ASCO's Quality Training Program

Project Title: Improving distress in breast cancer patients

Presenter's Name: Puja Arora

Institution: University of Virginia

Date: 10/18/17

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Team Members

- Puja Arora, Heme/Onc Fellow, team leader/owner
- Christiana Brenin, breast oncology attending, Team Sponsor
- Joanne Phillips, breast oncology nurse navigator
- Brenda Griswold, infusion nurse
- Jennifer Kim Penberthy, clinical psychiatrist
- Christina Sheffield, cancer center distress coordinator
- Pooja Mehra, PGY-4, Oncology hospitalist,
- Ms. Schenk, patient
- Mike Keng, QI Mentor
- Amy Guthrie, QI Mentor

Institutional Overview

- Located in Charlottesville, Virginia and serves a mostly rural population across a large geographical area. This includes Northern Virginia, central Virginia, the western part of Virginia as well as eastern portions of West Virginia and Tennessee.

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Institutional Overview

- Academic, NCI-designated cancer center and a tertiary referral center.
- Patient volume of 350-400 patients a week
- Group of 20 oncologists sub-specializing in hematological malignancies, GI, breast, lung, GU, head and neck, and skin cancers

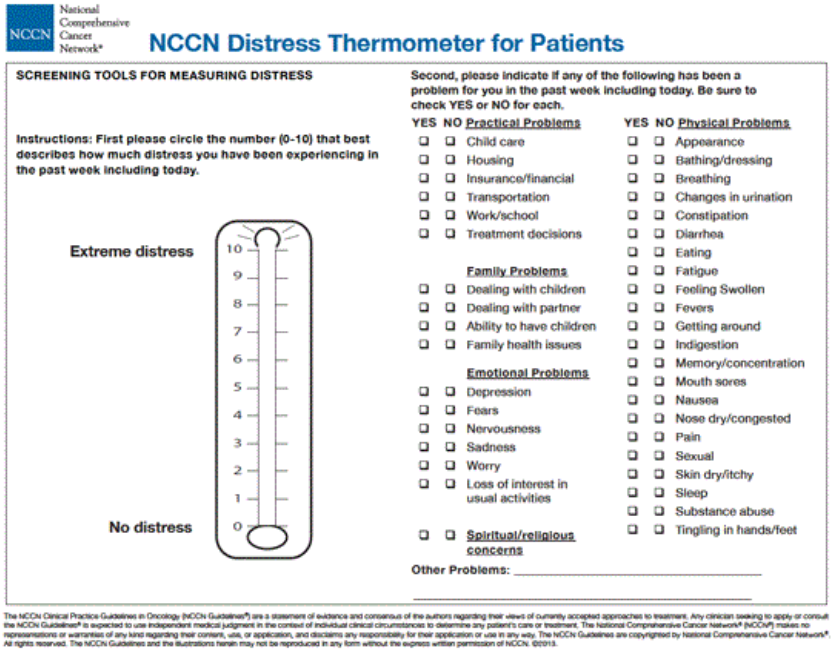
Baseline Measures

- Measure: The screening and documentation of distress
- Patient population: Breast cancer patients who present as a second visit
- Calculation methodology:
  - Numerator: Number of breast cancer patients who are screened by the electronic screening tool and proper documentation by RN is completed
  - Denominator: Total number of breast cancer patient presenting for a second visit

- Data source: Cancer center RN manager provided access to program that allows you to see all second visits by clinic- http://hstsbissrst/HSCSDS_SSRS/Pages/ReportViewer.aspx?%2fTom+-+Testing%2fCancer+Center+Second+Visits&rs:Command=Render
- Data collection frequency: once a week
- Data quality(any limitations): Cannot capture those whom survey was offered but lost, those who refused to fill survey

Baseline Data

- 36 second visit breast cancer patients were identified from February 1st-March 31st
- 3 patients had a distress thermometer scanned into epic
- 0 had a documented note
- 0 Required a referral to be placed
- 0 Referral was placed
- 0 Appointments were made after referral placed
- Appointments took place and intervention provided



NCCN National Comprehensive Cancer Network®

NCCN Distress Thermometer for Patients

SCREENING TOOLS FOR MEASURING DISTRESS

Instructions: First please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.

Extreme distress — 10 9 8 7 6 5 4 3 2 1 0 — No distress

Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

YES	NO	Practical Problems
☐	☐	Child care
☐	☐	Housing
☐	☐	Insurance/financial
☐	☐	Transportation
☐	☐	Work/school
☐	☐	Treatment decisions

Family Problems

☐	☐	Dealing with children
☐	☐	Dealing with partner
☐	☐	Ability to have children
☐	☐	Family health issues

Emotional Problems

☐	☐	Depression
☐	☐	Fears
☐	☐	Nervousness
☐	☐	Sadness
☐	☐	Worry
☐	☐	Loss of interest in usual activities
☐	☐	Spiritual/religious concerns

YES	NO	Physical Problems
☐	☐	Appearance
☐	☐	Bathing/dressing
☐	☐	Breathing
☐	☐	Changes in urination
☐	☐	Constipation
☐	☐	Diarrhea
☐	☐	Eating
☐	☐	Fatigue
☐	☐	Feeling Swollen
☐	☐	Fevers
☐	☐	Getting around
☐	☐	Indigestion
☐	☐	Memory/concentration
☐	☐	Mouth sores
☐	☐	Nausea
☐	☐	Nose dry/congested
☐	☐	Pain
☐	☐	Sexual
☐	☐	Skin dry/itchy
☐	☐	Sleep
☐	☐	Substance abuse
☐	☐	Tingling in hands/feet

Other Problems: _____

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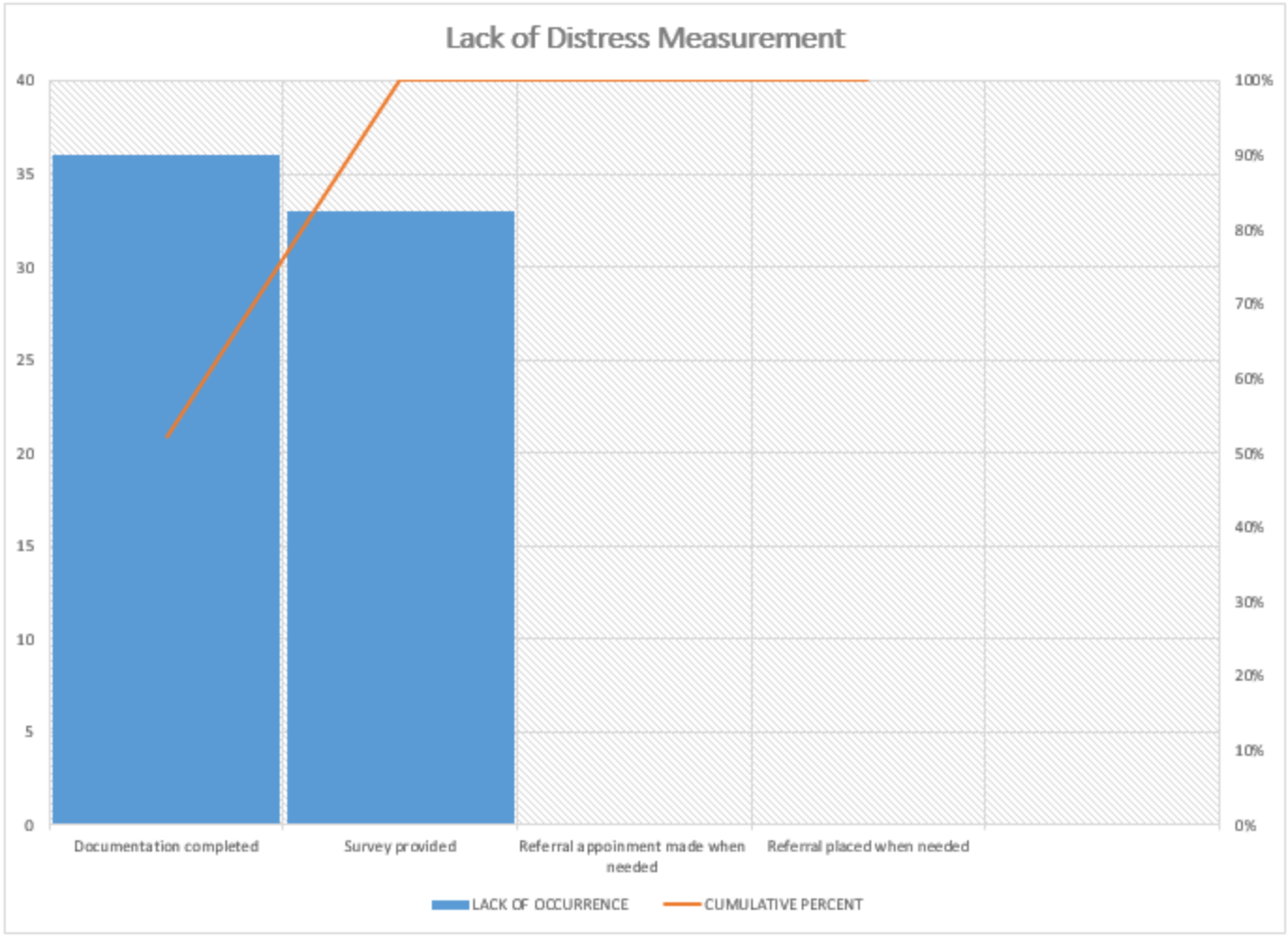
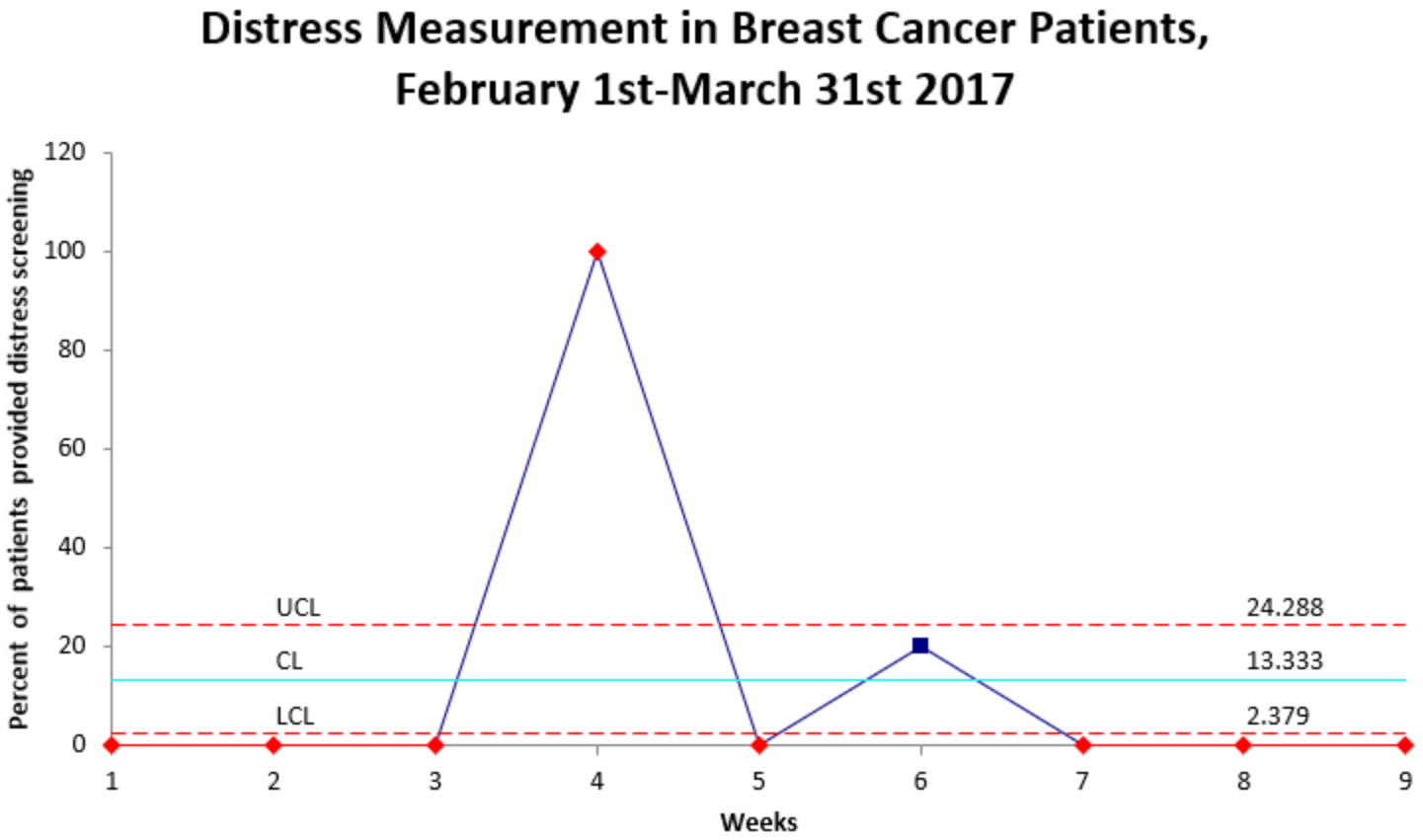


PROBLEM DATA

PROBLEM AREA	LACK OF OCCURREN	PERCENT	CUMULATIVE PERCENT
Documentation completed	36	52.17%	**52.17%**
Survey provided	33	47.83%	**100.00%**
Referral appoinment made wł	0	0.00%	**100.00%**
Referral placed when needed	0	0.00%	**100.00%**

Baseline Data



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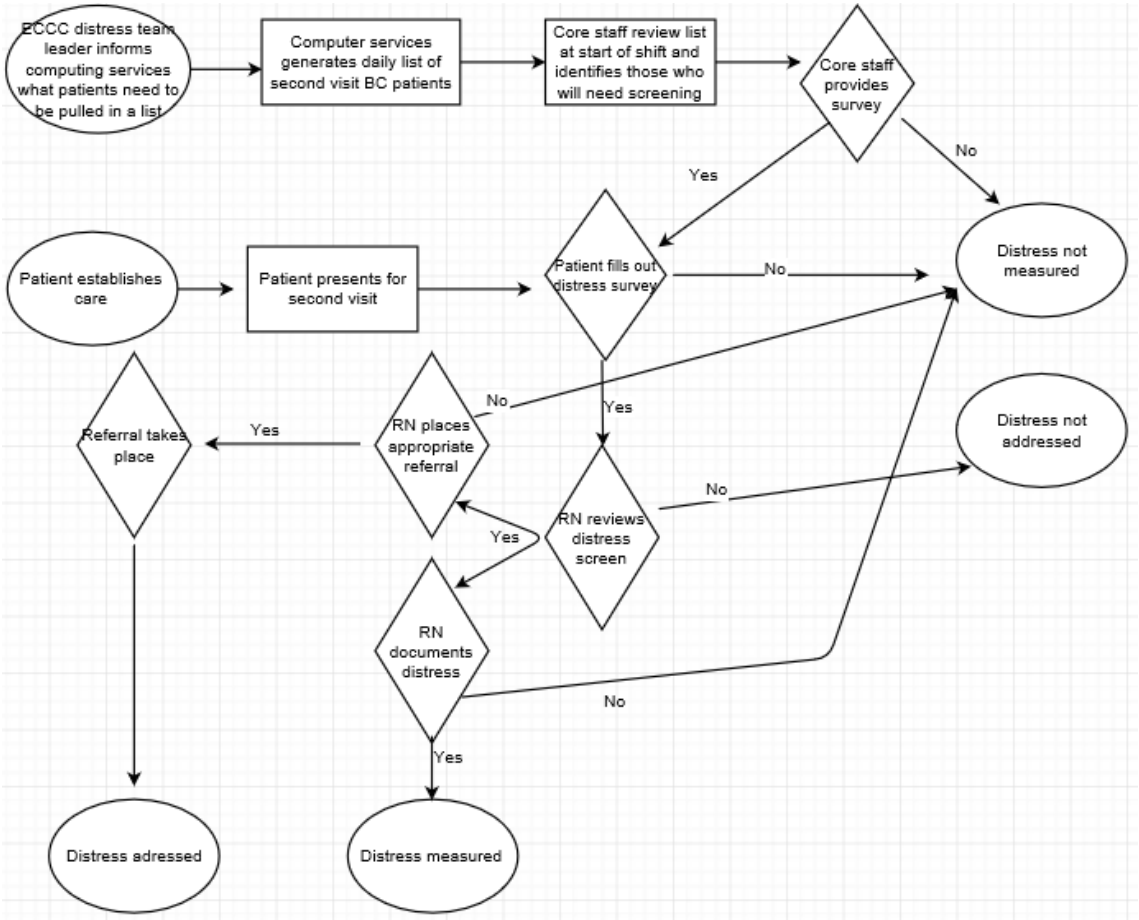
Problem Statement

- From February 1st to March 31st 2017, the UVA Cancer Center assessed distress in just 13% of their breast cancer patients seen on their second visit, leading to a lack of timely communication and intervention with patients in distress along with not meeting of the Commission on Cancer's accreditation requirements.

Process Map- Current



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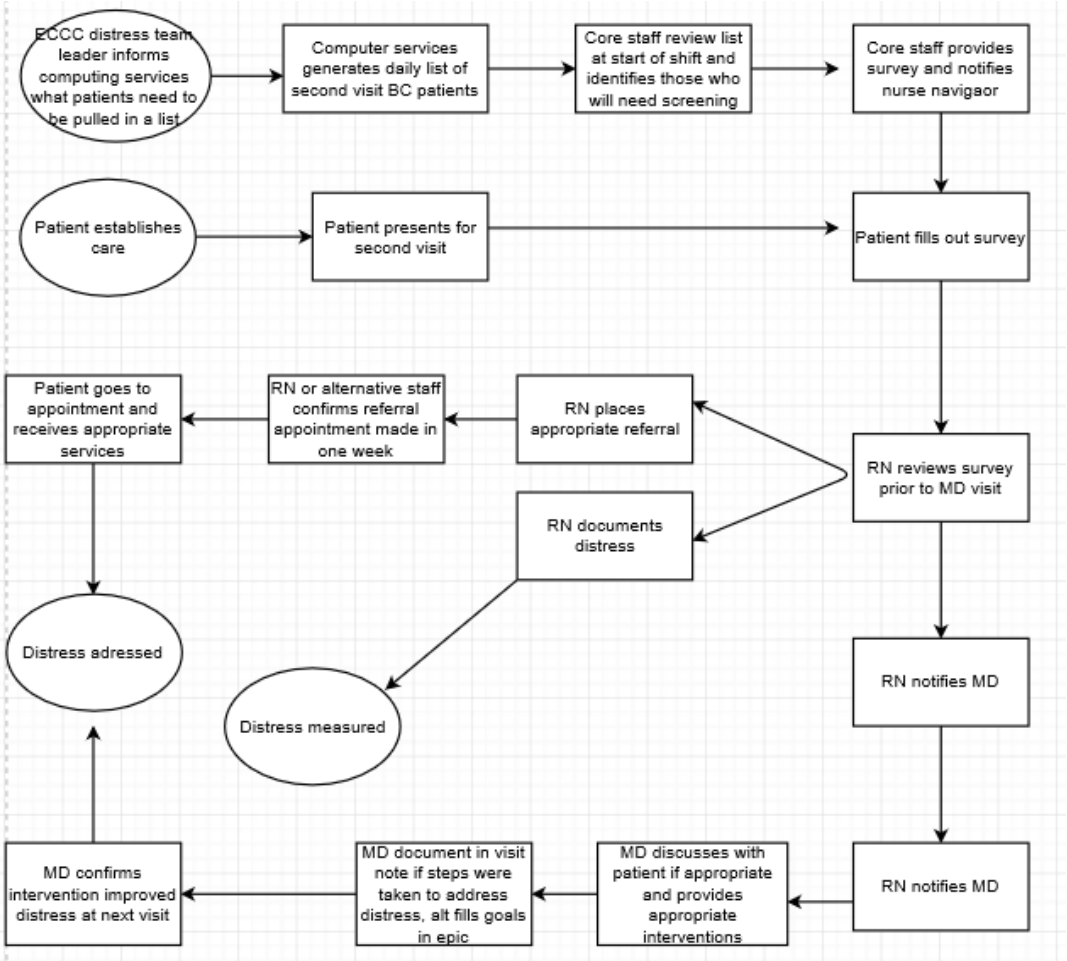
Process Map- Ideal



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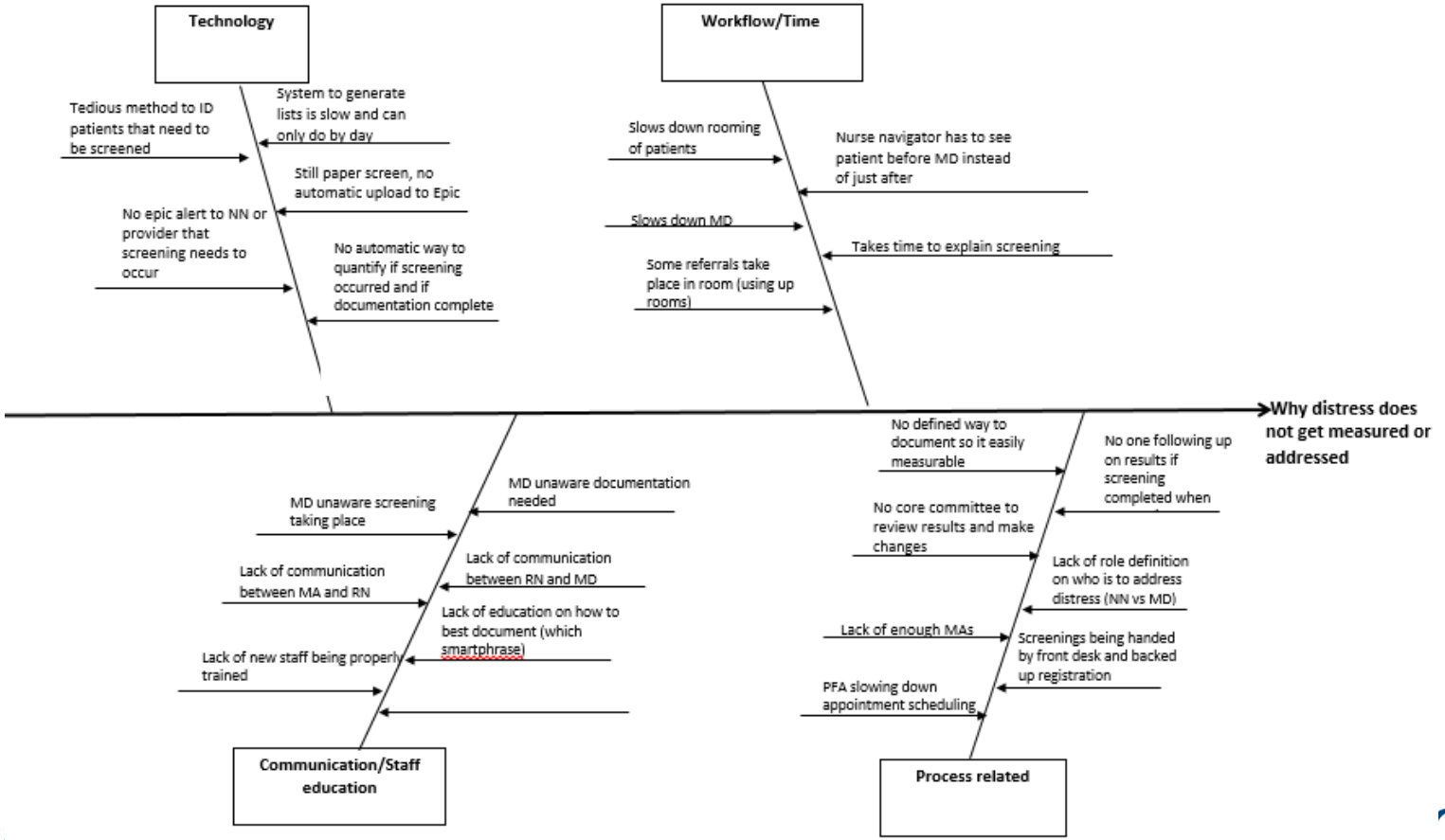
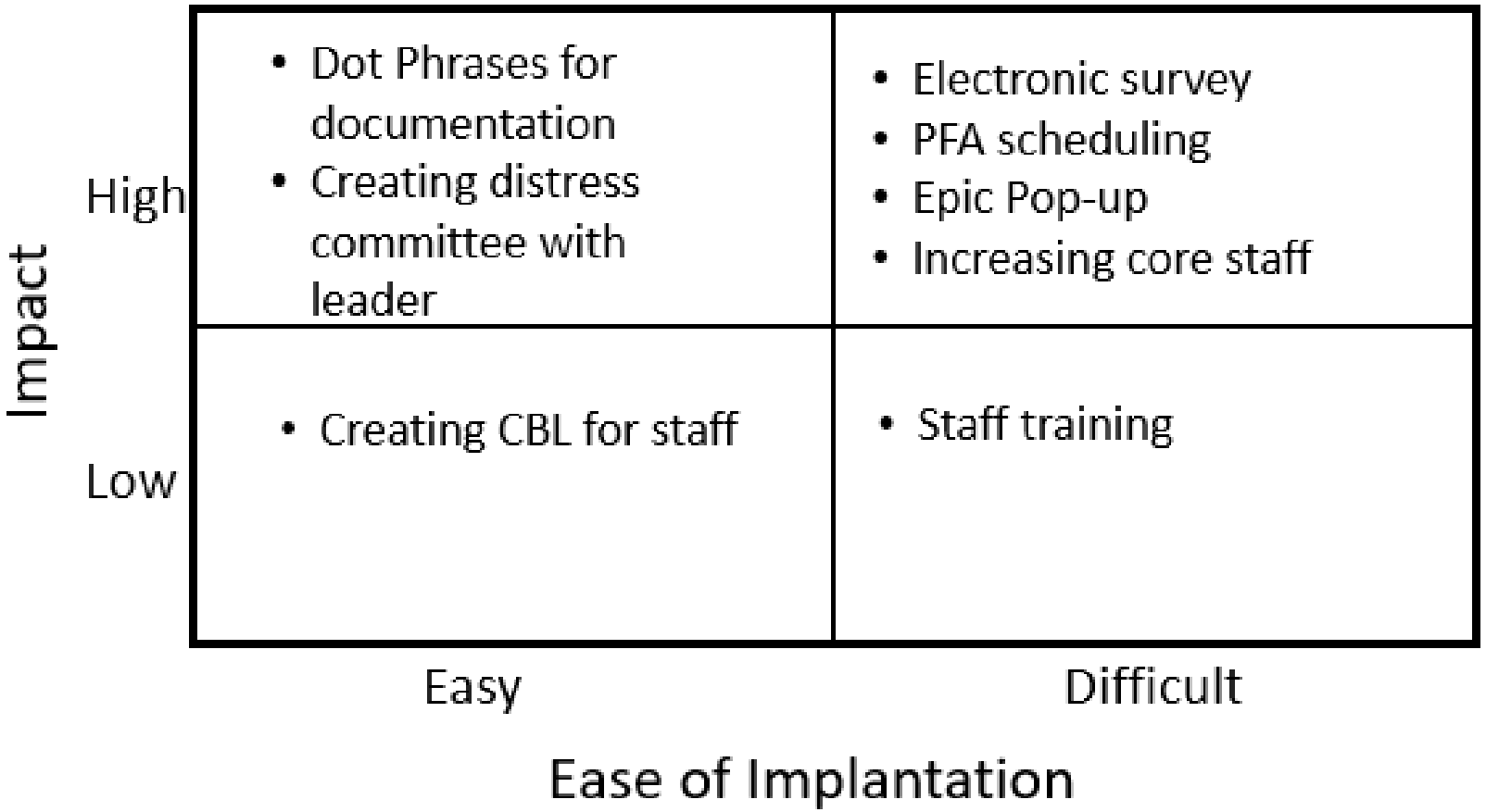
Cause & Effect Diagram



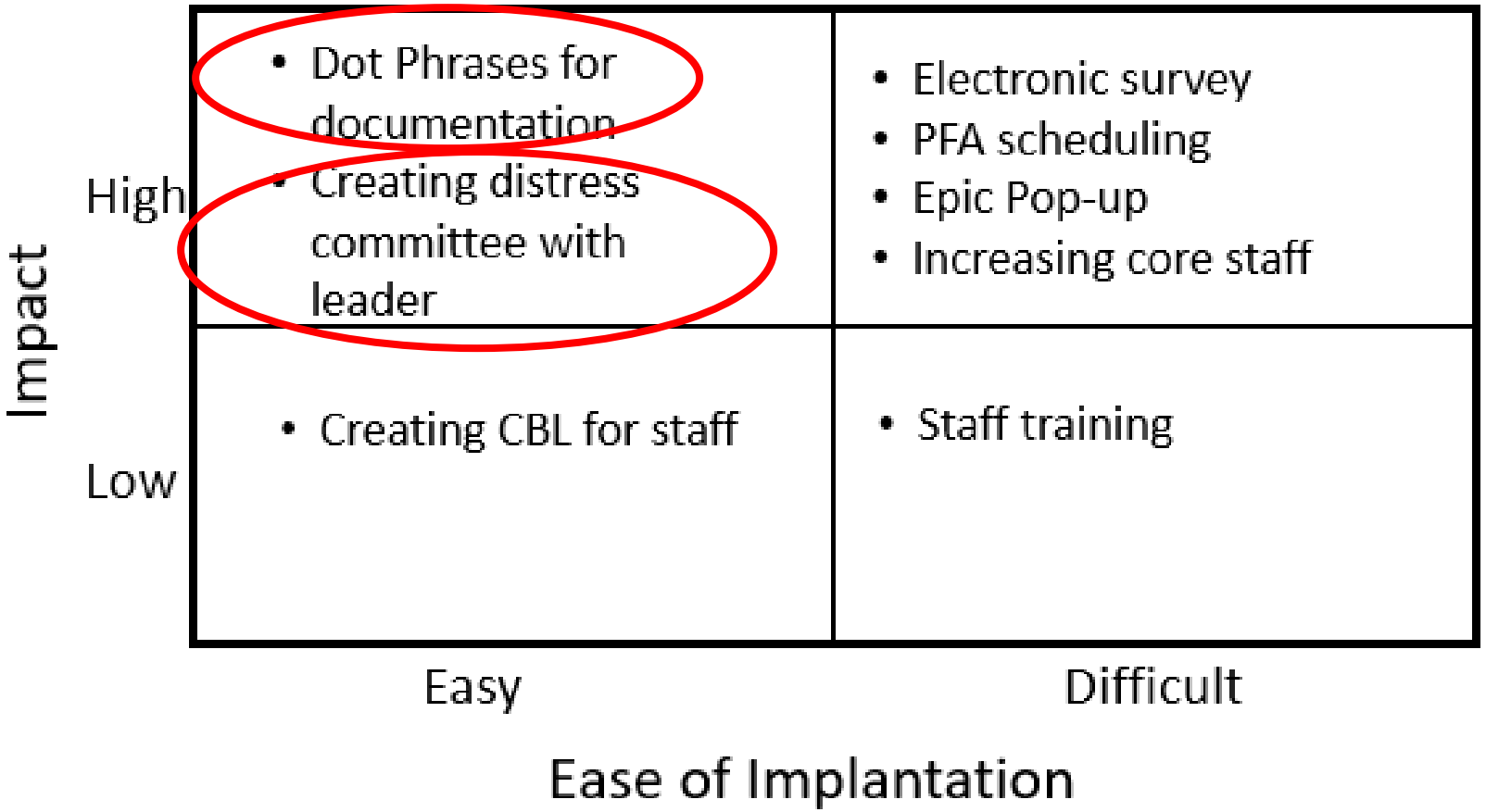
Aim Statement

By October 2017, increase the measurement of distress in breast cancer patients to 90%.

Priority Matrix



Priority Matrix



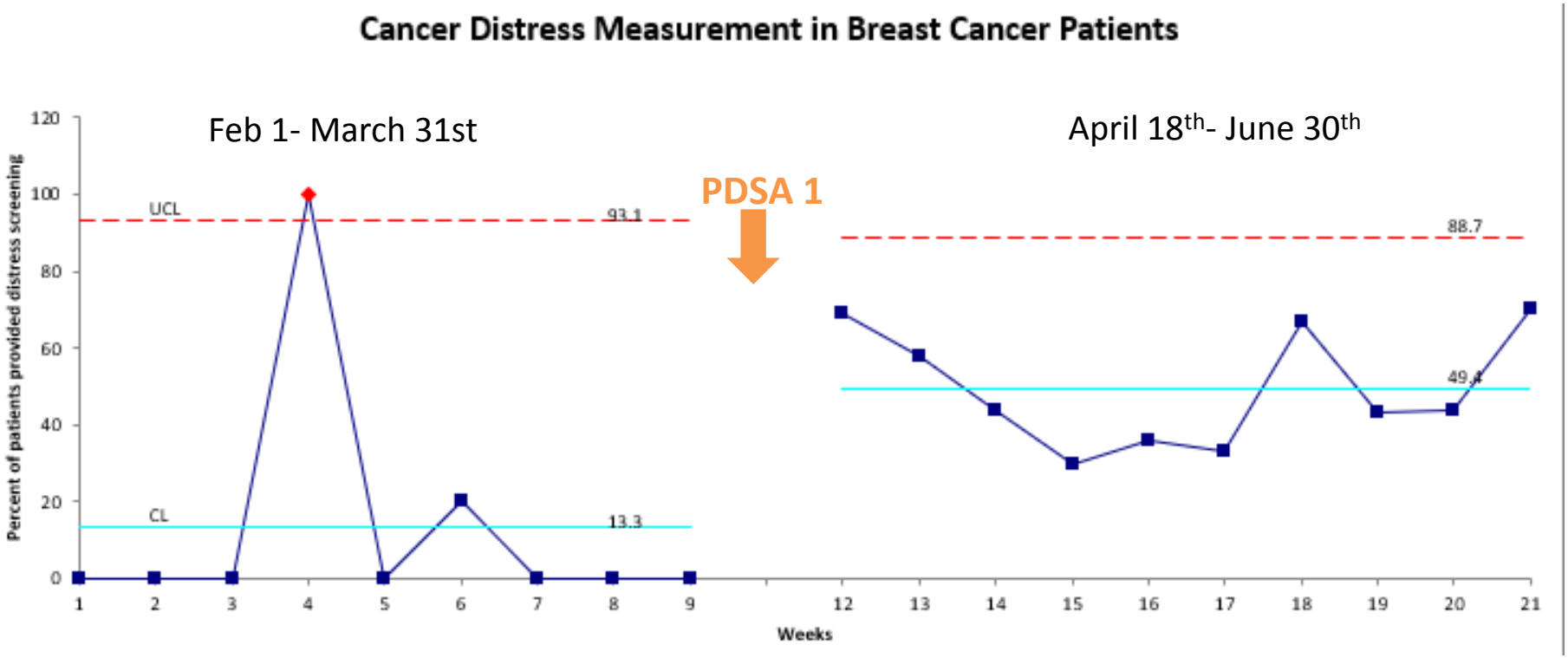
PDSA Plan

Date of PDSA cycle	Description of intervention	Results	Action Steps
April- May 2017	• Created a distress committee with point person who was going to look at the data week to week • Create a dot phrase in epic to be used by all nurse coordinators to document distress findings		

Data from PDSA Cycle 1

- 112 second visit breast cancer patients were identified from April 18th- June 30th
- 59 had a distress thermometer scanned into epic
- 40 had a documented note
- 13 Required a referral to be placed
- 12 Referral was placed
- 9 Appointments were made after referral placed
- 4 Appointments took place and intervention provided

PDSA Cycle 1-



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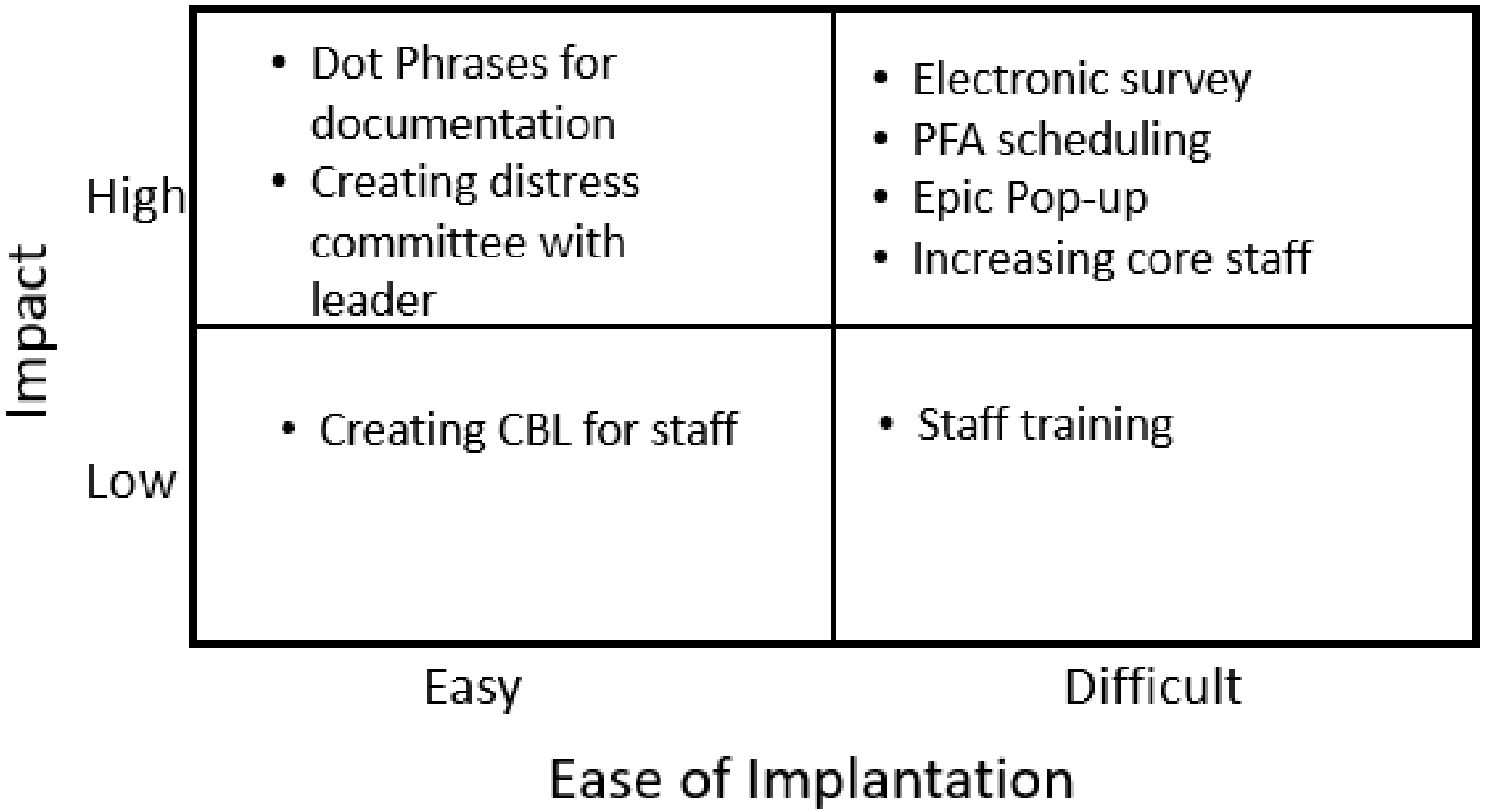
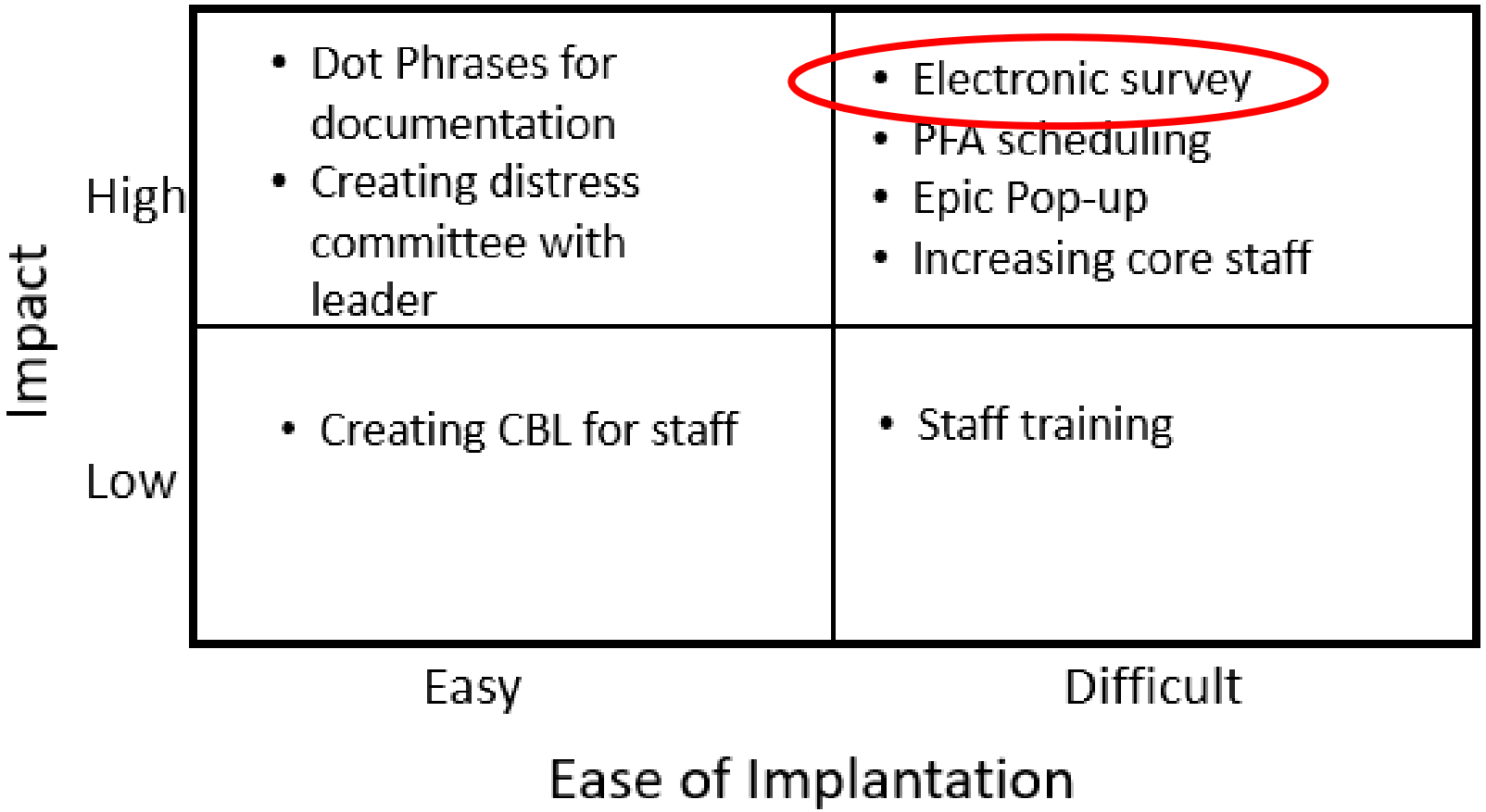
PDSA Plan

Date of PDSA cycle	Description of intervention	Results	Action Steps
April- June 2017	• Created a distress committee with point person who was going to look at the data week to week • Create a dot phrase in epic to be used by all nurse coordinators to document distress findings	• Improvement from 13% to 49% of patients screened • Improvement in documentation from 0 to 36%	• Will continue with committee and leader • Continue dot phrases but will provide further teaching on how to use

Priority Matrix



Priority Matrix



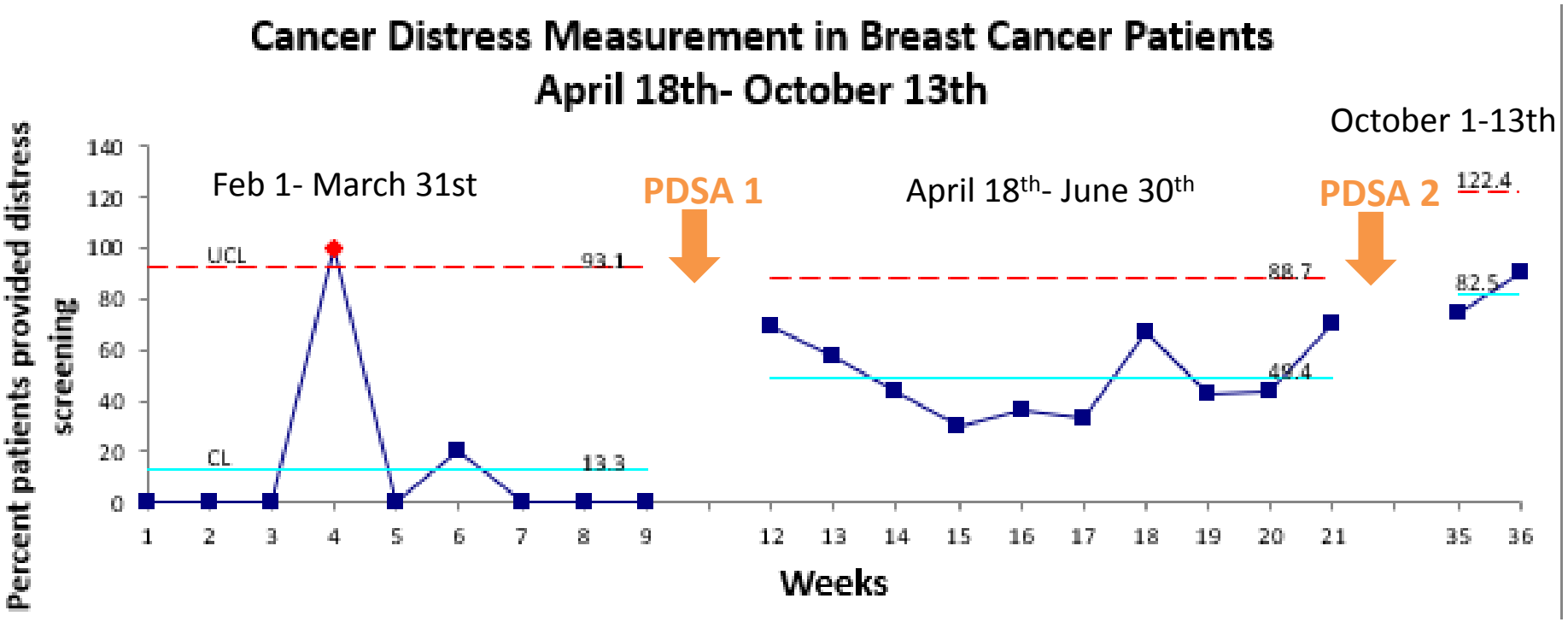
PDSA Plan

Date of PDSA cycle	Description of intervention	Results	Action Steps
April- June 2017	• Created a distress committee with point person who was going to look at the data week to week • Create a dot phrase in epic to be used by all nurse coordinators to document distress findings	• Improvement from 13% to 49% of patients screened • Improvement in documentation from 0 to 36%	• Will continue with committee and leader • Continue dot phrases but will provide further teaching on how to use
September - October 2017	• Implement electronic surveys via ipads which allow for automatic upload to EMR for all to see • Electronic survey is more comprehensive		

Data from PDSA Cycle 2

- 14 second visit breast cancer patients were identified from October 1st- October 13th
- 12 had a distress thermometer scanned into epic
- 10 had a documented note
- 3 Required a referral to be placed
- 3 Referral was placed
- 1 Appointments were made after referral placed
- 0 Appointments took place and intervention provided

PDSA Cycle 2-



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PDSA Plan

Date of PDSA cycle	Description of intervention	Results	Action Steps
April- June 2017	• Created a distress committee with point person who was going to look at the data week to week • Create a dot phrase in epic to be used by all nurse coordinators to document distress findings	• Improvement from 13% to 49% of patients screened • Improvement in documentation from 0 to 36%	• Will continue with committee and leader • Continue dot phrases but will provide further teaching on how to use
September - October 2017	• Implement electronic surveys via ipads which allow for automatic upload to EMR for all to see • Electronic survey is more comprehensive	• Improvement from 49% to 83% of patients screened • Improvement in documentation from 36% to 71%	• Continue use of ipads

Conclusions

- Measurement of distress improved with a team leader driving the initiative and making the process more automatic with incorporation of the electronic surveys via ipads
- Continued education on why distress is being measured and how to best incorporate into the work-flow is needed
- Did not meet aim of 90%, but close

Future Measures

Outcome Measures:

- Percentage of patients receiving distress screening
- Percentage of patients with distress screening documentation
- Number of referrals placed to address distress

Process Measures:

- How often data is being analyzed when collected
- How many cases are monitored weekly
- Wait time for ipads
- How long it takes for second visits to be identified and provided to core staff

Operational Measures:

- Length of patient visits
- Length of time to room patients
- Delay in clinic schedules
- Patient satisfaction with survey

Sustainability

- RN manager who has distress screening as one of his/her job descriptors
- Every 3 month check-ins with core staff and nurse navigators
- Incorporating MDs once work flow established

Thank You

Core Team Members:
Christy Sheffield, RN
Christiana Brenin, MD
Joanne Phillips, RN
Brenda Griswold, RN
Jennifer Kim Penberthy, MD

UVA:
Michael Williams, MD, ScM
Mitchell Rosner, MD
Reid Adams, MD
Jody Reyes, RN, MSH
Jeffrey Ware

QI Mentors:
Michael Keng, MD
Amy Guthrie, RN, MSN, CPHQ

ASCO Quality Training Program:
Barbara Corning-Davis, MS, CPHQ
Gene Cunningham, MS
Carole Dalby, RN, MBA, OCN
Timothy Gilligan, MD
Elaine Holton
Joe Jacobson, MD, MSc

And our patients!

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