

# ***ASCO's Quality Training Program***

Project Title:

**Providing Treatment Summary and Survivorship Care Plan to Early-Stage Breast Cancer Patients Beyond Their Initial Therapy in a smaller community-based practice set-up at Jones Cancer Clinic**

**Presenter's Names: Cynthia Rogers MSN. FNP, and Shailesh R. Satpute MD. PhD.**

**Institution: Jones Cancer Clinic, Germantown, TN**

**Date: 10/8/2015**

# Institutional Overview

The Jones Clinic is an independently owned adult hematology and oncology practice consisting of three full time physicians and two full time nurse practitioners. One site is located in the urban area of greater Memphis, TN. The second site is in rural Mississippi. A wide variety of oncologic and hematologic illnesses are managed. At Jones Clinic, approximately, 850 new patients are seen annually. There is a minimal of 20 open research trials at any given time, including some of our own investigator-initiated trials. Jones clinic is committed to quality care as evident from its QOPI certification.

# Problem Statement

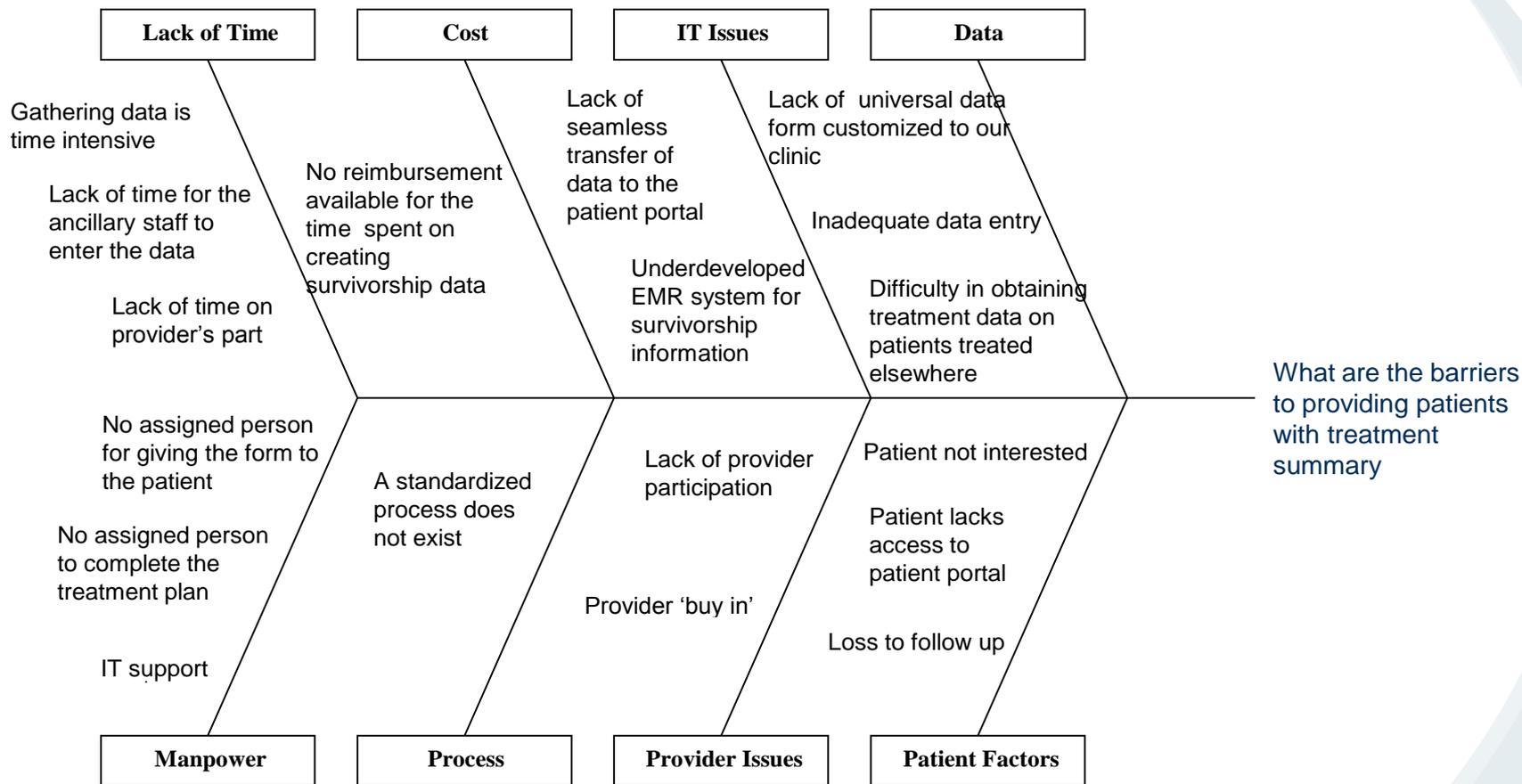
Breast cancer survivors at the Jones Clinic currently do not receive a written summary of their treatment plan. It has been recognized in the area of oncology that this information is important to improve quality of care for survivors as they move beyond their cancer.

# Team Members

- Project Sponsor: Clyde Michael Jones MD (Provider)
- Team Leaders
  - Shailesh R. Satpute MD PhD (Provider)
  - Cynthia Rogers MSN. FNP (Provider, Nurse Practitioner, Germantown)
- Core Team Members:
  - Kim Hardin RNCS, MSN, CFNP (Provider Nurse Practitioner, New Albany)
  - Brent Mullins MD (Provider)
  - Stephan Erdadi (IT support)
  - Gail Winkler RN (Nursing Staff)
  - Amy Fiala LPN (Medical Assistant)
  - Donna Bryson (Transcriptionist)
- Improvement Coach: Holley Stallings RN, MPH, CPHQ, CPHQ<sup>®</sup>

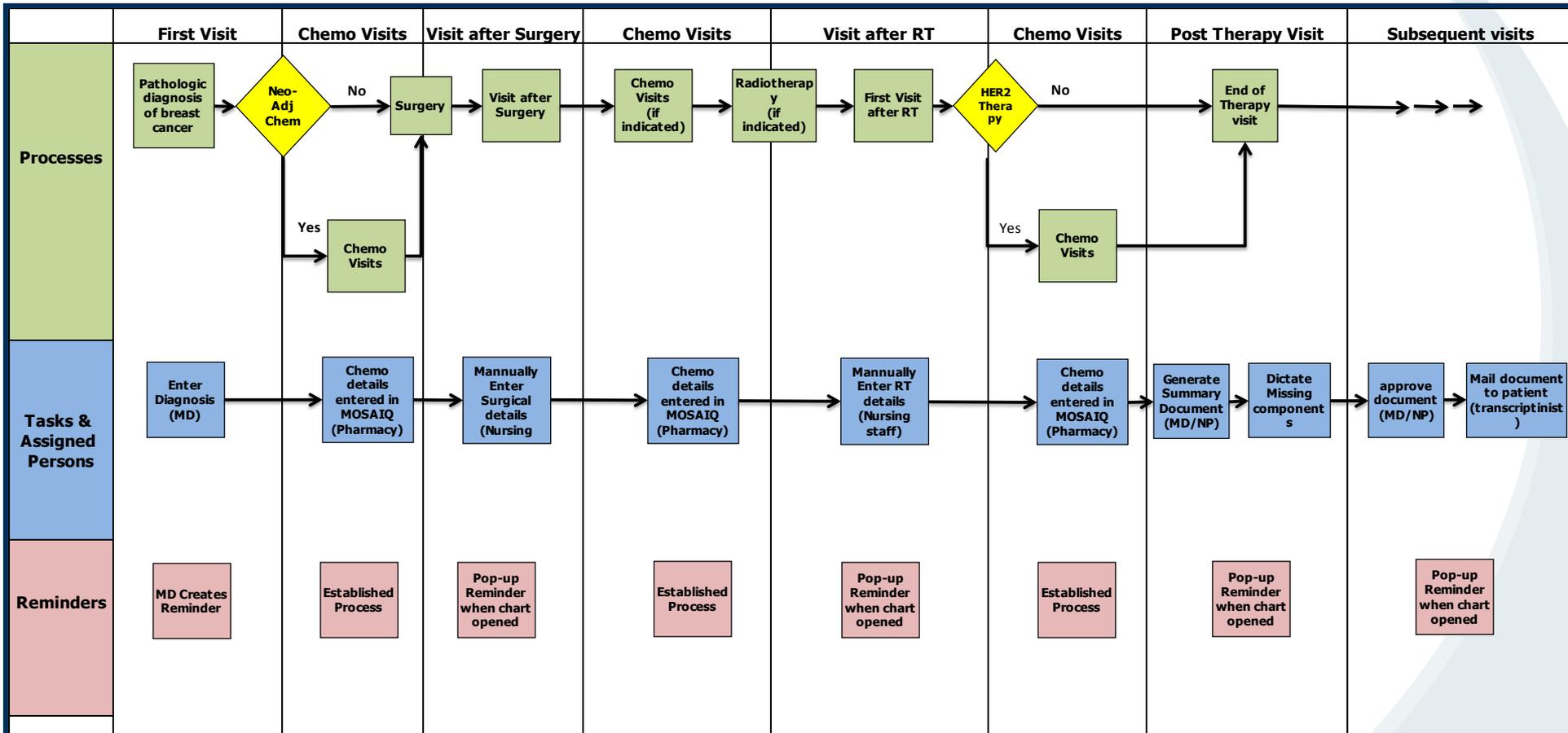


# Cause & Effect Diagram



- The biggest issues identified were those of inadequate EMR for survivorship and lack of standardized data entry process
- We created a provision in EMR (MOSAIQ) for survivorship data entry and extraction of such data in a document.

# Process Map



# Diagnostic Data

- Although currently, definitive data supporting the benefits of survivorship care plans are lacking, it is generally believed that treatment summaries lead to improvements in outcomes for cancer survivors. The document is particularly useful for seamless continuity of care between oncologist and primary care provider. According to ASCO and NCCN guidelines, such document should include
  - Details of the diagnosis
  - A personalized treatment summary
  - Identification of providers
  - Identifying long term consequences of cancer therapy
  - Follow-up care plan including surveillance for cancer recurrence
- We identified a total 40 patients that completed initial treatment for early-stage breast cancer.
  - 29 patients completed treatment during 1/1/2014 - 12/31/2014
  - 11 patients completed treatment during 1/1/2015 - 7/31/2015.
- An Informal patient survey:

A focus group consisted of six women who had completed curative therapy for breast cancer and one woman that was currently receiving treatment. All of the women in the group wanted a treatment summary to share with their PCP. Approximately half of the women would prefer to have the information in an electronic format.

# Aim Statement

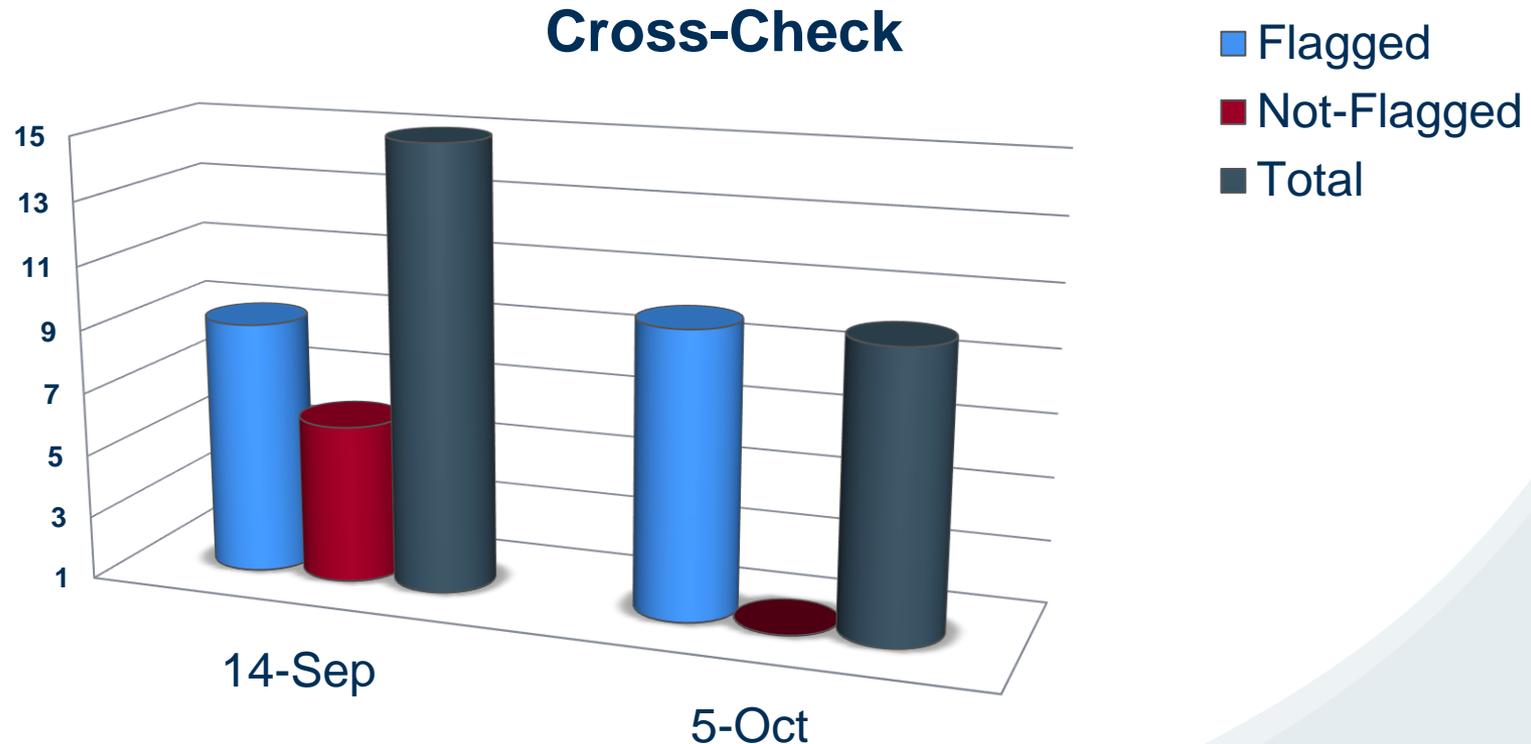
100% of breast cancer patients completing adjuvant therapy on or after July 30, 2015, at Jones Clinic (both locations) will receive a treatment summary within 30 days of completion of therapy. We anticipate the projected volume will be 6 patients.

# Measures

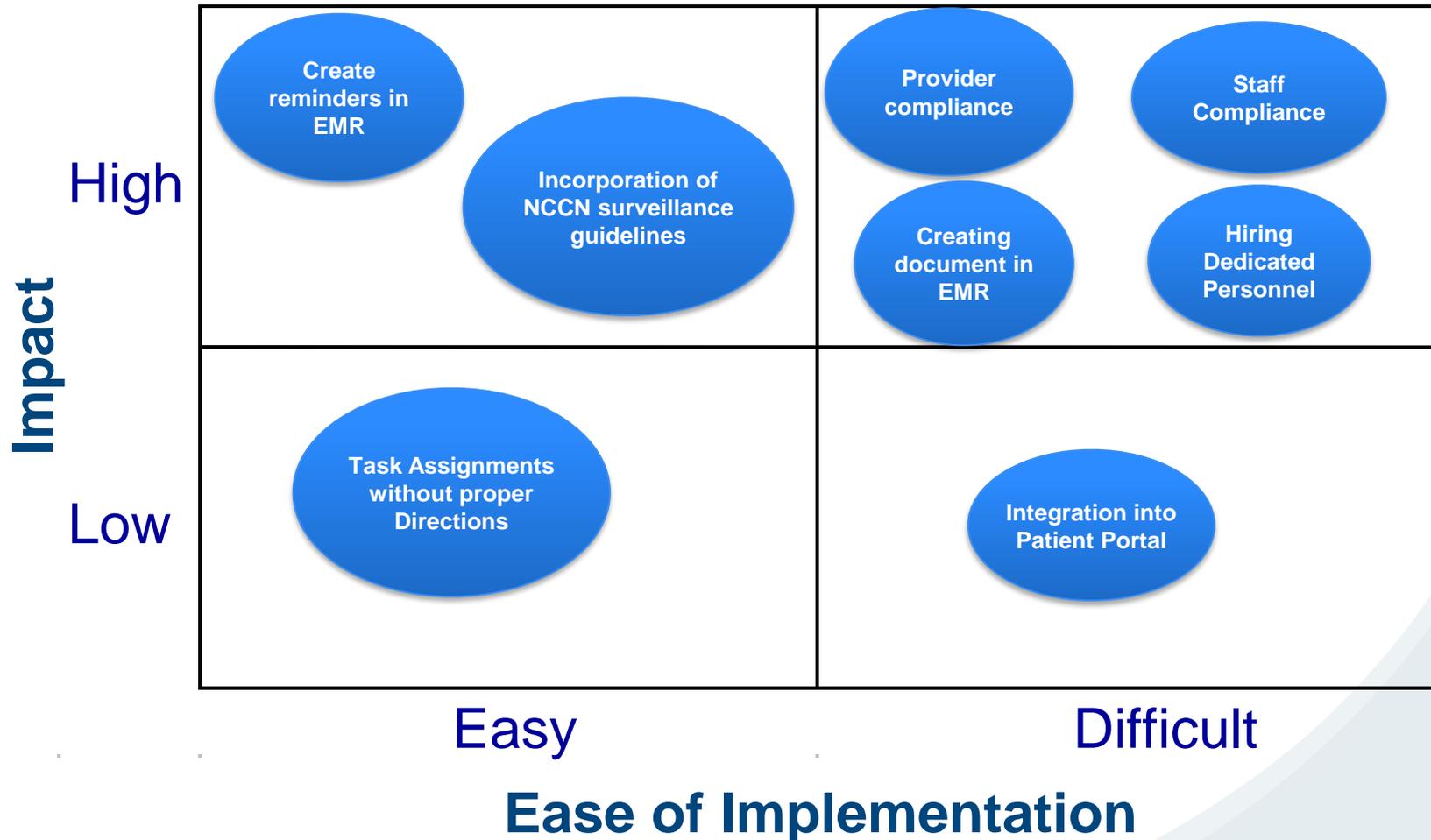
- Measure: Patients receiving summary within 30 days
- Patient population: Stage 1-3 breast cancer patients completing adjuvant therapy
- Calculation methodology
  - Numerator: # of patients that received a treatment summary
  - Denominator: # of patients that completed adjuvant therapy
- Data Source: EMR
- Data frequency: 2 week interval
- Data quality (any limitations): None

# Balance Measures

- Created a system to flag charts that were appropriate for survivorship care plan
- Cross-checking for the flagged charts



# Prioritized List of Changes (Priority/Pay-Off Matrix)



# PDSA Plan (Tests of Change)

Date of PDSA cycle	Description of intervention	Results	Action steps
July 27 - August 8	<ul style="list-style-type: none"> <li>• Introduce flagging system</li> <li>• Re-educate staff about QI process</li> <li>• Create treatment summaries to evaluate ease of process</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment summaries were quick and easy to create.</li> <li>• Difficult to remember how to enter the flag in the EMR</li> </ul>	<ul style="list-style-type: none"> <li>• Instructional handout created by IT demonstrating how to enter the flag in the EMR.</li> </ul>
August 9 – September 18	<ul style="list-style-type: none"> <li>• Cross-checked for flagged charts among eligible patients</li> </ul>	<ul style="list-style-type: none"> <li>• 6 charts found unflagged</li> </ul>	<ul style="list-style-type: none"> <li>• Charts flagged appropriately and created video to educate on ‘how to flag’ charts</li> <li>• Timeliness of distribution was an issue in 1 patient</li> </ul>
September 20 – October 5	<ul style="list-style-type: none"> <li>• Evaluate distributed treatment summaries for accuracy and completeness</li> <li>• Feedback from patients</li> <li>• Feedback from providers</li> </ul>	<ul style="list-style-type: none"> <li>• Poor integration of chemotherapy data</li> <li>• ER/PR and HER2 status not imported consistently</li> </ul>	<ul style="list-style-type: none"> <li>• IT to improve integration of chemotherapy data and hormonal status</li> </ul>

# Material Developed: sample summary document



7710 Wolf River Circle  
 Germantown, TN 38138  
 p 901-685-5969 f 901-685-6424

402 Doctors Drive  
 New Albany, MS 38652  
 p 662-538-5526 f 662-534-2882

Patient Name: PATIENT TESTSIX

DOB: 1/01/1960

## Survivorship Treatment Summary

Medical Oncologist: Clyde Jones MD

**Dx Date** 5/29/2015      **Dx Code** [ICD9] 174.6\*      **Description** Axillary tail of breast      **Laterality** 1 - Right

**T** T1a      **N** N0(+)  
**M** M0      **Stage** IA

Details: ER+, PR+, HER2/Neu -

### Surgical History:

5/29/2015 Axillary tail of breast RightTumor cells, benign IA Mastectomy -Bilateral SMITH, JOHN, st francis hospital

### Drug(s):

Drug Name	Dose	Route	Frequency	Start Date	Care Plan	Strength
Taxol (PACLtaxel)	140 mg	IV	once	9/24/2013		6 mg/mL
Iron Dextran	30 cc	Injection	once	9/26/2013		50 mg/mL
Benadryl PO	50 mg	Oral	once	9/27/2013		25 mg
Cyclophosphamide	1,122 mg	IV	once	10/15/2013	AC --> DOCEtaxel 100 mg/m*2 - Adjuvant	
DOXORubicin	112 mg	IVPush	once	11/5/2013	AC --> DOCEtaxel 100 mg/m*2 - Adjuvant	
Decadron	20 mg	IV	once	1/28/2014	AC --> DOCEtaxel 100 mg/m*2 - Adjuvant	
Ativan	0.5 mg	IV	once	1/28/2014	AC --> DOCEtaxel 100 mg/m*2 - Adjuvant	
Aloxi (Palonesteron)	250 mcg	IVPush	once	1/28/2014	AC --> DOCEtaxel 100 mg/m*2 - Adjuvant	
Benadryl	50 mg	IV	once	1/28/2014	AC --> DOCEtaxel 100 mg/m*2 - Adjuvant	
ranitidine HCl	50 mg	IV	once	1/28/2014	AC --> DOCEtaxel 100 mg/m*2 - Adjuvant	
Decadron PO	8 mg	PO	twice a day for 3 Day(s)	1/28/2014	AC --> DOCEtaxel 100 mg/m*2 - Adjuvant	4 mg
Taxotere (DOCEtaxel)	187 mg	IV	once	1/28/2014	AC --> DOCEtaxel 100 mg/m*2 - Adjuvant	
Flulaval Quad 2014-2015	0.5 mL	IM	once	1/29/2015		
DOCEtaxel	20 mg	IV	once	1/29/2015		



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Patient Name: PATIENT TESTSIX

DOB: 1/01/1960

Drug Name	Dose	Route	Frequency	Start Date	Care Plan	Strength
DOCEtaxel	99 mg	IV	once	4/8/2015		20 mg/mL (1 mL)

### Toxicities:

Date	Time

### Radiation Treatment(s):

Date	7/20/2015
Time	12:55 PM
<b>Radiation Therapy #1</b>	
Start Date #1	4/15/2015
End Date #1	5/30/2015
# of Radiation Treatments #1	33
Region Treated #1	right chest wall and right axilla
Type of Radiation Treatment #1	EBRT 4500 Cy
Treatment Facility #1	St Francis Hospital
Treatment Provider #1	Dr Jane Smith
<b>Radiation Therapy #2</b>	
Initials	

### Surveillance guidelines:

- Oncologist visit including breast exam every 3-6 months for the first 3 years, every 6-12 months for year 4 and 5 and annually thereafter
- Mammogram annually
- Preventative annual visits with Primary Care Provider.

Current Date/Time: 7/20/2015 1:07 PM

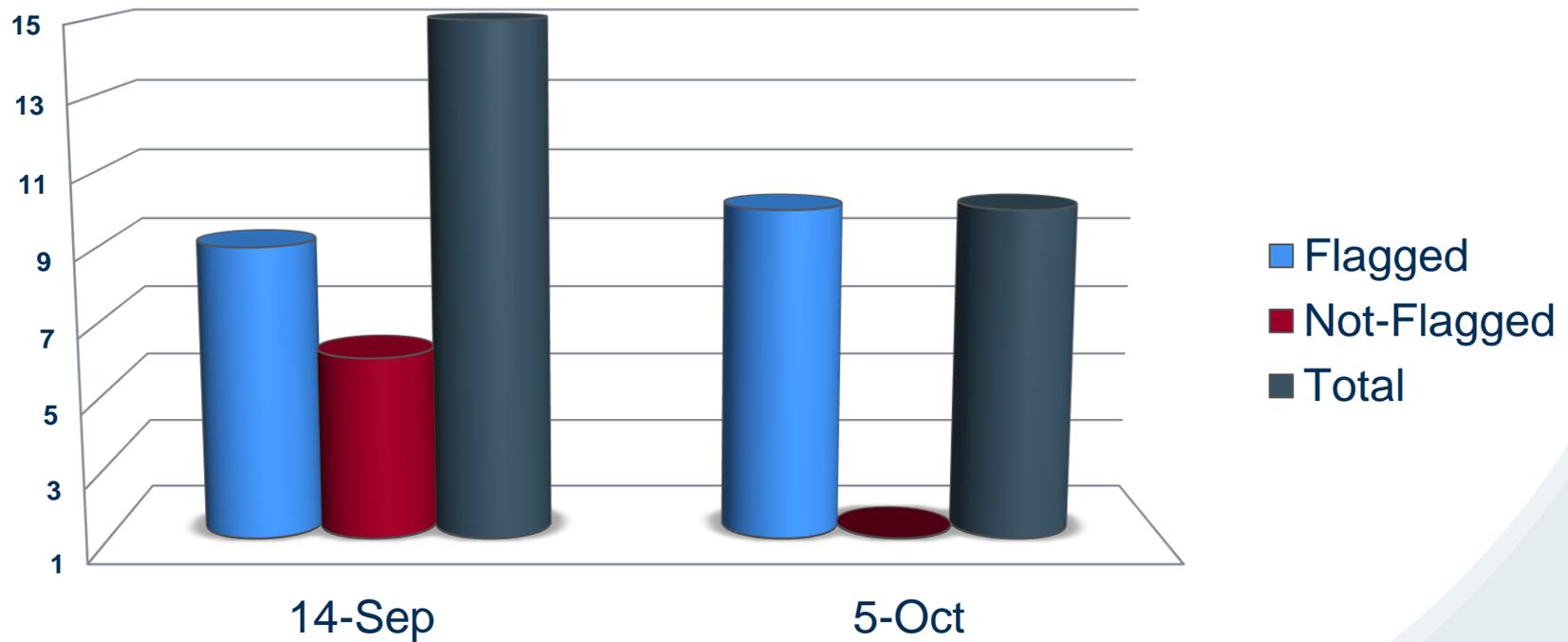
### CC List:

cc: JONES, CLYDE M.



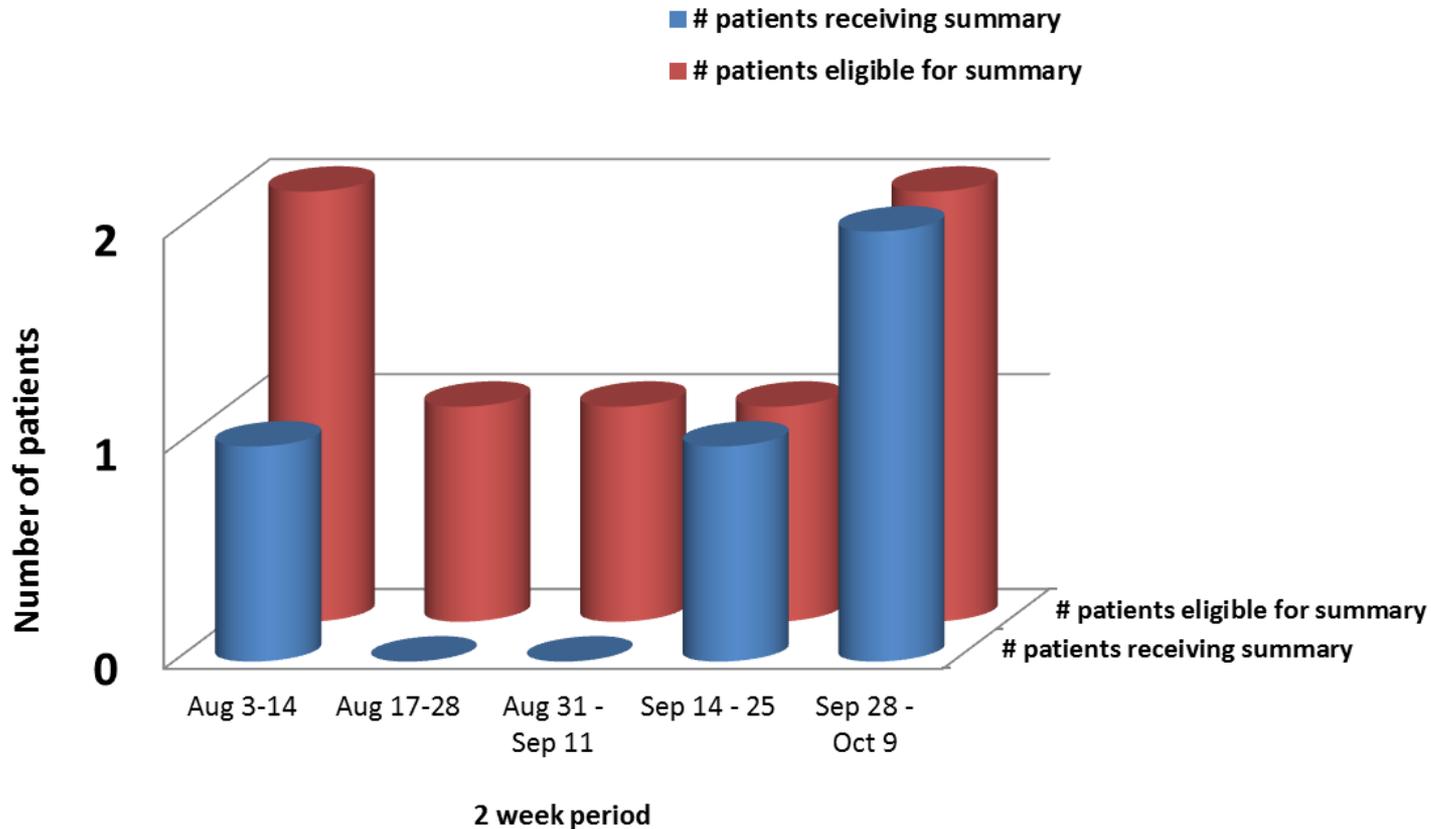
# Process Improvement

Cross-Check (performed once on Sep 14, 2015)



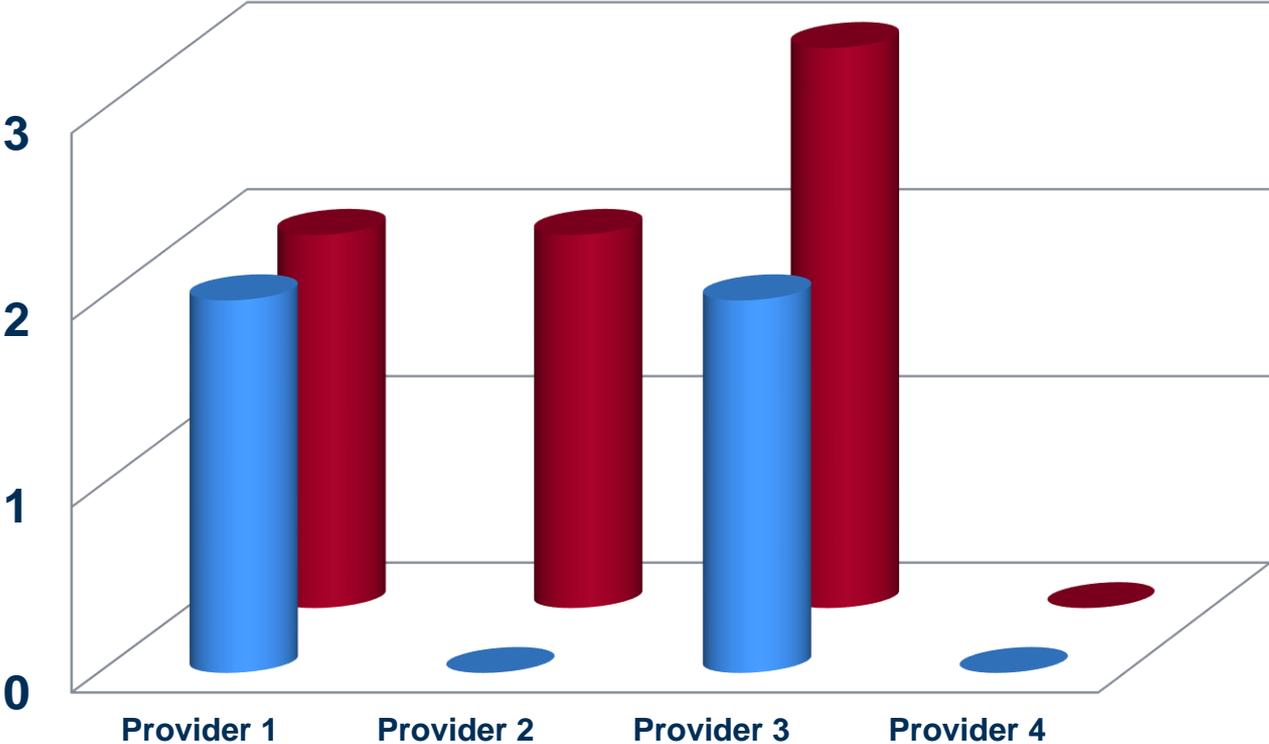
# Change Data

## Process Implementation (n = 7)

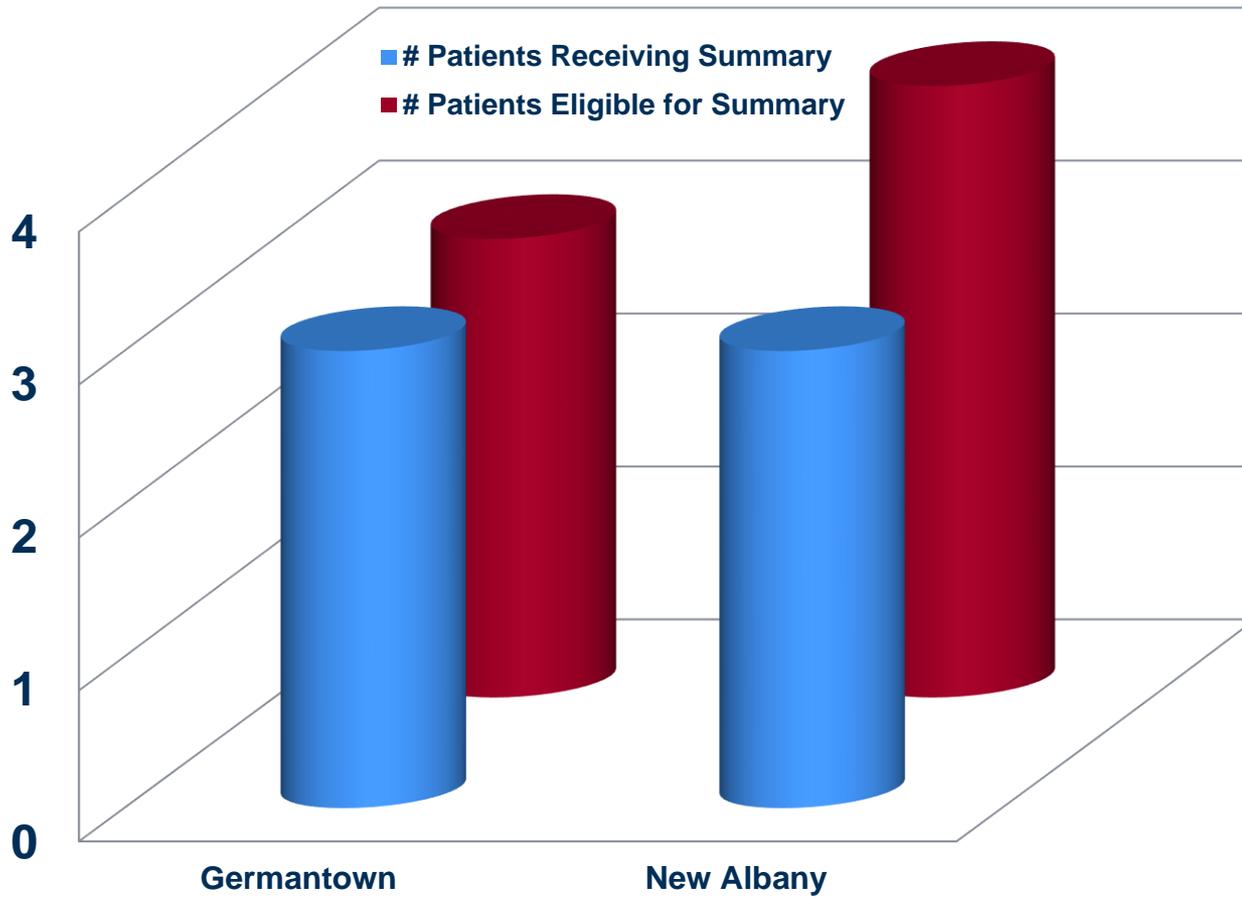


# Performance by Providers

- # Patients Receiving Summary
- # Patients Eligible for Summary



## Performance by Location



# Feedback

- We received feedback from 2 patients. They found the summary informative and they plan to share it with their primary care providers.
- we were not able to obtain survey from providers/practices

# Conclusions

- Implemented a process of providing survivorship care plan for early stage breast cancer patients at treatment completion
- Utilization of EMR to create summary document
- Gradual improvement in compliance and member participation in the process
- Set an example of how to incorporate an important QOPI measure at a smaller oncology practice

# Next Steps/Plan for Sustainability

- Monthly process auditing through chart cross-checks
- Extending survivorship care plan to other cancer types
- Continued education of staff and providers
- Integration into patient portal
- Submitted abstract to 2016 cancer survivorship symposium

# Acknowledgements

- Core Team Members: **Jones Cancer Clinic**

- Kim Hardin RNCS, MSN, CFNP
- (Provider NP New Albany)
- Brent Mullins MD (Provider)
- Stephan Erdadi (IT support)
- Gail Winkler RN (Nursing Staff)
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- Donna Bryson (Transcriptionist)



- Duke Cancer Network Team

- Improvement Coach: Holley Stallings RN, MPH, CPH, CPHQ

- Project Sponsor: Clyde Michael Jones MD (Provider)

**Providing Treatment Summary and Survivorship Care Plan to Early-Stage Breast Cancer Patients Beyond Their Initial Therapy in a smaller community-based practice set-up at Jones Cancer Clinic**

**AIM:** 100% of breast cancer patients completing adjuvant therapy on or after July 30, 2015, at Jones Clinic (both locations) will receive a treatment summary within 30 days of completion of therapy. We anticipate the projected volume will be 6 patients.

**INTERVENTION:**

- Developed the process at the clinic to create and distribute survivorship treatment summaries
- Created a module in EMR for survivorship treatment summaries designed to auto-populate from available data
- Created a system to flag charts of patients needing treatment summaries
- Designed interval cross-checks to ensure that eligible patients were not missed.

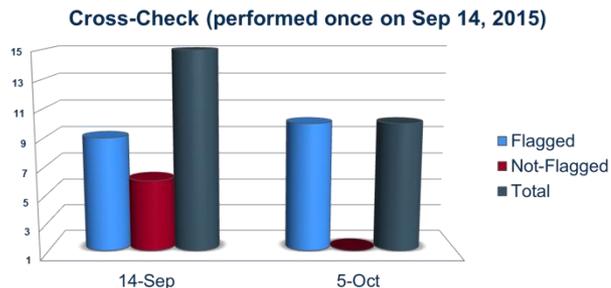
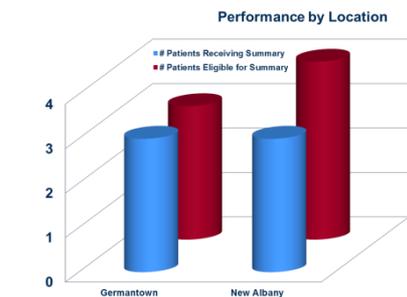
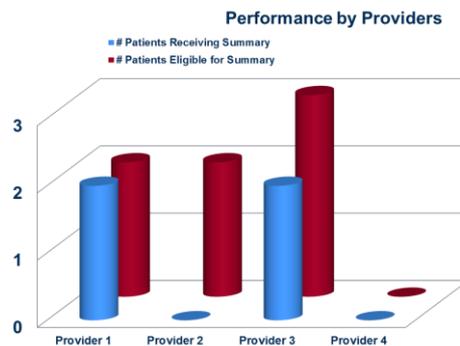
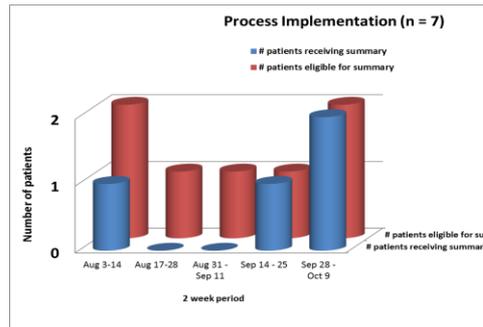
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**Project Sponsor**

- Clyde M. Jones MD

**RESULTS:**



**CONCLUSIONS:**

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- Gradual improvement in compliance and member participation in the process
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**NEXT STEPS:**

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