

ASCO Quality Training Program

Project Title: The journey to QOPI certification

Presenter Name: Omar Peña-Curiel, MD

Institution: Hospital Zambrano Hellion, TecSalud

Date: December, 2018

Institutional Overview



Private practice dedicated Breast Cancer Center (BCC) in the Hospital Zambrano Hellion (HZH) complex in San Pedro Garza García in the state of Nuevo León, México.



TecSalud

Sistema de Salud del
Tecnológico de Monterrey

Breast Cancer Center staff:

- *Breast surgeons: 7*
- *Breast medical oncologist: 2*
- *Radiation oncologist: 2*
- *Breast imaging specialist: 5*
- *Breast pathologist: 1*
- *Medical geneticist: 1*
- *Psycho-oncologist: 1*
- *Nutritionist: 1*
- *Lymphedema specialist: 1*
- *Patient navigator: 1*
- *Nurse practitioners: 4*
- *Front desk personnel: 7*

Breast oncology fellowship program:

- *Breast medical oncology: 1*
- *Breast surgery: 2*
- *Breast imaging: 1*



Problem Statement

A retrospective abstraction of 20 patients' chart between August to December 2017, resulted in only 47% compliance with the 84 QOPI metrics at the Zambrano Breast Cancer Center.

Team Members

Project sponsor



Mauricio Canavati
*Breast Cancer
Center Director*

Project coordinators



Cynthia Villarreal
*Chief of Breast
Medical Oncology*



Omar Peña
*Breast Medical
Oncologist*

Data collection



Katia Zarzar
*Breast Cancer
Navigator*



Alejandra Garza
*Infusion Therapy
Physician*

Organizational development



Karen Velázquez
*Breast Cancer
Nurse*



Janeth Castro
*Breast Cancer
Nurse*

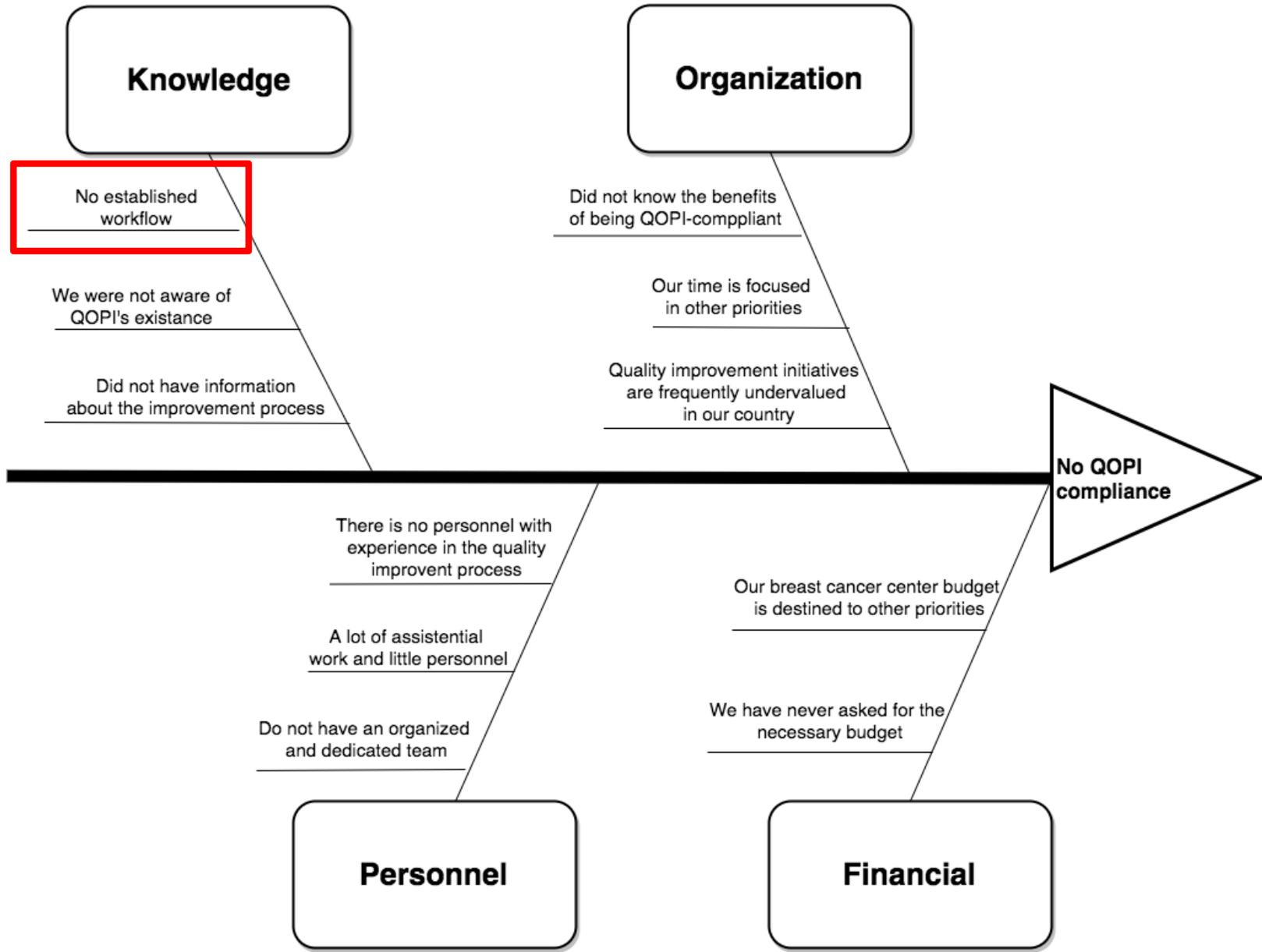
Data coordinator



Héctor Díaz
*Breast Medical
Oncology Fellow*

Team members	Role	Discipline
Karen Velázquez & Janeth Castro	Notes of the meetings and organization / implementation of the process feedback. Development of project process maps (together with Omar).	Nurses
Katia Zarzar & Alejandra Garza	Organization and creation of the "pre-consultation" dedicated to collecting the data of the first-time visit note.	General physicians
Héctor Díaz	Coordination of the pre-consultation visit. Development of project process maps.	Medical oncologist
Cynthia Villarreal & Mauricio Canavati	Sponsors of the project, coordination of the meetings and facilitation of the development process.	Medical oncologist / Breast surgeon
Omar Peña	Project coordinator, data collection and analysis, presentation of results.	Medical oncologist

Cause & Effect Diagram



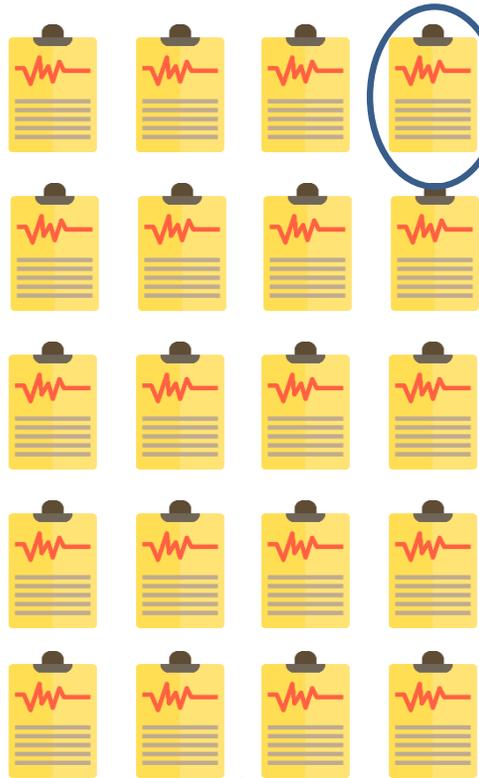
Diagnostic Data

20 medical records
(Aug-Dec 2017)

QOPI metrics (84)

Analysis of the
extracted data

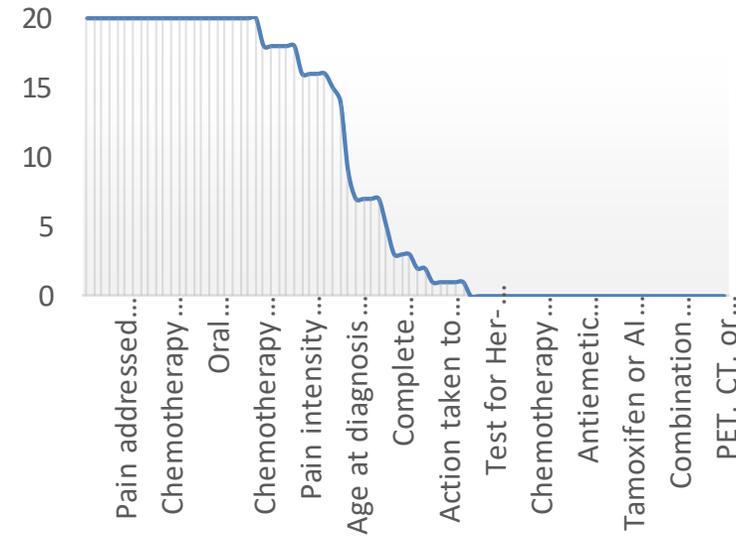
PDSA planning



49 Core

11 Symptoms/Toxicity

24 Breast cancer



- Word-based template EHR.
- Electronic audit form.
- Monday meeting workflow.

Hand-extraction of data from 20 consecutive medical records.

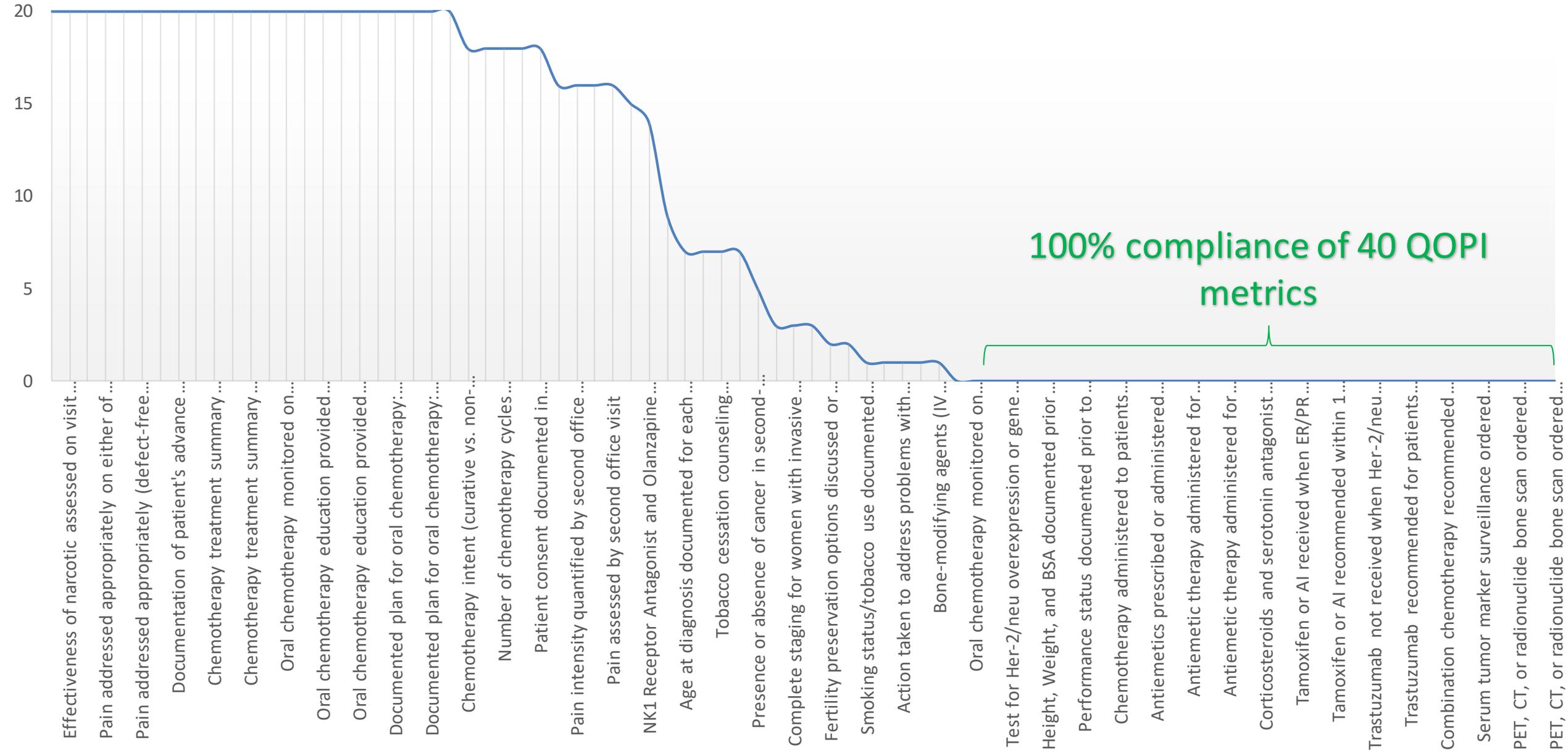
Development of a web-based form (checklist) to evaluate each of the 84 QOPI metrics.

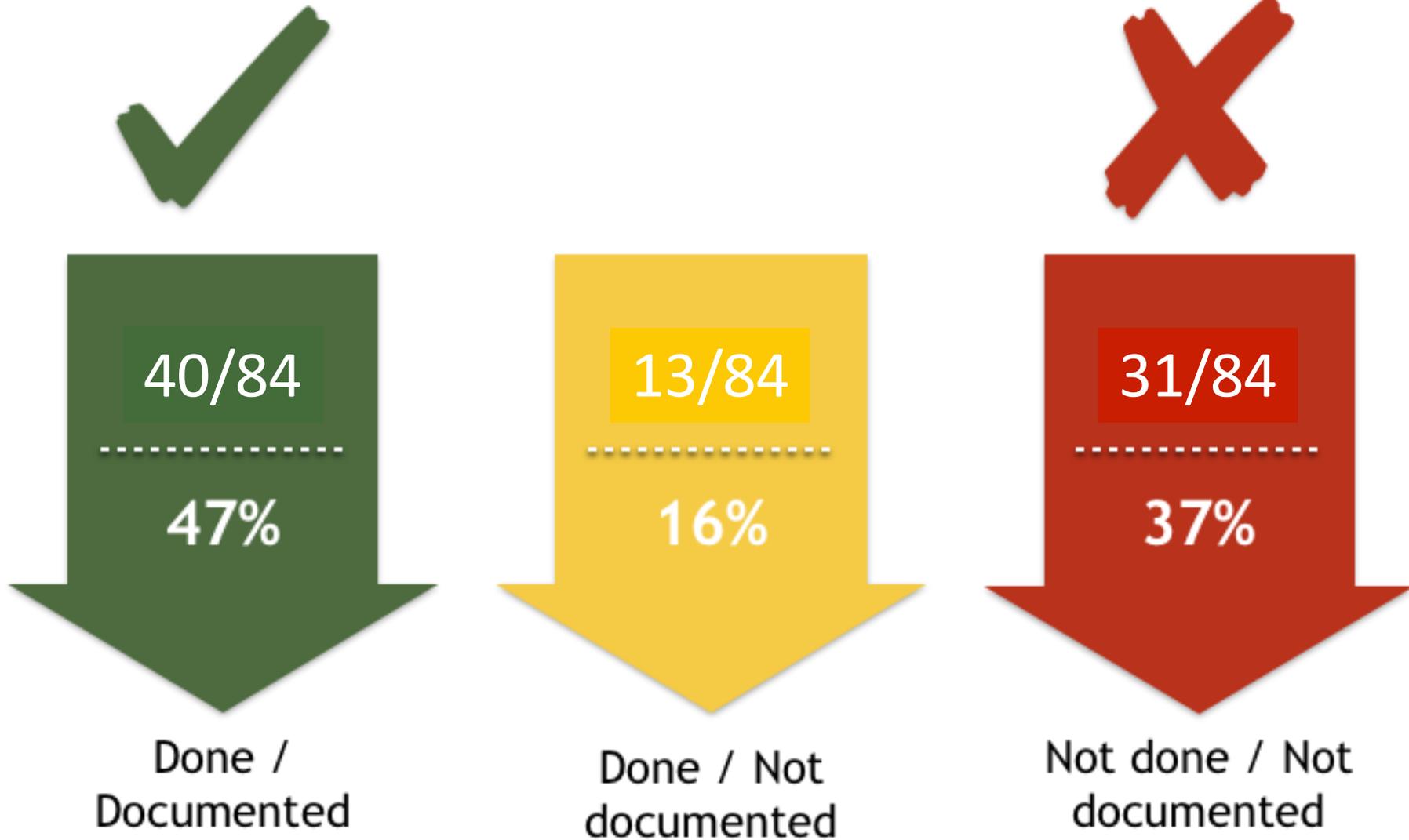
Histogram of failed QOPI metrics from all 20 medical records and grouping.

Monday meeting proposal of PDSA cycles.

Number of failed QOPI metrics from the 20 audited (baseline) medical records

August 1 – December 31, 2017





13 QOPI metrics under the grouping of “doing / not-documenting”

QOPI metric	Module	Grouping
Complete family history documented for patients with invasive breast cancer (defect-free measure, 49a - 49c)	Breast 49	Oncologic history
Presence or absence of cancer in first-degree blood relatives documented	Breast 49a	Oncologic history
Presence or absence of cancer in second-degree blood relatives documented	Breast 49b	Oncologic history
Age at diagnosis documented for each blood relative noted with cancer	Breast 49c	Oncologic history
Chemotherapy intent (curative vs. non-curative) documented before or within two weeks after administration	Core 10	CT planning
Chemotherapy intent discussion with patient documented	Core 11	CT planning
Number of chemotherapy cycles documented	Core 12	CT planning
Chemotherapy planning completed appropriately (defect-free measure, 9, 10, 12)	Core 13	CT planning
Signed patient consent for chemotherapy	Core 14	Consent form
Patient consent documented in practitioner note	Core 15	Consent form
Smoking status/tobacco use documented in past year	Core 21aa	Other
Patient emotional well-being assessed by the second office visit	Core 24	Other
Pain assessed by second office visit	Core 3	Other

Aim Statement

Achieve 80% compliance of the 13 QOPI metrics grouped under “doing / not-documenting”, for every newly diagnosed breast cancer patient at our BCC by December 5, 2018.

Measures

- **Measure:** 13/84 QOPI metrics from the ASCO-QOPI guidelines.
- **Patient population:** Every new patient consulted by the medical oncologist from August – December 2018.
- **Calculation methodology:** 13/84 missing *Core* and *Breast* metrics according to current QOPI guidelines.
- **Data source:** Medical records using our personalized reporting form.
- **Data collection frequency:** From the first-time visit of every new patient. Completion analysis will be performed in a bi-weekly basis with a personalized electronic audit form.
- **Data quality (any limitations):** The personalized document is subject to off-time filling.

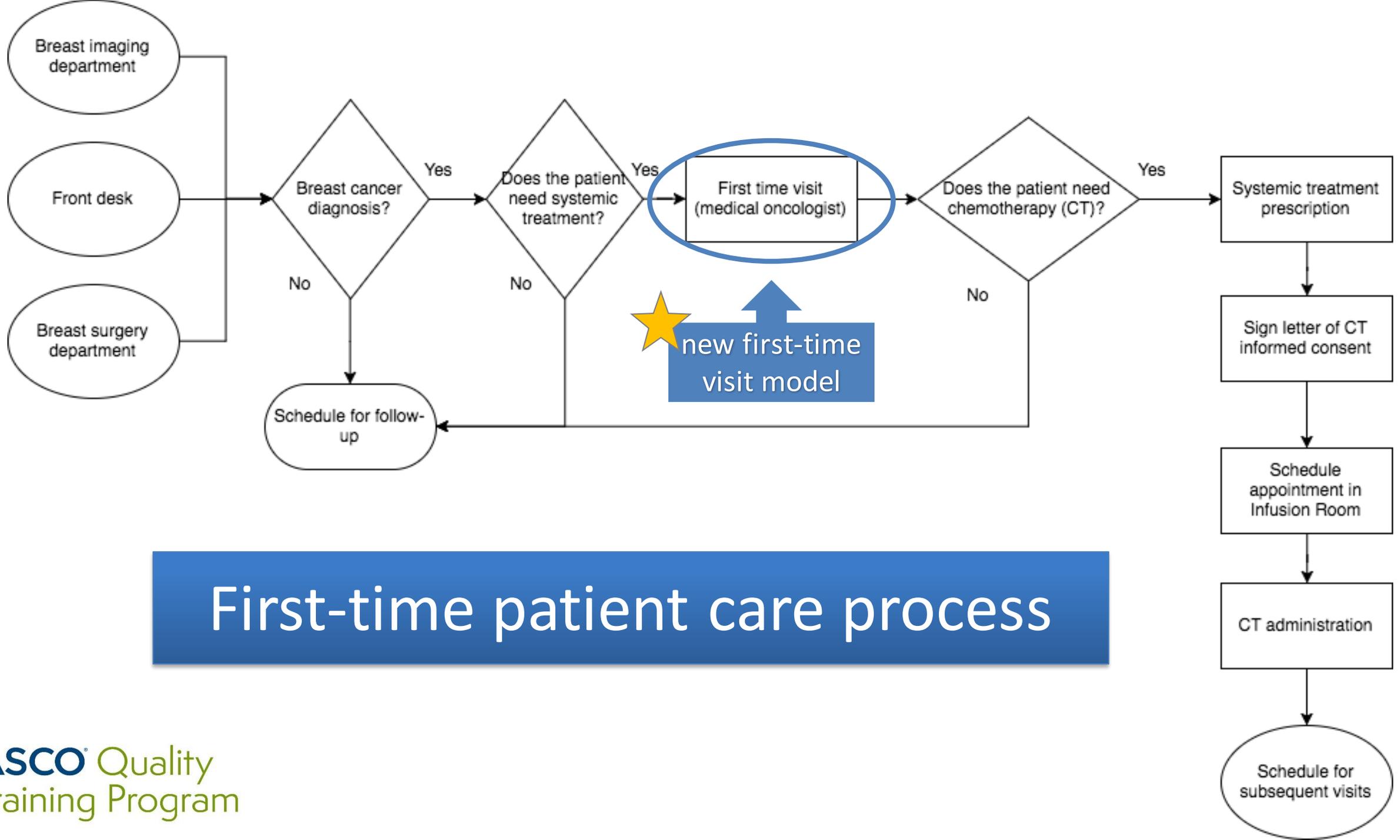
Prioritized List of Changes (Priority/Pay –Off Matrix)

Impact	High	<ul style="list-style-type: none">• Creation of a new first-time visit model• Creation of the first-time patient care process	<ul style="list-style-type: none">• Creation of the word template for the first-time visit note.
	Low		
		Easy	Difficult

Ease of Implementation

PDSA Plan (test of change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps
Aug-Sep 2018	<ul style="list-style-type: none">• Creation of a new first-time visit model• Creation of the first-time patient care process• Creation of the word template for the first-time visit note.	Increased consistency of workflow of all providers and increase QOPI compliance from 0% to 50%	Monitor charting
	<ul style="list-style-type: none">• Time point: Aug-Sep 2018.• Methods: implementation of the first-time visit model and Word-based template.		

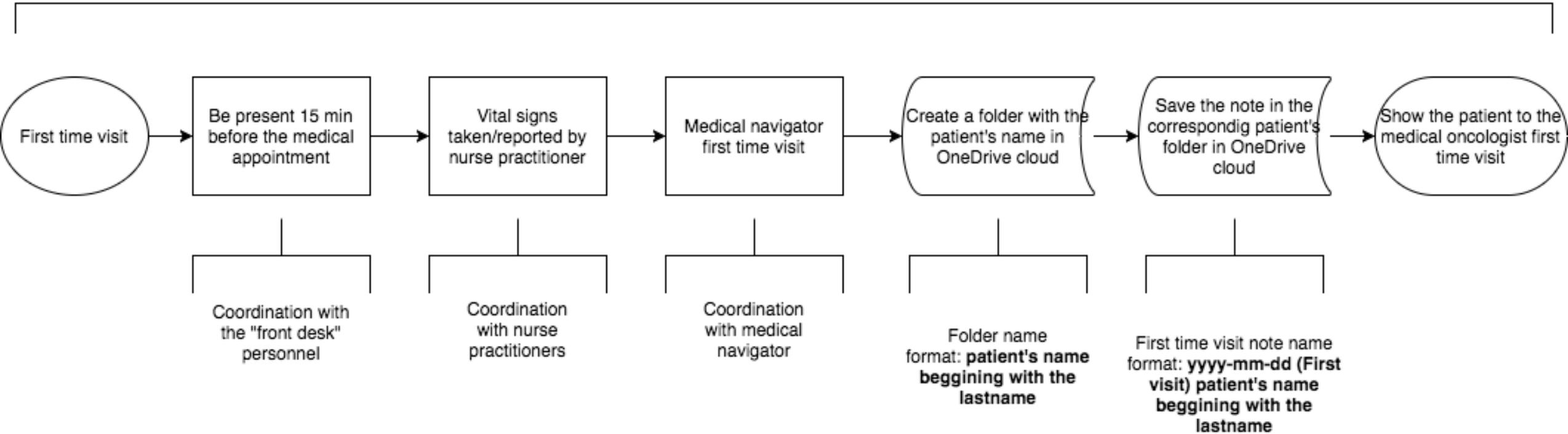


First-time patient care process



New first-time visit model

mean time to completion: 6:30 minutes



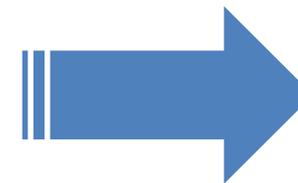
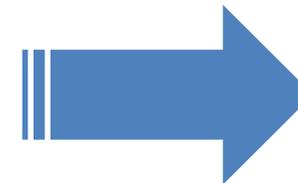
Materials Developed



Modules

1 Module:
Core 21aa

4 Modules:
Breast 49-49c



First time visit

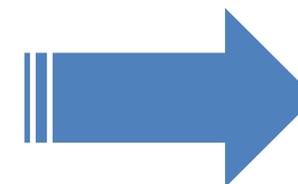
Date						To be defined	
Name						Age	
Date of birth				Nationality: other			
Karnofsky	ECOG	BP	HR	RR	T	Weight	Height
100	0						

Past medical history

Social history	Originary from: . Living in: . Marital status: . Children: . Scholarship . Profession . Other .
Gynecologic history	Menarche: . LMP: . G . P . C . A . Age of first term pregnancy: . FPM <input type="checkbox"/> . HRT <input type="checkbox"/> . Date and result of cervical smear (Pap smear): . Other: .
Personal history	Smoking status <input type="checkbox"/> . Alcohol use <input type="checkbox"/> . Illegal substance abuse <input type="checkbox"/> . Exercise <input type="checkbox"/> . Other: .
Medical history	Medical <input type="checkbox"/> . Surgical <input type="checkbox"/> . Blood transfusion <input type="checkbox"/> . Allergies <input type="checkbox"/> . Other <input type="checkbox"/> .
Oncologic family history	1. Grandparents (paternal): <input type="checkbox"/> . 2. Grandparents (maternal): <input type="checkbox"/> . 3. Parents: <input type="checkbox"/> . 4. Siblings: <input type="checkbox"/> . 5. Children: <input type="checkbox"/> . 6. Other: <input type="checkbox"/> .

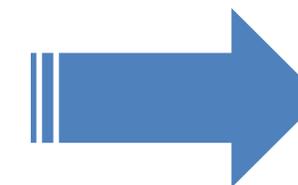
Modules

First time note	
Chief complaint	█.
Present illness	█.
Subjective	█. Pain <input type="checkbox"/> , site █, VAS <input type="checkbox"/> , █. Emotional wellbeing <input type="checkbox"/> , 0. Other █.
Physical exam	█.
Laboratory/Imaging	█.
Analysis	█.
Diagnosis	█, clinical stage: <input type="checkbox"/> , █.
Plan	█.
Prognosis	█.



2 Modules:
Core 3, 24

Oncologic treatment planning	
Informed consent	It is explained that the treatment has curative intent. Likewise, the objective, risks and benefits of the systemic treatment are explained thoroughly and the letter of informed consent is signed. Furthermore, it is explained that the cytotoxic drug(s) and dose(s) to be delivered is(are): █, which will be administered every █ week(s) for a total of █ cycles.



6 Modules:
Core 10-15

QTP-Zambrano audit form

Audit form to evaluate the implemented QOPI

* Required

1. Patient name *

2. Date of first visit *

3. Pain assessed by second office visit (Core 3)

Yes

No

4. Patient emotional well-being assessed by the second office visit (Core 24)

Yes

No

5. Smoking status/tobacco use documented in past year (Core 21aa)

Yes

No

6. Chemotherapy prescribed?

Yes

No

No documentado

Submit

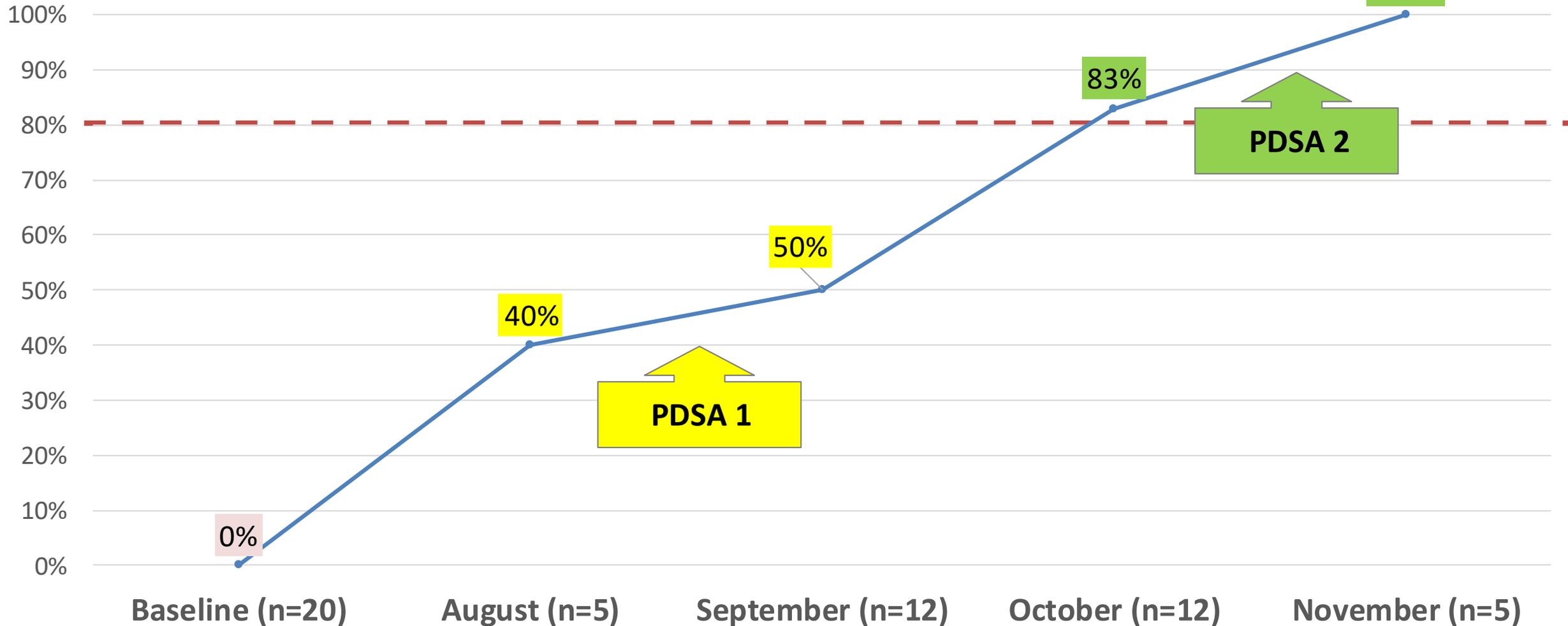
- Electronic form for the bi-weekly review of the inputted data from the developed Word-based first time visit template.

PDSA Plan (test of change)

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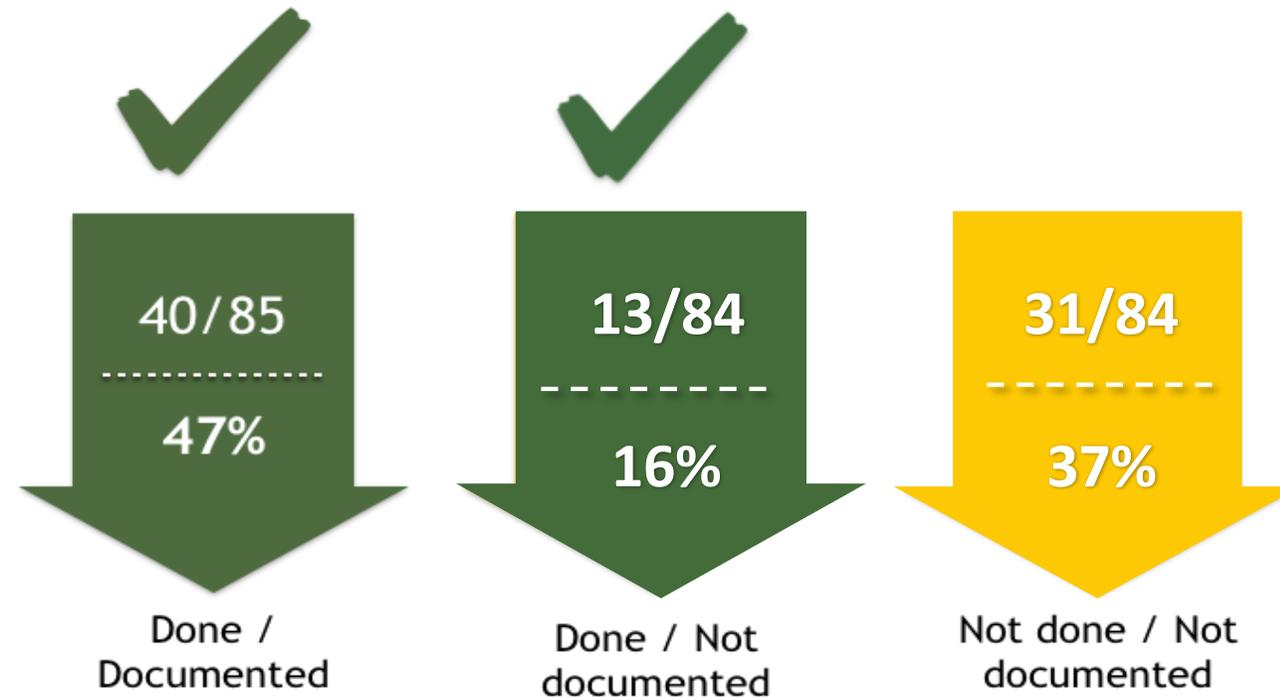
Change Data (PDSA 1 & 2)

Percentage of QOPI compliance for the 13 metrics in every newly diagnosed/treated patient
(August-November 2018)



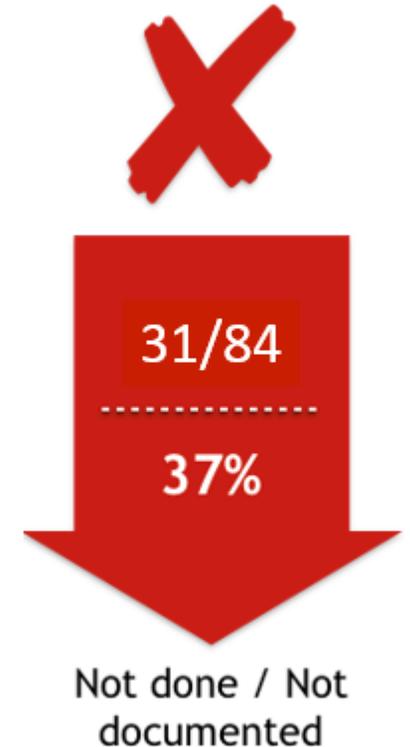
Conclusions

- Over a 6-month period, we are now meeting 53 of the 84 QOPI metrics.
- This resulted in an increase from 47% to 63% compliance of the 84 QOPI metrics



Plan for Sustainability

- Develop monthly review sessions to maintain our new standard in QOPI-compliance.
- PDSA 3 – Develop process for the next 31 QOPI-metrics



QOPI certification process

NDA agreement
signed
(ASCO-QOPI)

Update of personal data
transfer policy
(ongoing)

Access to QOPI
database
(pending)

Aug 2018

Nov 2018

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