

ASCO Quality Training Program

USC-Norris Cancer Center

Improving Learning Needs Assessment Documentation

June 2021

Institutional Overview

- USC Norris is one of the eight original comprehensive cancer centers designated by the National Cancer Institute and has a mission to translate scientific discoveries into innovative therapies for its patients.
- USC Norris is a 60-bed hospital, focuses on 13 key areas of cancer treatment.



Institutional Overview

- The USC Breast Center provides multidisciplinary clinical services to breast cancer patients including surgical oncology, medical oncology, radiation oncology, specialized imaging, genetic counseling in addition to a wide array of cancer support services.
- Our catchment area includes a large population of Latinx patients however the greater Los Angeles area is one of the most diverse counties with a large African American and Asian population.

Team members

➤ **Team Leader:**

- Irene Kang, MD (Attending, Medical Oncology)

➤ **Team Members:**

- Victoria Banerjee, RN (Nurse Navigator)
- Burnese Calhoun, (Social Worker)
- Firas Abed, RN (Clinical Quality Specialist-Oncology)

➤ **Support:**

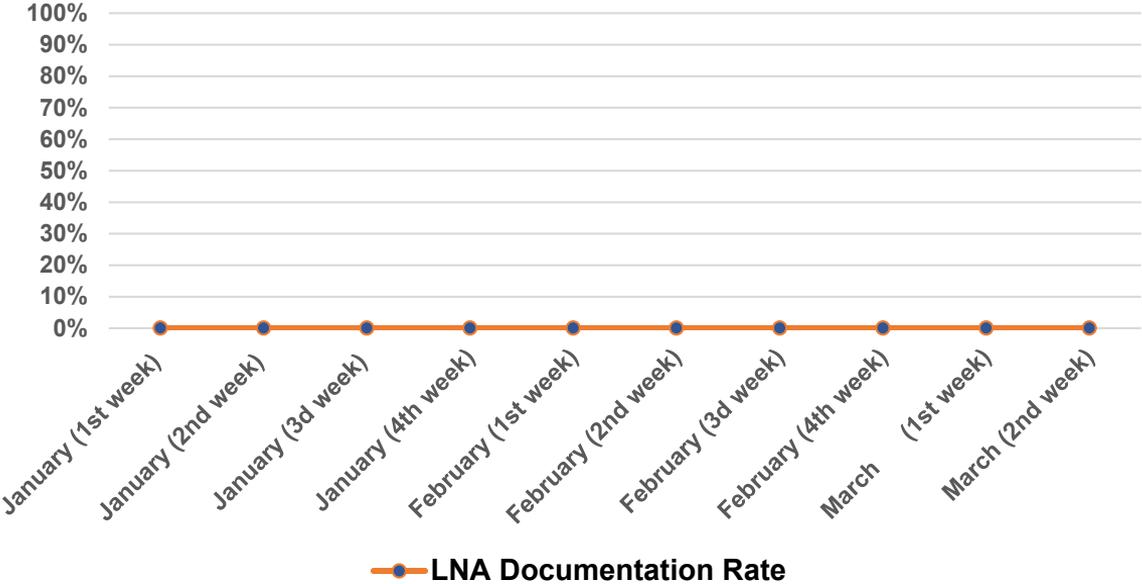
- **QTP Coaches** (Pelin Cinar, Ronda Bowman & Kelly King)
- **Lisa Johnson**, DNP, RN, CNEP (Associate Administrator, Quality & Outcome Mgt)
- **Melanie Cariker**, MSN, RN, (Manager, Quality & Outcome Mgt)

Problem Statement

A patient comprehensive learning needs assessment is not integrated into the clinical practices at the Norris Women's Health Center. This could potentially result in less effective patient education, treatment adherence, and decreased patient satisfaction. This patient-centered practice deficit is further compounded by the missed opportunity to provide culturally competent care. The African American & LatinX breast cancer patient population treated at Norris Women's Health will be the focus group for this project.

Baseline data

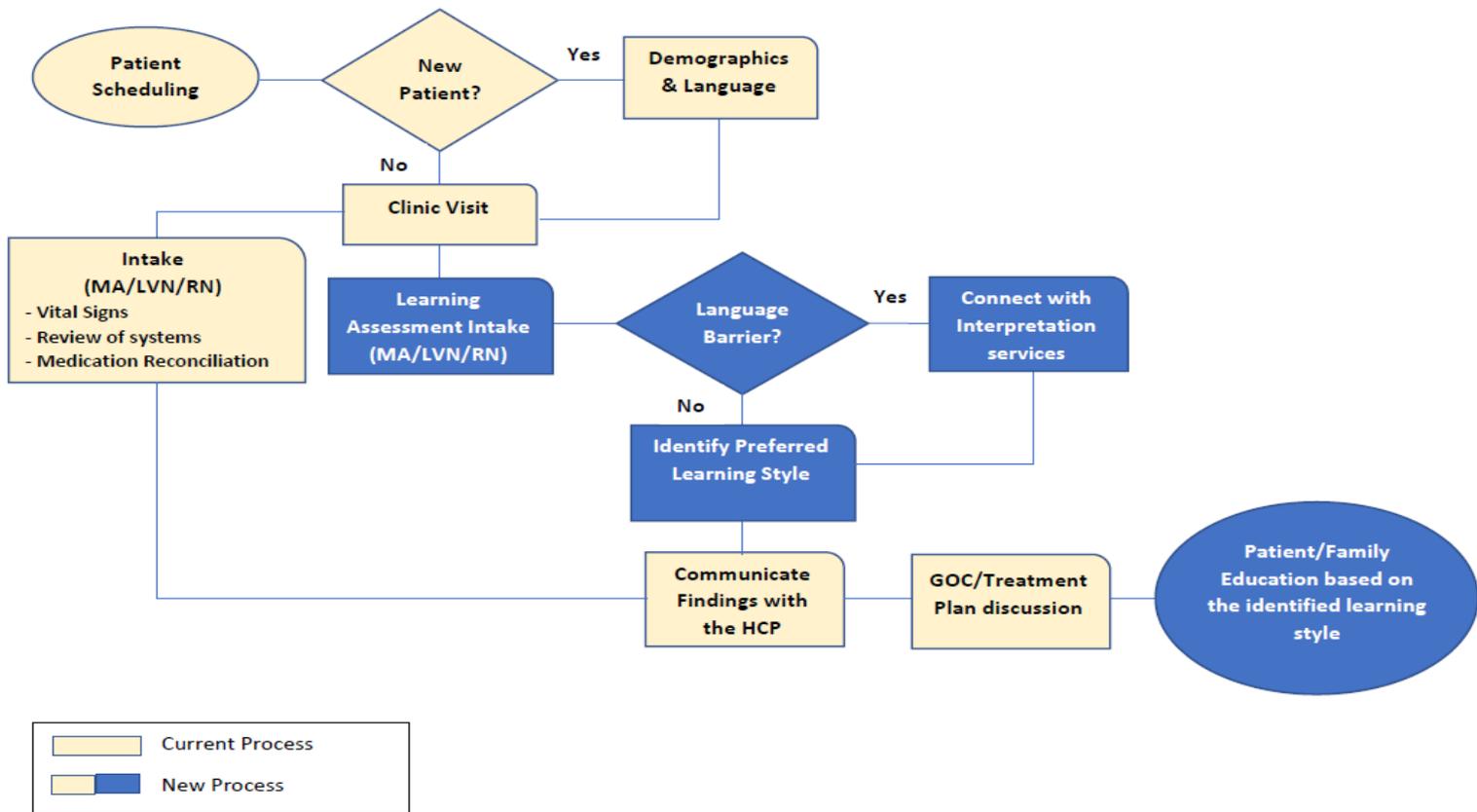
Learning Needs Assessment (LNA) documentation rate - Q1 - 2021



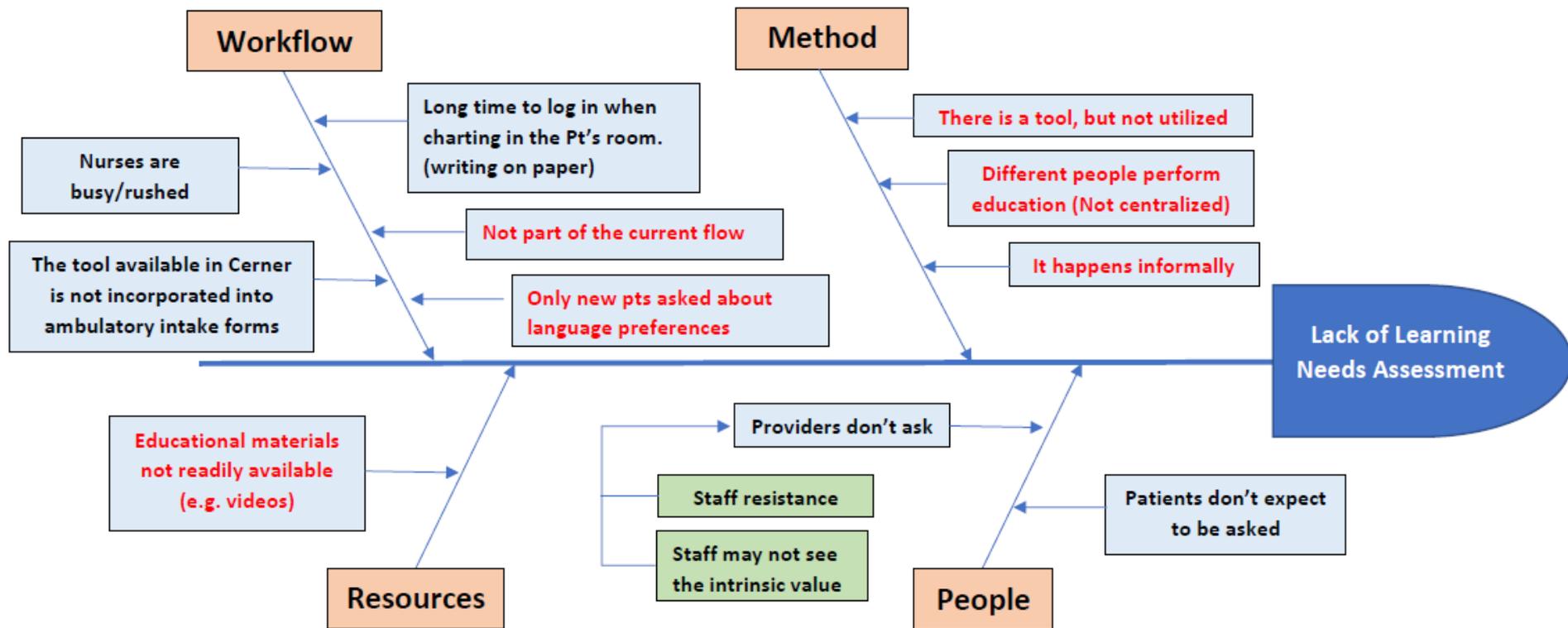
Aim Statement

By June 2021, the team will implement a standardized learning needs assessment tool with at least 50% of African American & LatinX breast cancer patients at the Norris Health Care Center to have a documented learning needs assessment.

Learning Needs Assessment Process for Current and New Patients



Cause and Effect Diagram



Priority / Pay-off Matrix Countermeasures

Impact	High	<ul style="list-style-type: none">- Elicit patient feedback.- Staff training/meetings.- Data collection and sharing.	<ul style="list-style-type: none">- Creating form with good flow in the EMR.- Physician awareness.- Survey clinicians.
	Low	<ul style="list-style-type: none">- Standardized language to introduce the learning needs assessment.	<ul style="list-style-type: none">- Accessibility of diverse education materials.
		Easy	Difficult
Ease of Implementation			

Process Measure Data Summary

Item	Description
Measure: <i>Patient Learning Needs Assessment Documentation</i>	% of learning needs assessment completed in AA/Latinx breast cancer patients
Patient population: <i>African American and LatinX Breast Cancer Patients</i>	Patients being seen for a diagnosis of breast cancer who identify as AA or LatinX. 41 AA and 178 LatinX patients with Breast Cancer in 2020.
Calculation methodology: Numerator: <i>Number of AA & Latinx Breast Cancer pts who have learning needs assessment documentation.</i> Denominator: <i>Total number of AA & Latinx with Breast Cancer</i>	# of patients with learning needs assessment completed divided by # of patients seen in total. 0% baseline due to LNA not being performed. LNA performed at each clinic visit with the provider.
Data source:	CERNER EMR
Data collection frequency: <i>Weekly</i>	A weekly report will be generated by the data abstractor and submitted to our team.

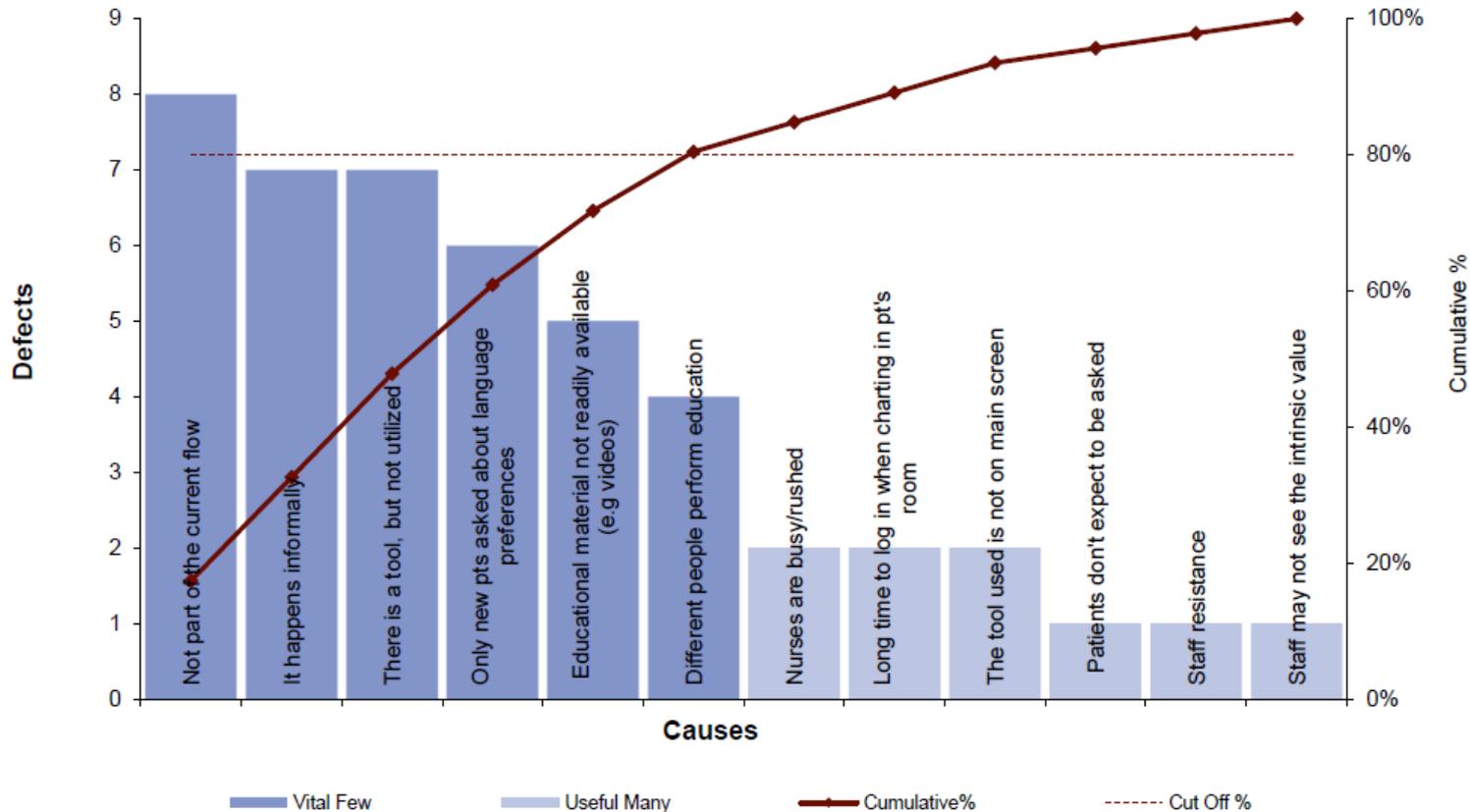
Data limitations: Patients may decline learning needs assessment or demographics. Patient numbers may be low. Patients with multiple visits should be counted only once. *Current process does not have capability to document patient declined.

Outcome Measure

Data summary

Item	Description
Measure: <i>Learning needs resources utilization</i>	The percentage of encounters using the identified preferred learning styles for patient education
Patient population:	AA and Latinx breast cancer patients seen for medical or surgical oncology visit at the breast specialty clinic
Calculation methodology: <i>(i.e. numerator & denominator)</i>	# of AA & LatinX patients with Breast Cancer who received education using their preferred learning style divided by # of patient population (AA or LatinX) with a documented preferred learning style.
Data source:	CERNER EMR
Data collection frequency: <i>Monthly</i>	No process yet to document method of education provided to patient. Plan for a monthly report will be generated by the data abstractor and submitted to our team.
Data limitations: <i>NA</i>	

Contributors to Lack of Learning Needs Assessment

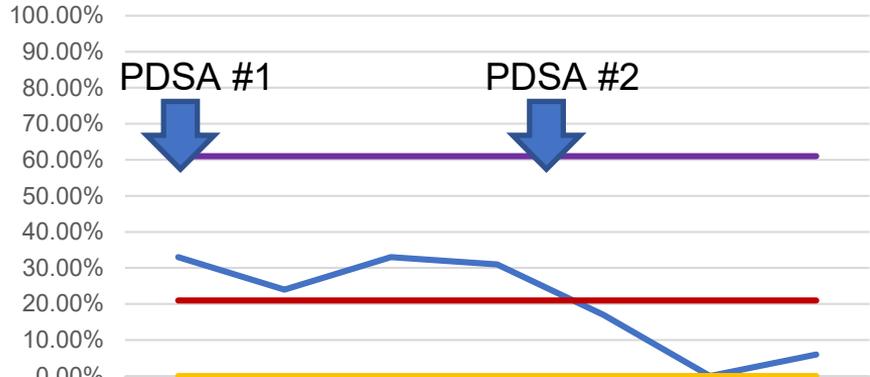
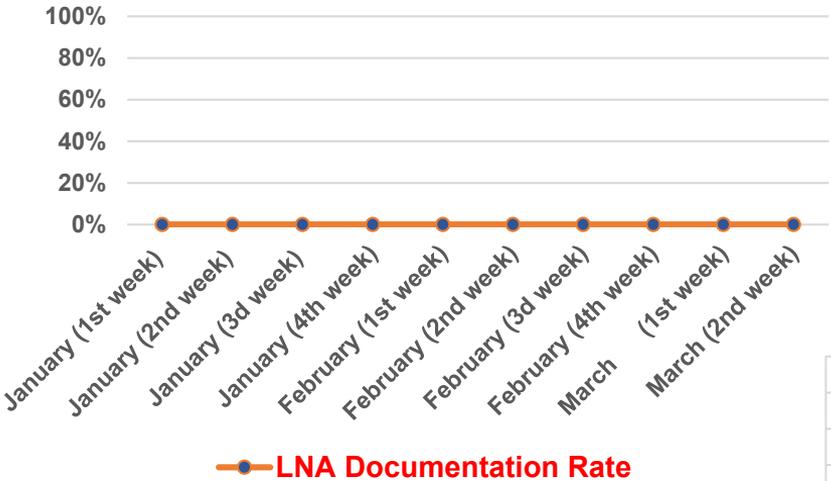


Test of Change PDSA Plan

Date	PDSA Description	Result
3/22/2021	<p>New process Education/Orientation: Nurse Navigator and Team Leader introduced process to staff.</p>	<ul style="list-style-type: none"> • Clinic staff expressed understanding and enthusiasm for this new process.
04/18-05/04/2021	<p>Reinforcement and staff education:</p> <ul style="list-style-type: none"> • Nurse Navigator checked in with staff, answered questions, addressed concerns, and reviewed documentation process. • Nurse Navigator provided staff with an optional standardized language template to use for the learning needs assessment. 	<ul style="list-style-type: none"> • Discovered staff was using two different intake forms and clarified documentation protocol. • One of the clinic staff expressed they were uncomfortable offering this assessment to patients. • Learned that staff was only focusing on one provider's patients rather than all breast patients. • Clinic was short-staffed due to medical leave. • When clinic is busy – staff do not do the LNA due to perceived time constraint.

Learning Style Preference Documentation Compliance Rate

LNA documentation rate - Q1 - 2021



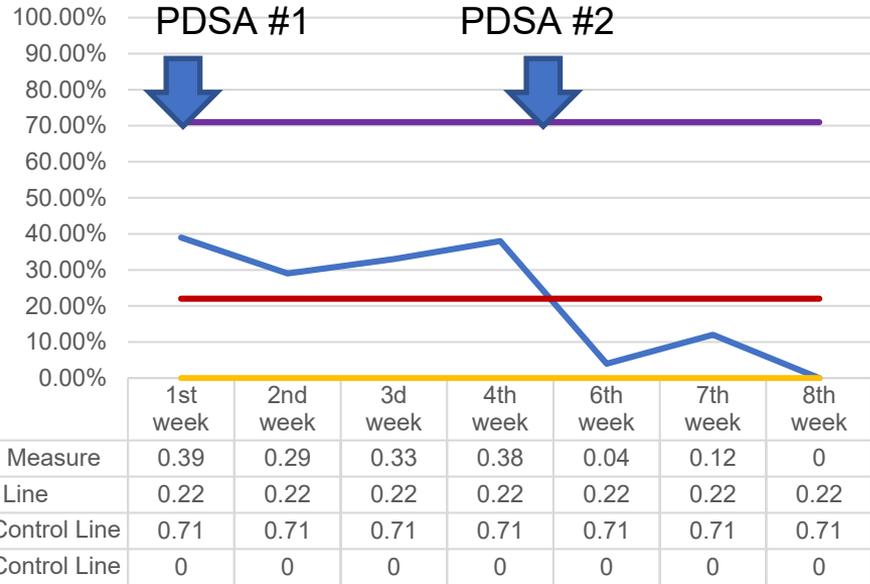
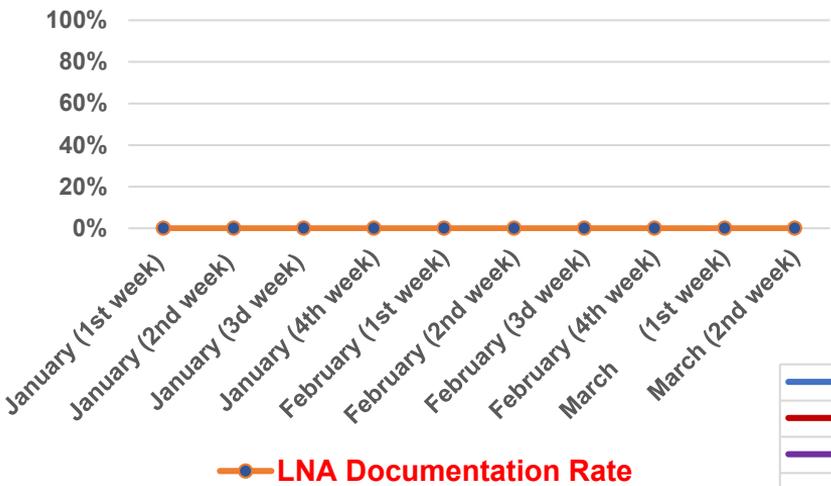
	1st week	2nd week	3d week	4th week	6th week	7th week	8th week
Sample Measure	0.33	0.24	0.33	0.31	0.17	0	0.06
Control Line	0.21	0.21	0.21	0.21	0.21	0.21	0.21
Upper Control Line	0.61	0.61	0.61	0.61	0.61	0.61	0.61
Lower Control Line	0	0	0	0	0	0	0

- 1st week: 3/22 - 3/28/2021
- 3d week: 4/5 - 4/11/2021
- 5th week: 4/19 - 4/25/2021
- 7th week: 5/3 - 5/9/2021
- 2nd week: 3/29 - 4/4/2021
- 4th week: 4/12 - 4/18/2021
- 6th week: 4/26 - 5/2/2021
- 8th week: 5/10-5/16/2021

The compliance rate remained below the target for 7 weeks. The performance was variable and ranged from 0%-33%.

Language Preference Documentation Compliance Rate

LNA documentation rate - Q1 - 2021



- 1st week: 3/22 - 3/28/2021
- 3d week: 4/5 - 4/11/2021
- 5th week: 4/19 - 4/25/2021
- 7th week: 5/3 - 5/9/2021
- 2nd week: 3/29 - 4/4/2021
- 4th week: 4/12 - 4/18/2021
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The compliance rate remained below the target for 7 weeks. The performance was variable and ranged from 0%-39%.

Next steps Sustainability Plan

Next Steps	Owner
Develop tool with IT that integrates into provider and clinic staff workflow. Include option for patients to decline assessment	Ezekiel Murphy
Make previously performed LNA visible across encounters in the intake workflow	Ezekiel Murphy
Elicit feedback from patients	Victoria Banerjee and Burnese Calhoun
Survey and educate providers on using the LNA	Irene Kang
Sharing performance data with the clinical team	Firas Abed and Victoria Banerjee
Outcome measure: Data abstraction and analysis related to the percentage of encounters utilizing the identified preferred learning styles in patient education	Firas Abed

Conclusion

- Location and integration of this assessment in the EMR is crucial to process success
- Competing IT-related priorities impact the project
- Clinic staff enthusiasm needs to be supported by sustainable workflow
- Sharing data with the team can provide motivation

Improving Learning Needs Assessment Documentation

AIM: By June 2021, we will implement a standardized learning needs assessment tool so that 50% of African American & LatinX breast cancer patients at the Norris Health Care Center will have a documented learning needs assessment.

TEAM:

- Norris-Medicine: Dr. Irene Kang
- Quality: Firas Abed
- Nursing: Victoria Benerjee
- Social Services: Burnese Calhoun

INTERVENTION: We implemented a learning needs assessment to be performed at intake during clinic visits: this included patient's preferred language and preferred learning style documented in an electronic form. We taught clinic staff to complete these forms for African American and LatinX breast cancer patients seen at our cancer center.

PROJECT SPONSORS:

Quality & Outcome Management:
Dr. Lisa Johnson

RESULTS:

Learning Needs Assessment Documentation Rate



CONCLUSIONS: The aim of 50% was not achieved. The LNA documentation rate including the language & learning style preferences ranged between 0-39% within 8 weeks period.

NEXT STEPS:

- Develop tool with IT that integrates into provider and staff workflow.
- Create LNA workflow that crosses encounters
- Data abstraction and analysis related to the of percentage of encounters utilizing the identified preferred learning styles in patient education