

**Project Title:** It's Complicated: Hospital Discharge Follow Up Scheduling

**Presenter's Name:** Elizabeth Prsic, MD  
Firm Chief for Medical Oncology Operations & Quality  
Director, Adult Inpatient Palliative Care

**Institution:** Yale New Haven Hospital | Yale Cancer Center

Date: June 18, 2021

# Institutional Overview

## Yale Cancer Center - Smilow Cancer Hospital

- NCI-Designated Comprehensive Cancer Center
- >235,000 outpatient visits per year
- 15 Smilow Cancer Hospital Care Centers
- 13 Multidisciplinary Cancer Programs
- 45% of Connecticut cancer care
- Inpatient 168 beds, including 28 medical oncology



# Team Members

Name	Role	Organization
Elizabeth Prsic, MD	Team Lead	Firm Chief for Medical Oncology Operations & Quality; Director of Adult Inpatient Palliative Care
Tracy Carafeno MS, RN, CNML	Team Member	Nursing Director, Smilow Inpatient
Hari Deshpande, MD	Team Member	Director, Medical Oncology Consult Service
Jenny Xiang, MD	Team Member	Yale Internal Medicine Chief Resident in Quality and Safety
Duncan Phillips, MBA	Coach	ASCO
Devika Das, MD, MSHQS	Coach	ASCO

# Problem Statement

From January 2020 through December 2020...

Overall, **48%** of Smilow Cancer Hospital patients being discharged **have** an outpatient oncology provider follow up appointment scheduled within 14 days of discharge.

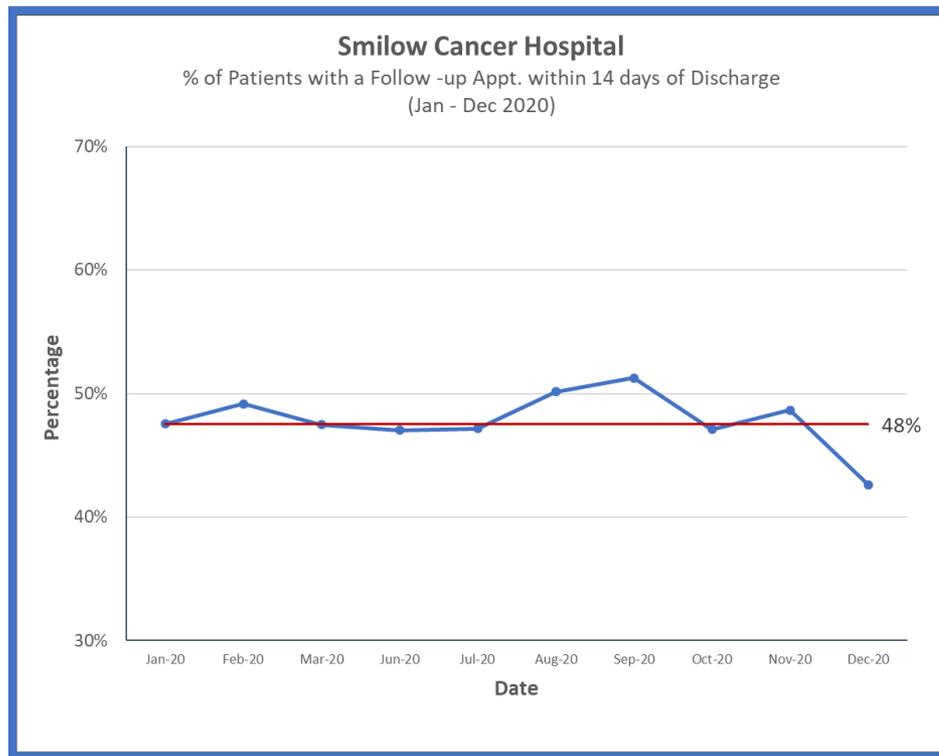
Lack of scheduled follow up can lead to delays in patient care, negatively impact provider communication and disrupt care coordination.

# Outcome Measure

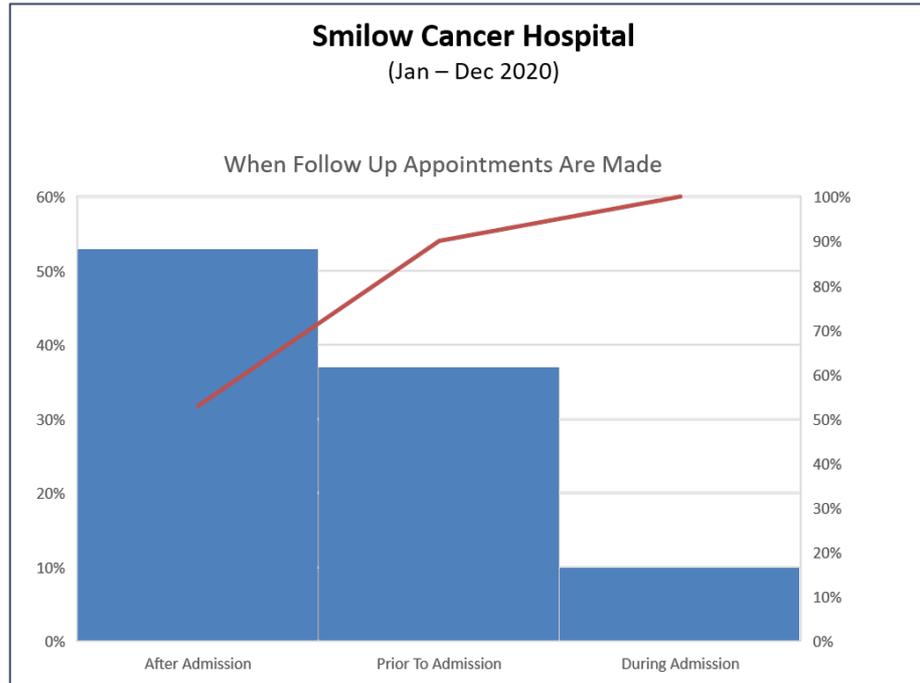
## Baseline data summary

Item	Description
Measure:	% patients with post-hospitalization follow up appointments within 14 days of discharge
Patient Population: (Exclusions, if any)	Smilow Cancer Hospital medical oncology patients admitted to Yale New Haven Hospital
Calculation Methodology: (i.e. numerator & denominator)	<p><b>Numerator:</b> Established medical oncology patients discharged from Yale New Haven Hospital <i>without</i> an appointment scheduled at discharge</p> <p><b>Denominator:</b> All established medical oncology patients discharged from Yale New Haven Hospital who require a scheduled follow up appointment</p>
Data Source:	Epic
Data Collection Frequency:	Monthly
Data Limitations: (if applicable)	New patients excluded, accuracy of disease groups, established care within Smilow

# Outcome Measure Baseline data



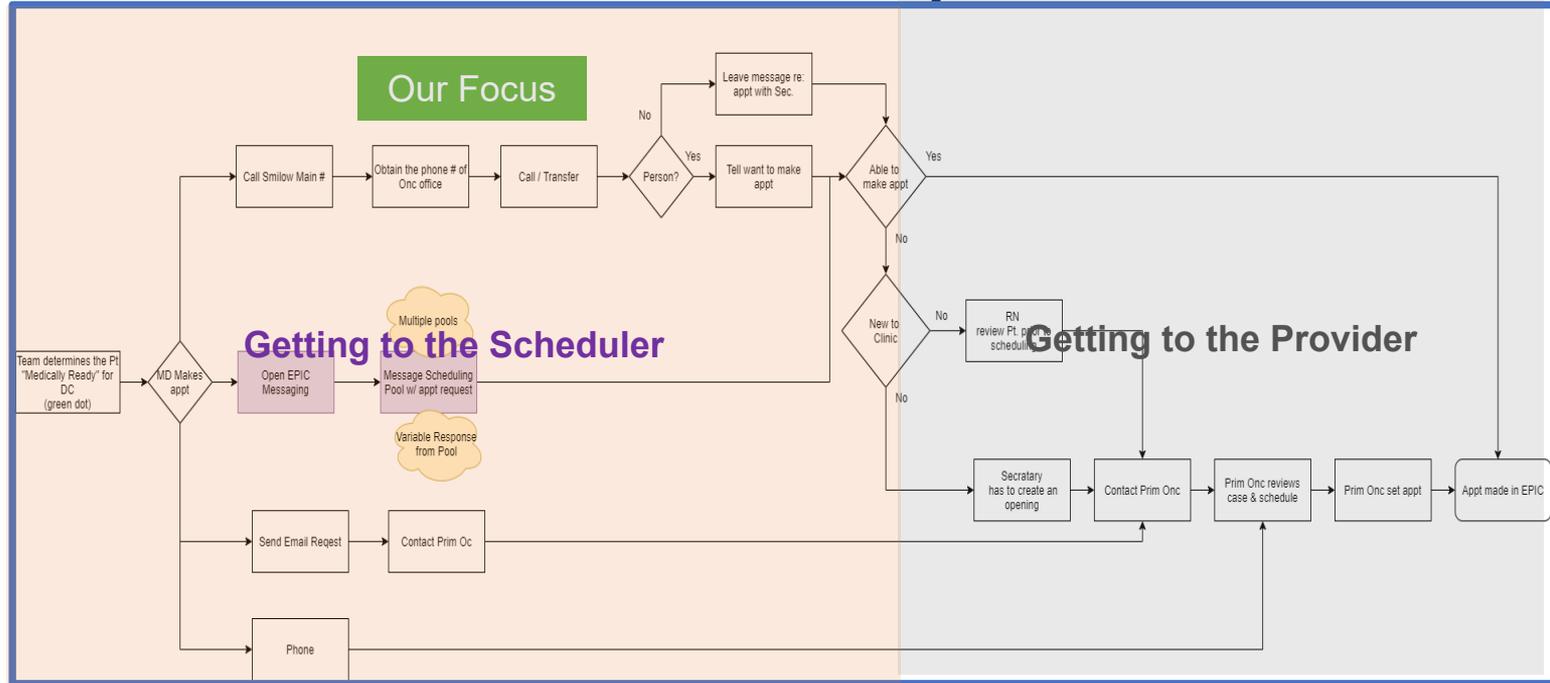
# Outcome Measure Baseline data



# Aim Statement

Increase the percent of Smilow Hospital Cancer patients who have a follow-up appointment scheduled at the time of discharge **from 48% to 58%**, by June 2021.

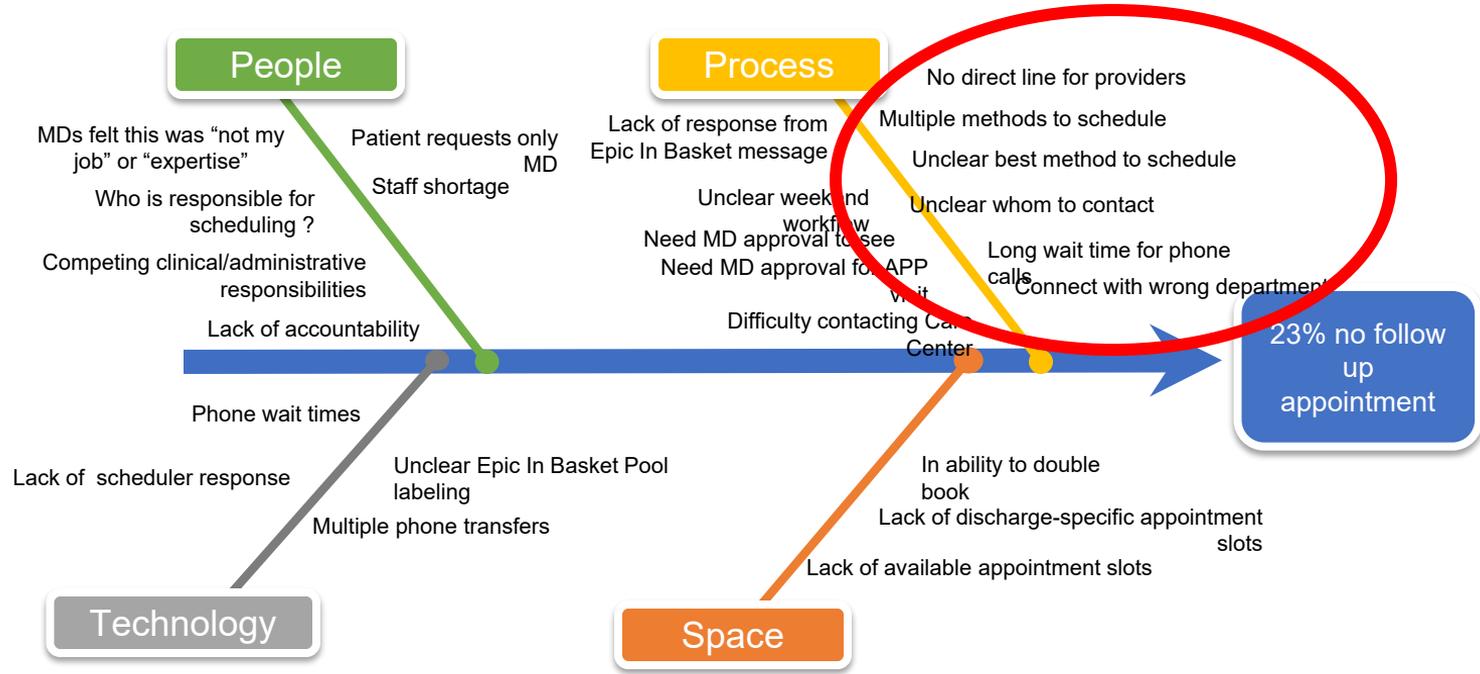
# Process Map



Very complex process with multiple methods and steps to reach schedulers

There are 2 sides of the process: 1) reaching schedulers and 2) schedulers reaching providers

# Cause and Effect diagram



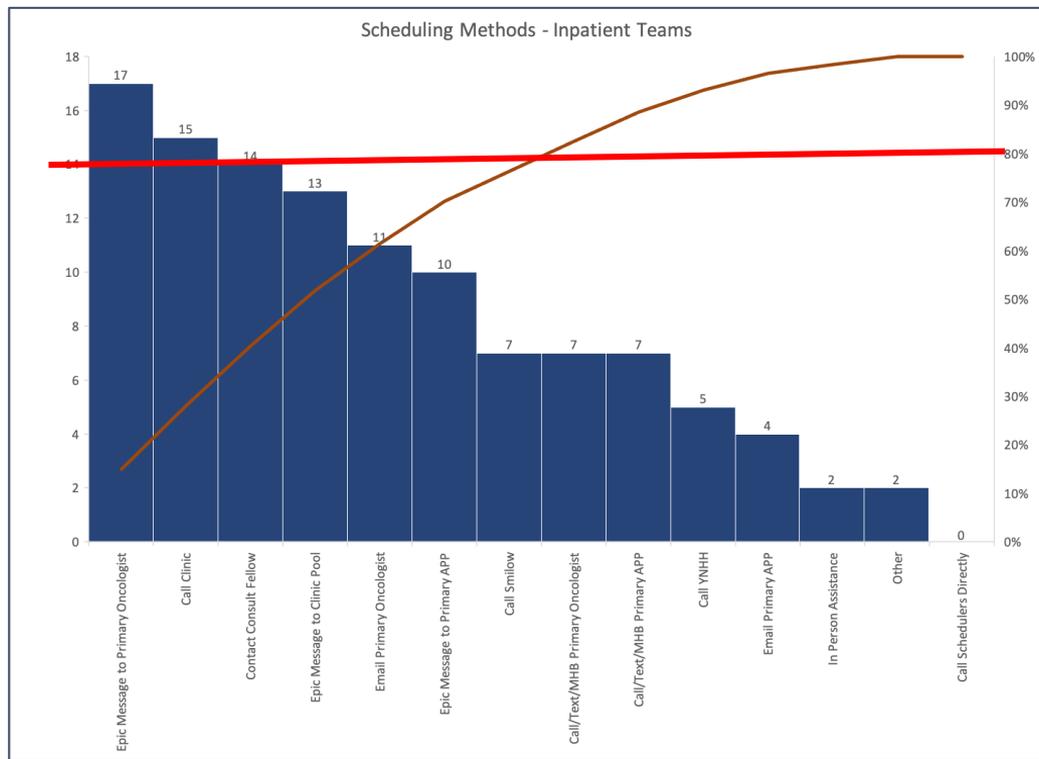
Majority of causes **process related**. Also, the providers scheduling appointments had many complaints, the outpatient schedulers did not

# Process Measure

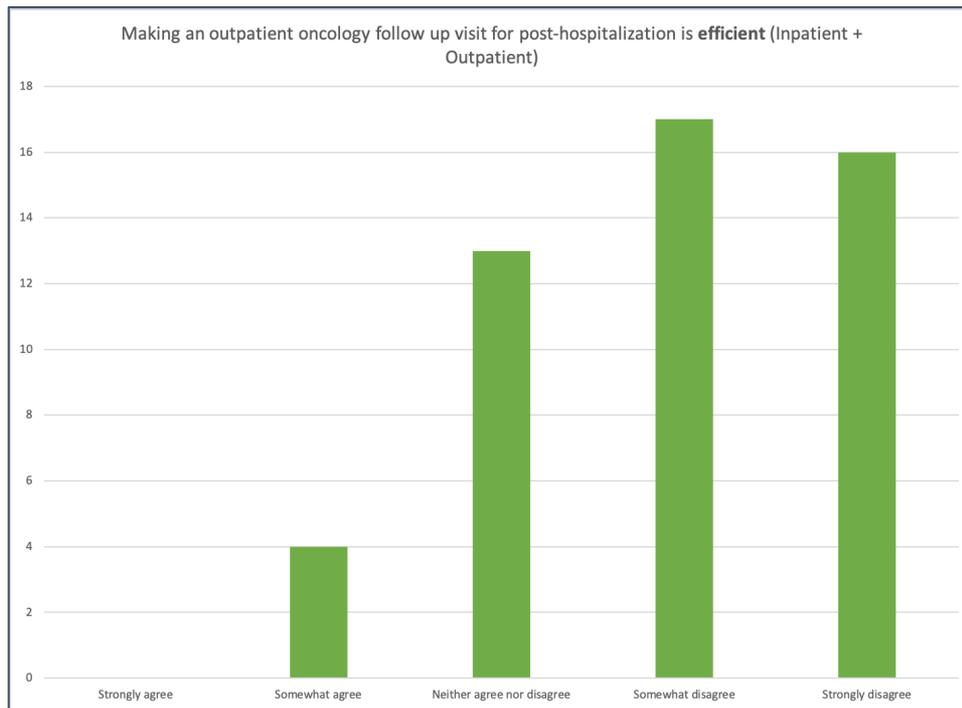
## Diagnostic Data summary

Item	Description
Measure:	Number of scheduling methods to obtain a follow-up appointment
Patient Population: <i>(Exclusions, if any)</i>	Smilow Cancer Hospital, medical oncology inpatients
Calculation Methodology: <i>(i.e. numerator &amp; denominator)</i>	Count of the number of different ways a provider can contact the scheduler to obtain a follow-up appointment
Data Source:	Qualtrics survey
Data Collection Frequency:	February 2021 and May-June 2021
Data Limitations: <i>(if applicable)</i>	Dependent on survey response rate

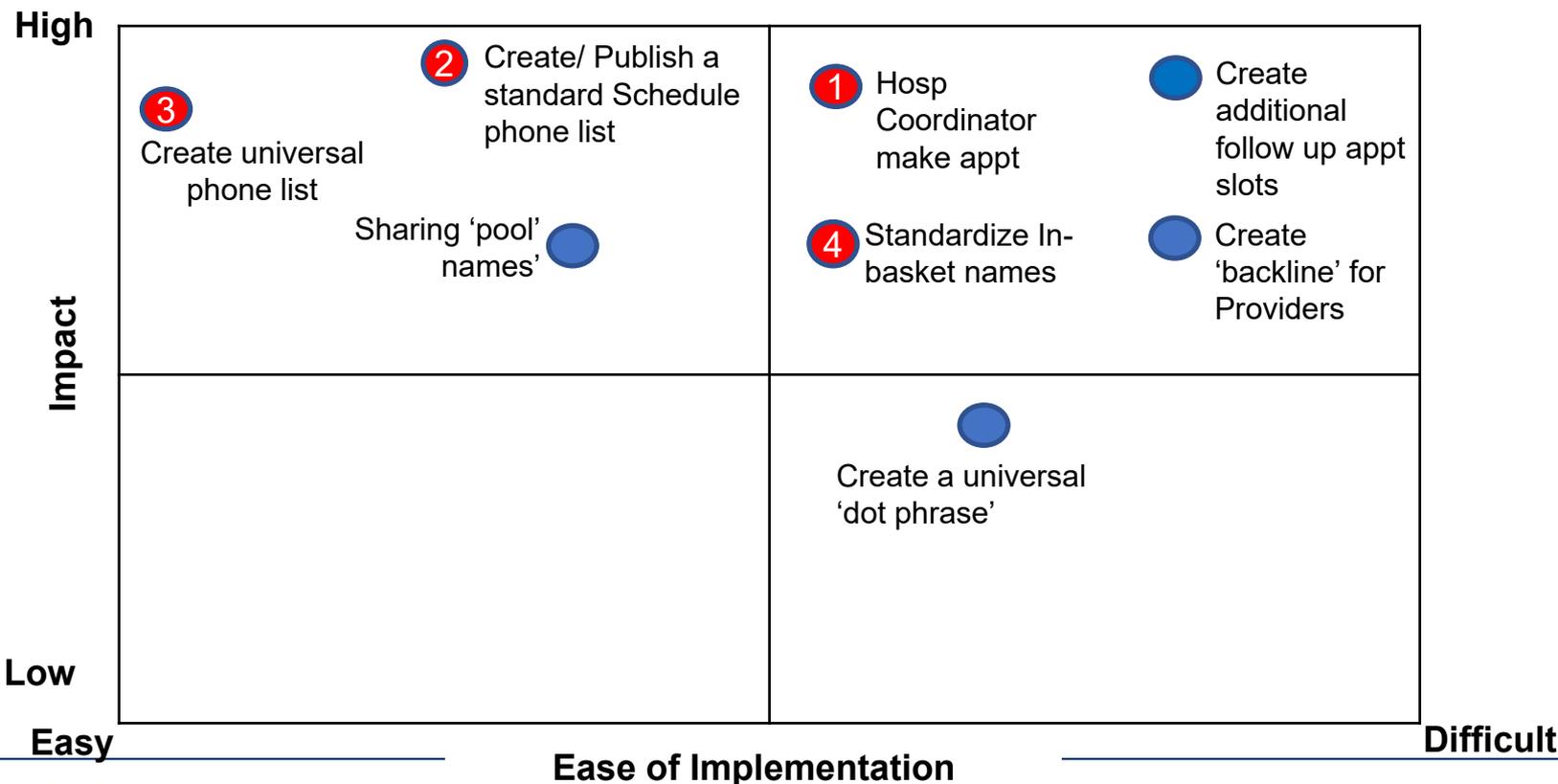
# Process Measure Diagnostic Data



# Process Measure Diagnostic Data



# Priority / Pay-off Matrix Countermeasures



# Test of Change PDSA Plan

Date	PDSA Description	Result
1 Feb 2021	Implementation / education of hospital administrative coordinator (non-urgent requested appointments)	<ul style="list-style-type: none"> <li>• Educated <u>all</u> house staff, fellows and APRN on inpatient and consult services regarding HAC</li> <li>• Met with HAC regarding Epic InBasket pools</li> </ul>
2 April 2021	Education / distribution of updated phone numbers / Epic InBasket pool list	<ul style="list-style-type: none"> <li>• Distributed to <u>all</u> house staff, fellows and APRN on inpatient and consult services</li> </ul>
3 April 2021	Verified after visit DC summaries have updated phone numbers	<ul style="list-style-type: none"> <li>• Corrected several errors that could complicate post-hospital follow up coordination</li> </ul>
4 May 2021	Proposed standardized Epic InBasket pool names across Smilow and Care Centers	<ul style="list-style-type: none"> <li>• Pending IT implementation and distribution</li> <li>• Engaged stakeholders at each of the <u>15</u> Smilow Care Centers</li> </ul>
		

# Hospital Administrative Coordinator (HAC)

Inpatient Consult to Hospitalist Administrative Coordinator HAC ✓ Accept ✗ Cancel

Process Inst.: \*\* For appointments: include MD name, specialty, time frame for f/u, and diagnosis.  
\*\* For records: include from what hospital/clinic, and what specifically is needed.

Priority: Routine Routine Discharge Dependent STAT

Reason for Consult  PCP Follow Up Appointments  Specialty Follow Up Appointments  Obtain Records  
 Home Medication List  Establish with new PCP  Extended Care Clinic appointment  
 Other, see comments

Comments: abc Insert SmartText

! Next Required Link Order ✓ Accept ✗ Cancel

# Phone/Epic InBasket Pools List

## Smilow Medical Oncology Outpatient Follow Up Contact Information

For primary medical oncologists based at main campus, please use disease group contact information

For primary medical oncologists based at care centers, please use care center contact information

### InBasket Use:

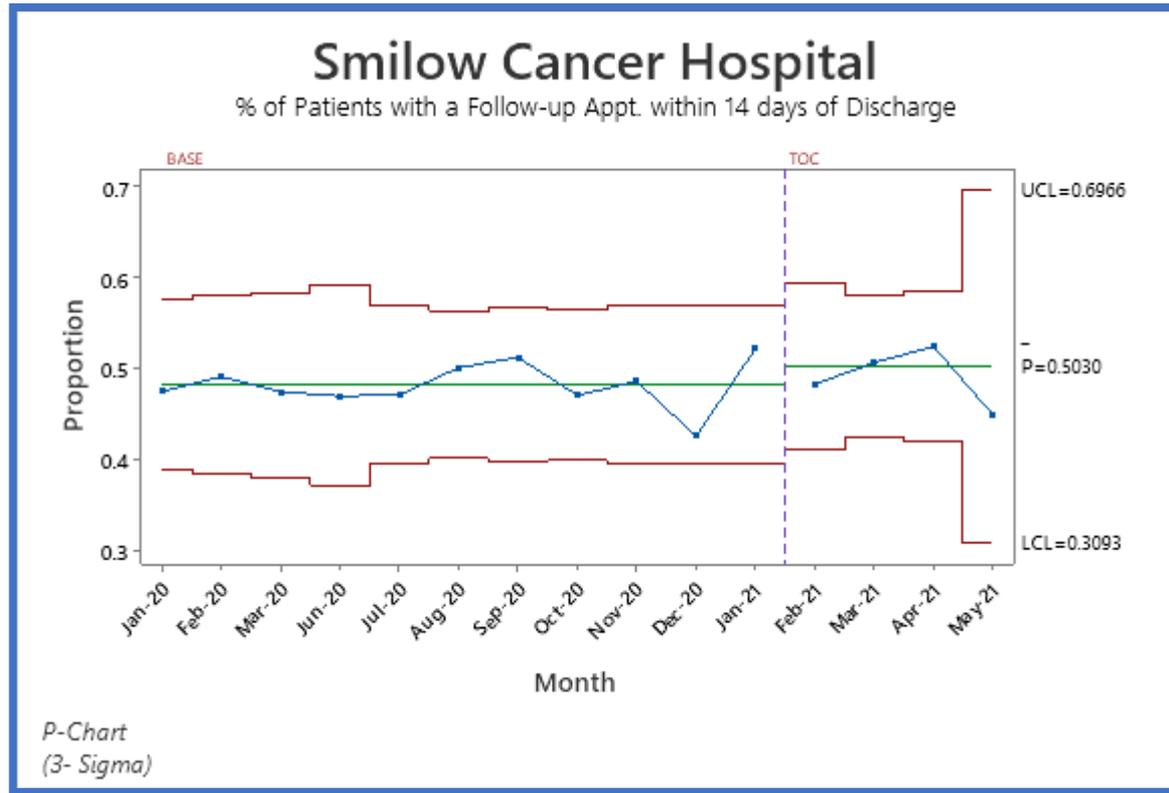
For established patients, please use the "Scheduling InBasket Pool"

For new patients, providers *must place* a new Epic order for "Ambulatory Referral to Oncology". If patient needs to be seen within 3 business days (72 hours), in addition to the Epic "Ambulatory Referral to Oncology" order, please send Epic InBasket marked "High Priority".

## Smilow York Street

Disease Group	Clinic Phone Number	Current 'Scheduling InBasket Pool'	Current 'New Patient InBasket Pool'
Breast	(203) 200-2328	YNH Smilow Medical Breast Onc Clin secretary 11007	YNH SMILOW MEDICAL BREAST NEW PT POOL 11001
Endocrine	(203) 200-3636	SMILOW ENDO MEDICAL CLINICAL SECRETARY POOL 11340	SMILOW ENDO MEDICAL NEW PATIENT POOL 10765
Head & Neck	(203) 200-4622	SMILOW HEAD NECK CLINICAL SECRETARY POOL 11198	SMILOW HEAD NECK NEW PATIENT POOL 11197
GI	(203) 200-4422	YNH SMILOW GI ONCOLOGY SEC POOL 11620	YNH SMILOW GI MED ONC NEW PATIENT POOL 10922
GU	(203) 200-4822	SMILOW GU CLINICAL SECRETARY POOL 10786	SMILOW GU NEW PATIENT POOL 11276
Melanoma	(203) 200-6622	YNH SMILOW MELANOMA MED ONC CLINICAL SECRETARY POOL 10916	YNH MELANOMA MED ONC NEW PATIENT POOL 10915

# Outcome Data



## Summary

Baseline average = 48%

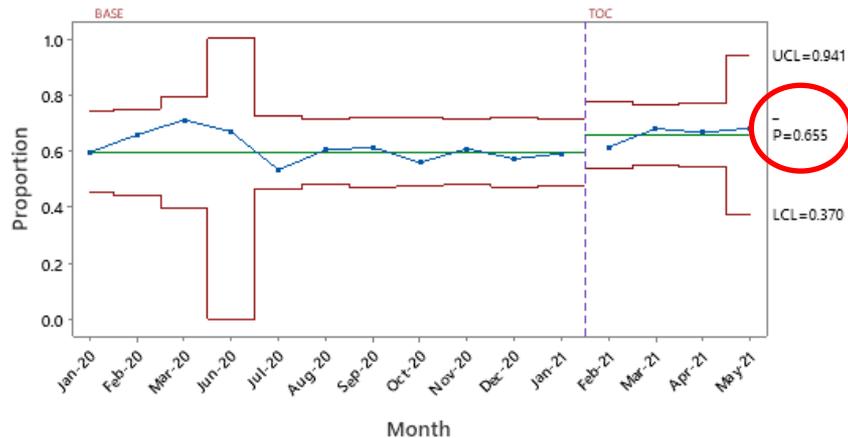
TOC average = 50%

\* Data for May 2021 not complete

# Outcome Data (On/ Off Tower)

## Smilow Cancer Hospital (On Tower)

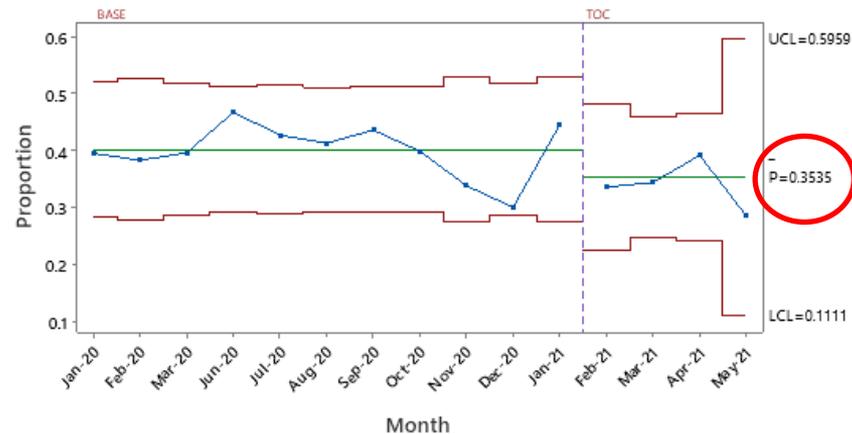
% of Patients with a Follow-up Appt. within 14 days of Discharge



P-Chart  
(3- Sigma)

## Smilow Cancer Hospital (Off Tower)

% of Patients with a Follow-up Appt. within 14 days of Discharge



P-Chart  
(3- Sigma)

# Next steps Sustainability Plan

Next Steps	Owner
Distribute updated phone number/Epic InBasket list to incoming oncology fellows during orientation	Deshpande
Distribute updated phone number/Epic InBasket list to new Smilow hospitalists and residents on oncology	Prsic
Follow up with scheduling managers and IT regarding implementation of standardized Epic inbasket pool names across Smilow and Care Centers	Carafeno/Prsic
Consider monthly data review, if % patients with discharge follow up within 14 days, then reeducate inpatient staff regarding appointment process	Deshpande, Prsic
Institutional and leadership awareness regarding availability of close outpatient follow up	Carafeno/Deshpande/ Prsic

# Conclusion

- Ongoing data collection is required to determine if there is a trend after our tests of change
- For “on-tower” patients, there appears to be a positive trend with improved % of patients with appointments after our tests of change
- For “off-tower” patients, there is a negative trend with decreased % of patients with appointments after our tests of change, although chart review showed data issues

Name, credentials, job title

Name, credentials, job title

Entity

## Project Title

**AIM:** Should be SMART (specific, measurable, attainable, relevant and time bound)

**INTERVENTION:** Should be described in such a way that someone not familiar with the project has a clear understanding of what you did...changes you tested.

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**TEAM:** Be sure to include both the department and names. If too many names to list, list just the departments represented

- Department 1: names
- Department 2: names
- Department 3: names

**PROJECT SPONSORS:**

**RESULTS:** Should be related to your AIM statement. Be sure to title the graph, identify the SPC chart used, label the x & y axis, include a legend

**CONCLUSIONS:** Should summarize the data in the results section, state whether or not the AIM was met. Conclusions are different than lessons learned.

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**NEXT STEPS:** Describe additional plans for tests of change, how the intervention will be incorporated into standard workflow, etc

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Graph title

Insert graph