



“Improving the African-American Experience at Taussig- a Quality Improvement Initiative through the ASCO Quality Training Program”

Presenters: Tiffany Onger & Kimberly Sanders

June 18, 2021

Taussig Cancer Center



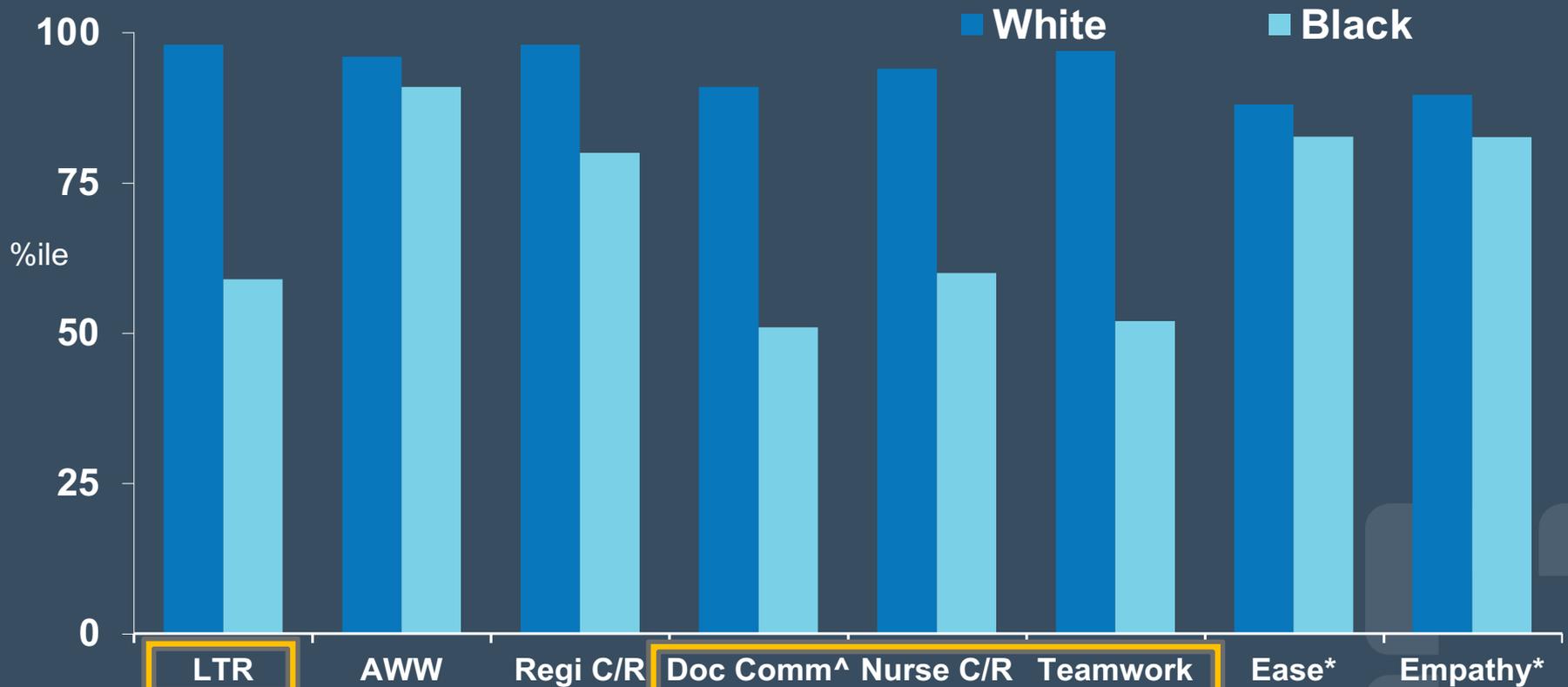
The Cleveland Clinic is a member of the Case Comprehensive Cancer Center, an NCCN and NCI-designated partnership organization located in Cleveland, Ohio.

Taussig Cancer Center



- Houses Medical Oncology, Hematology, Radiation Oncology & Palliative Medicine
- Has over 400 actively enrolling clinical trials
- 22,000 new cancer visits annually

Outpatient Survey Results



1/1/19-9/30/20 enterprise d/c | ^ PG Ntl specialty rank | * % top box

Slides adapted from Kevin Phipps

The Justice League

Adam Binder	ASCO QTP Coach
Gayle Deadwyler	Patient Family Member
Timothy Gilligan	Staff Physician
Nicole Jackson	Licensed Practical Nurse
Tori Nelson	Continuous Improvement Coach
Allison Ochocki	Ambulatory Nurse Manager
Tiffany Onger*	Quality Improvement Fellow
Kimberly Page	Institute Nursing Director
Christa Poole	Social Worker
Kimberly Sanders*	Director of Community Outreach
Aqeel Seals	Program Manager
Heather Hurwitz	Translational & Qualitative Researcher

**Co-Lead*

Problem Statement:

“At Taussig Cancer Center, from 1/1/19-9/30/20, Black patients reported worse satisfaction with regards to communication and teamwork as compared to White patients in the outpatient setting, which could be contributing to poorer health outcomes.”

Causes

Likely to Recommend = (Dr communication,
Nurse curtsey and respect, Teamwork)

Cause & Effect Diagram

Theme: Physical Environment/The way we do things

Theme: Communication (or maybe cultural competency)

Theme: Unconscious Bias

Theme: Reputation of CCF in the Community

Theme: Other

Decreased Satisfaction

Cause & Effect Diagram

Theme: Physical Environment/The way we do things

- Intimidating environment
- White walls
- White providers/providers are racially discordant
- Fancy/expensive building
- Not having multicultural representation when it comes to the physical environment, such as the artwork
- We don't meet our patients in the waiting room, rather wait for them to come to our room
- We do not have a process to get high quality feedback from this population
- Difficulty with parking (our first encounter)
- Perception of shouting

Theme: Communication (or maybe cultural competency)

- Communication styles (too "professional"/stiff/distant)
- Warmth of greeting preferences
- Patient did not feel as though they had enough explanation of their disease
- "What are you doing here?" making patients feel unwelcome
- We don't go out of our way to be especially warm and welcoming to each patient.
- How to address patients based on their age and personal preferences. "Ma'am" vs overly familiar/casual. Ideas of respect in how they're addressed.
- Not addressing patients by their name when the name is provided on the sheet.
- Asking a question while waking, requiring the patient to answer the back of the staff's head.

Theme: Unconscious Bias

- Seeing some patients being treated very warmly and themselves not being treated as warmly
- Feeling that some patients are given more time with the doc than they are getting
- Feeling the visit was rushed
- Patient feels that docs didn't examine them
- I'm from X and I find out my patient is from X and I feel close to them faster, and maybe the patient who are not from X may feel as an outsider
- We may not be as *intentional* about treating everyone warmly.
- Treating patients who are dressed better may be experiencing better care / more respect
- Racial and cultural stereotypes may be playing a role
- Not having education around unconscious bias

Theme: Reputation of CCF in the Community

- People come in not expecting a good experience, then something confirms that paradigm
- People come in with exceptionally high expectations, and they are not met.
- Not having fully recognized the history impact of the clinic in the community. "This area was nothing before the clinic" Yes it was, people lived here and there were business.

Theme: Other

- Feeling Rushed
- Distrust of the doctors having the patient's best interest at heart "Would you recommend this doctor for yourself or family member?" "Is this a safe place to get care?"
- Distrust/mistrust of CCF or healthcare in general, given historic abuses
- Feeling of being "pushed" into treatment plans
- Patient's socioeconomic status making it difficult to afford prescriptions and treatment
 - There is a cost of time as well (needing childcare, rides, etc)

Decreased Satisfaction

Survey



Cancer Center Survey

Dear Valued Patient,

At Cleveland Clinic Cancer Center, we hope to create an environment where every patient feels heard and valued. Our team is seeking to improve the experience of patients at Cleveland Clinic Cancer Center. Your participation is voluntary and will not affect your treatment in any way. We commit to you that we will use the results of this survey to help make our Cancer Center the best place to receive care.

Thank you for your time and your trust.

Sincerely,

Team leaders, Tiffany Onger, MD, & Kimberly Sanders



Dr. Tiffany Onger



Ms. Kimberly Sanders

ASCO Quality Training Program Team Leads

Survey

1. Did our Cancer Center employees address you in the way you prefer (please check one)? (For example: Mrs. Brown, Ms. Alice, Gloria):

- All employees
- Most of the employees
- Some of the employees
- A few of the employees
- None of the employees

2. The nurse made me feel welcomed as an individual (please check one):

- Agree
- Somewhat agree
- Somewhat disagree
- Disagree

3. The nurse explained things to me in a way that I understood (please check one):

- Agree
- Somewhat agree
- Somewhat disagree
- Disagree

4. The nurse listened to me (please check one):

- Agree
- Somewhat agree
- Somewhat disagree
- Disagree

5. The doctor made me feel welcomed as an individual (please check one):

- Agree
- Somewhat agree
- Somewhat disagree
- Disagree

6. The doctor explained things to me in a way that I understood (please check one):

- Agree
- Somewhat agree
- Somewhat disagree
- Disagree

7. The doctor listened to me (please check one):

- Agree
- Somewhat agree
- Somewhat disagree
- Disagree

8. How do you identify? (check all that apply)

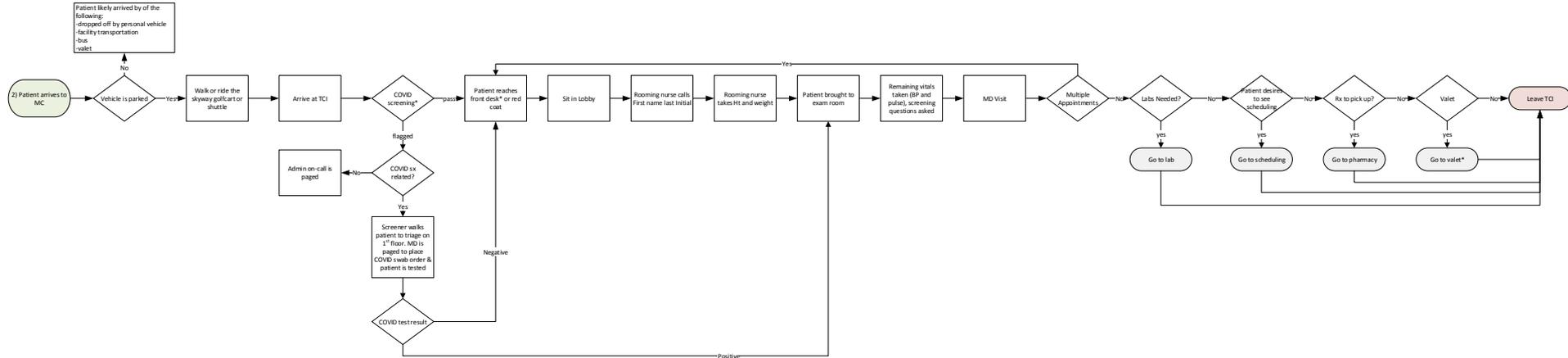
- American Indian/Alaska Native
- Asian
- Black/African American
- White
- Declined
- Other

9. Is there any other feedback you would like to share with us about your visit? (Use backside for more space)

Thank you!

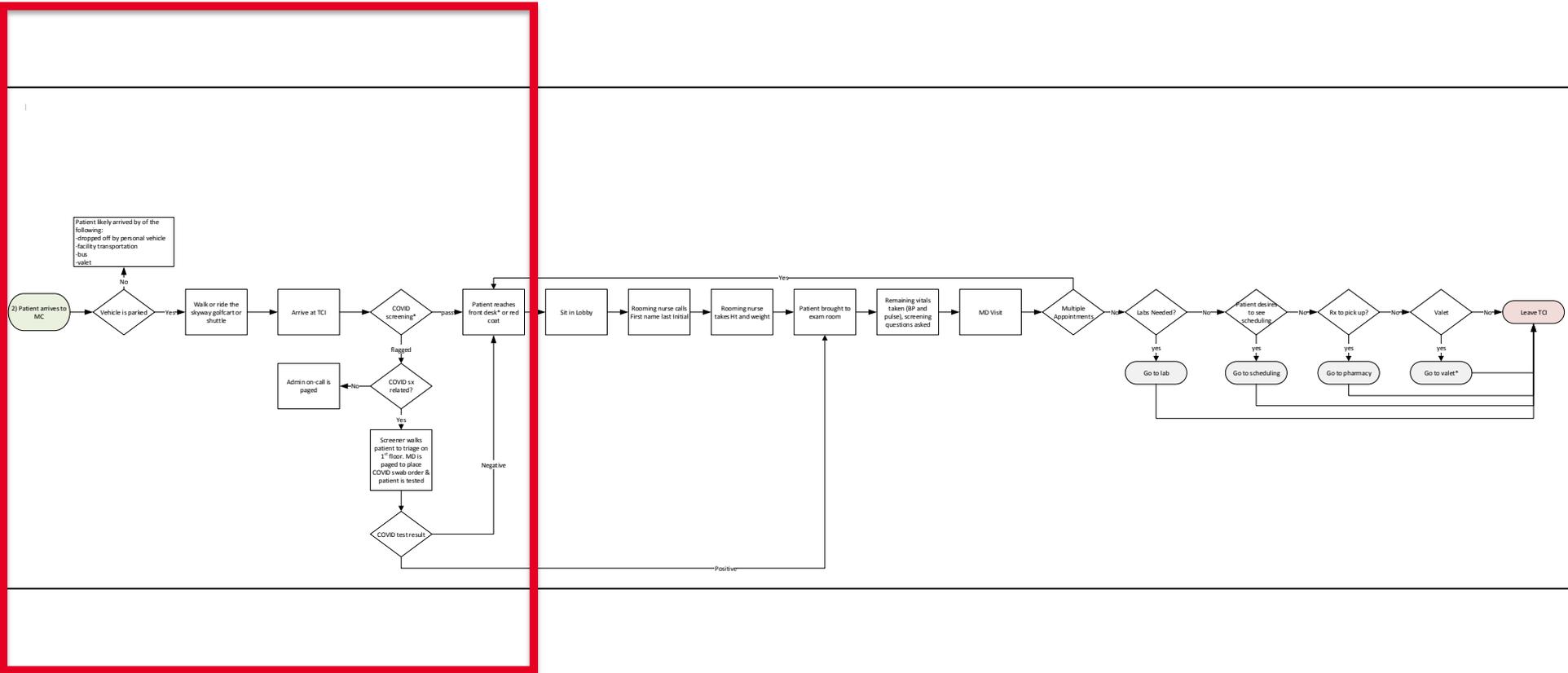
In-Person Flowchart

Bird's Eye



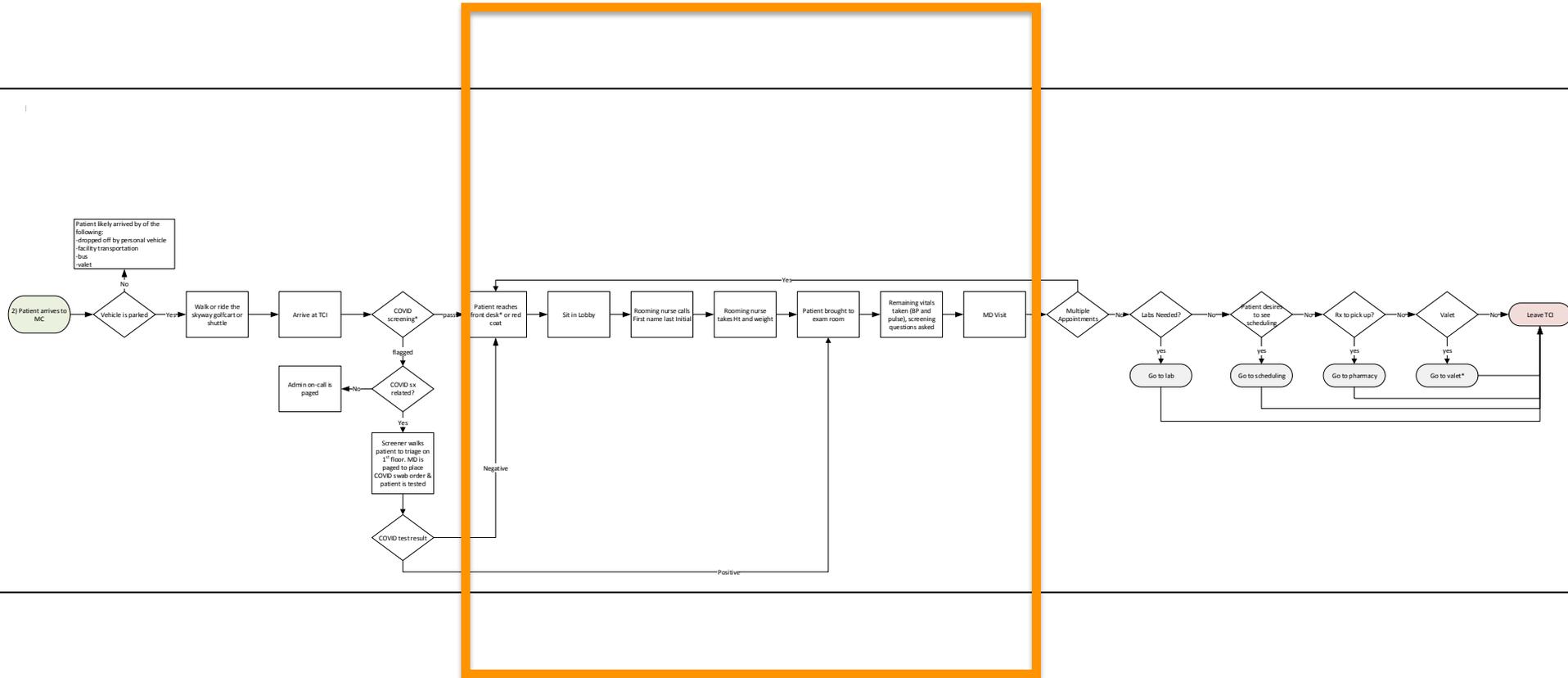
In-Person Flowchart

Bird's Eye



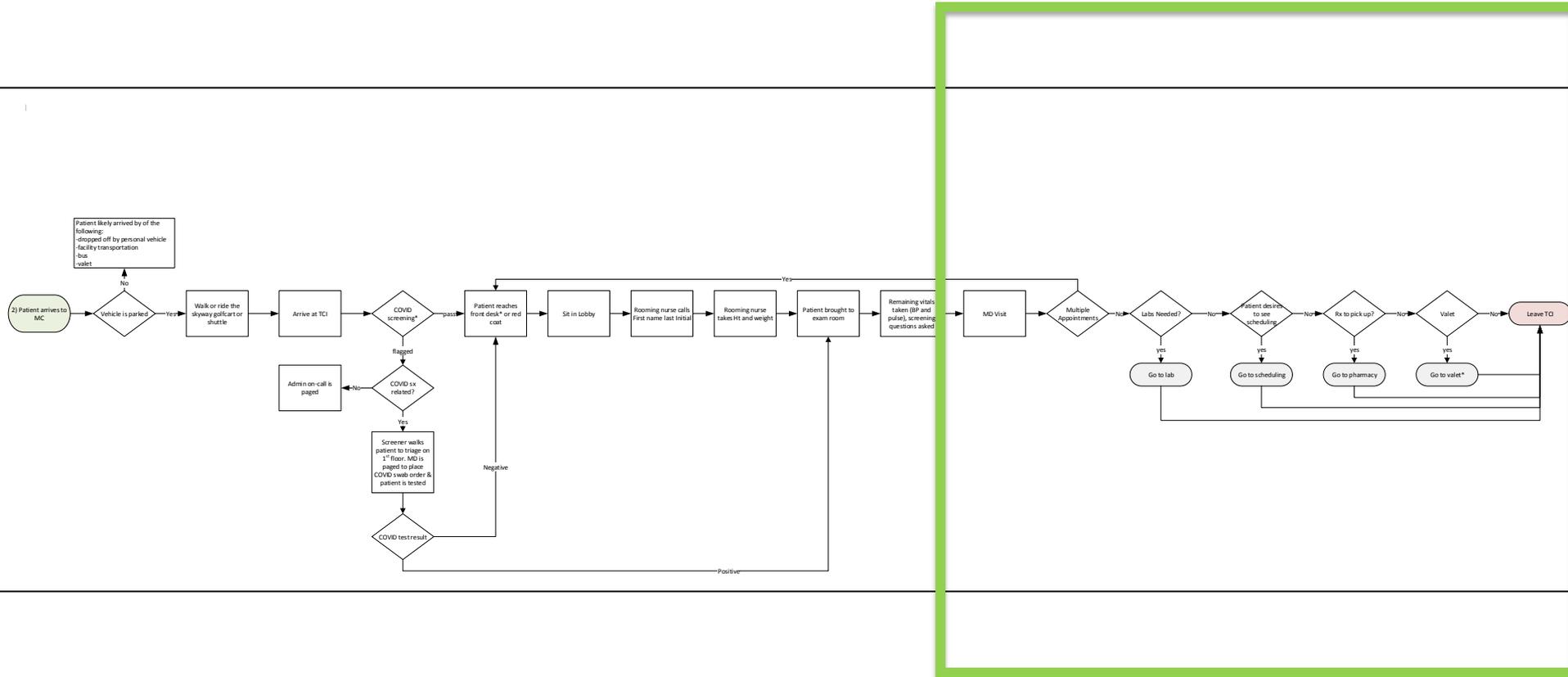
In-Person Flowchart

Bird's Eye



In-Person Flowchart

Bird's Eye



Process Map

- **Patients identified weekly**

Patients Identified Weekly

Hyperspace - Production - Production Central Region (PRD02/eap4) - HEMA MAIN CA 4

Epic IP Cht Rewv Encounter Appts Enter/Edit Tel Enc Letter MyChart Change Context... Scan Document Remind Me My SmartPhrases

TIFFANY ONGER Beacon

Schedule

Complete Sch Open Slots Events Orders Show Orders Charting Open Case Print AVS Review Change Prov SmartSets Enter/Edit Enc Summary Immunization Clinic More

Jun 15, 2021 Today GI Status Total: 39 Preview

	Race	Time	Video	Last Event	Provider	Patient	Length	Checked In	Proc/Visit Type	Sched Status	Progress Status	No
	Black	9:00 AM		Appointment Scheduled			30		Est Treatment Follow Up	Scheduled	Scheduled	
	Black	9:30 AM		Appointment Scheduled			30		Est Treatment Follow Up	Scheduled	Scheduled	
	Black	9:30 AM		Appointment Scheduled			30		Est Patient	Scheduled	Scheduled	
	Black	11:00 AM		Appointment Scheduled			30		Est Patient	Scheduled	Scheduled	
	Black	2:00 PM		Appointment Scheduled			60		New Patient	Scheduled	Scheduled	
	Unavail	10:30 AM		Appointment Scheduled			30		Provider Specialty Phone Call	Scheduled	Scheduled	
	White	7:20 AM	<input type="checkbox"/>	Appointment Scheduled			20		Video Spec Est	Scheduled	Scheduled	
	White	8:00 AM		Appointment Scheduled			30		Est Treatment Follow Up	Scheduled	Scheduled	
	White	8:00 AM		Appointment Scheduled			30		Est Patient	Scheduled	Scheduled	
	White	8:30 AM		Appointment Scheduled			30		Est Treatment Follow Up	Scheduled	Scheduled	
	White	8:30 AM		Appointment Scheduled			60		Con Int Patient	Scheduled	Scheduled	
				Appointment								
									Est Treatment			

Dept: HEMA MAIN CA 4

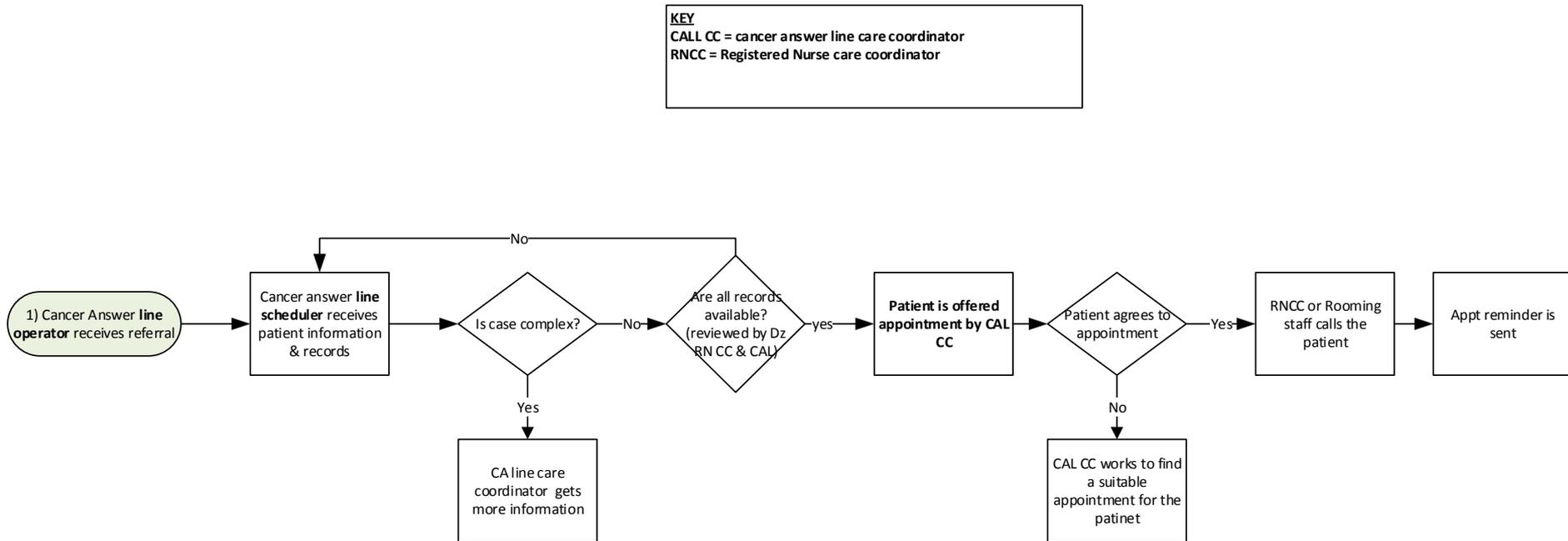
+ Create

My Schedule

Process

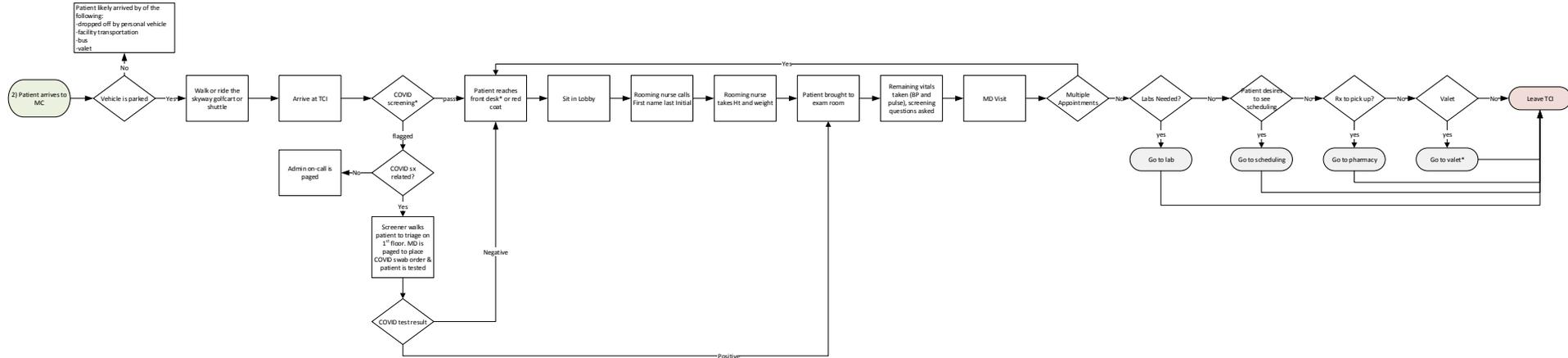
- Patients identified weekly
- Staff notified via email
- Team Member is physically present to remind staff before and after patient visit
- *Warm handoff: “Mrs Jones, I wanted to share with you that I am working with a fellow/social worker today who is on a team to help improve the patient experience here at Taussig. Would you be willing to chat with her briefly? I don’t expect the conversation to last longer than 10 minutes.”*
- Survey administered OR patient goes home.
- Survey data is stored in RedCap
- Goal number of initial surveys = 30

Telephone Flowchart



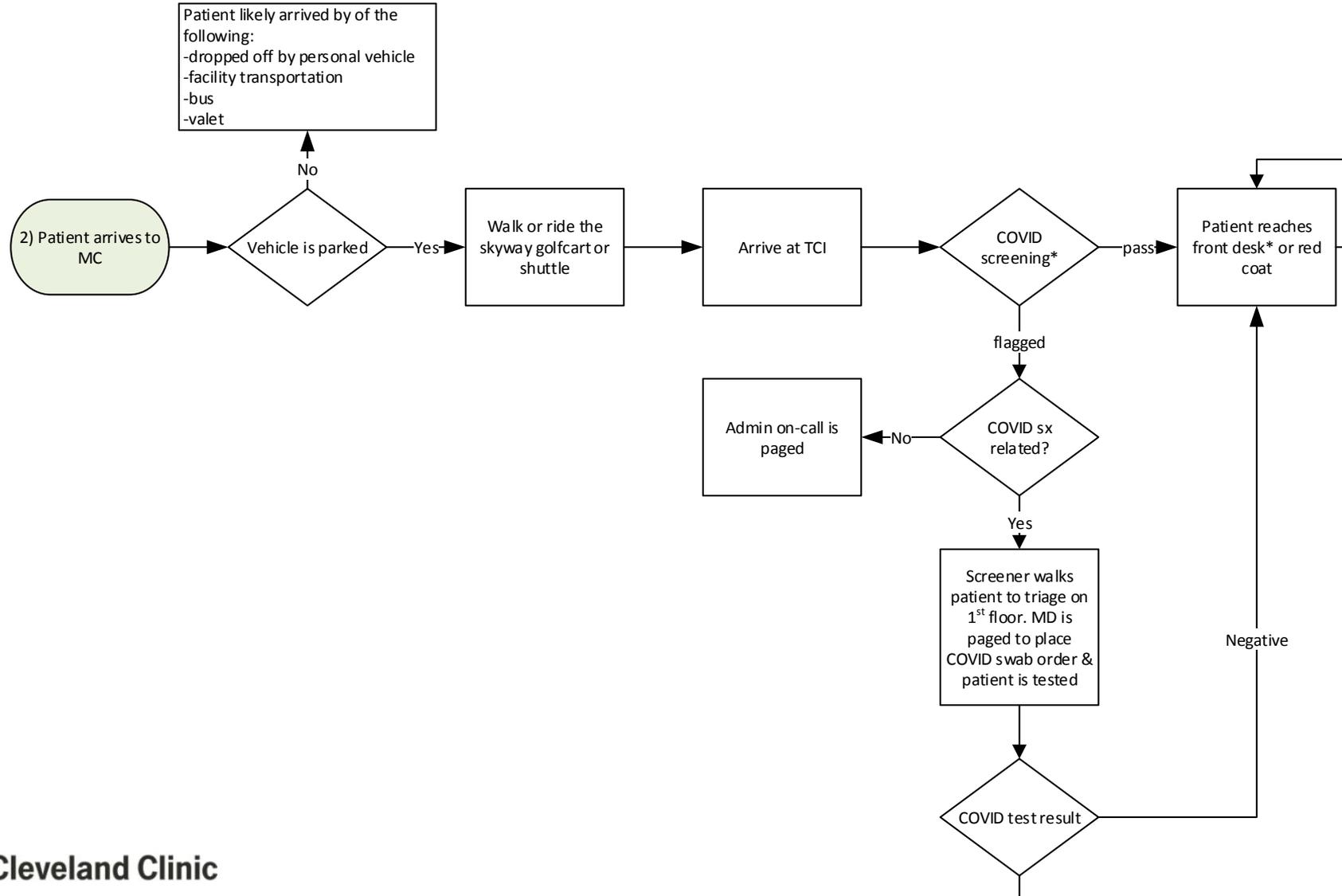
In-Person Flowchart

Bird's Eye



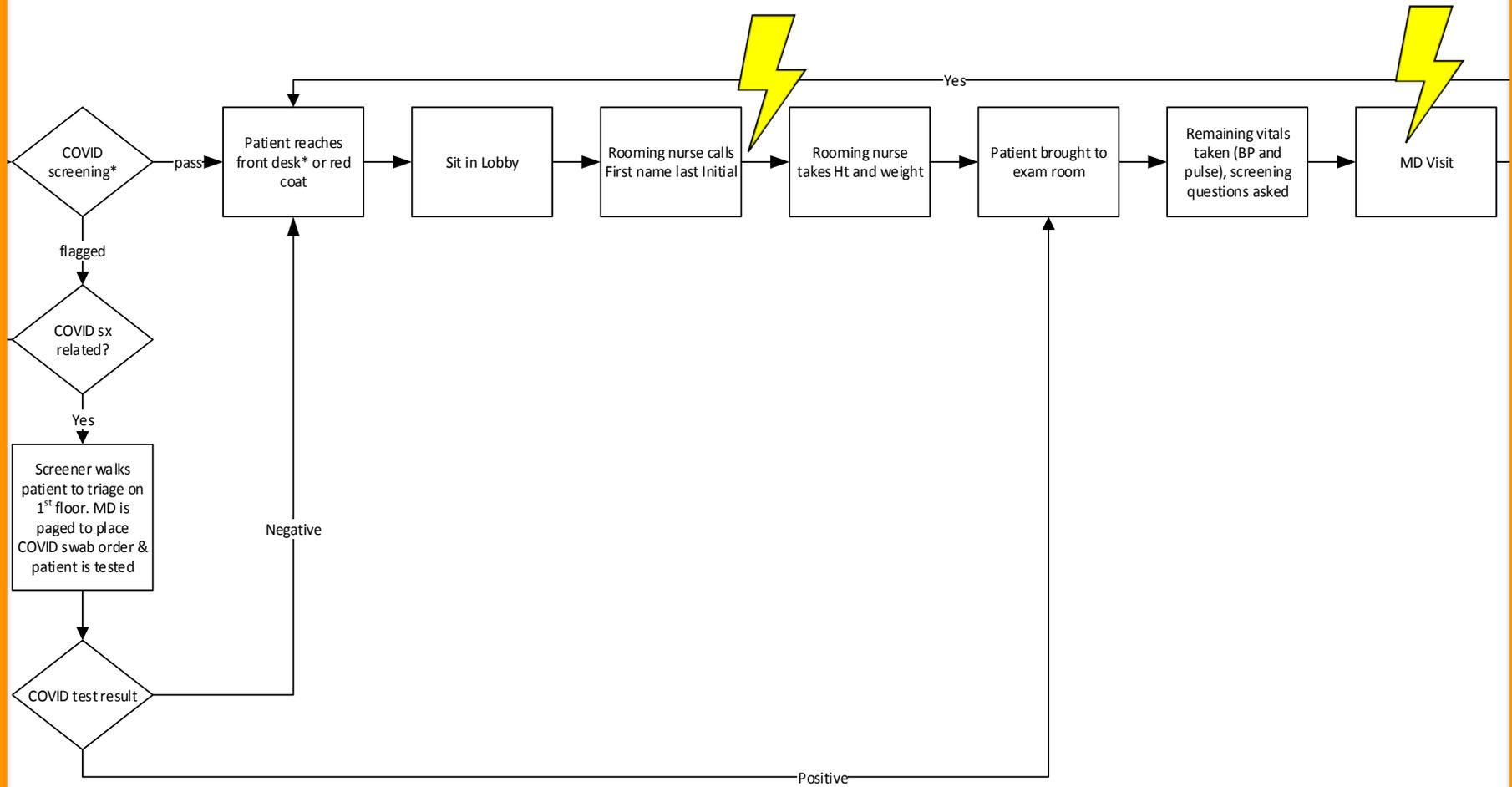
In-Person Flowchart

Arrival → Front Desk



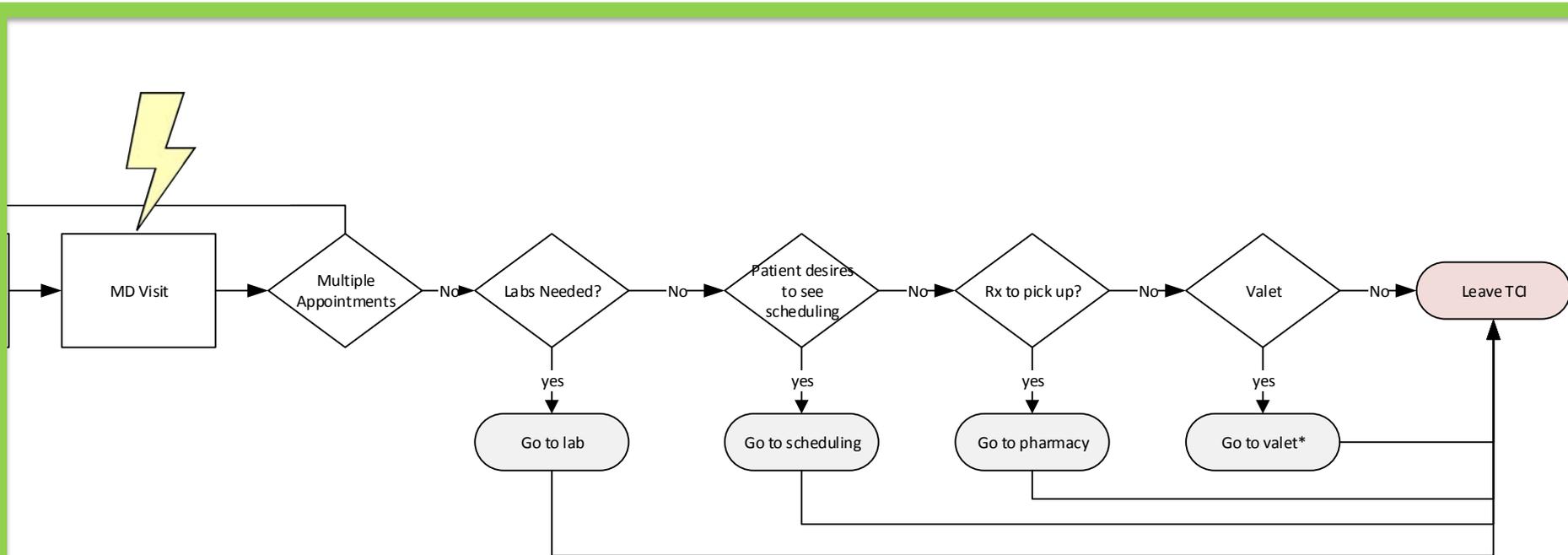
In-Person Flowchart

COVID Screen → MD Visit



In-Person Flowchart

MD Visit → Leave TCI



Diagnostic Data-Qualitative

- “It felt cold”
- “Treated like a drug-addict”
- “If it weren’t for my doctor, I would have left”
- “Didn’t explain things to me”
- “No one asked me how to pronounce my name”
- “I was called by my first name”

Aim Statement

AIM Statement: TBD

Outcome measure vs Process measure

Measures

- Measure: Percentage of patients who state that they are addressed the way that they prefer by every employee at our cancer center.
- Patient Population: Oncology patients in breast and GI clinics who have “Black/African-American” listed as their race in the EMR
- Calculation Methodology: percentage
- Data Source: Survey
- Data Collection Frequency: Initially, 2-3 times weekly for a whole day

Measures – Data Quality

- Survey responses may trend towards positive answers depending on the oncologist or the clinic
- Survey responses may trend towards positive answers when administered via surveyor (vs in private)
- Open-ended question may or may not be fully utilized depending on the surveyor
- Open-ended question may or may not be fully utilized when surveys are conducted independently

Baseline Data

Surveys are yet being conducted...

Lessons Learned

- An ID team is key to diversity of thought
- Patient representation is invaluable and will provide insight that is missed by those “on the inside”
- Confer early with champions and leadership
- Partner with a strong co-leader to share the responsibility
- Remember the difference between research and QI (eg: control groups, IRB approval, etc)



Every life deserves world class care.