

# ASCO Quality Training Program

## Improving Efficiency of Same-Day Ill calls

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# Team Members

Team Member	Role	Discipline
Greg Bociek, MD	Team Leader	Hem/Onc Faculty
Mary Wells, MD	Team member	Hem/Onc Fellow
Teri Schuldt, RN	Team member	Onc Case Manager
Tracy Farrell, PA-C	Team member	Malignant Heme

## Project Sponsors

Julie Vose, MD, Chief, Division of Hematology/Oncology

Susan Franco, RN, Manager, Cancer Care Coordination

Theresa Franco, RN, Vice President, Operations, Buffett Cancer Center

Robbe Peetz, PA-C and Michelle Holmstrom, PA-C (APP supervisors)

# Institutional Overview

Nebraska Medicine is a Health System affiliated with the University of Nebraska Medical Center

Cancer services moved to the new Fred & Pamela Buffett Cancer Center in 2017, combining clinical care, research and healing arts

- 108 inpatient beds (12 ICU) dedicated to hematology/oncology patients
- 24/7 infusion center with 32 private rooms
- 60 clinic rooms
- On-site Lab, Radiology and Radiation Oncology services
- 2 Satellite locations (Bellevue Medical Center and Village Pointe Cancer Center) with clinics and infusion centers available weekdays
- 28 Medical Oncologists on faculty
- 10 inpatient and 10 outpatient APPs
- 45 Nurse Case Managers (BMT, Gen Onc, Surg Onc)

# Problem Statement

Case managers and clinic triage nurses take an **average of 30 minutes** to schedule a same-day appointment for an ill patient to be seen by a provider.

These metrics show that the lack of a standardized process and flow, in addition to the normal daily tasks of the case managers, may be contributing to team stress. This could potentially be contributing to burnout among team members.

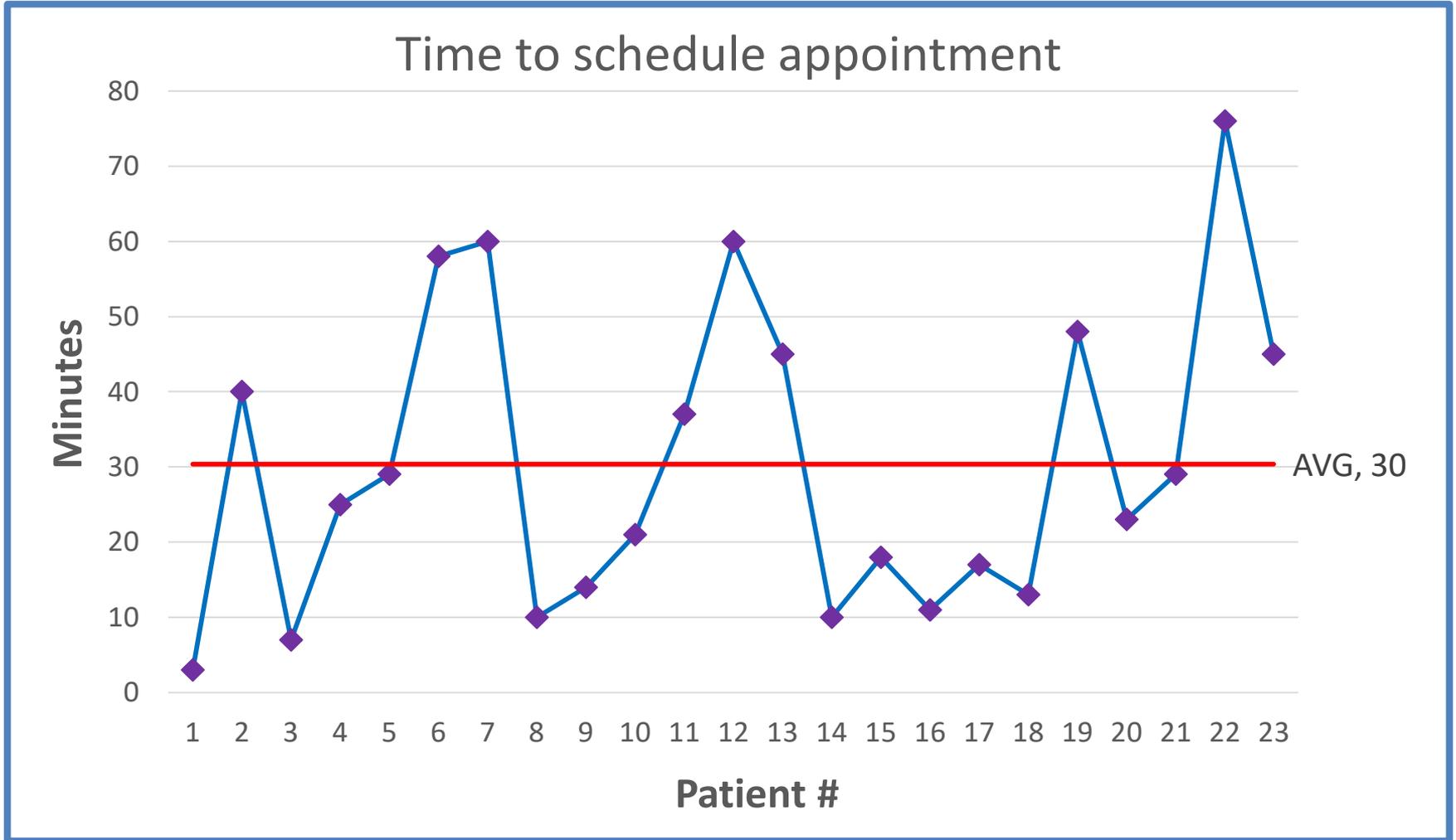
# Aim Statement

By December 2019, a streamlined/more standardized process will be in place that will improve efficiency of same day ill visits, reducing the time to a plan by **25%**.

# Baseline Data Collection/Summary

Item	Description
Primary Measure:	Time to schedule an ill patient
Patient population:	Hematology/Oncology patients that needed to be seen by a provider for a same-day ill visit
Calculation methodology:	<b>Start time:</b> Initial call to schedule patient <b>End time:</b> Ill patient appointment scheduled
Data source:	Self-reported call logs from case managers and clinic triage nurses
Data collection frequency:	Daily (three weeks)
Data limitations:	Limited sample size, potential for reporting bias

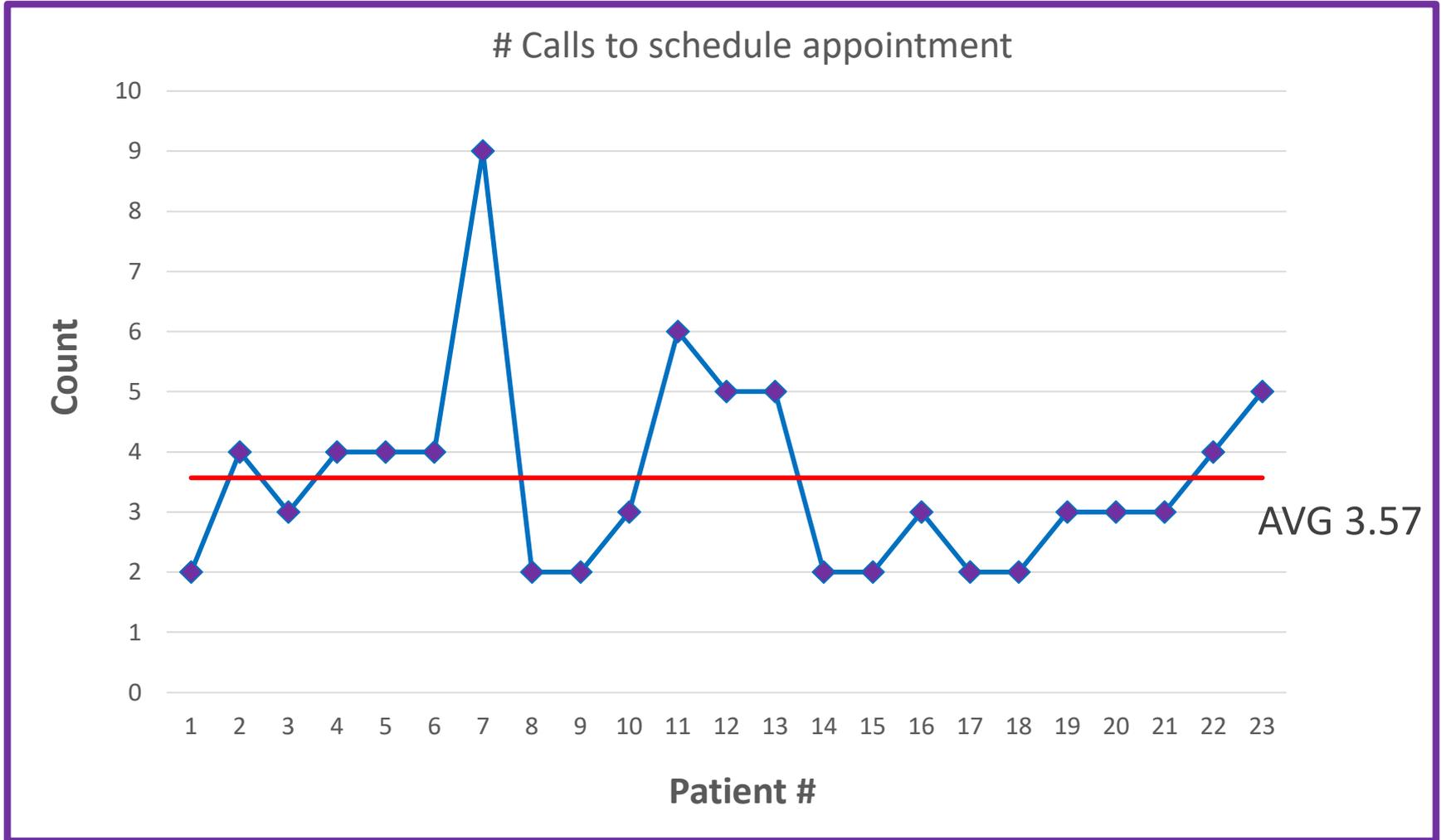
# Baseline Data



# Diagnostic Data summary

Item	Description
Secondary Measure:	Number of calls to schedule ill patient appointment
Patient population:	Patients needing same-day ill visit
Calculation methodology:	Absolute number of calls required to get a same-day ill visit scheduled
Data source/Collection Frequency:	Sequential patient calls taken over a three week period pre and post test-of-change
Data limitations:	Sample size

# Diagnostic Data

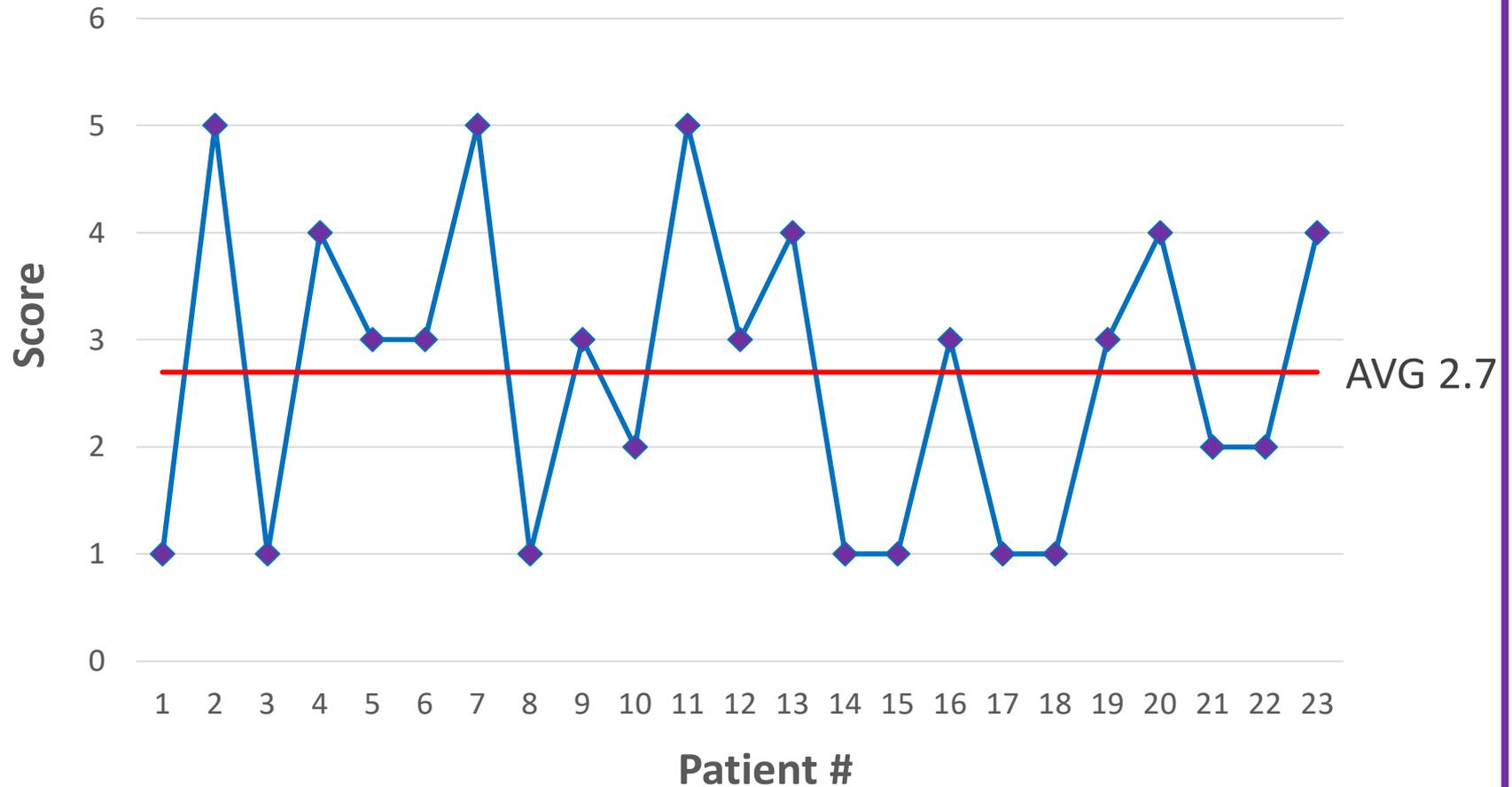


# Diagnostic Data summary

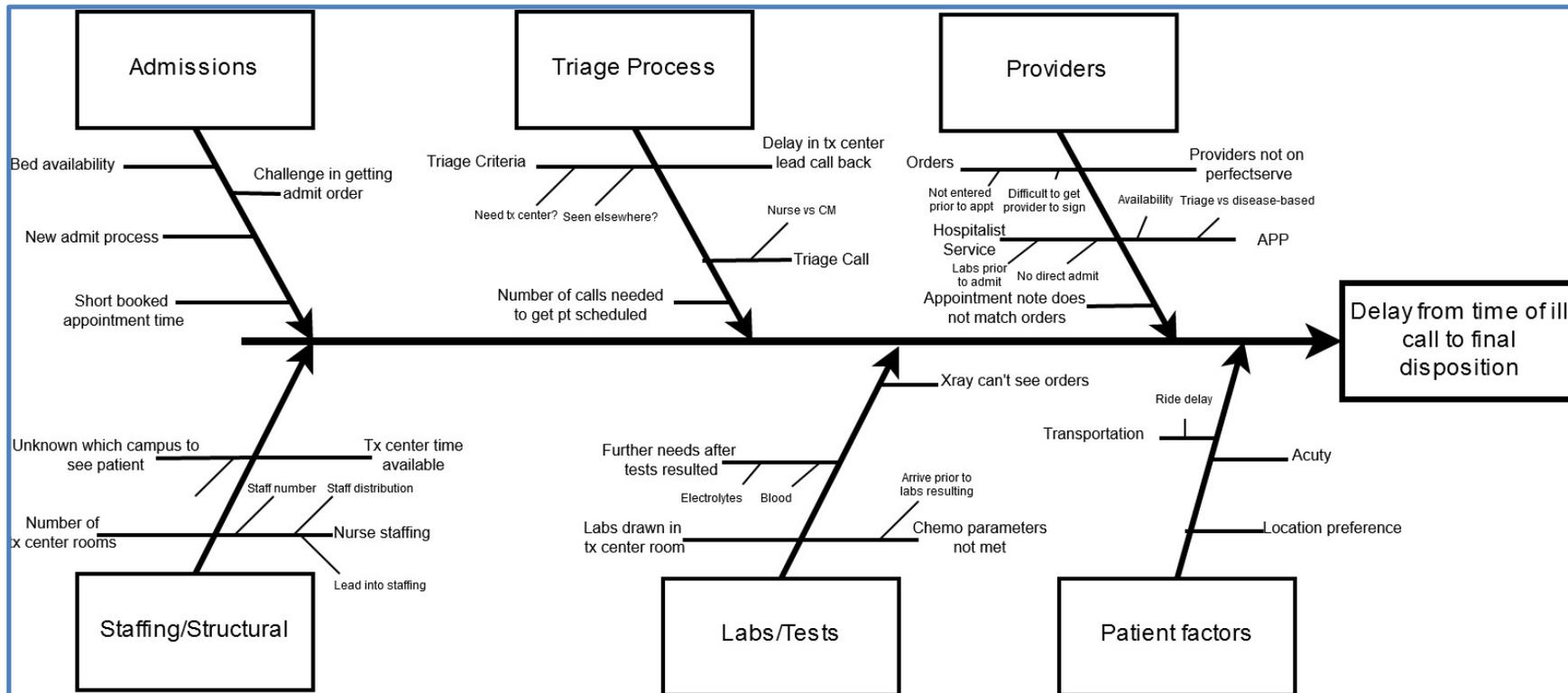
Item	Description
Secondary Measure:	Staff Frustration
Population:	Case Managers, Lead staff nurses, midlevel providers
Calculation methodology:	Likert Scale-Rating 1- 5 (1 = least frustrated, 5 = most frustrated)
Data source:	Staff Survey
Data collection frequency:	Once
Data limitations:	Subjective by individual

# Diagnostic Data

Frustration level for scheduling appointments



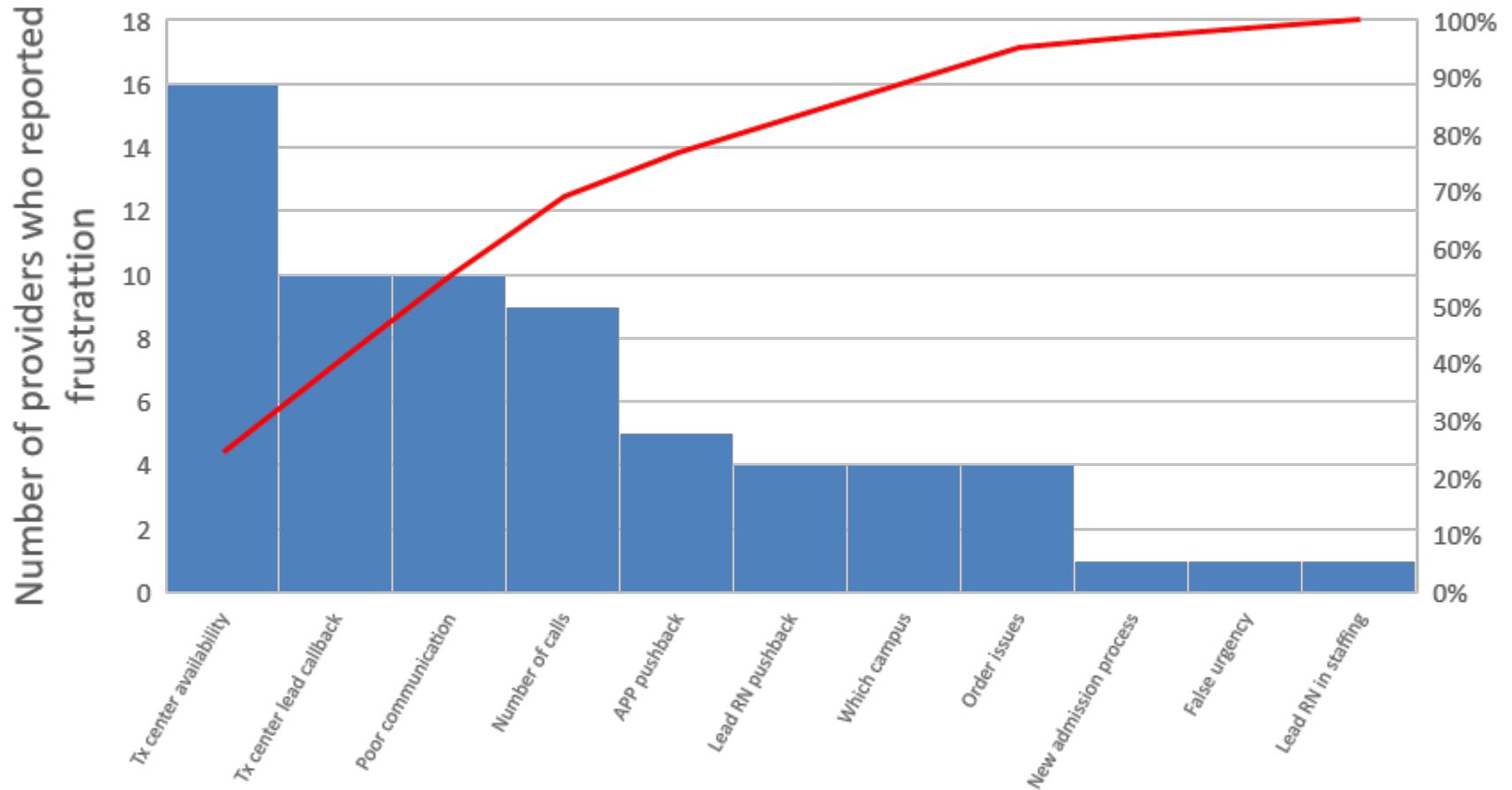
# Cause and Effect diagram



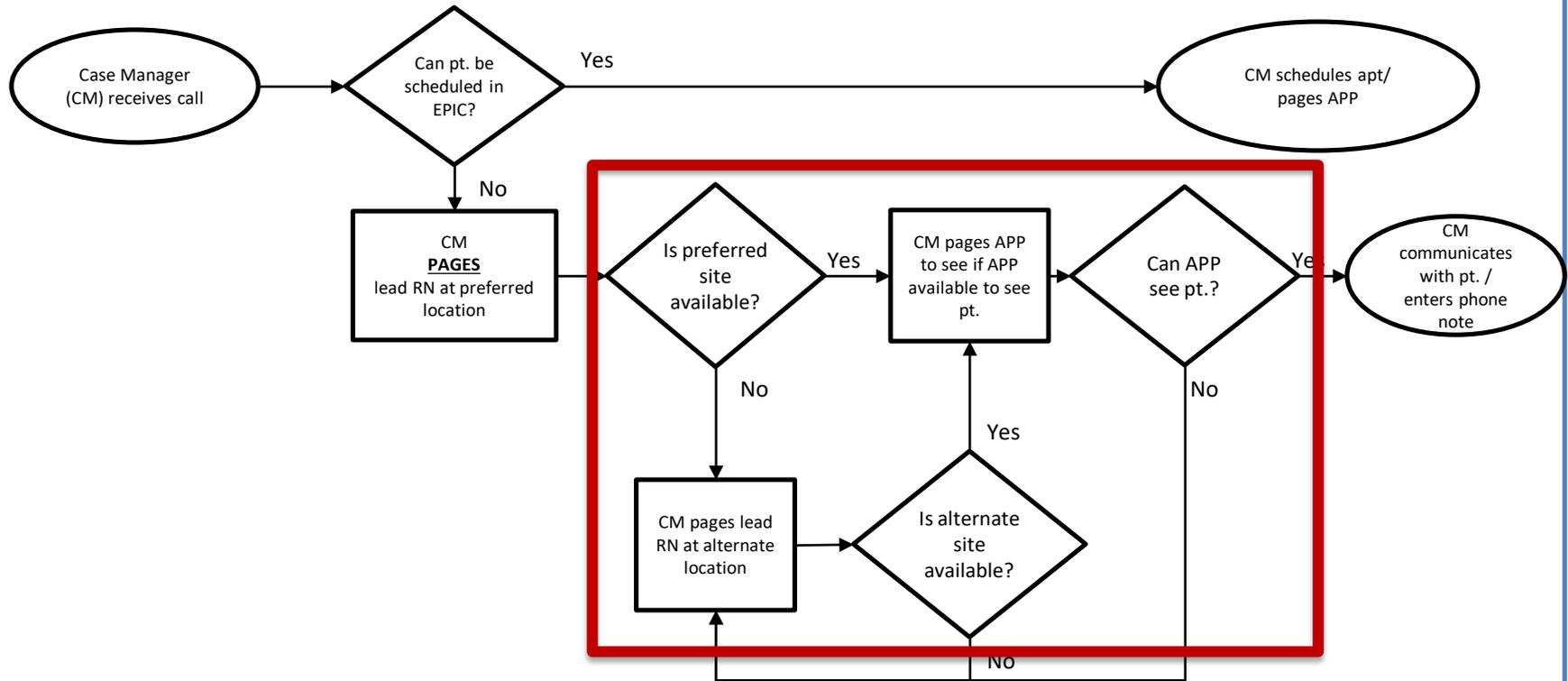
Extended time collecting data in areas not impacted by ultimate solution  
 Competing/unrelated factors contributing to ability to get a patient seen  
 Pre-conceived solutions prior to fully evaluating the payoff/priority matrix

# Diagnostic Data

Major frustrations by providers in scheduling an ill visit

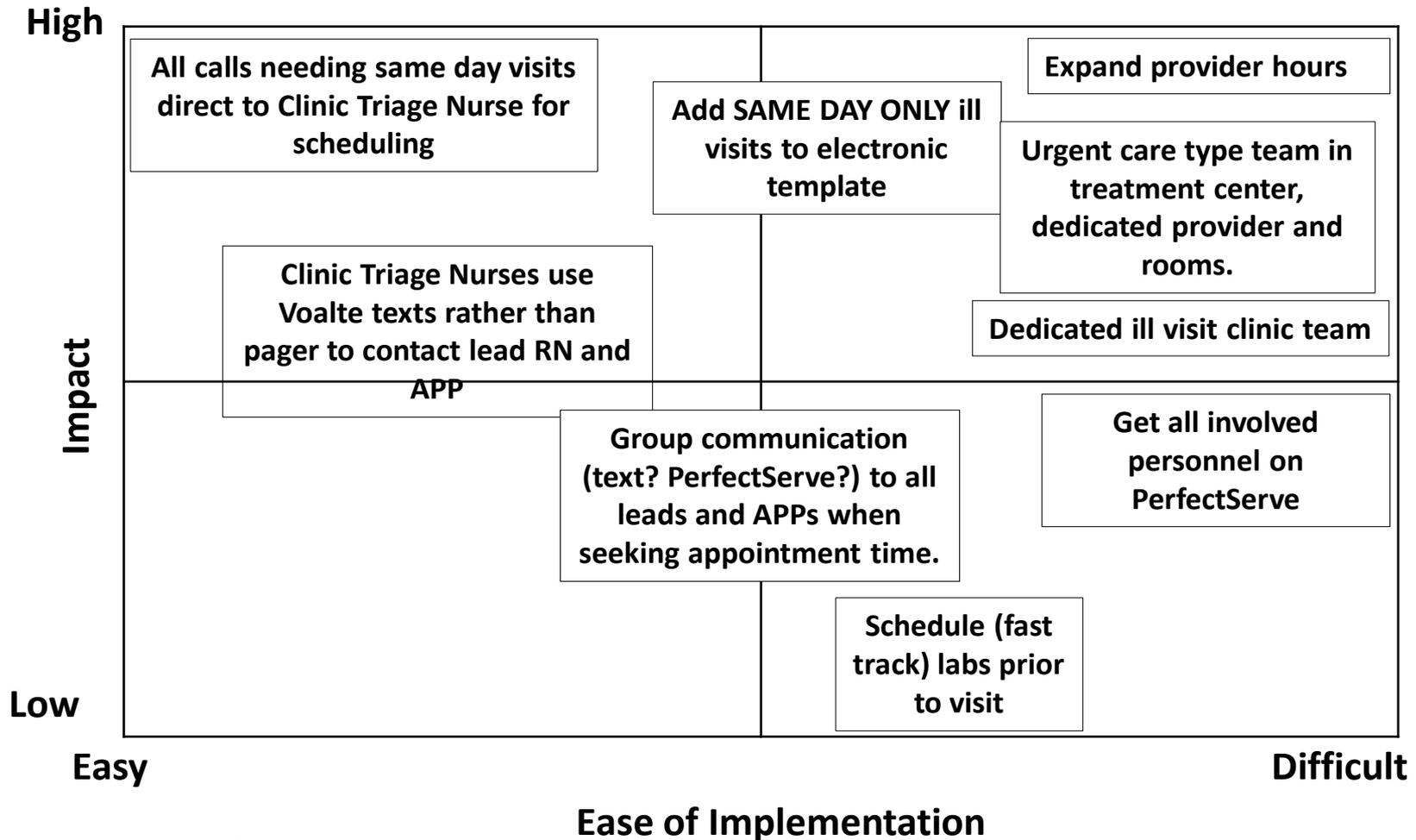


# Process Map



Under-appreciation of number of steps and variability in the process  
Complex one-to-one feedback loops inefficient and lengthy

# Possible Countermeasures



*Test of Change*

# PDSA Plan

## PDSA Steps

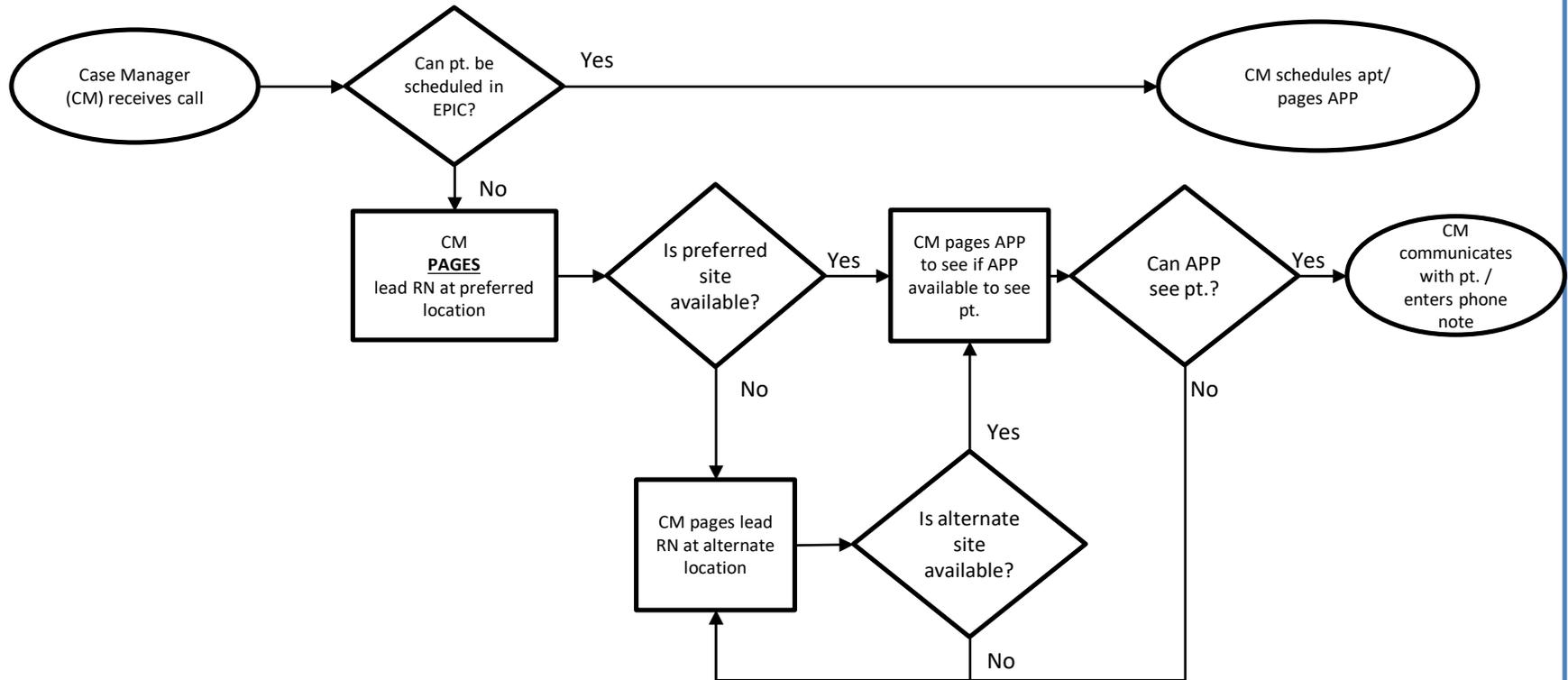
Created a triage “group text” on 6 Voalte phones (for 3 Lead RN’s and 3 APP’s) for our three clinical locations

Trained all providers on use of phone

Constructed and implemented ideal process map, route same-day ill visit calls to clinic triage nurse

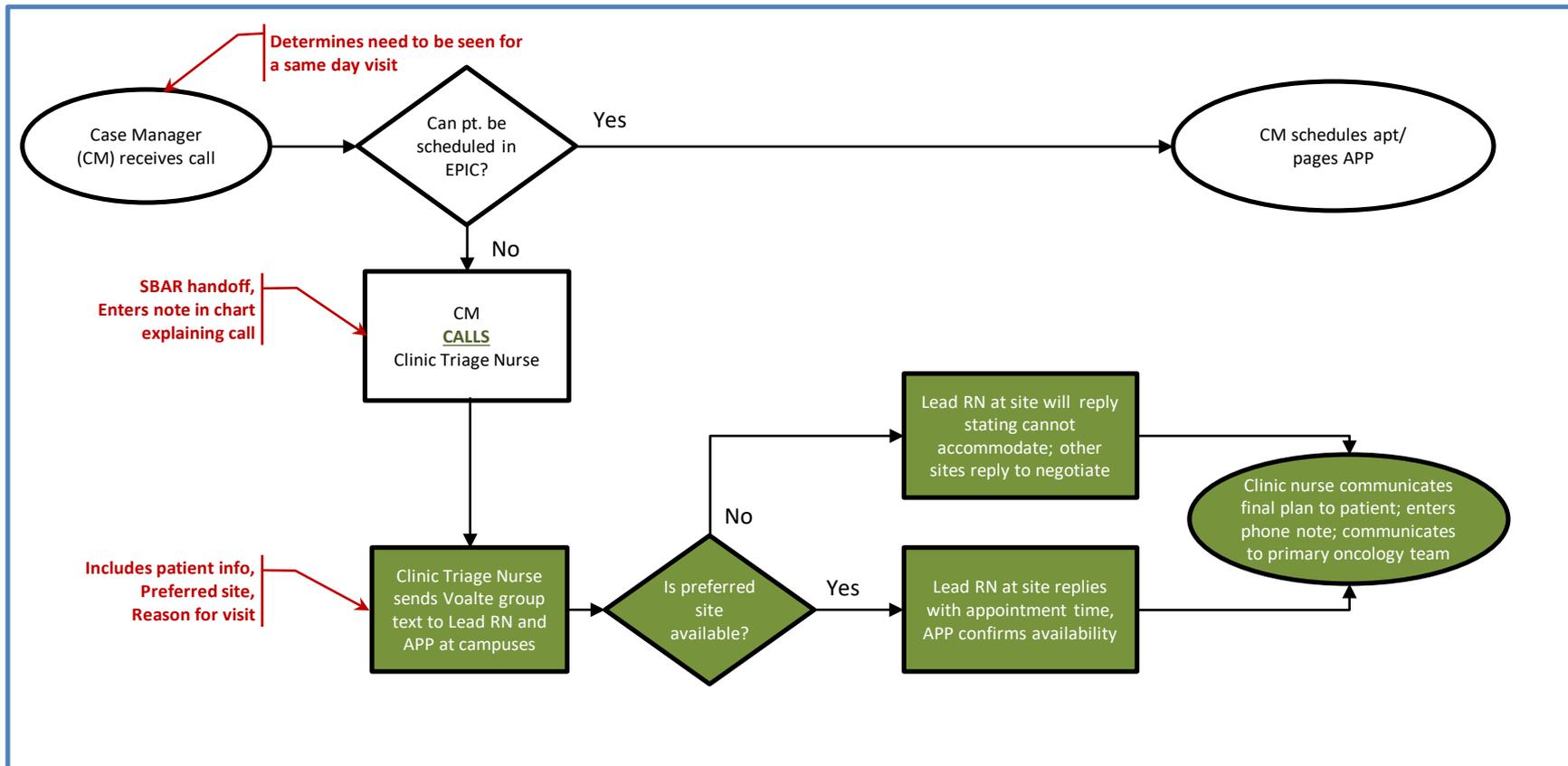
Constructed and distributed a process/flow map for communication steps with examples based on the ideal process map

# Process Map



Under-appreciation of number of steps and variability in the process  
Complex one-to-one feedback loops inefficient and lengthy

# Ideal Process Map



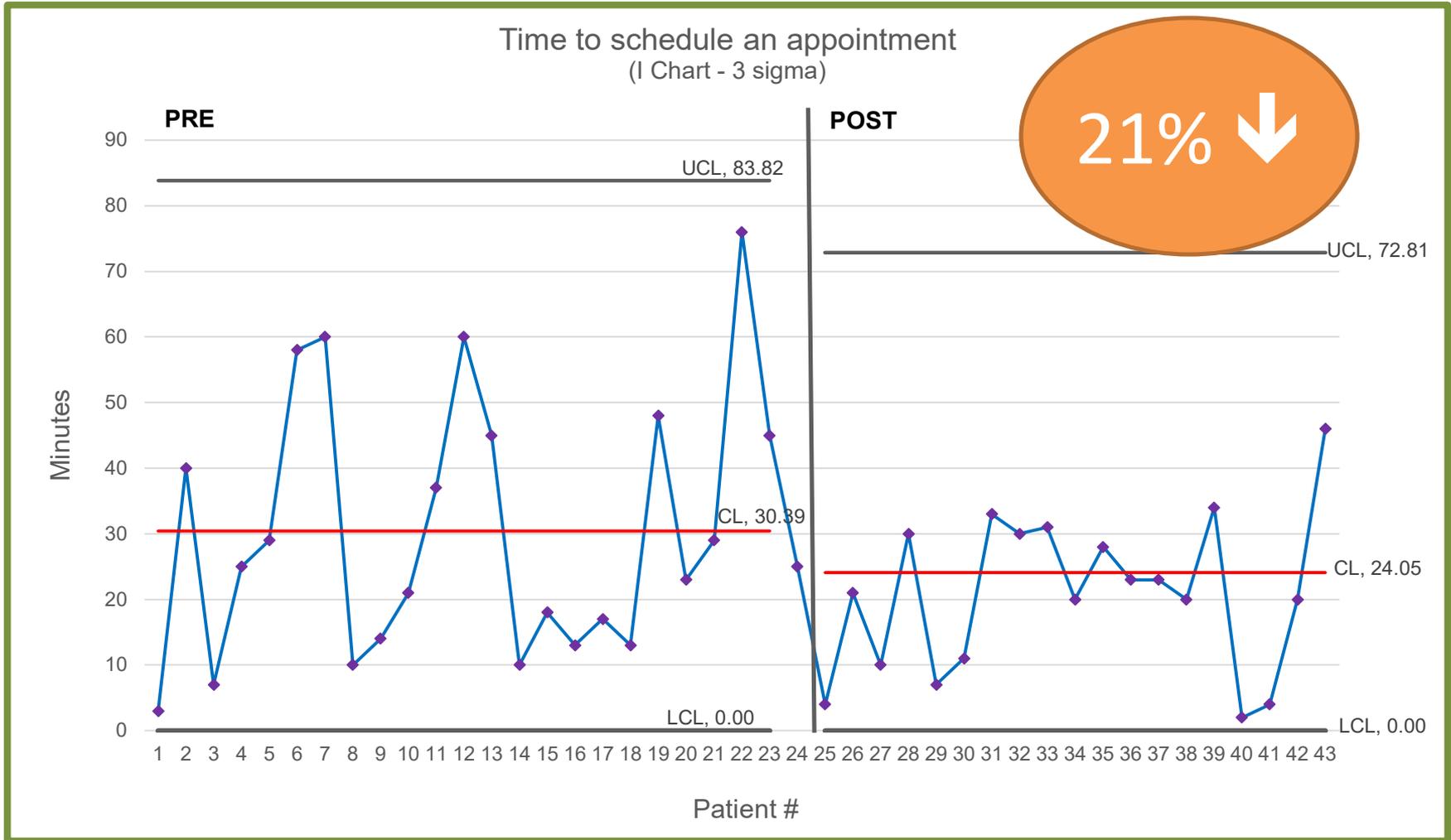
More streamlined communication plan

Feedback loops are simultaneously inclusive to all sites

*Test of Change*  
**PDSA Plan**

<b>Date</b>	<b>PDSA Description</b>
Nov 2019	<ol style="list-style-type: none"><li data-bbox="614 476 1649 576">1. If unable to schedule ill visit case manager will route same-day ill visit calls to Clinic Triage Nurse</li><li data-bbox="614 622 1595 722">2. Create a triage group text on Voalte phones to lead RN's and APP's</li><li data-bbox="614 768 1456 868">3. Create an ideal process map for flow of communication</li><li data-bbox="614 913 1630 956">4. Collect post test-of-change data for three weeks</li></ol>

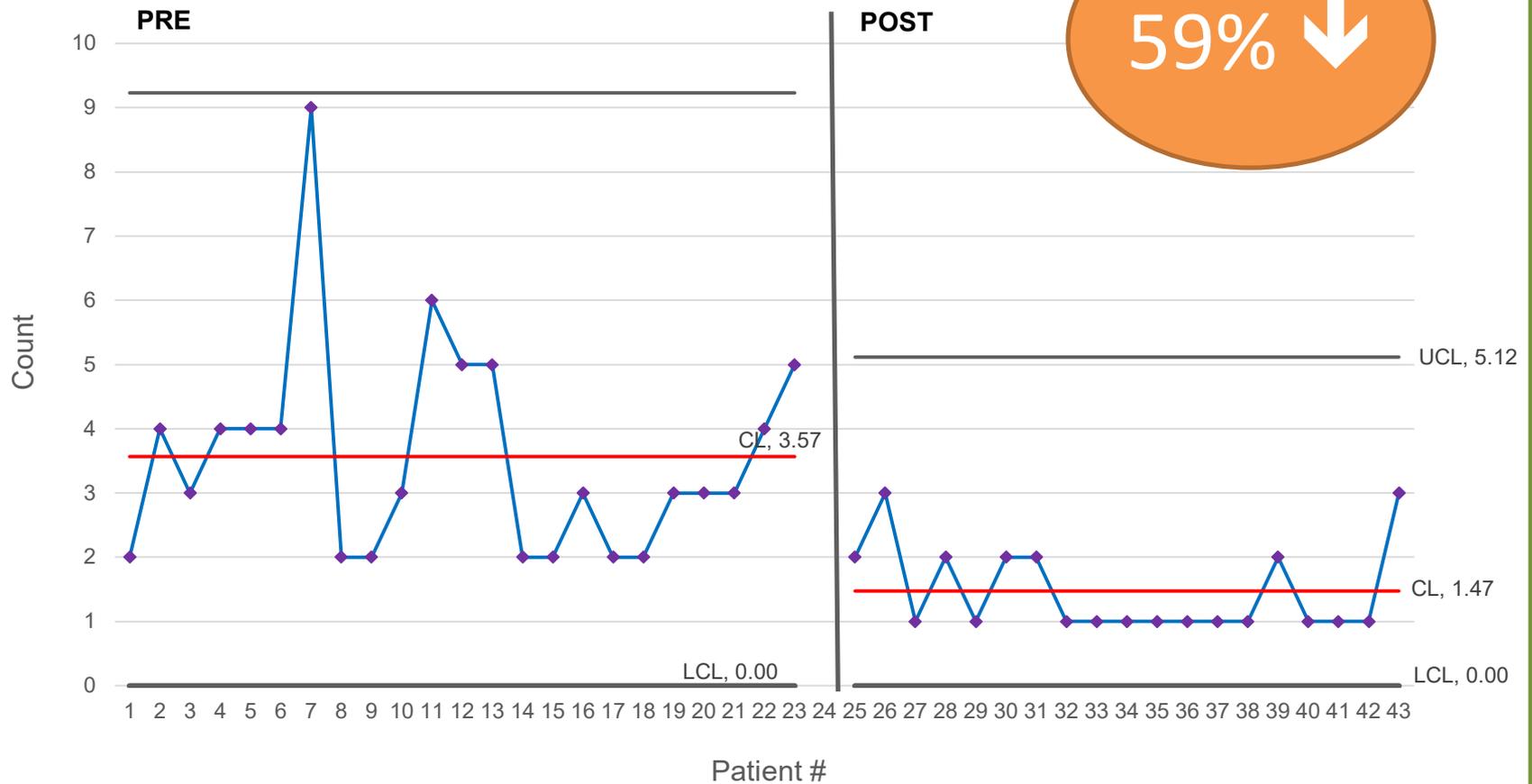
# Change Data



# Change Data

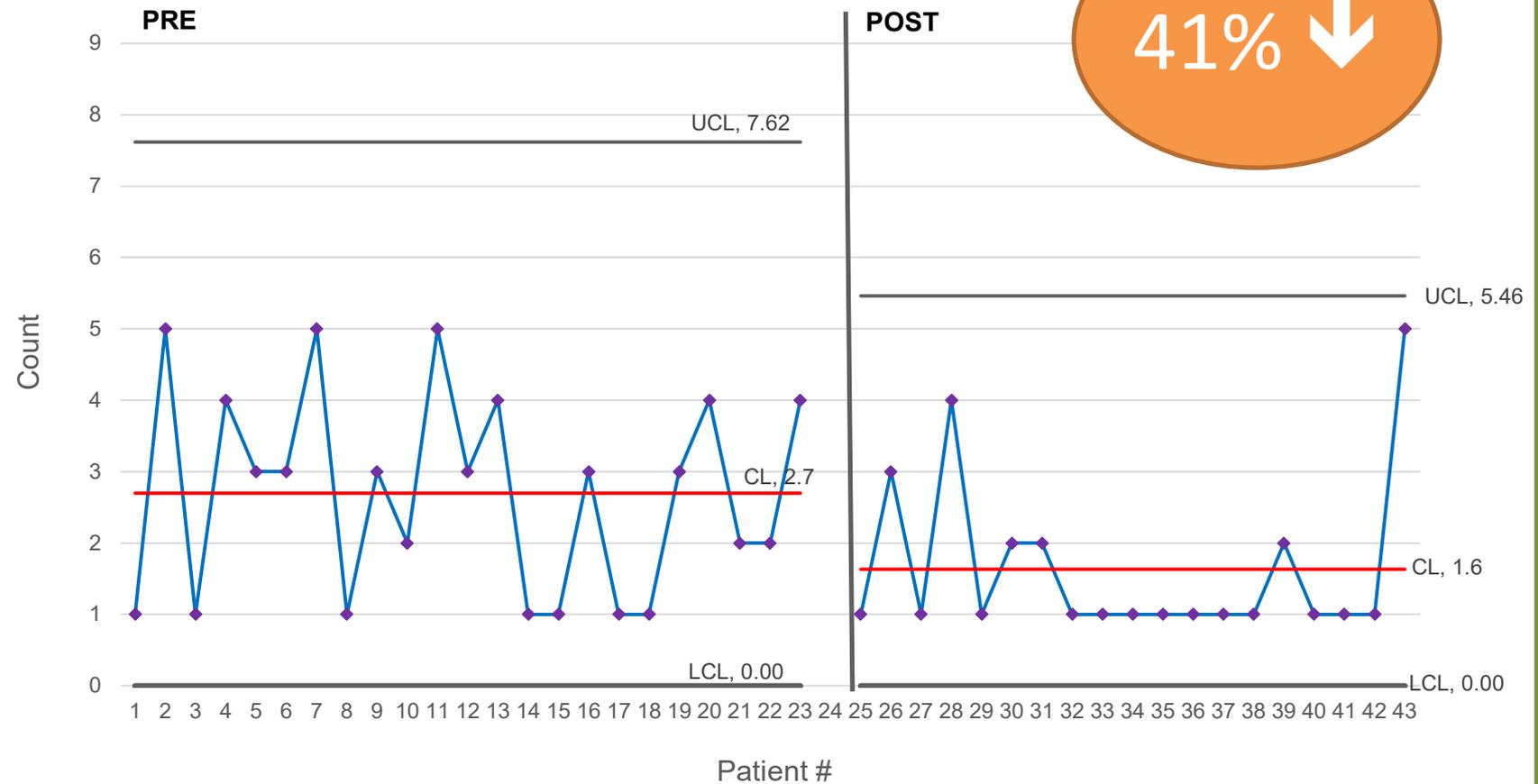
# of calls to schedule an appointment  
(C Chart - 3 sigma)

59% ↓



# Change Data

Frustration levels for scheduling appointments  
(C Chart - 3 sigma)



# Sustainability Plan

Item	Owner
Review post test-of-change survey feedback from providers	Entire Group
Evaluate costs of additional Voalte phones	Greg Bociek
Educate staff to get/consider Voalte application on cell phone to improve ease of use (all or none)	Teri Schuldt Greg Bociek
Alter ideal process map further by routing all same-day ill calls to clinic triage nurse before attempting to schedule appointment in Epic	Teri Schuldt

# Conclusions

- Inefficiency/lack of standardization in managing ill-call process led to frustration and delays
- Use of a prioritization/payoff matrix led us through a thorough evaluation of possible solutions
- Developing a standardized process (ideal process map) for handling ill calls in conjunction with a group texting tool (test of change; Voalte cell phones) led to improvements in the process, efficiency (time) of care, and improved frustration of providers
- Explore the expansion of Voalte messaging to apply to other aspects of communication, e.g. adding on blood/chemo visits