

ASCO's Quality Training Program

Project Title: Improving the Consenting and Education Process for Patients Starting on Oral Oncology Medications

Presenter's Name: Lauren Zatarain, MD

Institution: Mary Bird Perkins – Our Lady of the Lake Cancer Center, Baton Rouge, LA

Date: October 8, 2015

Institutional Overview

- Baton Rouge population 230,000
- Community Hospital in Southeast Louisiana
 - Mary Bird Perkins-Our Lady of the Lake Cancer Center
 - National Community Cancer Centers Program (NCCCP) site since 2007
 - Medical Oncology: 6 MDs, 2 NPs
 - Recent loss of NP (6/2015) who previously coordinated all oral oncology medications
- Average: 13 Oral oncology patients initiated per month

Problem Statement

Oral oncology medication prescribing is on the rise within the Mary Bird Perkins - Our Lady of the Lake Cancer Center Medical Oncology Clinic. Given that these medications are self-administered, drug compliance is a concern. Appropriate patient education directly impacts drug adherence. Currently, there is implied consent while educating patients on side effects and written informed consent is obtained **0%** of the time. This creates a patient safety and risk management problem.

Team Members

Team Leader:

- Lauren Zatarain, MD

Team Members:

- *Nursing* – Jessica Ashford, RN
- *Providers* –Dustin Denicola, NP
- *Administration* – BJ Billeaudeau, Michelle Hyatt
- *IT* – Erin Wallace

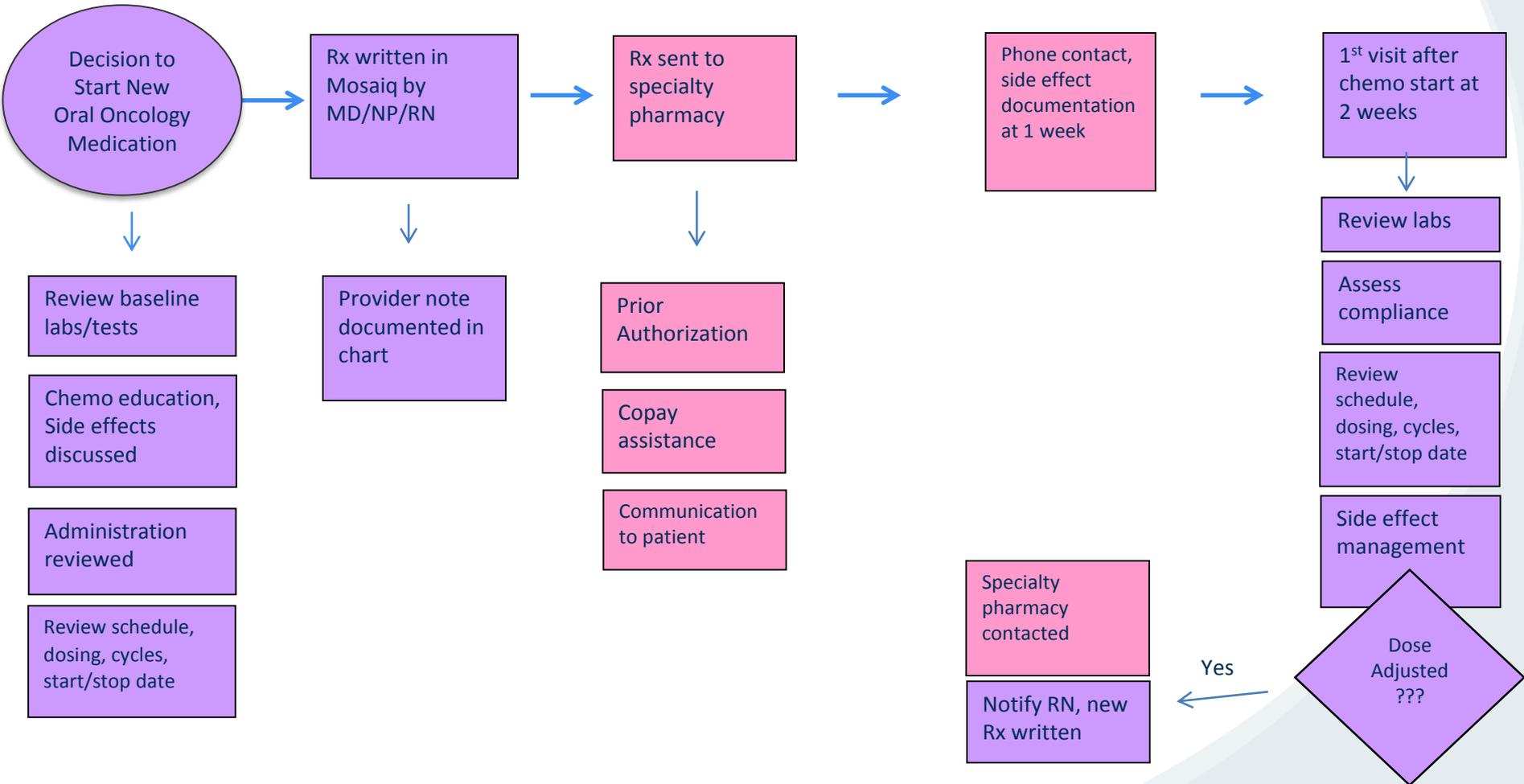
Project Sponsor:

- LaDonna Green, NFA, MPA, Assistant Vice President at Our Lady of the Lake Physician Group

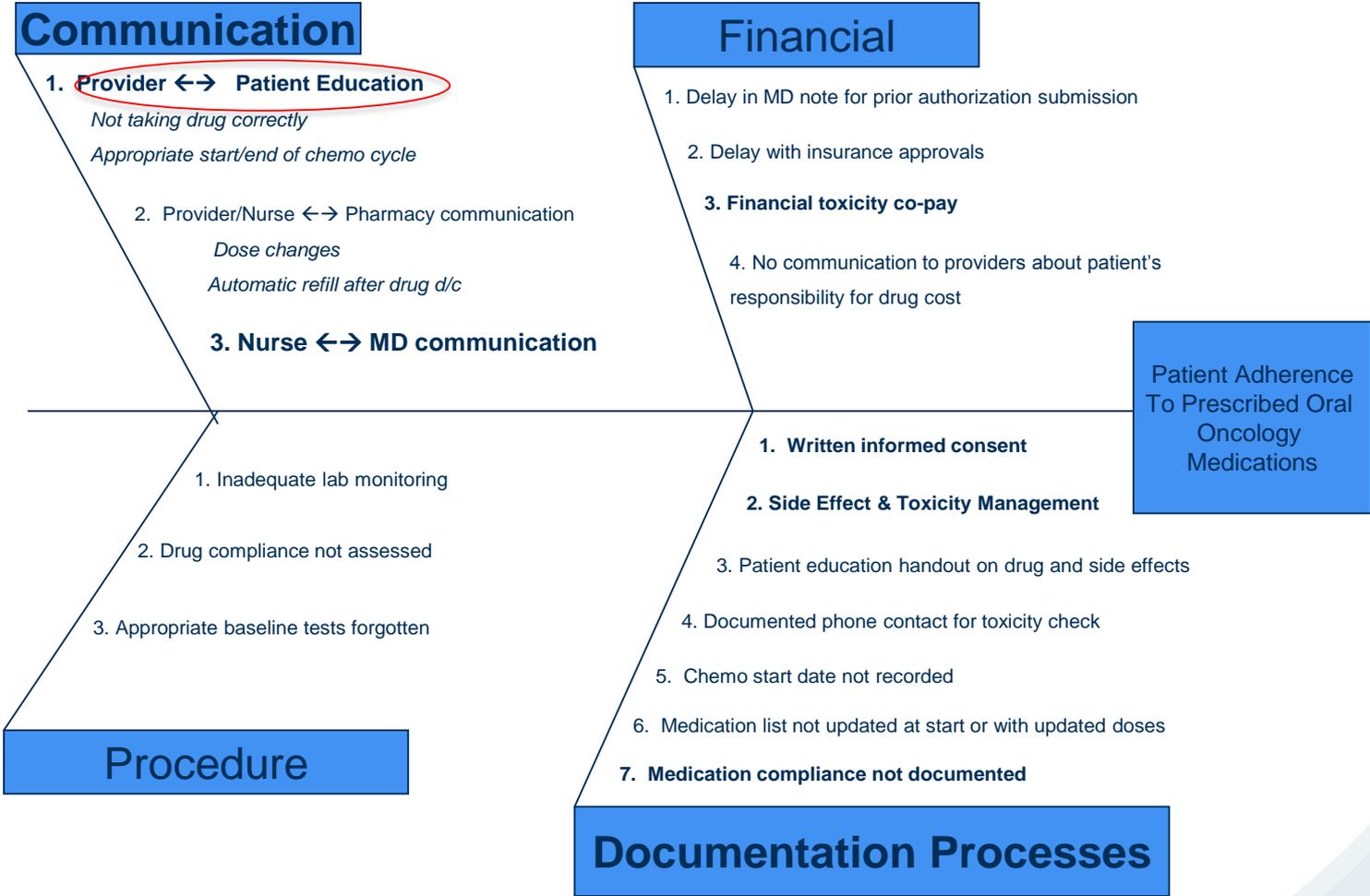
Improvement Coach:

- David Bivens, MS, CQE, CSSBB, CPIM

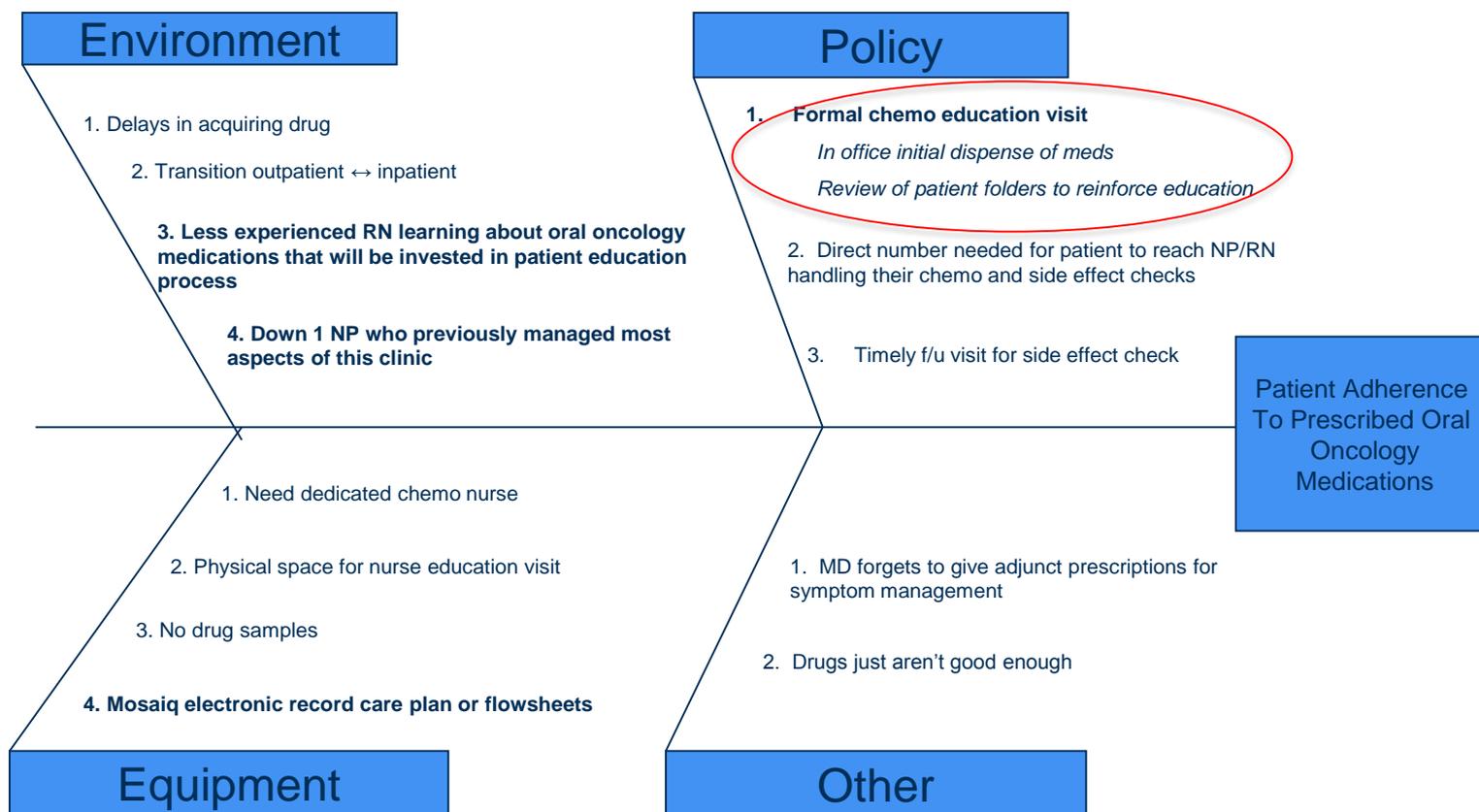
Initial Process Map



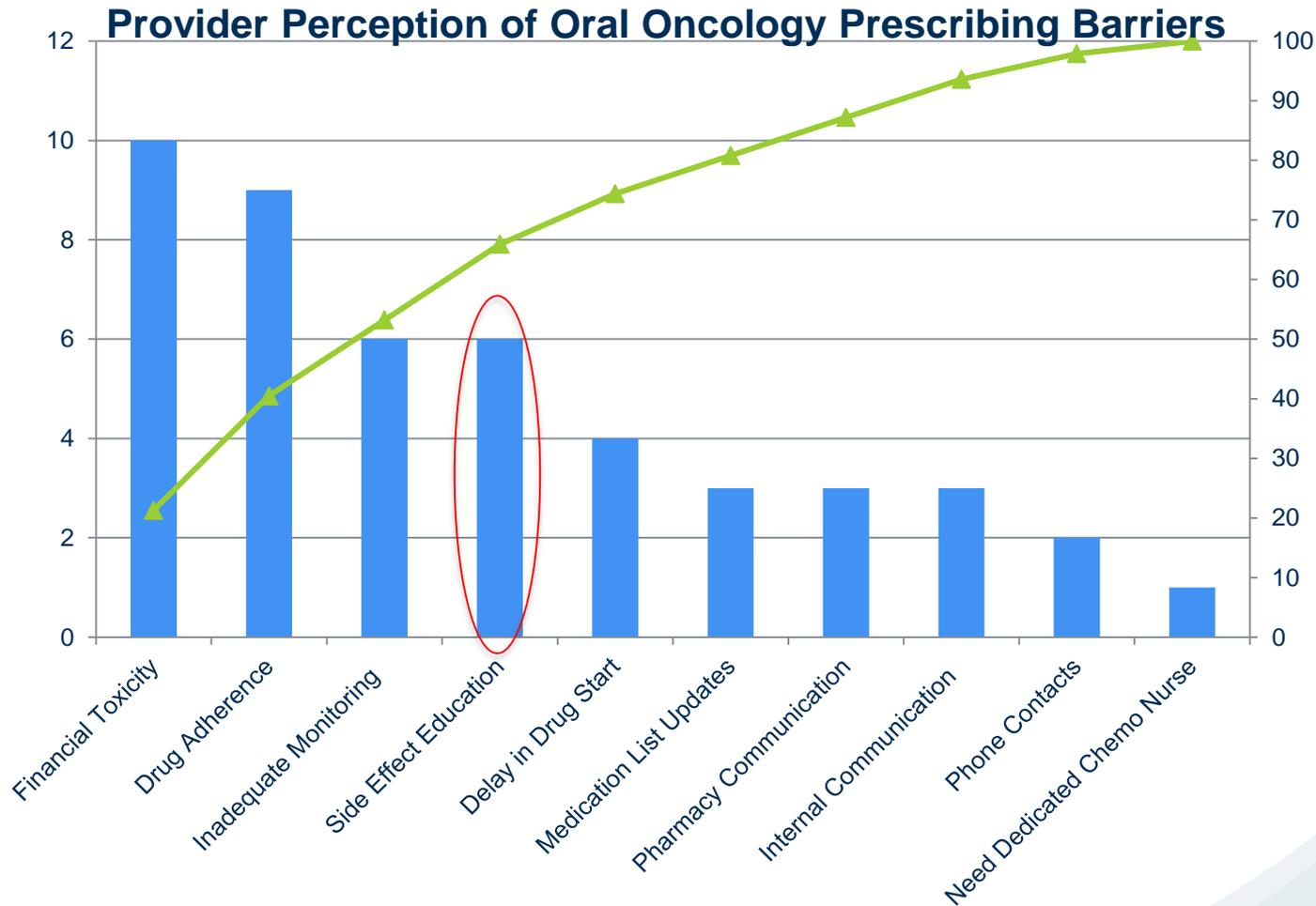
Cause & Effect Diagram



Cause & Effect Diagram



Diagnostic Data



Aim Statement

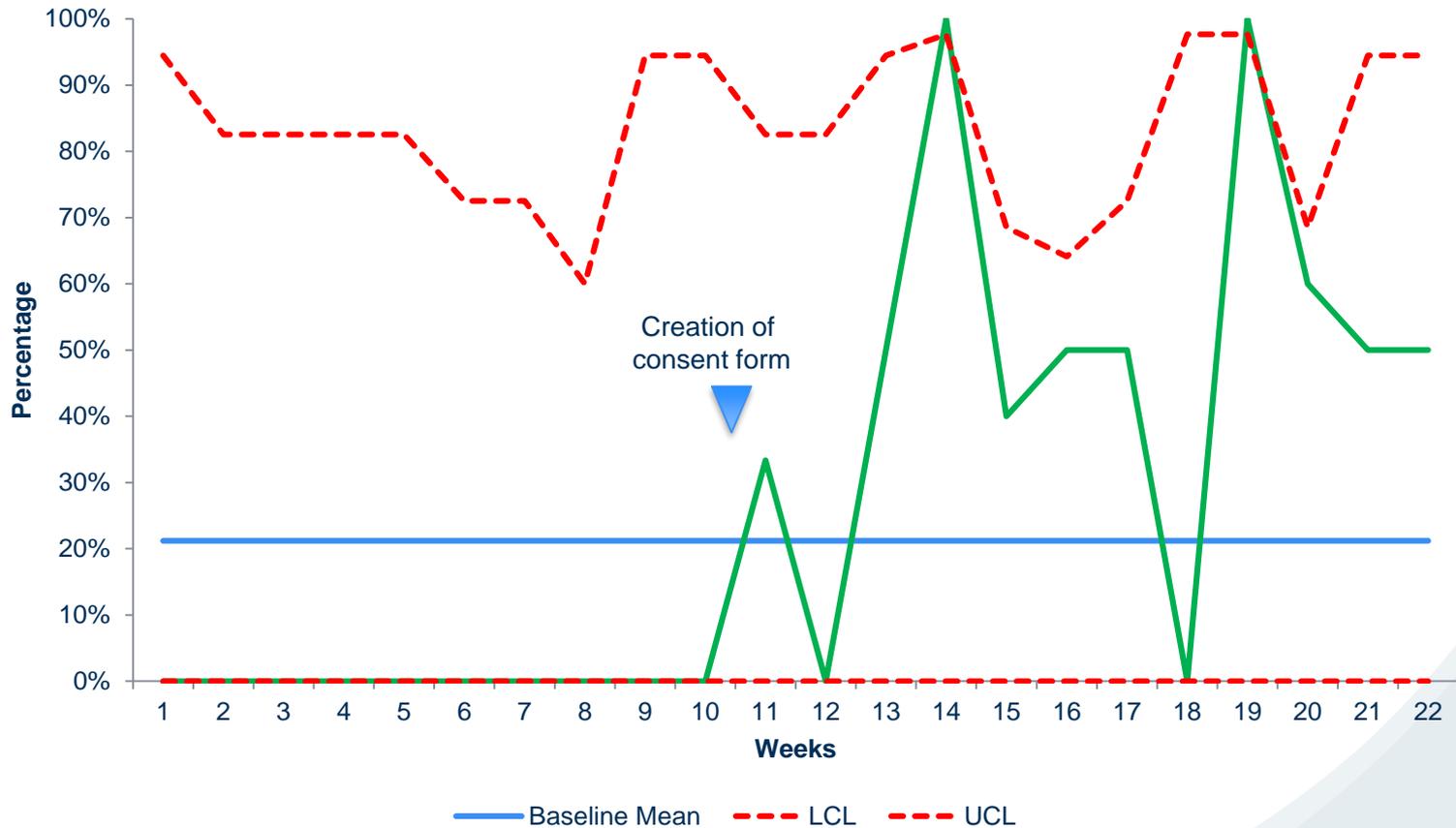
By October 1, 2015, 75% of all patients enrolled in oral oncology clinic will provide written informed consent at Mary Bird Perkins – Our Lady of the Lake Cancer Center.

Measures

	Outcome Measure	Outcome Measure	Measure
What is your measure?	% of patients with written consent in EHR	% of patients given patient education materials	% of patients for whom the provider notified the RN of drug start
Patient population (exclusions if any)	All oral oncology patients started on drug since 2/2015	All oral oncology patients started on drug since 2/2015	All oral oncology patients started on drug since 2/2015
Calculation methodology	Numerator: # of patients with written consent in EHR Denominator: # of patients on oral oncology medications	Numerator: # of patients with patient education in EHR Denominator: # of patients on oral oncology medications	Numerator: # of patients for whom the provider notified the RN of drug start prior to patient leaving clinic Denominator: # of patients on oral oncology medications
Data source	EHR; excel tracking sheet	EHR	Oral oncology RN tally sheet
Data collection frequency	Data will be entered into an excel spreadsheet on a biweekly basis or IT creates biweekly report	Data will be entered into an excel spreadsheet on a biweekly basis or IT creates biweekly report	Data will be collected as new patients are started on oral oncology medications
Data Quality	Requires provider to remember to consent patients; requires oncology RN to scan in written consent form	Requires provider to remember to give handout to patients; requires oncology RN to scan in patient education document	Requires RN to recall which patients she was notified about drug start prior to leaving clinic

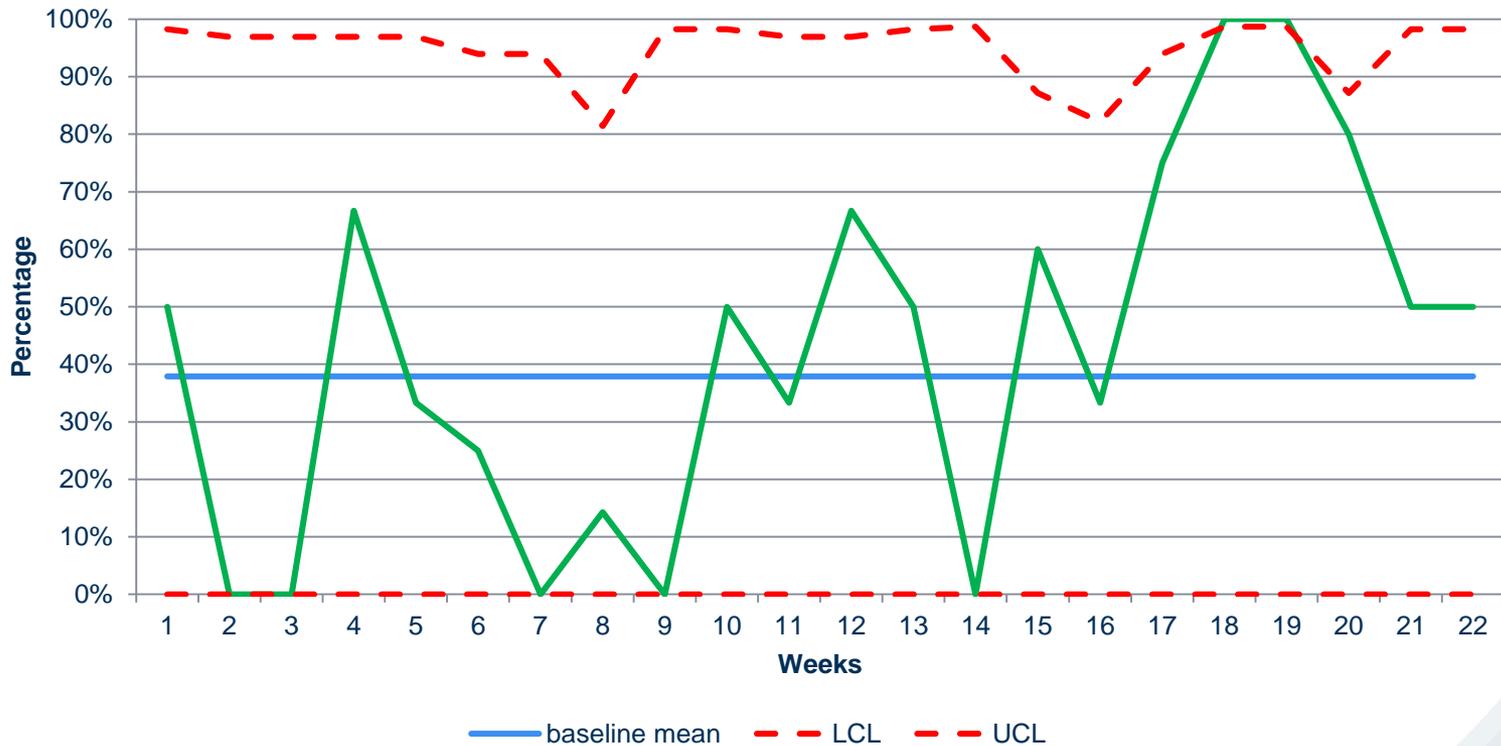
Baseline Data

Written Informed Consent Obtained Prior to Oral Oncology Drug Start (p chart, 3 sigma)



Baseline Data

**Patient Education Handouts Given to Patient
Prior to Oral Oncology Drug Start**
p chart, 3 sigma



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

Impact	High	<ol style="list-style-type: none"> 1) Creation of written consent form 2) RN Phone Education 3) MD Reminder Checklist 4) Creation of education powerpoint 	<ol style="list-style-type: none"> 1) Automatic order generation for common care plans 2) Formal RN education visit 3) RN notification while patient in clinic 4) 1st shipment of drug to MD office
	Low	<ol style="list-style-type: none"> 1) Relocation of patient education folders and consent forms to central office location 	<ol style="list-style-type: none"> 1) Streamline use of specialty pharmacies 2) Create drug favorites for ease of prescribing
		Easy	Difficult
Ease of Implementation			

PDSA Plan (Tests of Change)

Date of PDSA cycle	Description of intervention	Results	Action steps
4/29/15-5/26/15	Pilot of RN education visit with 1 st drug shipment to MD office	Delays in drug start	Reverted back to drug shipment to patient home
8/3/15-	Reminder checklist in exam rooms	Providers report the reminder sticker is somewhat helpful.	Continue with data collection
8/17/15-	Re-pilot RN education visit with earlier scheduling prior to drug shipment to patient home	No delays in drug start	Continue with data collection

PDSA Plan (Tests of Change)

Date of PDSA cycle	Description of intervention	Results	Action steps
8/7/15-	Centralize consent forms in office	Coincided with new policy to obtain written consent for IV chemotherapy	Continue with data collection

Materials Developed

Oral Oncology Medication Patient Consent

Patient Name _____ Date of Birth _____

Oral Medication _____ Diagnosis _____

Physician _____ Oral Oncology Nurse _____

Specialty Pharmacy _____

Specialty Pharmacy Phone _____ Fax _____

___ Patient can swallow pills.

___ Patient understands that this is an oral oncology medication.

___ Patient understands instructions in self-administering oral oncology medications.

___ Patient understands safe handling of oral oncology medication.

___ Patient understands potential side effects of oral oncology medication and when office should be notified of concerns.

___ Office contact information and phone numbers have been given to patient.

___ Patient has been advised to contact office if there are problems with prescription fulfillment.

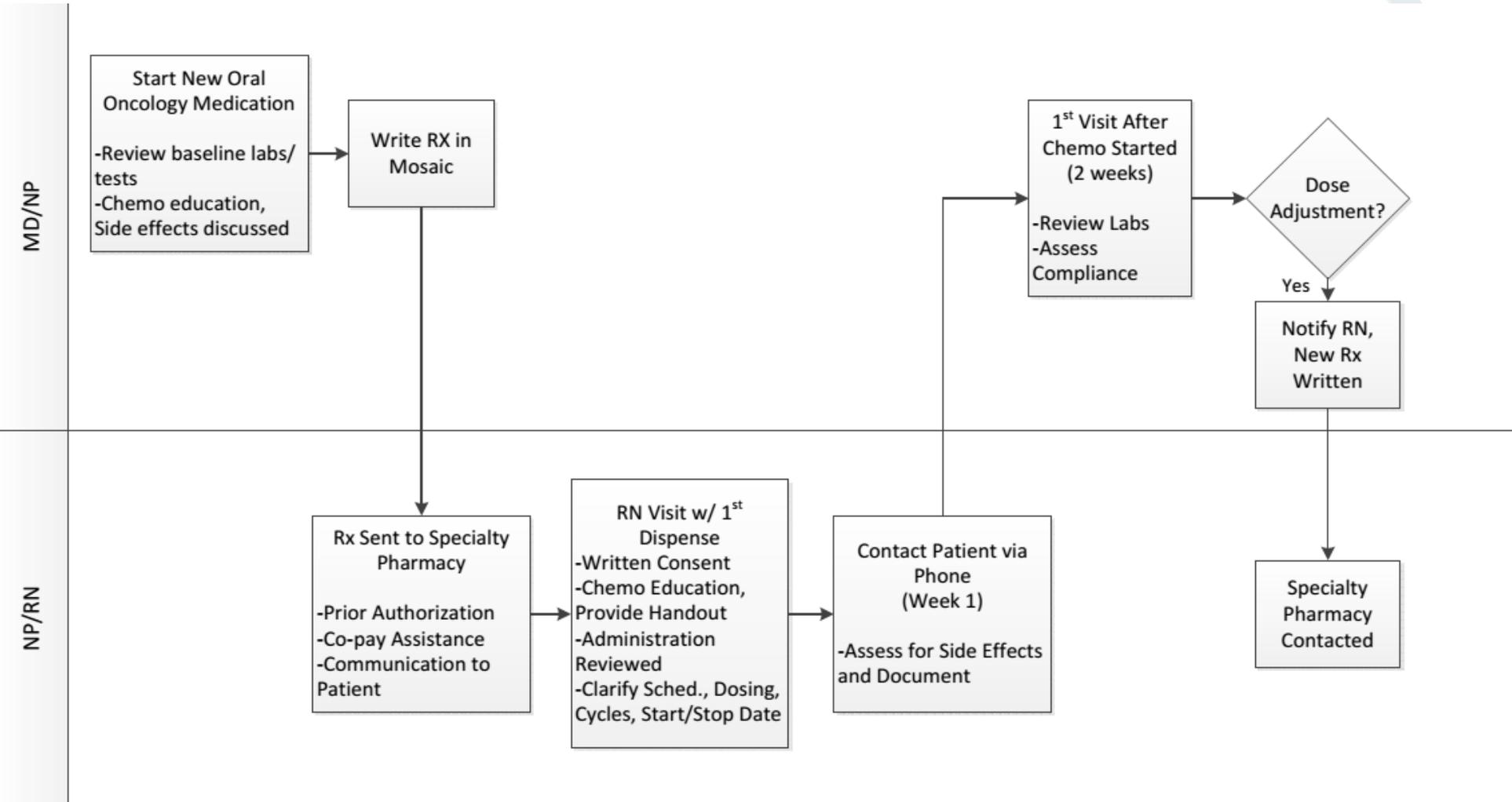
___ Follow up Doctors' visits and lab visits were scheduled/ discussed.

By my signature below, I attest that I have been taught about the oral oncology medication that my doctor has prescribed for me. I understand the goal of this oral oncology medication and that the success of this treatment weigh largely upon my compliance in taking the medication and informing my doctor of any issues that I may have. I understand that this prescription will be delivered to my home and it is imperative that I call my Doctors' office with any questions, issues, or concerns.

Patient Signature _____ Date _____

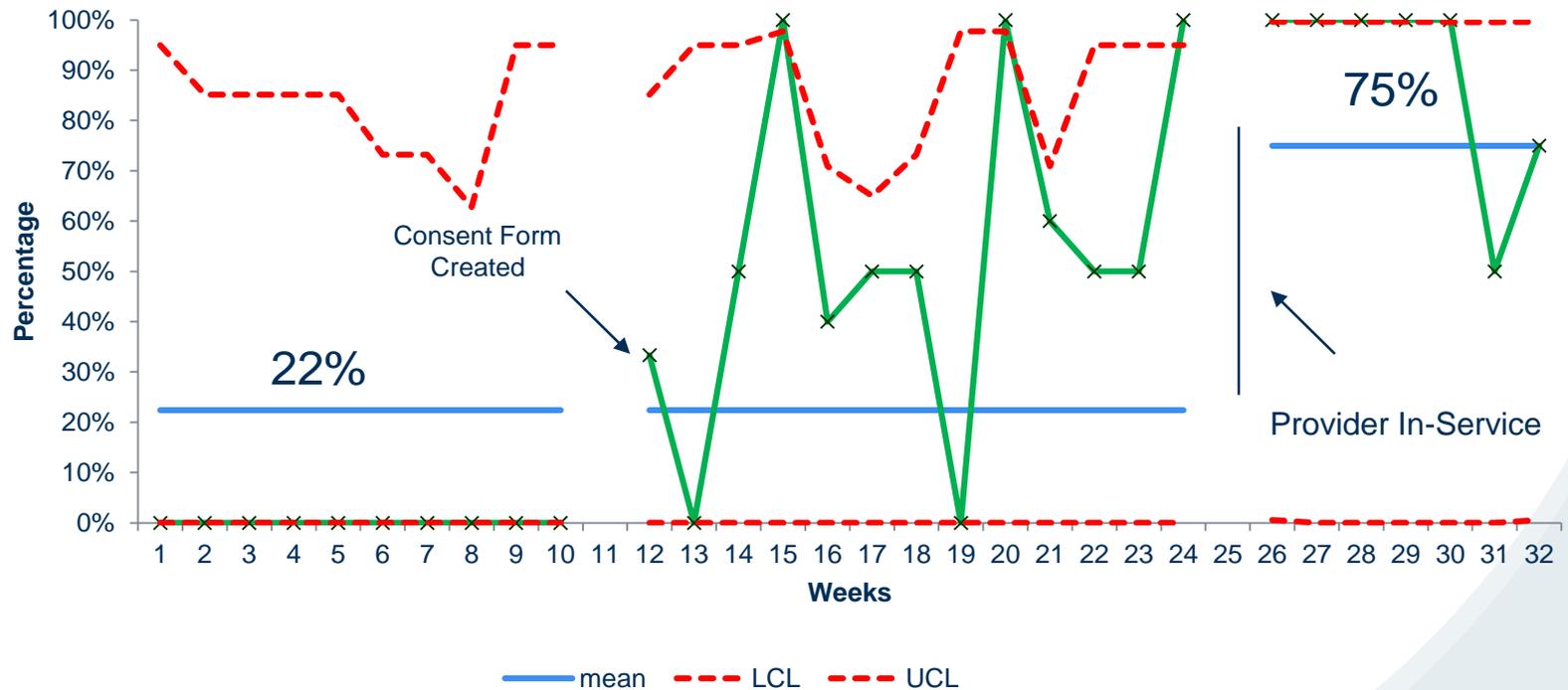
- New Consent Forms
- Patient Drug Education Folders
- MD Reminder Checklists
- Electronic Assessment Forms

Revised Process Map



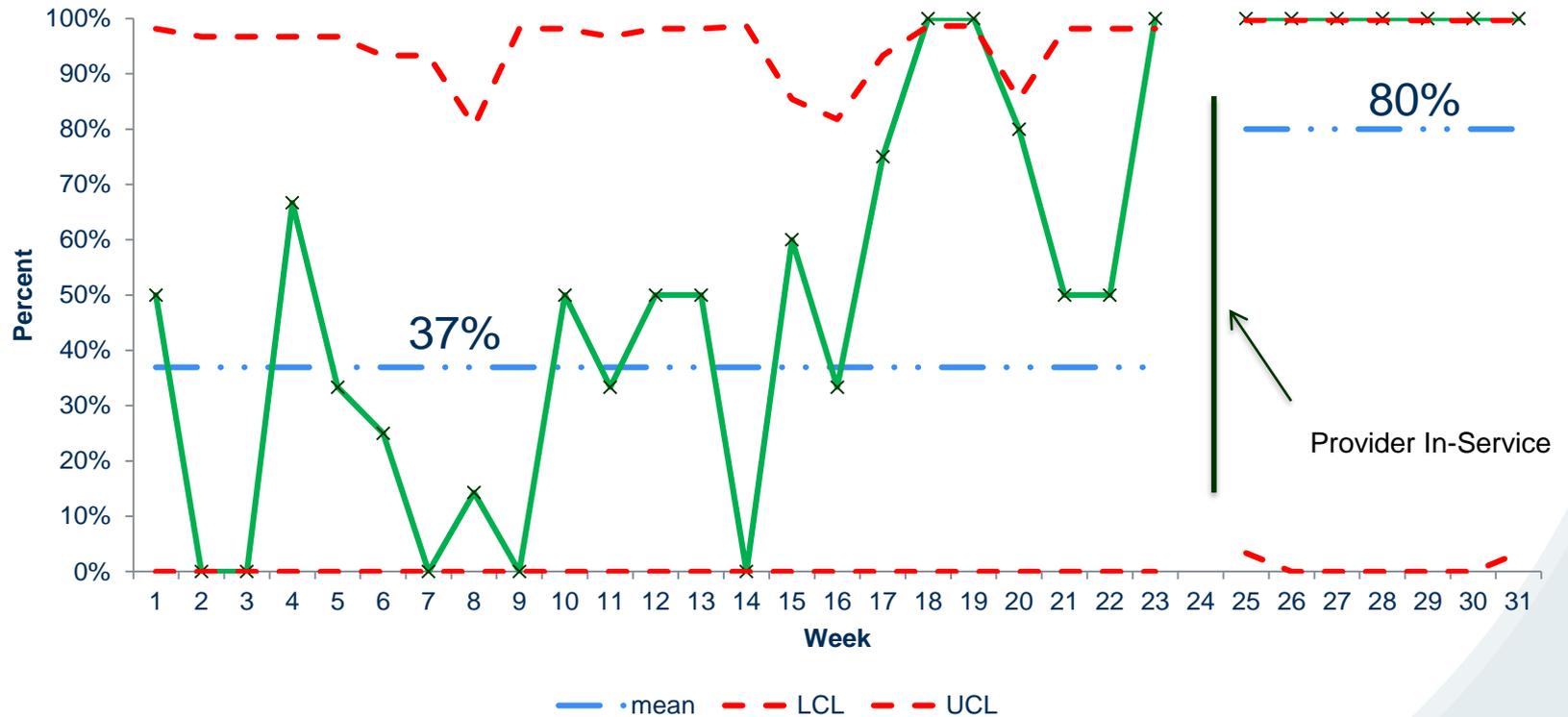
Change Data

Written Informed Consent Obtained Prior to Drug Start (p chart, 3 sigma)

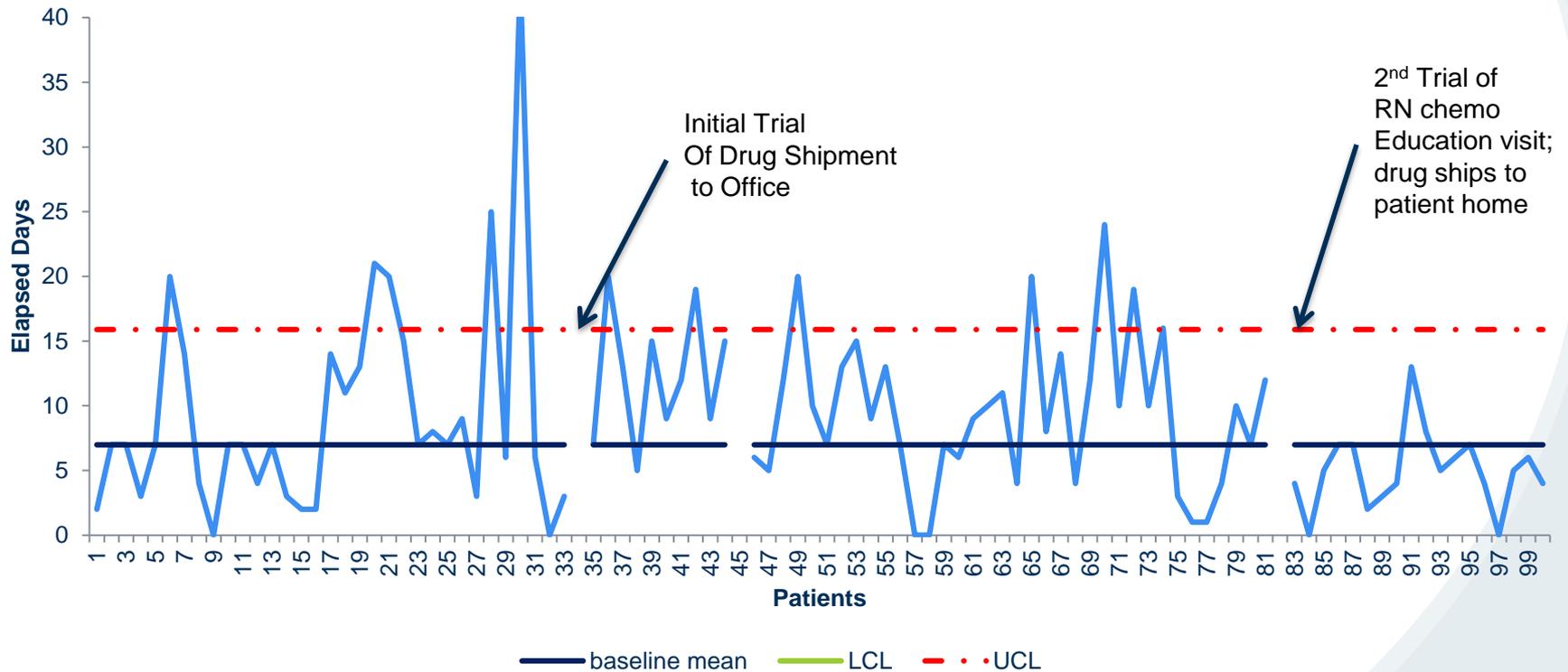


Change Data

Patient Education Handouts Provided Prior to Drug Start (p chart, 3 sigma)



Elapsed Days from Provider Decision to Initiate Drug Until Patient Acquires Oral Oncology Medication (xMr chart, 3 sigma)



Conclusions

- Providers found the new process of notifying the RN about drug start while patients were still in clinic to be an easy step.
- Significant improvement in obtaining written informed consent.
- Signal of significant improvement after implementation with 7 points above the baseline mean.
- Achieved our goal of 75%.

Next Steps/Plan for Sustainability

- Continue to measure post intervention data to monitor adherence
- Continue to show blinded provider data at staff meeting to encourage healthy competition

Improving Consenting and Education Process for Patients Initiating Oral Oncology Medication

AIM: By October 1, 2015, 75% of all patients enrolled in oral oncology clinic will provide written informed consent at Mary Bird Perkins – Our Lady of the Lake Cancer Center.

INTERVENTION:

- Creation of written informed consent form
- Pilot of in-house RN oral oncology education visit
- Educated providers on importance of consenting and patient education process
- Creation of provider reminder checklist

TEAM: OLOL-MBP Cancer Center

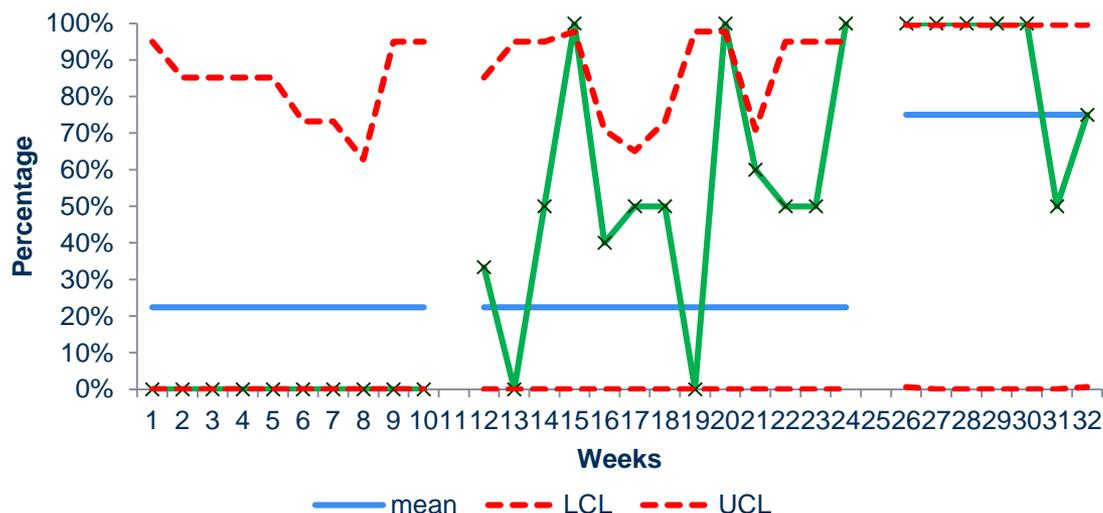
- Oncology Provider:** Dustin Denicola, NP
- Administration:** Michelle Hyatt, BJ Billeaudeau
- Information Technology:** Erin Wallace
- Coach:** David Bivens, MS

PROJECT SPONSORS:

- LaDonna Green, NFA, MPA

RESULTS:

Written Informed Consent Obtained Prior to Drug Start (p chart, 3 sigma)



CONCLUSIONS:

- Exceeded target goal of 75%
- Interventions improved the acquisition of written consent forms

NEXT STEPS:

- Continue post-intervention data collection
- Encourage healthy competition among providers with blinded data