# ASCO's Quality Training Program

Project Title: Providing Survivorship Care to Hematology

Patients at WCI

Presenter's Name: Hira Latif, MD

Institution: Washington Cancer Institute, MedStar

Washington Hospital Center

Date: December 5th, 2018



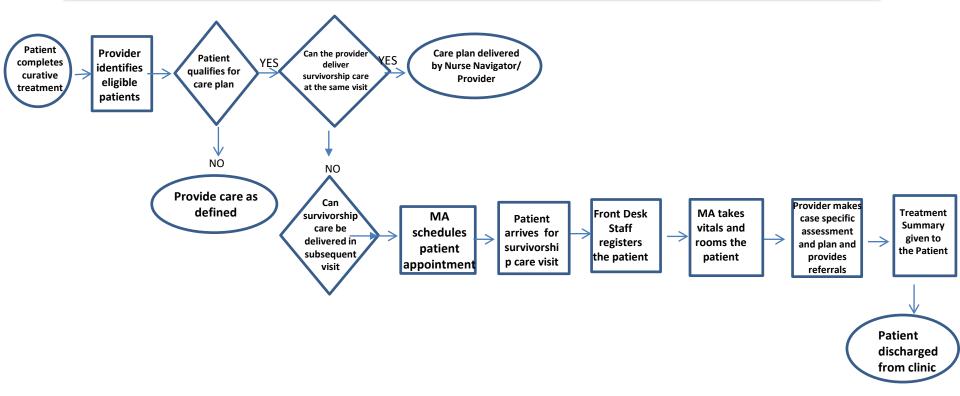


### Problem Statement

ASCO guidelines recommend providing survivorship care to cancer patients who have completed treatment with curative intent. Cancer and the long-term effects of its treatment impact the future health and psychological wellness of the survivors. The Committee of Cancer (COC) recommendations state care plans should be delivered to 50% of the patients per disease state in the year 2018. 33% of patients with a hematologic malignancy seen at the Washington Cancer Institute between Jan 1, 2016- June 30, 2018, received treatment summaries and survivorship care plans.



# Process Map





### Institutional Overview



- •Washington Cancer Institute (WCI), is the largest provider of cancer care to Washington D.C.
- Approximately 1500 new patients seen annually.
- Academic Practice
- 17 Hematologist/ Oncologists
- 7 Fellows (Rotating Fellows from NIH and GUH)
- 30 Infusion Chairs/Beds- Over 10,000 patient visits/year
- 33 bed Inpatient Unit
- Participating in 30 +Clinical Trials



### Team Members

#### **Project Sponsor:**

Washington Cancer Institute

Medical Director WCI: Christopher

Gallagher, MD

**Team Leader:** Hira Latif, MD

**Core Team Members:** 

Asma Dilawari, MD

Maya Beplat, CRNP

**Improvement Coach:** 

Prabhjyot Kaur Singh, RN, MSN, MPH



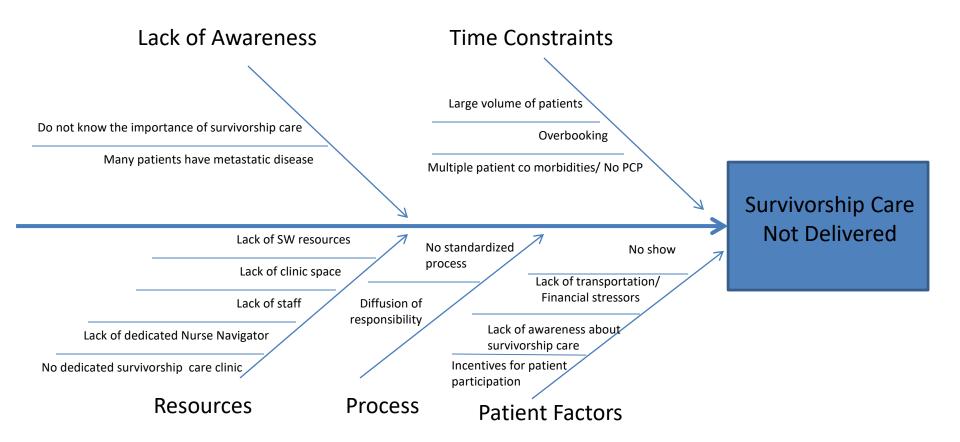








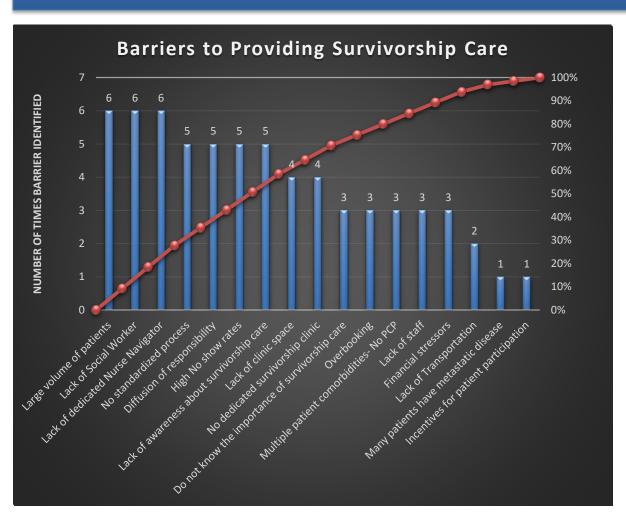
# Cause & Effect Diagram







# Diagnostic Data



We surveyed 12 providers to obtain data for perceived barriers to deliver survivorship care based on the Cause and Effect findings.



### Aim Statement

We aim to increase the percentage of cancer survivors of hematologic malignancies who receive treatment summaries and survivorship care from 36% to 50% by 11/30/18.





# Baseline Data

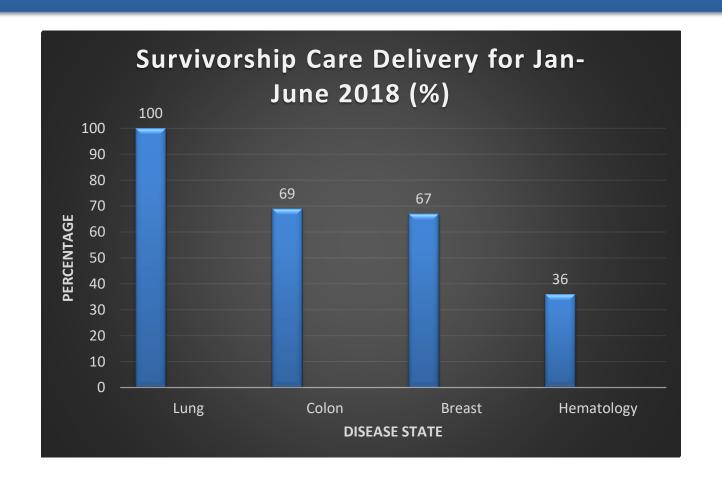
% of hematological malignancy survivors who received survivorship care between Jan 2018- June 2018: 36% (4/11)

If we aim to increase this number to 50% for the year 2018, we would need to deliver survivorship care to 2 more patients by 11/30/18 (6/11= ~55%)





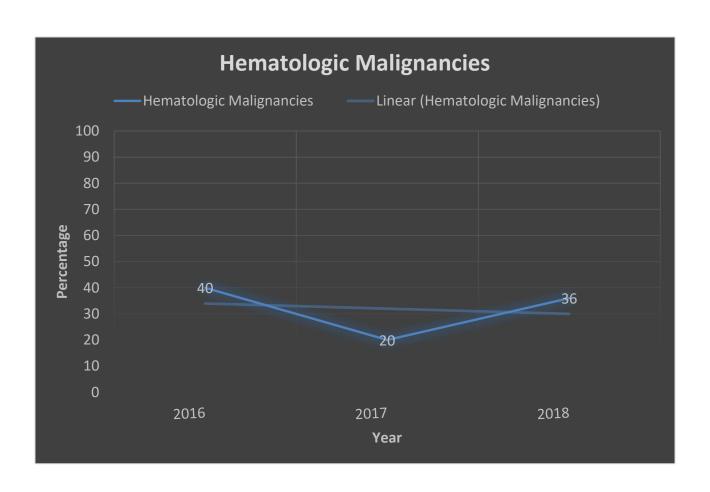
# **Baseline Data**







# **Baseline Data**





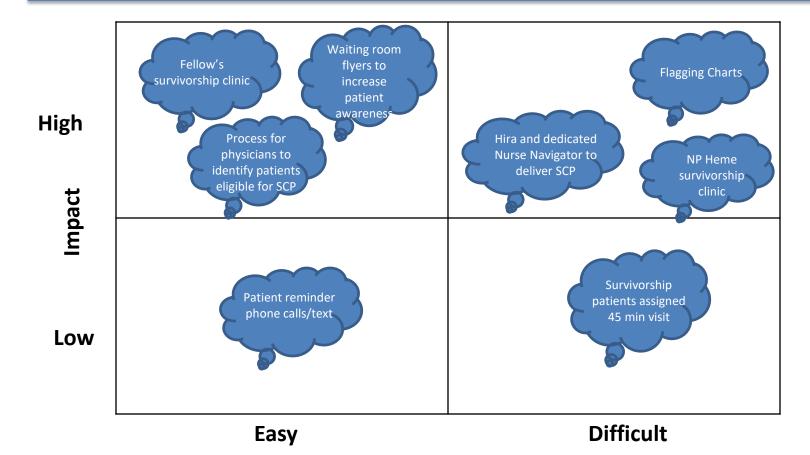


### Measures

- Measure: % of patients who receive survivorship care in year 2018
- Patient population: Cancer survivors of hematologic malignancies
- Calculation methodology: A percentage will be calculated as following
  - numerator: patients who received survivorship care in the year 2018
  - denominator: patients eligible for survivorship care in 2018
- Data source: EMR
- Data collection frequency: Biweekly
- Data quality (any limitations): None



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



# PDSA Plan (Test of Change)

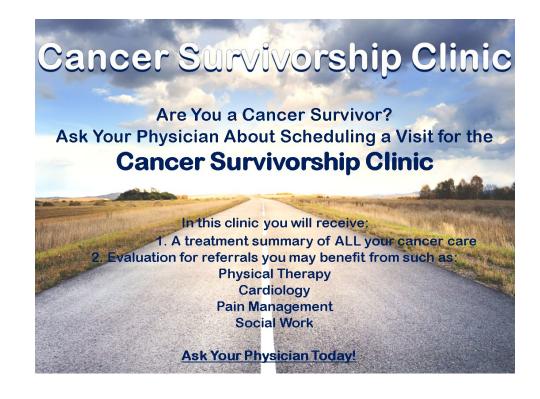
Date of PDSA Cycle	Description of Intervention	Results	Action Steps
Sept 21- Oct 12	Fellows to see cancer survivors and deliver SCP in a dedicated clinic	Fri afternoon Survivorship Clinic for Fellows on clinic block	Continue Fellow's survivorship clinic
Oct 15-Nov 2	Clinic work rooms to have log sheets for providers to identify patients that qualify for survivorship	Providers would place patient identification stickers on the log sheet if their patient was eligible for survivorship care. This helped identify eligible survivors who had not received SCP at the end of their curative treatment	Work rooms to have log sheets to identify survivors eligible to receive SCP and be referred to the fellow's clinic
Nov 5- Nov 30	Flyers in waiting room to increase awareness amongst patients	No increase noted	Mount flyers in patient rooms as well
ASCO Quality Training Progran	n		

# Materials Developed

### Does Your Patient Qualify for a Survivor Care Plan? (Has completed treatment with curative intent)

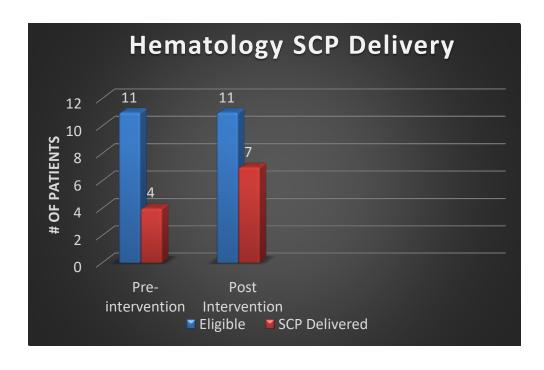
IDENTIFICATION STICKER	SCP Given During the Visit	Needs Referral to Survivorship Clinic

<sup>\*</sup> Nurse Navigators please submit this list to the "Survivorship Clinic Fellow" at the end of the day.





# **Change Data**



Survivorship Care Plans delivered to survivors of hematologic malignancies were increased from 36% to 63%!



### Conclusions

- Having a designated provider (fellow) improved the numbers of patients receiving SCP
- Having a standardized process of identifying patients by the log sheet helped to increase referrals and have more patients receive SCP
- Education/ awareness of patients is important to improve show rate. We did
  not have enough time to see this improvement, but hoping to see the impact
  in a few weeks.
- Plan to expanding the pilot to a few more months to re-measure the impact
- Plan to involve providers and create disease-specific care plans



# Next Steps/Plan for Sustainability

- Extend process to other tumor types
- Transitioning to a different EMR in the future- may be easier to flag charts that will assist in identifying survivors eligible for survivorship care and treatment plans.
- Plan to present this data in our next COC meeting





#### **Project Title:** Providing Survivorship Care to Hematology Patients at Washington Cancer Institute

AIM: 50% of cancer survivors of hematologic malignancies who complete curative treatment in year 2018 will receive treatment summaries and survivorship care by 11/30/18

#### **INTERVENTION:**

- •Fellows' assigned to see survivorship patients in a weekly clinic
- •Clinic work rooms to have log sheets for providers to identify patients that qualify for survivorship
- Information flyers in clinic waiting area to increase awareness of survivorship care plans amongst patients

#### TEAM:

Team Leader: Hira Latif, MD

#### **Core Team Members:**

Asma Dilawari, MD Maya Beplat, CRNP

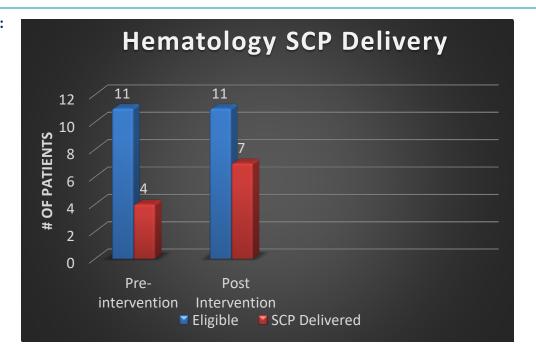
#### **Staff Support:**

Ria Singh (Clinic Coordinator)
Paul Schistra (Director of Operations)

#### **PROJECT SPONSORS:**

Washington Cancer Institute

#### **RESULTS:**



CONCLUSIONS: 63% of hematological cancer survivors received survivorship care and treatment summary and met the COC requirement of 50%.

#### **NEXT STEPS:**

Extend process to other tumor types

Flagging charts in EMR to identify patients eliqible for SCP

Plan to present this data in our next COC meeting

