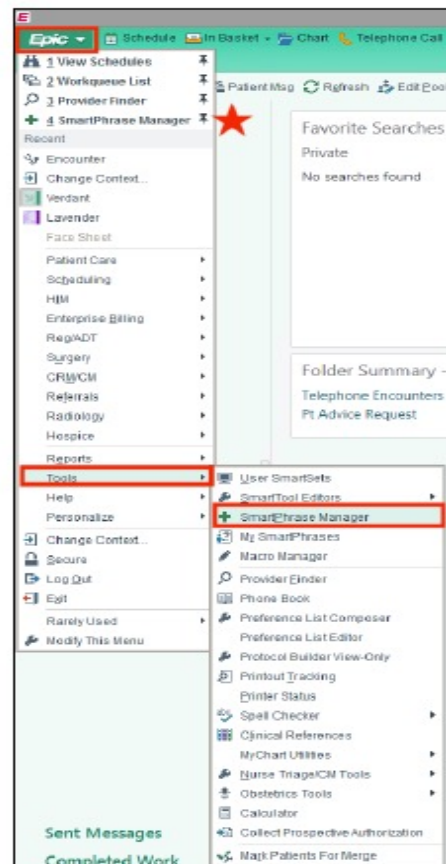
# How to Add Yourself to a SmartPhrase in Epic

## for the ambulatory practice office setting

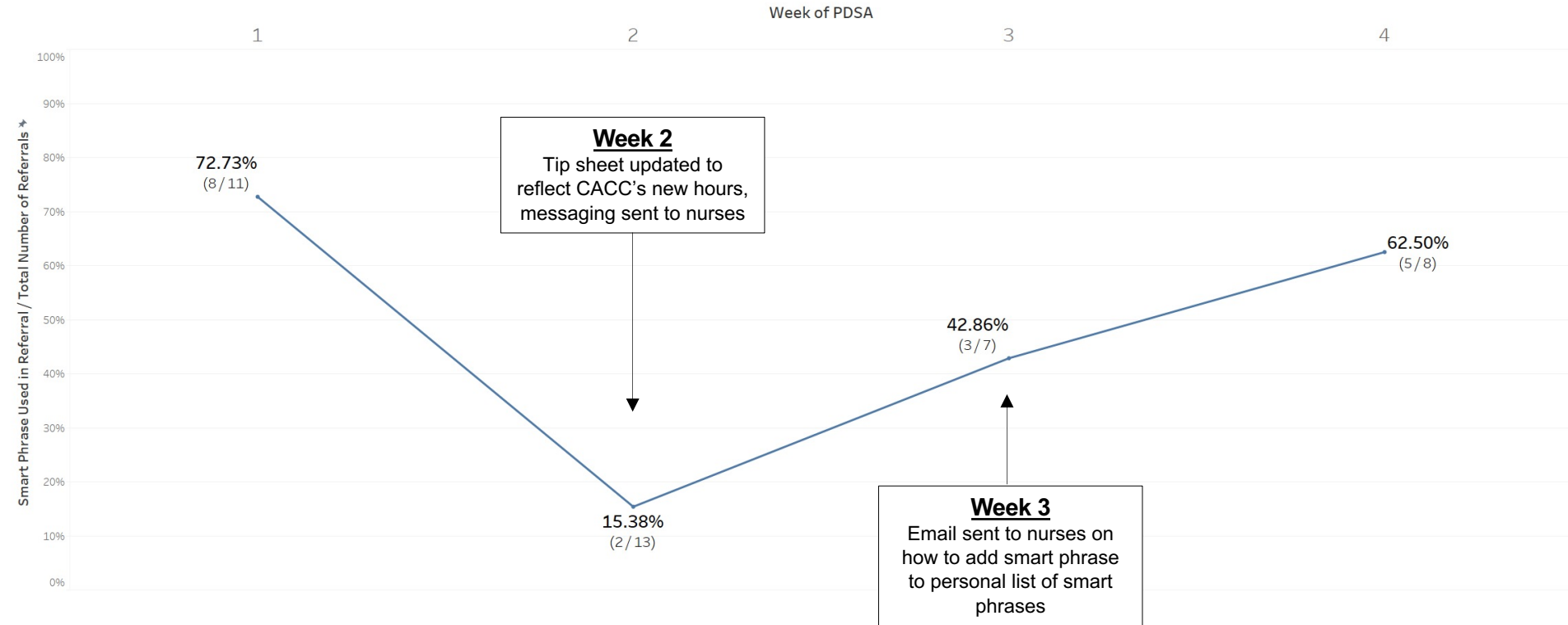
### Step 1: Open SmartPhrase Manager

Click on the Epic dropdown menu from the top left corner of the screen. Hover the cursor over *Tools*, and then select *SmartPhrase Manager*.

Note the Star: You can also pin it to the top of the menu for faster access in future.



# Change Data



# Conclusions

- Following the implementation of the smart phrase on October 20<sup>th</sup>, we achieved an average of **46%** utilization of the smartphrase during the referral process.
- We saw an increase in monthly CACC volume to **40 patients** within a 4-week period, achieving our goal of evaluating 21 patients monthly.
- A multi-disciplinary effort is key to project success.

# Next Steps/Plan for Sustainability

- Create referral forms within EPIC
- Develop Tableau Dashboard - data on volume, referring practice, diagnoses evaluated and disposition plan
- Continue weekly CACC team huddle and communication with multidisciplinary team