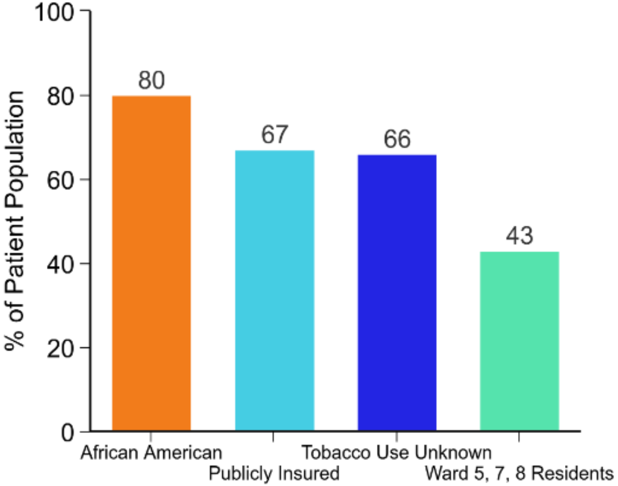
ASCO®
AMERICAN SOCIETY OF CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER

ASCO® Quality Training Program

ASCO Quality Training Program

Howard University Cancer Center

Institutional Overview



Howard University Cancer Center
Patient Socio-Demographic Indicators

Located on the campus of Howard University in Washington, DC

~250 patients/year

Treatment modalities offered: Medical, surgical, radiation oncology, breast reconstruction

Exemplar allied health and community services: Genetic counseling, patient navigation, cancer screening

Team members

QTP Team

Sara Horton, MD, Medical Oncology

Ahmed Ali, MD, Medical Oncology

Lori Wilson, MD, Surgical Oncology

Tristen Dessellier, CTR, Registrar

Carla Williams, Ph.D., Administrator

Program Team

Teletia Taylor, Ph.D., Psychosocial Coordinator

Cherie Spencer, MS, Community Programs Director

Nellie San Gabriel, RN, Nursing

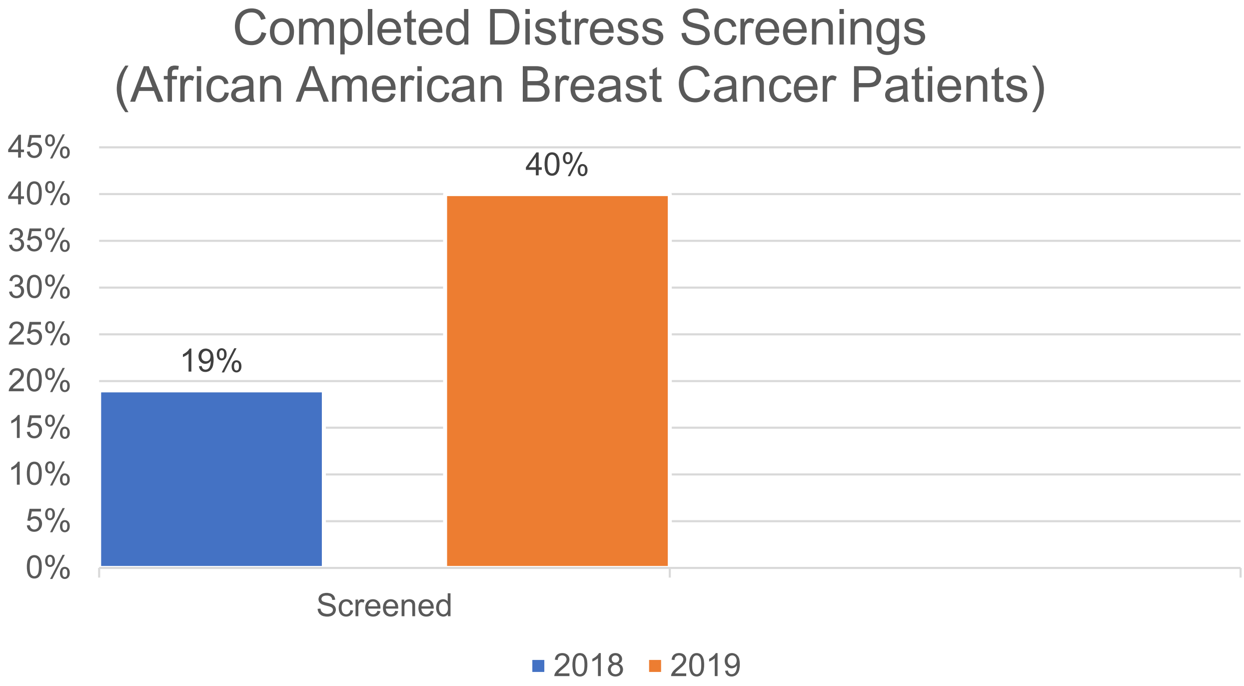
Aretta Mitchell, Radiation Oncology

Clinton Burnside, Urology

Problem Statement

Distress screening was documented for only 40% of African American breast cancer patients for the period of Jan – Dec, 2019. Lack of routine documentation and management of patient distress negatively affects patient quality of life, continuity of care, and clinical outcomes.

Outcome Measure
Baseline data



Outcome Measure

Baseline data summary

Item	Description
Measure:	All new AA breast cancer patients treated at HUCC
Patient population: *(Exclusions, if any)*	All African American breast patients treated at HUCC by surgical, radiation or medical oncology
Calculation methodology: *(i.e. numerator & denominator)*	# of distress screenings completed for AA breast cancer patients (baseline) All AA Breast Ca patients with at least one modality of treatment at HUCC
Data source:	Paper forms completed by nursing staff or patient navigators
Data collection frequency:	At time of second visit within each specialty
Data limitations: *(if applicable)*	Paper forms cumbersome, does not allow sharing of information across clinics and services

Aim Statement

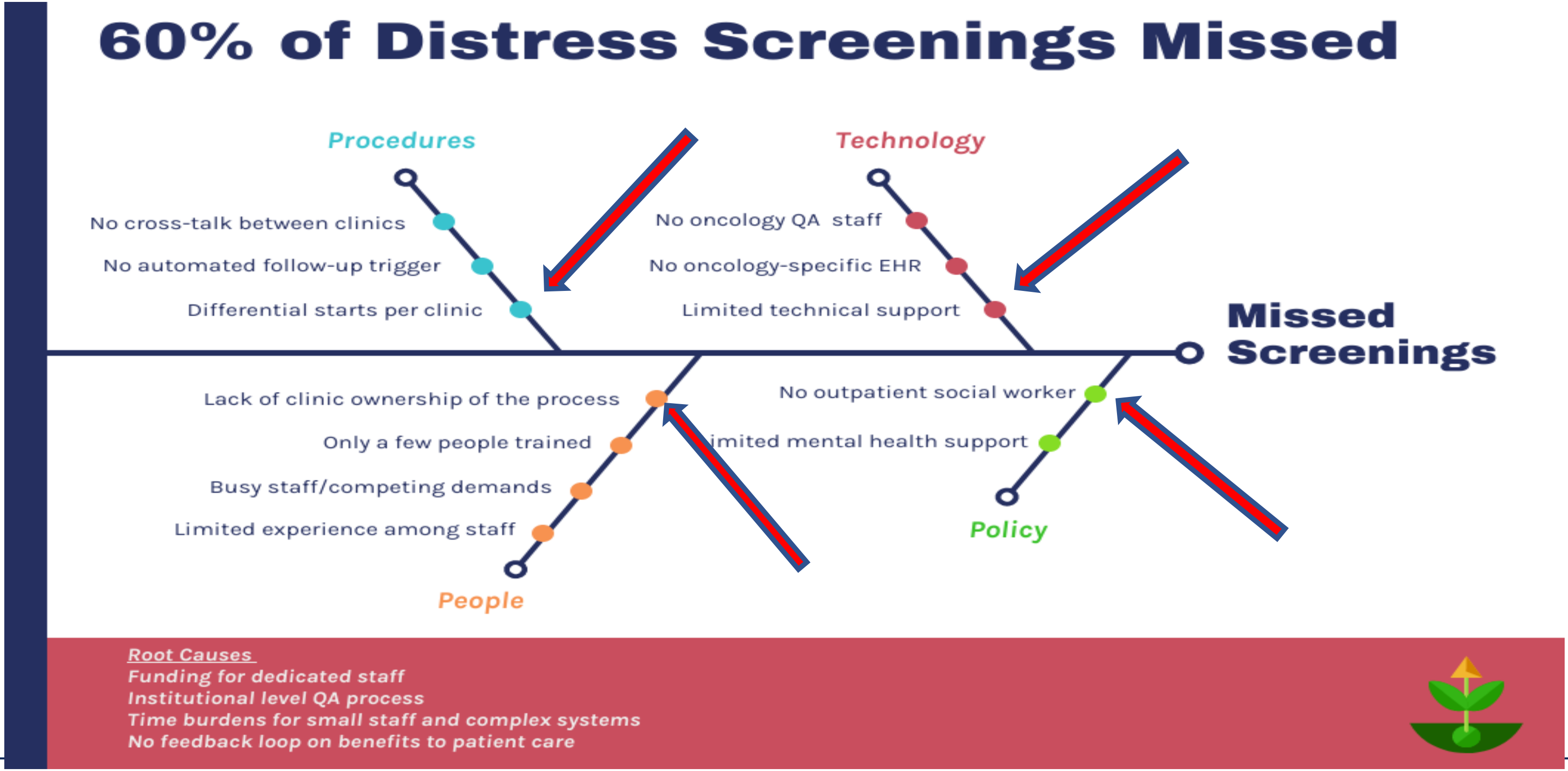
By June 30, 2021, build and deploy a distress screening module within the outpatient EHR.

By December 31, 2021, complete training with all clinical staff in medical, surgical and radiation oncology.

By June 30, 2022, achieve documented baseline distress screening in an Allscripts template for 100% of African American breast cancer patients.

By June 2023, achieve documentation of management of >50% of positive distress screens for African American breast cancer patients.

Cause and Effect diagram



60% of Distress Screenings Missed

Procedures
- No cross-talk between clinics
- No automated follow-up trigger
- Differential starts per clinic

Technology
- No oncology QA staff
- No oncology-specific EHR
- Limited technical support

People
- Lack of clinic ownership of the process
- Only a few people trained
- Busy staff/competing demands
- Limited experience among staff

Policy
- No outpatient social worker
- imited mental health support

Missed Screenings

Root Causes
Funding for dedicated staff
Institutional level QA process
Time burdens for small staff and complex systems
No feedback loop on benefits to patient care

Team members

QTP Team

Sara Horton, MD, Medical Oncology

Ahmed Ali, MD, Medical Oncology

Lori Wilson, MD, Surgical Oncology

Tristen Dessellier, CTR, Registrar

Carla Williams, Ph.D., Administrator

Program Team

Teletia Taylor, Ph.D., Psychosocial Coordinator

Cherie Spencer, MS, Community Programs Director

Nellie San Gabriel, RN, Nursing

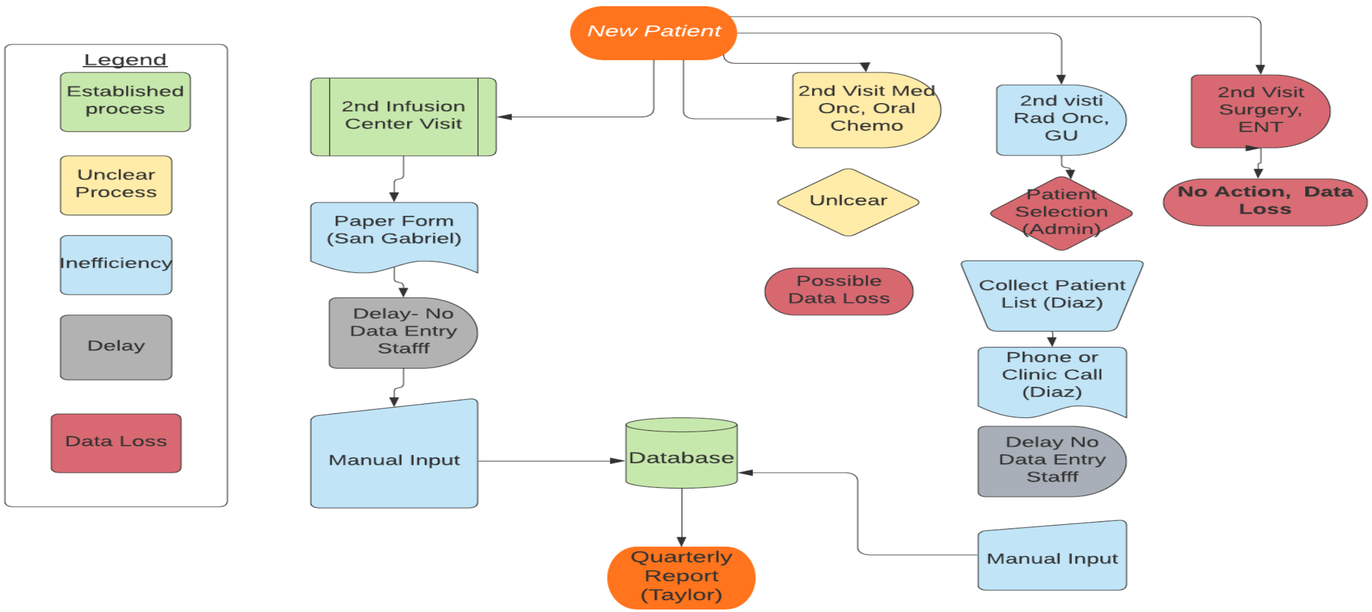
Aretta Mitchell, Radiation Oncology

Clinton Burnside, Urology

TBD, Social Work

TBD, Data Informatician

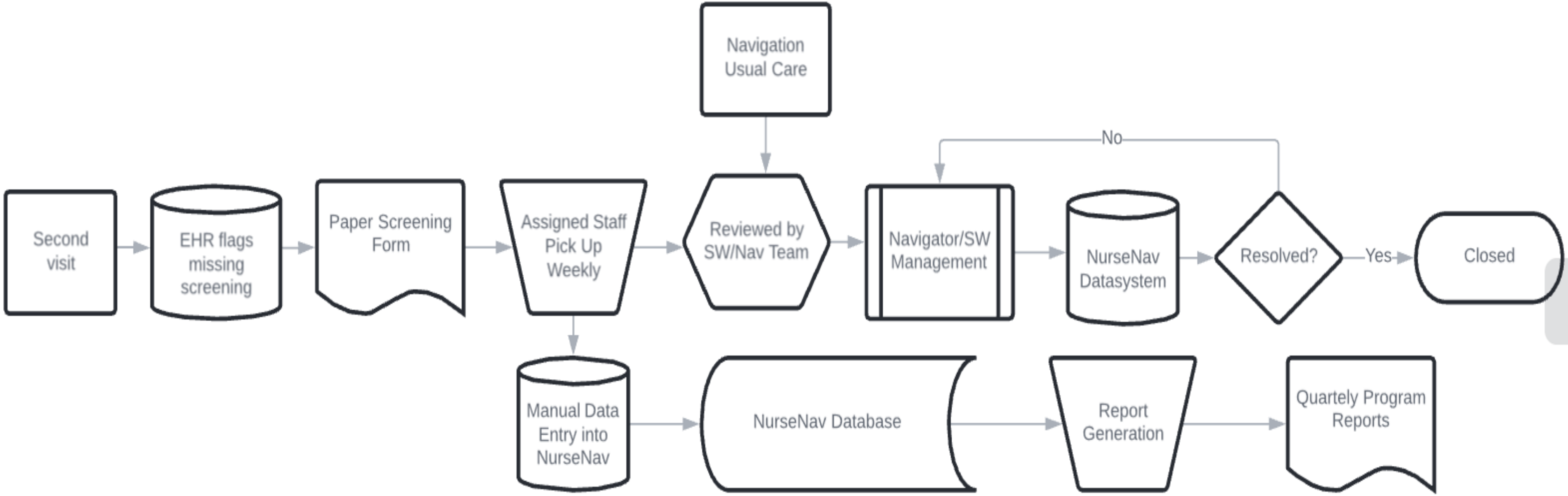
Baseline Process Map



Distress Screening Flowchart

Revised Process Map

Distress Screening Flowchart



Process Measure
Diagnostic Data summary

Item	Description
Measure:	Clinic ownership of screening process as a core quality metric
Patient population: *(Exclusions, if any)*	AA breast cancer patients in surgical, radiation, or medical oncology services
Calculation methodology: *(i.e. numerator & denominator)*	Number of clinics submitting screening forms ____ Number of clinics treating AA breast cancer patients
Data source:	Form must be adapted to document which clinic submitted
Data collection frequency:	Weekly
Data limitations: *(if applicable)*	Paper forms can be lost or mishandled

Process Measure
Diagnostic Data summary

Item	Description
Measure:	Missing or duplicated data
Patient population: *(Exclusions, if any)*	AA breast cancer patients in surgical, radiation, or medical oncology services
Calculation methodology: *(i.e. numerator & denominator)*	Number of AA breast cancer patients ____ Number of completed screening forms
Data source:	Data entered into NurseNav tracking system
Data collection frequency:	Weekly data entry, Quarterly reporting
Data limitations: *(if applicable)*	EHR must reliably flag patients who are eligible for screening

Process Measure

Diagnostic Data

Summary of Key Program Changes

1. Switch to a tailored data system the integrates with our EHR
2. Identify an administrative staff member to manually enter screening forms each week
3. Hire a data informatician to assure interoperability and technical support for staff
4. Hire a social worker (PT) to address social determinants that cannot be managed by navigation staff

Summary of Key Program Changes

1. Proposed focus groups with patients to assess perceptions of distress screening. Re-align program to meet patient needs
2. Mini planning retreat of organizational stakeholders to refine process map
3. Increased reporting capability by clinic (provider assessment and feedback)

Timeline

June

- ✓ Approval of PT social work position and informatician
- ✓ Received quote for software
- ☐ Submit software requisition

July

- ☐ Software purchase approval
- ☐ Advertise positions

August

- ☐ Interview candidates
- ☐ Contract approval

Sept-Oct

- ☐ Onboard and train staff

Nov

- ☐ Deploy NurseNav software