

ASCO's Quality Training Program

Project Title: Reducing the number of unscheduled ETC visits for Breast Oncology patients.

Presenter's Name: Joanne Mortimer, MD

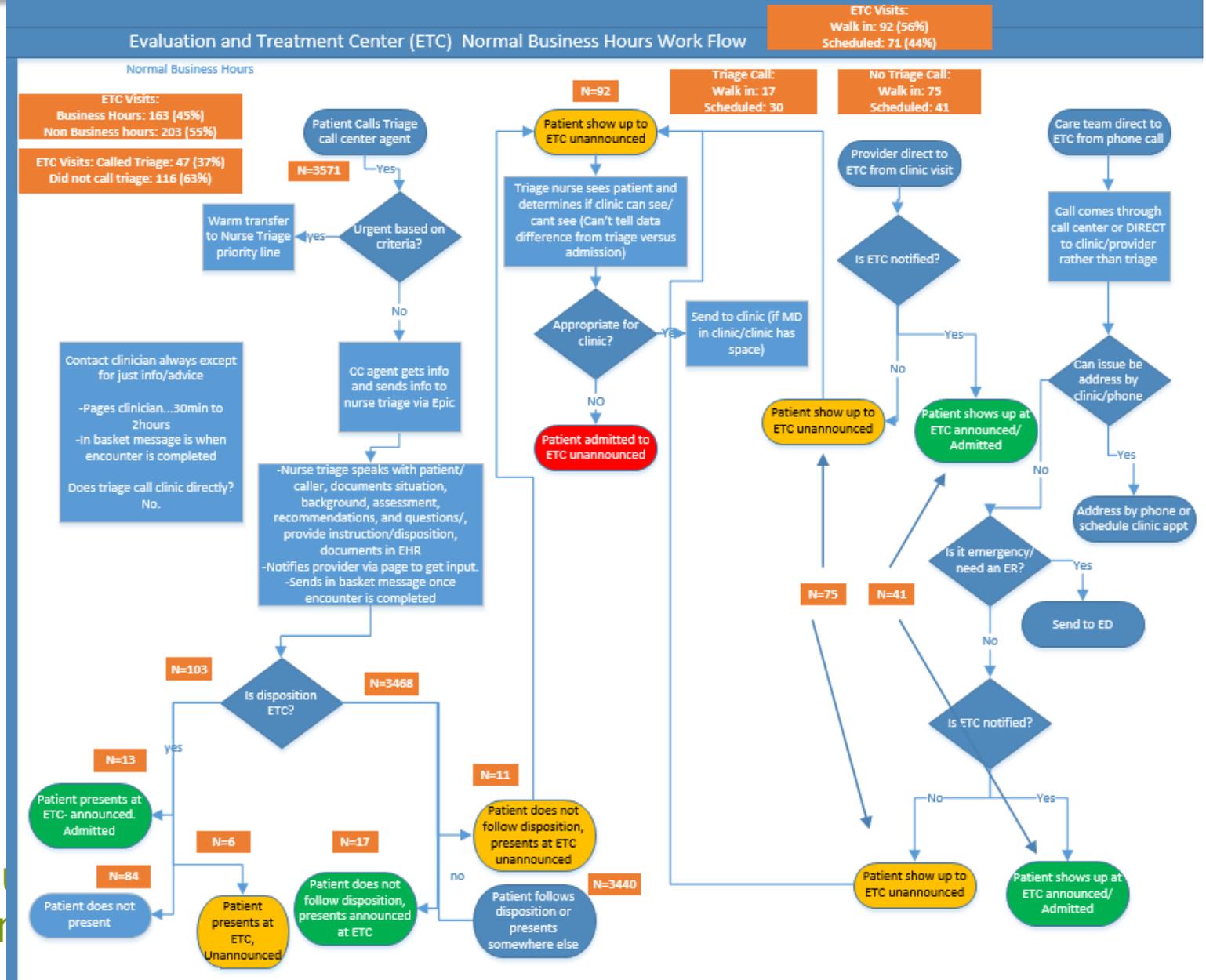
Institution: City of Hope

Date: March 22nd, 2019

Problem Statement

58% of symptomatic breast cancer patients who present or are directed to the Evaluation and Treatment Center (ETC) during business hours (M-F 8:00am to 5:00pm) are unscheduled. This leads to inappropriate ETC utilization, capacity issues, and longer patient wait times.

Process Map



Institutional Overview

City of Hope - Duarte, CA

City of Hope is an independent, biomedical research institution and comprehensive cancer center founded in 1913, dedicated to the prevention, treatment and cure of cancer and other life-threatening diseases.

DUARTE CAMPUS

Licensed Beds	217
Inpatient Discharges:	6,595
Exam Rooms:	109
Patient Visits:	~200,000

BREAST PROGRAM

Patient Visits:	~26,000
Physicians:	14
Largest Solid Tumor program	
High proportion of late stage disease patients	

Team Members

Team Leader: Joanne Mortimer, MD (Breast Medical Oncologist)

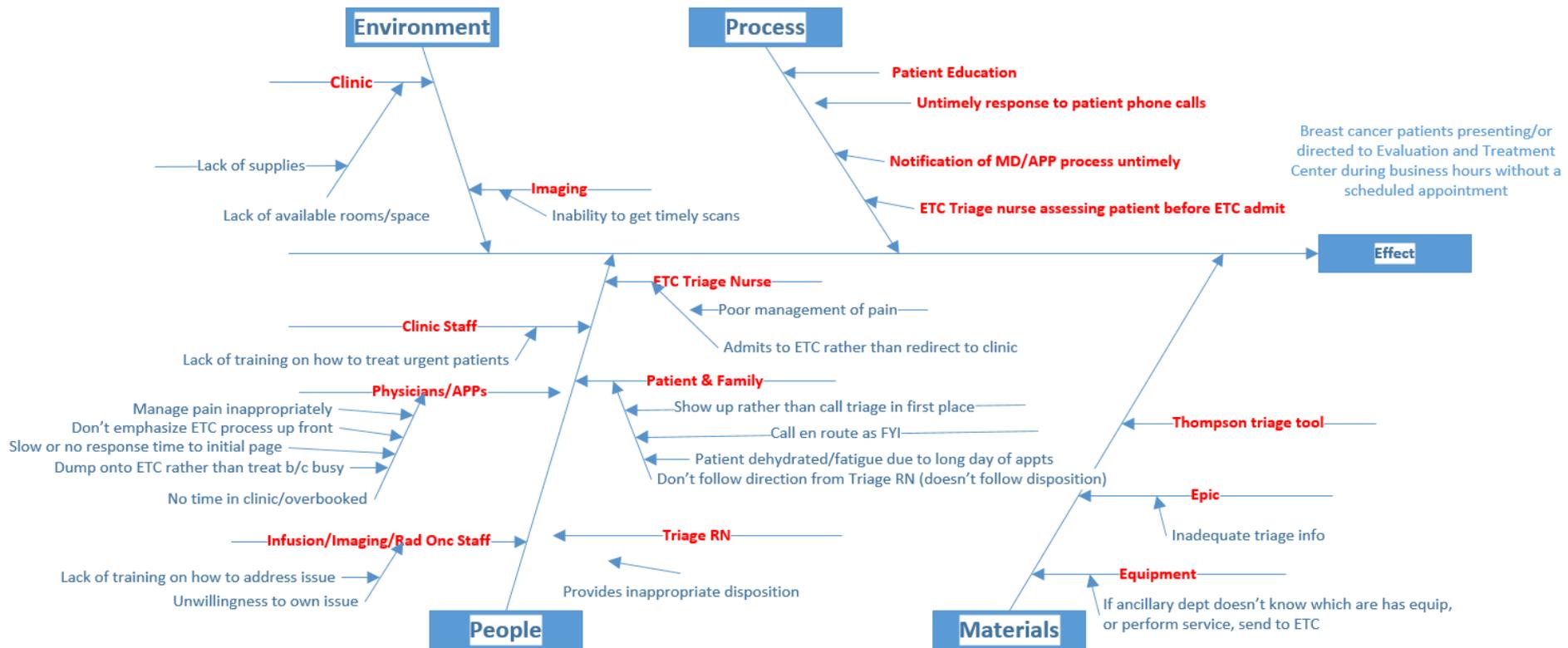
Team Members:

- Dawn Neuhauser (Director, Ambulatory Nursing)
- Stephen Miller (Sr. Manager, Service Line Operations)
- Kathleen Dorsey (Performance Improvement)

Project Sponsors:

- Vince Jensen (SVP Ambulatory Ops)
- Vijay Trisal, MD (CMO)

Cause & Effect Diagram



Diagnostic Data

Data from Triage Nurse Documentation, and from ETC Visit Documentation

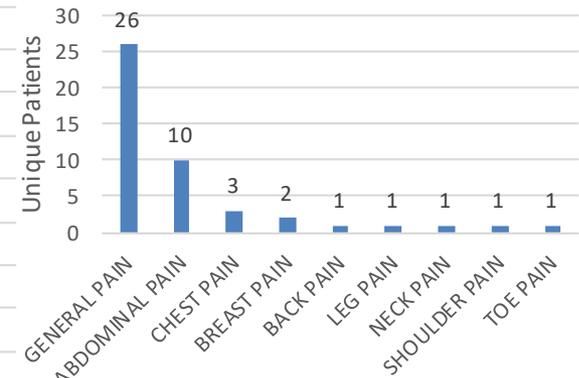
Total Breast ETC visits= 371 (12/2/17-2/22/19)

Business Hours: 163/371= (44%)

ETC Chief Complaint during Business Hours



Type of Pain



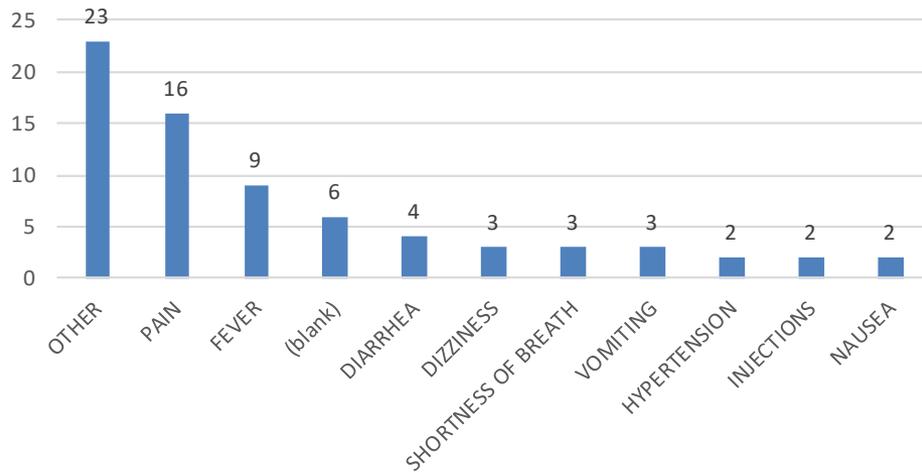
Diagnostic Data

Data from Triage Nurse Documentation, and from ETC Visit Documentation

Visits during business hours= N=163 (44%)

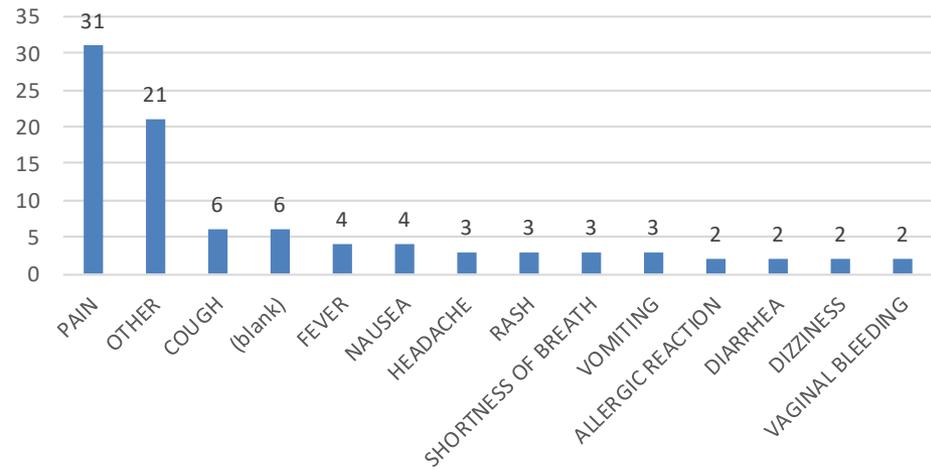
Scheduled Visits: N=71 (44%)

Chief Complaint- Scheduled visits, business hrs

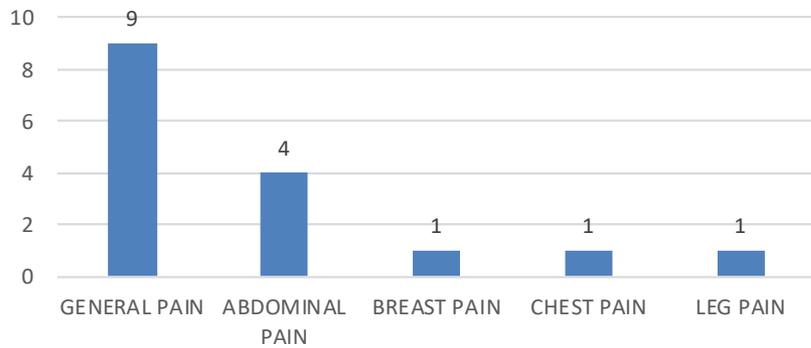


Unscheduled Visits: N=92 (56%)

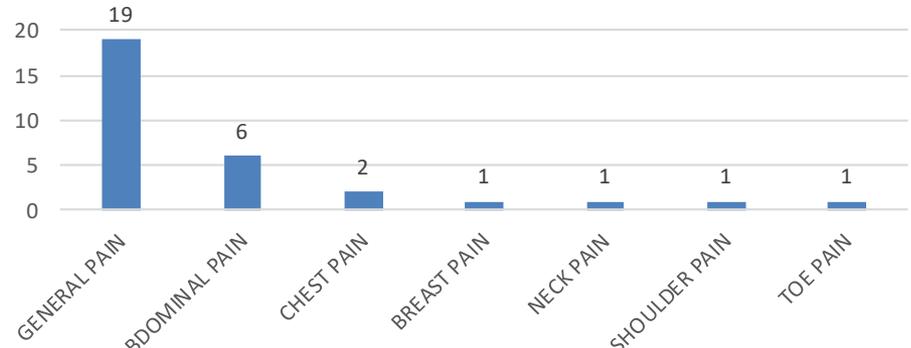
Chief Complaint, walk-ins, business hrs



Type of Pain



Type of Pain



Aim Statement

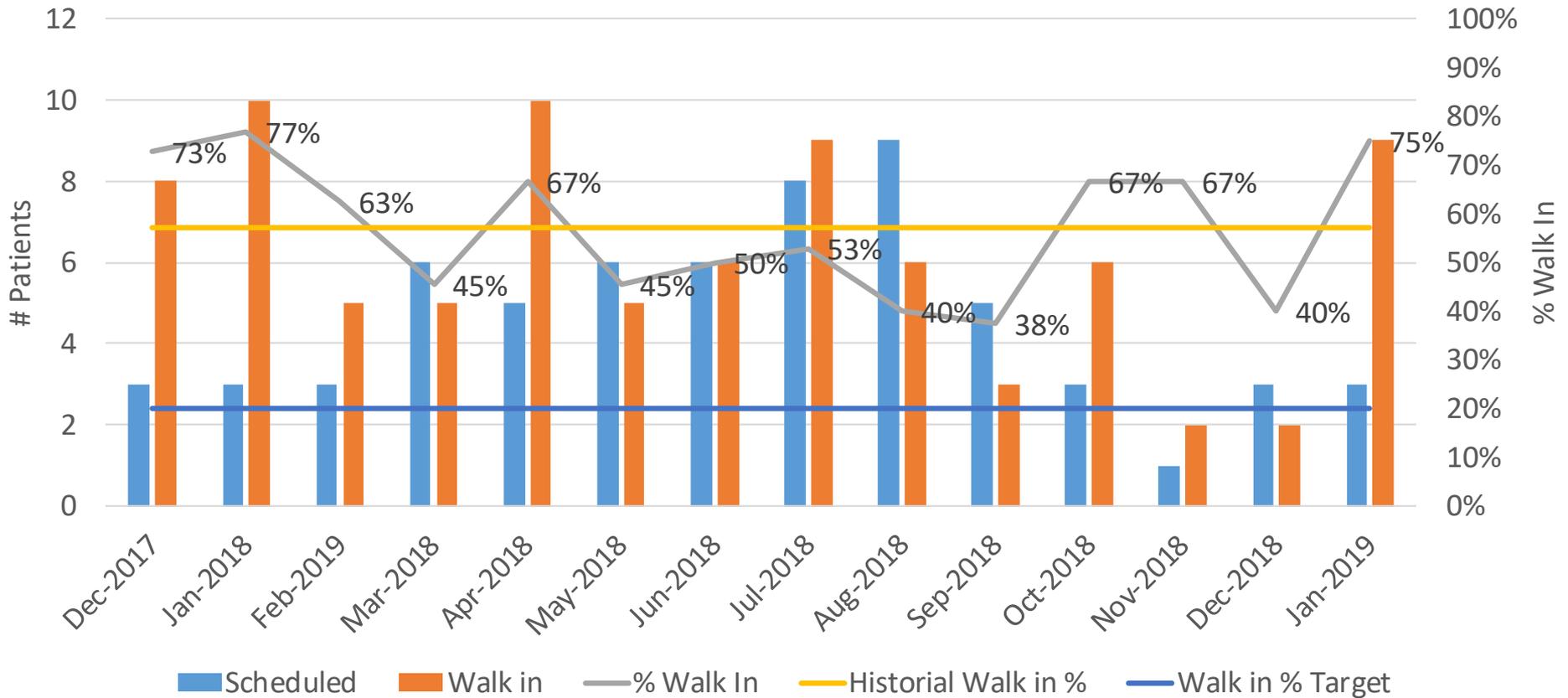
By June 2019, we will reduce the number of unannounced breast cancer patients who present or are directed to the City of Hope ETC to a 20% of total visits or lower, during normal business hours.

Measures

- Measure:
 - % of unscheduled breast ETC visits during business hours
 - Numerator- Unscheduled breast ETC visits during business hours
 - Denominator- All breast ETC visits during business hours
- Patient population:
 - Breast Patients admitted to ETC during business hours. Breast cancer patient is defined based on primary ICD code
- Calculation methodology:
 - Numerator- Unscheduled breast ETC visits during business hours
 - Denominator- All breast ETC visits during business hours
- Data source: Triage system, Epic
- Data collection frequency: Weekly
- Data quality (any limitations):

Baseline Data

Scheduled vs Walk In during Business Hours



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

High Impact	<ul style="list-style-type: none"> *Patient Education during 1:1 chemo *Include clear for patients (who to call, when to call etc.) in NP Packet & reinforce in clinic *Proactive management of pain *Manage/assess pain proactive timely manner & not turf off *Educate MDs & RNs how to treat pain in clinic (extend algorithms) *Clinic education managing patients – protocols? *Triage RN at ETC to contact 1 hr oncologist office re: pt. visit *Explore call pt. call process for high risk breast CA pts. to be done by clinic team *Call back program to include F/U with pt. after same day visit for issues *Standardize Chemo teach with SmartPhrases with details to call triage 	<ul style="list-style-type: none"> *AVS SmartPhrases with instructions to call triage (with info on Telephone #, symptoms, logistics, etc.) *Short term plan is to accommodate same day visits in current clinic space *Develop same day visit NP? Clinic to see pats. (do we leverage 3D space) *Develop an areas/space where pts. can be sent to be triaged *Have ETC triage RN redirect to clinic *Space for injections *Ensure Chemo teaching done days before: Tele-medicine??? *Have NP support in infusion center to help with pt. accommodation (if can't be seen in clinic but not to go to ETC).
	<ul style="list-style-type: none"> *Develop SBAR handoff process to be used to communicate between triage-clinic-ETC *Feedback to MD & Clinical areas when ETC not notified * Add info to AVS..... Triage instructions 	<ul style="list-style-type: none"> *Continue implantation of algorithms for triage – add care advice – Educate clinic staff *Give triage nurses access to schedule pts. for next day, same day visits (also clinic staff?)
Low Impact		
	Easy	Difficult
	Ease of Implementation	

PDSA Plan (Test of Change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps
3/1/19-5/31/19- SBAR	Prepared SBAR and developed intervention	Pending- EPIC on hold due to upgrade	
4/15/19-5/1/19- Validate/Edit information	Ensured triage patient education is included in chemo teaching, ERAS teaching, and discharge teaching		N/A
6/1/19-6/20/19 Communication	Educate ancillary departments on importance of notifying ETC	In process... pending	

Materials Developed (optional)

New Patient Packet

NURSING TRIAGE CALL CENTER 24 HOUR HELP LINE FOR CITY OF HOPE PATIENTS

Call 626-218-7133

A registered nurse is available 24 hours to answer your questions for nonlife-threatening health problems. Please have your medical record number (MRN) when you call. The nurse will ask to verify this number each time you call.

CALL 911 IMMEDIATELY, IF YOU HAVE:

- A life threatening emergency
- Severe chest pain
- Difficulty breathing
- Poisoning
- Uncontrollable bleeding
- Signs of shock (rapid pulse; cold, pale and clammy skin; confusion; rapid breathing)
- Unconsciousness or nonresponsive
- Serious injuries or burns

IF SEEN IN A HOSPITAL'S EMERGENCY ROOM (ER):

1. Identify yourself as a City of Hope patient.
2. Call your City of Hope doctor after discharge.

CALL THE TRIAGE NURSE IF YOU HAVE:

- High fever (100.4 F or higher)
- Nausea, vomiting or diarrhea that is not controlled by your medications
- Uncontrolled pain
- Problems with your VAD (venous access device) or PICC line
- Any other health problem where you were instructed to call City of Hope
- Non-urgent health problems
- Help with self-care procedures
- Bleeding

OTHER IMPORTANT INFORMATION

Please **DO NOT** call the Nursing Triage Call Center for pharmacy refills, to make appointments or to obtain medical records. Listed below are appropriate numbers to call:

PRESCRIPTION REFILLS 626-301-8304	Please call your health care team or the City of Hope Pharmacy PHARMACY HOURS: Monday through Friday, 8:30 a.m. to 6 p.m. Saturday, 8:30 a.m. to 3:30 p.m. Closed on Sundays and major holidays <ul style="list-style-type: none"> • Please allow 72 hours for prescription refills • If you received your prescriptions at an outside pharmacy, please call them directly.
APPOINTMENTS	800-826-HOPE (4673)
MEDICAL RECORDS	626-256-HOPE (4673), ext. 82446
HOME HEALTH	If you receive home health services to manage your symptoms, please contact your home health service provider directly or ask your home health nurse to report directly to your City of Hope doctor.

Chemo Teaching Binder

NURSING TRIAGE CALL CENTER 24 HOUR HELP LINE FOR CITY OF HOPE PATIENTS

Call 626-218-7133

A registered nurse is available 24 hours a day to answer your questions for nonlife-threatening health problems. Please have your medical record number (MRN) when you call. The nurse will ask to verify this number each time you call.



Call 911 immediately, if you have:

- A life threatening emergency
- Severe chest pain
- Difficulty breathing
- Poisoning
- Uncontrollable bleeding
- Signs of shock (rapid pulse; cold, pale and clammy skin; confusion; rapid breathing)
- Unconsciousness or nonresponsive
- Serious injuries or burns

If seen in a hospital's emergency room (ER):

1. Identify yourself as a City of Hope patient.
2. Call your City of Hope doctor after discharge.

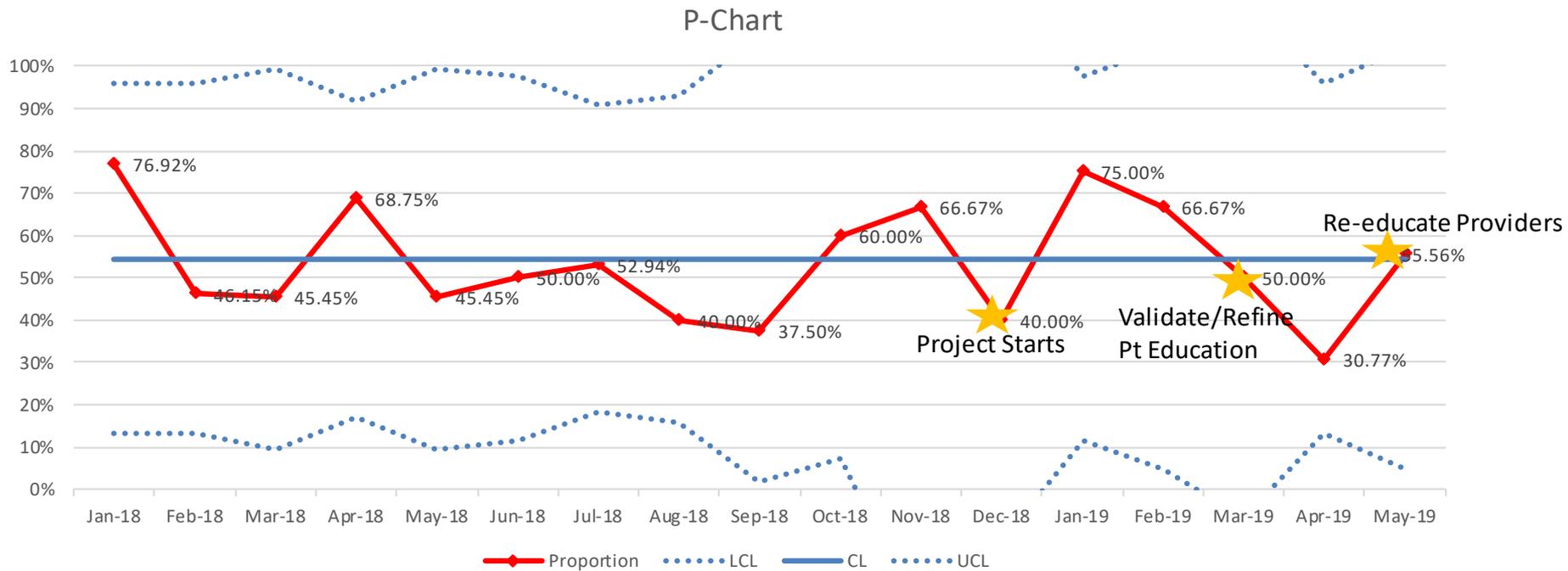
Call the Triage Nurse if you have:

- High fever (100.4°F or higher)
- Nausea, vomiting or diarrhea that is not controlled by your medications
- Uncontrolled pain
- Problems with your VAD (venous access device) or PICC line
- Help with self-care procedures
- Bleeding
- Any other health problem where you were instructed to call City of Hope
- Non-urgent health problems

Please **DO NOT** call the Nursing Triage Call Center for pharmacy refills, to make appointments or to obtain medical records.

Change Data- Breast

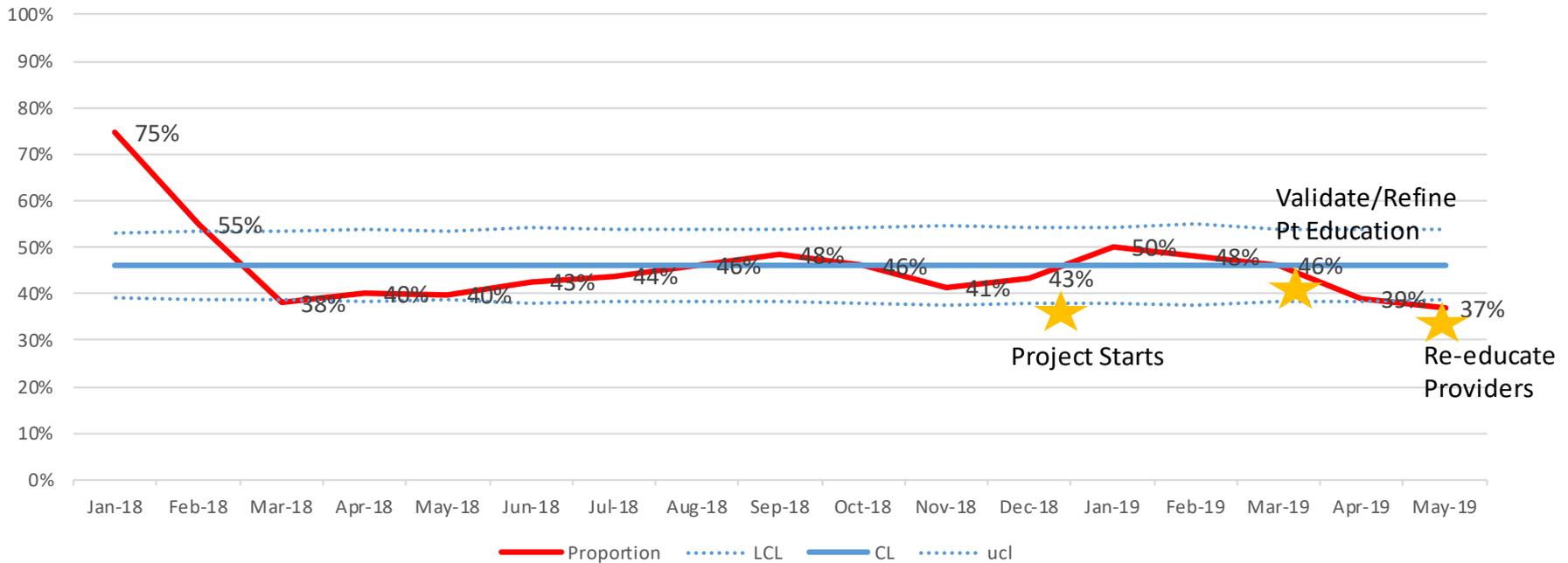
% unscheduled patients to ETC



Change Data- All Diseases

% unscheduled patients to ETC

P-Chart



Conclusions

- We initially anticipated our project to focus on breast-specific interventions, but as we better understood the top drivers of ETC visits, our solutions became more general
- Triage does a great job of directing patients to most appropriate setting for care, we must ensure that patients contact triage rather than walking in to ETC.
- Whereas MDs from clinic normally notify ETC that patient is coming, there is opportunity to provide greater education to ancillary/support departments.
- By increasing the number of time that patients call triage, we will improve predictability of ETC operations by scheduling patients.

Next Steps/Plan for Sustainability

- Go-live with SBAR communication tool and continually monitor ETC metrics.