

# ASCO Quality Training Program

Team Mayo Clinic

QTP Mentors: Dr. Devika Das, Duncan Phillips

# Institutional Overview

- Mayo Clinic Cancer Center is one of 69 U.S. medical centers that have been named National Cancer Institute (NCI) cancer centers.
- Mayo Clinic Hospital – Rochester is a 2,059-bed hospital located in Rochester, Minnesota



# Team members

Project Role	Member Name	Position
Project Sponsor	Joleen Hubbard, MD	Vice Chair, Oncology Practice
Project Sponsor	Thorvador Halfdanarson, MD	Chair, Gastrointestinal Oncology
Team Leader	Aakash Desai, MBBS, MPH	PGY-4 Fellow
Core Team Member	Allison Bock, MD	PGY-4 Fellow
Core Team Member	Akeem Lewis, MD	PGY-4 Fellow
Core Team Member	Zoey Xie, MD, MS	PGY-5 Fellow
Team Member	Jennifer Sund, PharmD, RPh	Hospital Pharmacist
Team Member	Michanda Smestead RN, OCN	Chemotherapy Infusion Nurse
Team Member	Heidi Finnes	Pharmacy Supervisor
QTP Improvement Coach	Devika Das	QTP Mentor
QTP Improvement Coach	Duncan Phillips	QTP Mentor

We are thankful to  
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Oncology, MayoClinic  
for their funding support!

# Problem Statement

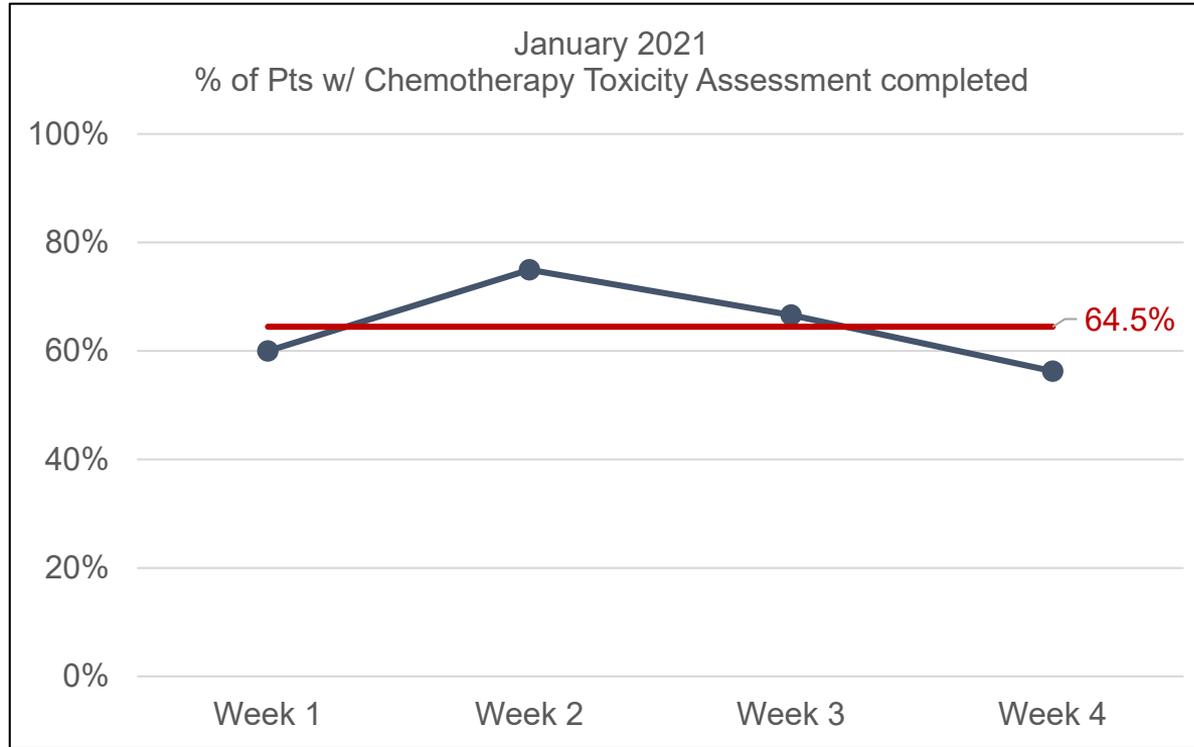
- During the month of January 2021, an average of 64.5% of patients over the age of 65 seen at Mayo Clinic Rochester had pre-chemotherapy toxicity assessment completed by a healthcare provider:
  - Providers = 60.2%
  - RN & Pharmacy = 68.7%

# Outcome Measure

## Baseline data summary

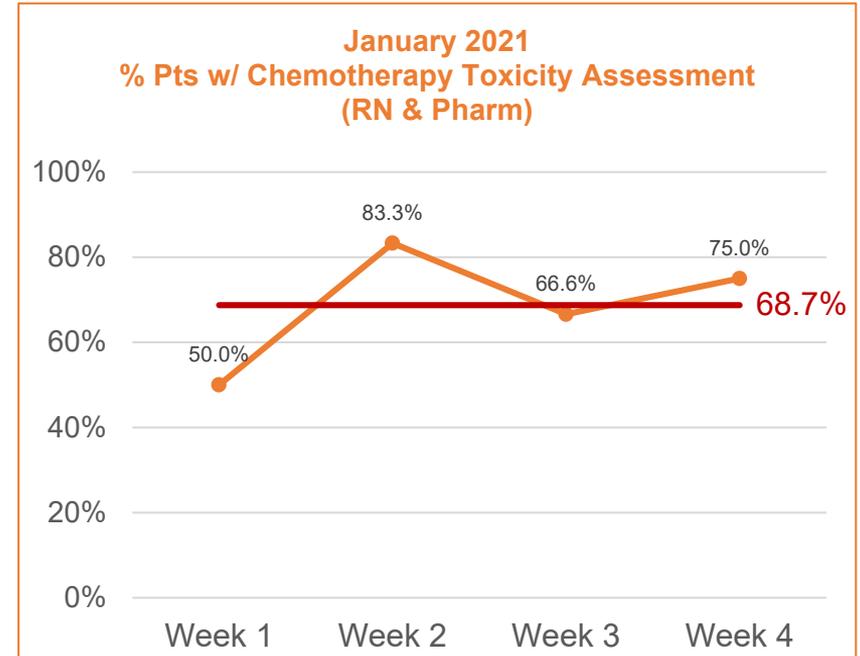
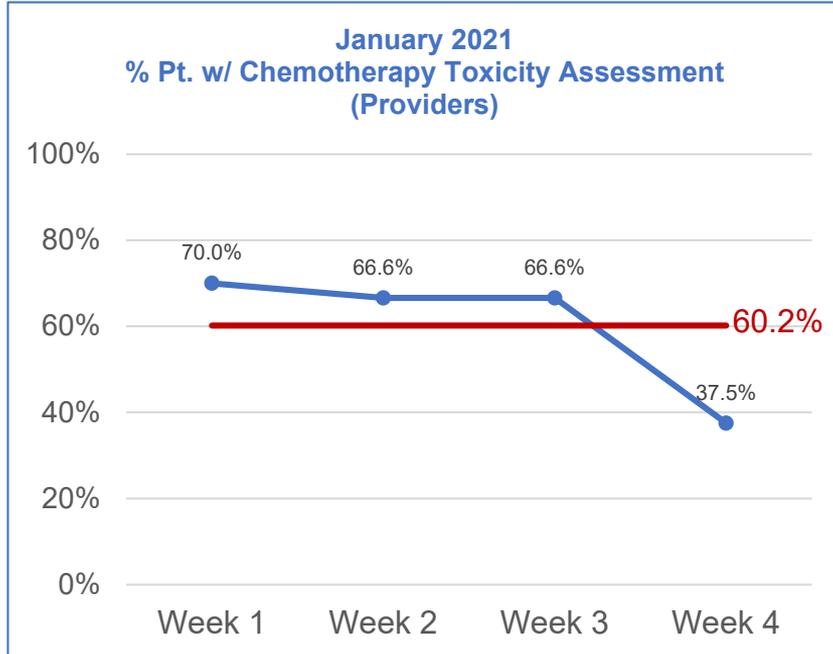
Item	Description
Measure:	Percentage of patients undergoing chemotoxicity with a completed assessment by any healthcare provider
Patient population: <i>(Exclusions, if any)</i>	Patients >65 years of age who underwent FOLFOX, FOLFIRI, FOLFIRINOX, FOLFOXIRI, Gemcitabine/Nab-Paclitaxel for all gastrointestinal cancers (Stage 3 or 4) within the past 1 month at Mayo Clinic Rochester
Calculation methodology: <i>(i.e. numerator &amp; denominator)</i>	<b>18 patients</b> had chemotherapy toxicity assessment documentations done A total of <b>30 patients</b> assessed underwent chemotherapy infusion in the given time frame
Data source:	Electronic Health Record (EPIC)
Data collection frequency:	Once (Period: January 2021)
Data limitations: <i>(if applicable)</i>	Chemotoxicity documented by providers in multiple areas (provider notes, flowsheets and treatment plan)

# Outcome Measure Baseline data



# Outcome Measure

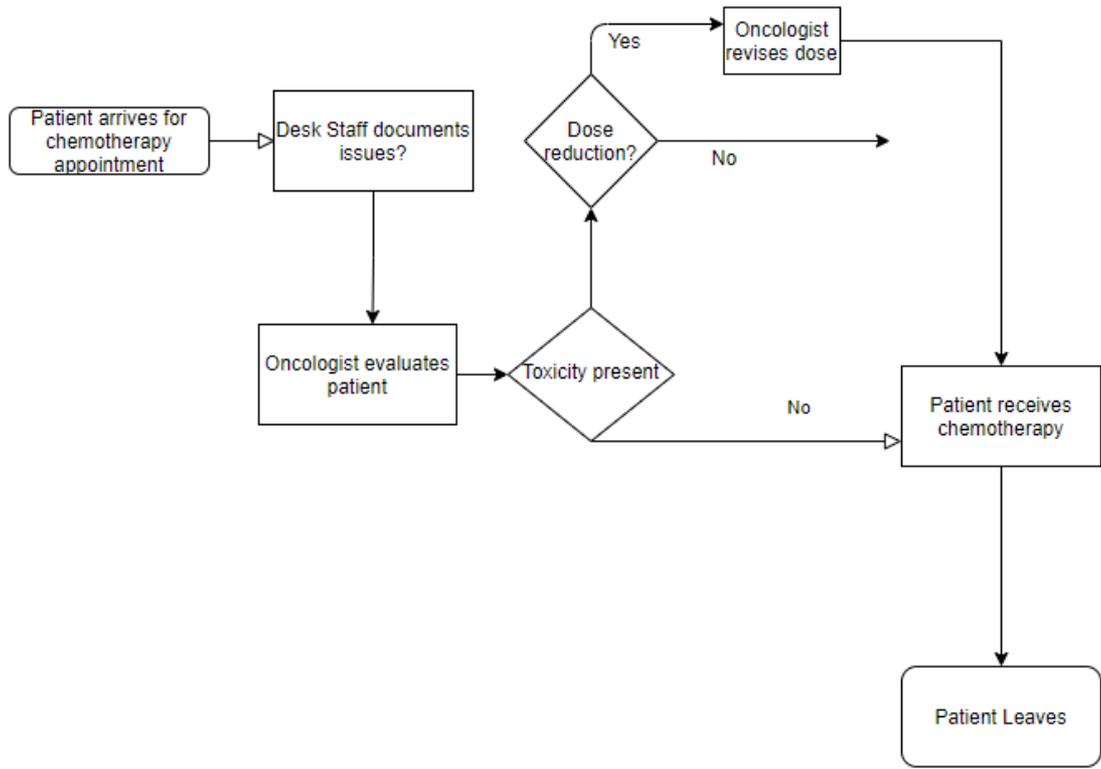
## Baseline data



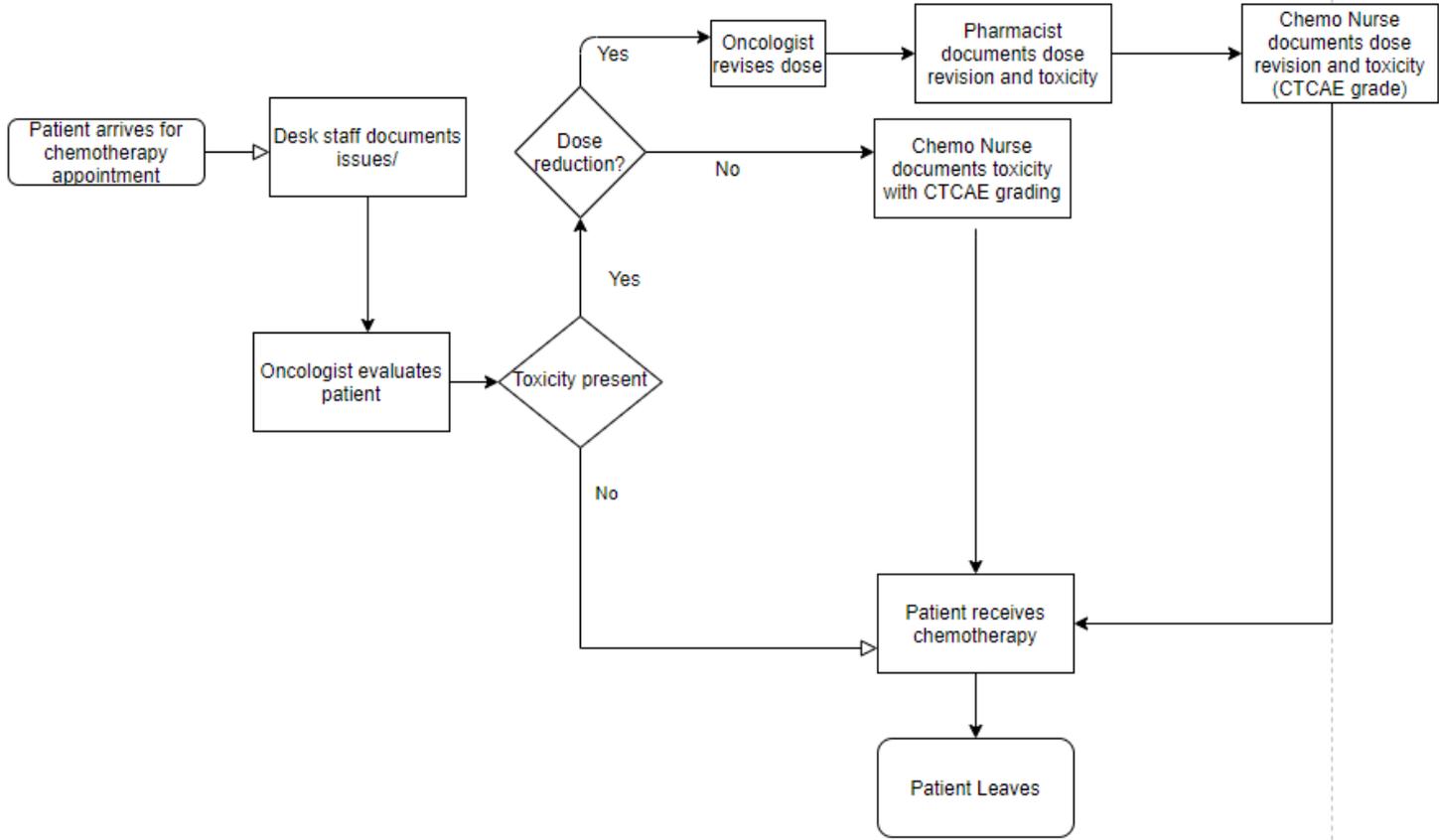
# Aim Statement

To improve the monthly average of chemotherapy toxicity documentation among healthcare providers from Gastrointestinal Oncology clinics to 70% for patients >65 years of age who receive chemotherapy infusions by June 30<sup>th</sup>, 2021.

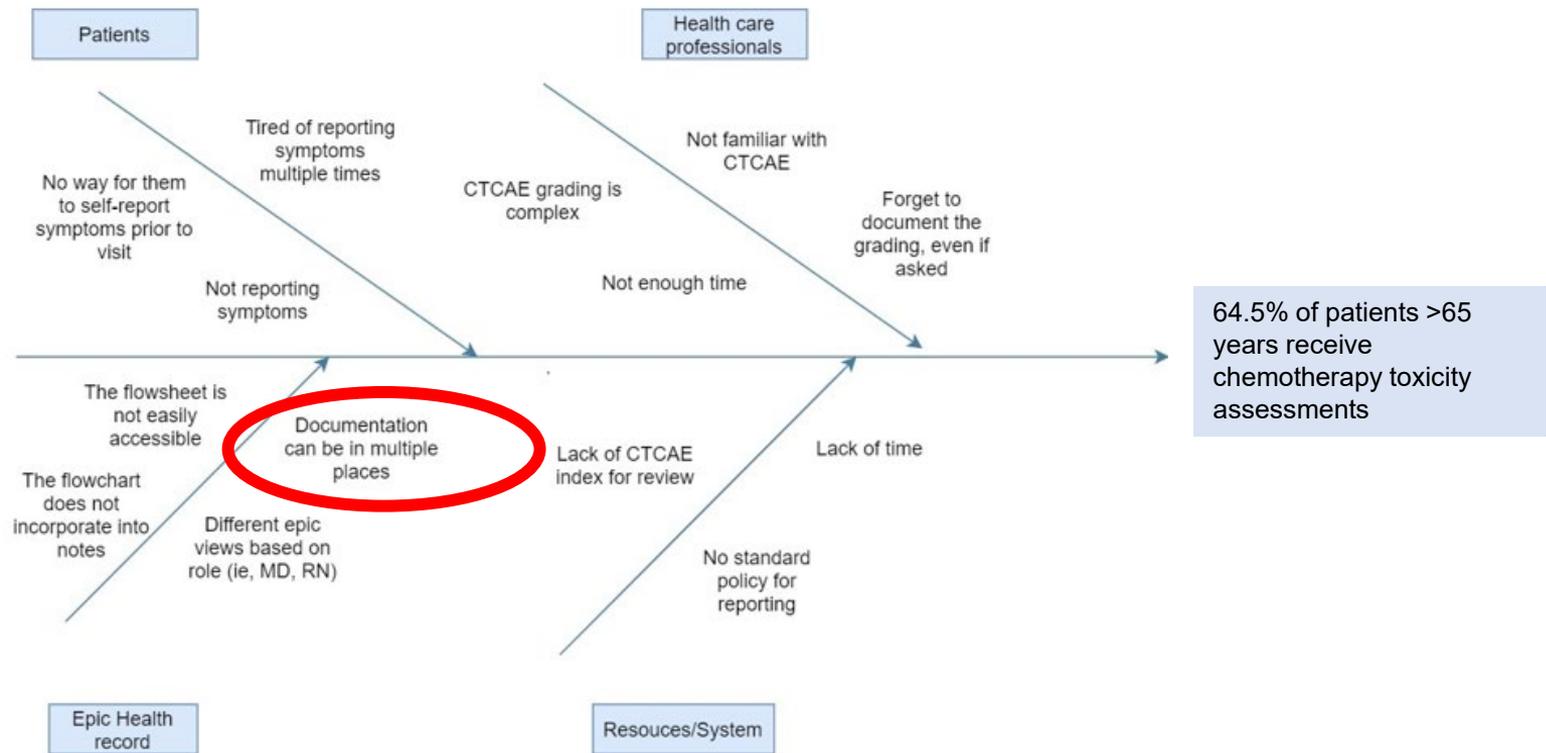
# Process map: What we thought it was!



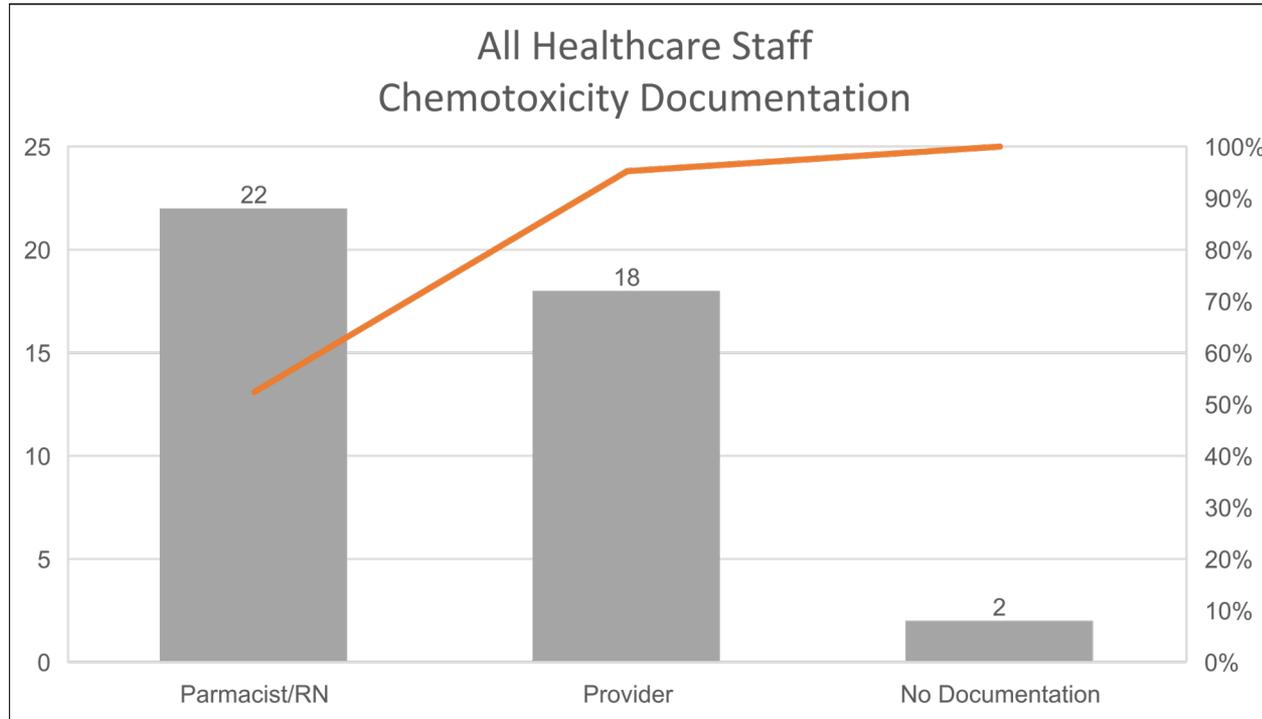
# Process map: What it Is!



# Cause and Effect diagram

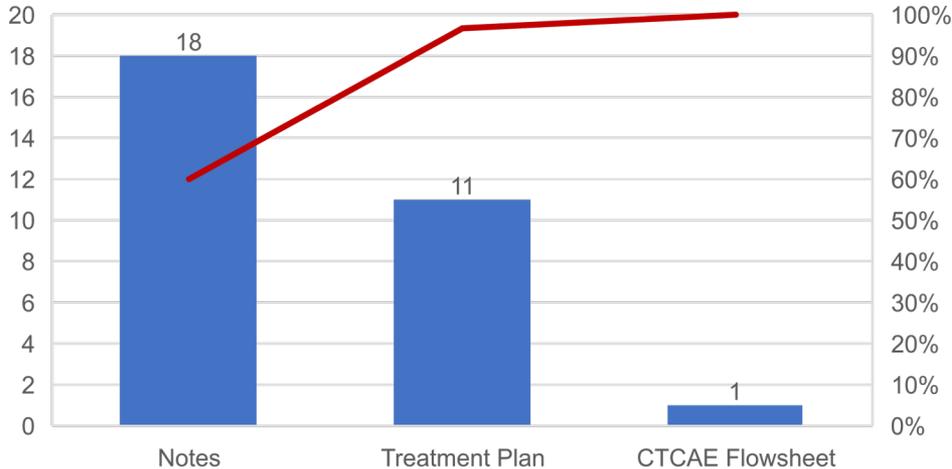


# Process Measure Pareto Chart

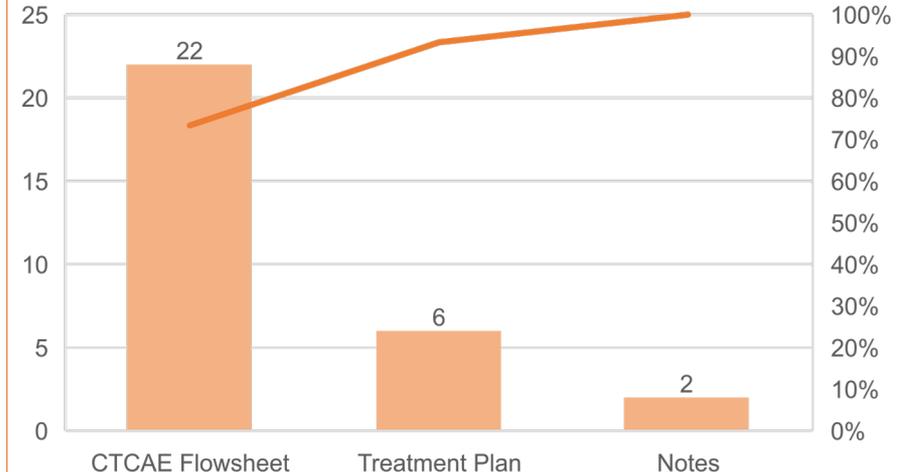


# Process Measure Pareto Chart

## Provider Documentation by Location



## Pharmacist/RN Documentation by Location



# Process Measure

## Diagnostic Data summary

Item	Description
Measure:	Healthcare provider who completed a chemotoxicity assessment documentations
Population: <i>(Exclusions, if any)</i>	Providers, Chemotherapy nurses and Pharmacists who document toxicity assessments
Calculation methodology:	Number of times the healthcare providers documented chemotherapy assessments
Data source:	Electronic Health Record (EHR)
Data collection frequency:	Once (Period: January 2021)
Data limitations:	Small sample size

# Priority / Pay-off Matrix Countermeasures

High	<p><b>Develop CTCAE grading smartphrase to integrate into provider pre-chemo documentation</b></p>	<ul style="list-style-type: none"><li>• Integrate CTCAE grading into BEACON chemotherapy treatment plan</li><li>• Develop standardized pre-chemo note template with CTCAE grading</li></ul>
Low	<p><b>Educate all staff on importance of CTCAE grading and documentation</b></p>	<p><b>Educate oncology staff to report CTCAE grading in flowsheet and pull into each new note</b></p>
	Easy	Difficult

Ease of Implementation

# Test of Change PDSA Plan

Date	PDSA Description	Result
4/7/2021	Team meeting (MDs, RNs and pharmacy) with electronic health record support analyst to determine the most feasible way to implement change in provider toxicity documentation.	Incorporating a chemotoxicity CTCAE smart phrase into provider notes during pre-chemotherapy visits.
4/23/2021	Meeting with GI oncology leadership to discuss the components of the smart phrase and most practical way to implement the smart phrase into provider documentation.	Components of CTCAE smart phrase decided on with the plan to incorporate it into the providers progress note.
5/1/2021- 5/15/2021	Met with individual providers to discuss implementing components the smart phrase into their notes and its practicality.	Further adjustments made to smart phrase
5/24/2021	GI oncology leadership distributed smart phrase to GI care teams for use.	Assessment ongoing
6/17/2021	Presentation of the project at the weekly GI Tumor group meeting, and answering questions on smartphrase integration	Assessment ongoing

# User SmartPhrase – ASCOONCTOX [744841]

1 2 3 4 5 6

{Onc CTCAE Toxicity Assessment:92428}

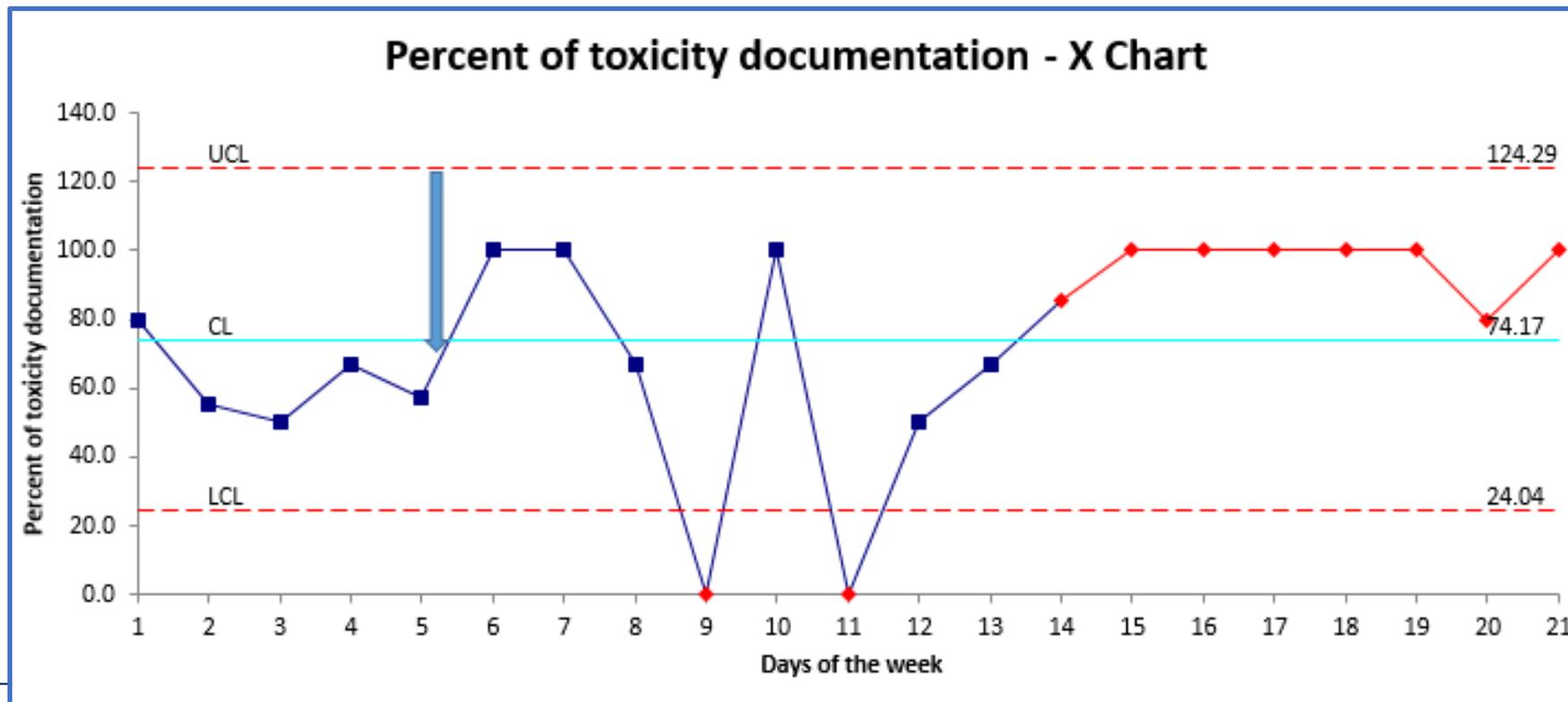
- No
- Yes
- Abdominal Pain: {abdominal:92026}
- Allergic Reaction: {allergic:92027}
- Alopecia: {alopecia:92028}
- Anemia: {anemia:92029}
- Anorexia: {anorexia:92030}
- Arthralgia: {arthralgia:92032}
- Constipation: {constipation:92033}
- Diarrhea: {diarrhea:92034}
- Dyspnea: {dyspnea:92035}
- Edema Limbs: {edema:92036}
- Fatigue: {fatigue:92037}
- Injection Site Reaction: {injection:92038}
- Mucositis Oral: {mucositis:92039}
- Myalgia: {myalgia:92040}
- Nausea: {nausea:92041}
- Peripheral Motor Neuropathy: {Motor:92042}
- Peripheral Sensory Neuropathy: {sensory:92043}
- Rash Maculo-Papular: {maculo:92045}
- Tumor Pain: {tumor:92046}
- Vomiting: {vomiting:92047}

Onc CTCAE Toxicity Assessment: Nausea: {nausea:92041}

Rash Maculo-Papular: {maculo:92045}

- 0
- 1 Loss of appetite without alteration in eating habits
- 2 Oral intake decreased without significant weight loss, dehydration or malnutrition
- 3 Inadequate oral caloric or fluid intake; tube feeding, TPN, or hospitalization indicated

# Outcome Measure Change Data



# Next steps

Next Steps	Owner
Weekly data collection of post intervention data from 5/24 – 6/22	Core team members
Periodic (weekly) check-ins with the GI care teams to seek how often smart phrase being utilized, whether any changes are needed	Team members Jennifer Sund/Michanda Smestead
Assimilation and analyzing data post-smart phrase integration	Core team members
Publication of results	All Team members

## Conclusion/Lessons Learned

- Incorporating a diverse group of stake holders early in the team fosters improved communication and allocation of tasks.
- When evaluating the process, new problems can be highlighted where a more constructive change with a high impact can be implemented.
- The EHR can be a both a friend and a foe in conducting a QI project.
- Although the smart phrase was not applied as frequently as we had hoped, it was reassuring to see a general increase in provider documentation of chemotherapy toxicity.

# Thank you for your attention!

