

ASCO's Quality Training Program

Date: 6/29/18

Project Title: Uhealth Patient Communication
of Cancer Symptoms

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Amber Thomassen, ARNP-BC

Institution: University of Miami, Sylvester
Comprehensive Cancer Center

Institutional Overview



- Sylvester Comprehensive Cancer Center: The main in-patient and out-patient facilities are located on the central medical campus in the heart of Miami. Sylvester physicians care for cancer patients at UMHC– University of Miami Hospital & Clinics, Uhealth tower, Jackson Memorial Hospital, Holtz Children’s Hospital, and the Miami VA Medical Center.
- Sylvester Comprehensive Cancer Center is the only university-based cancer center in South Florida. Sylvester has transformed cancer research and treatment in South Florida offering over 50 phase 1 clinical trials for patients who have failed standard of care treatment options, besides multiple other clinical trials at all phases.
- Sylvester also provides cancer care at 7 satellite facilities.
- As a university-based cancer center, Sylvester physicians and scientists apply research breakthroughs from the laboratory to the patient’s bedside. This type of translational research is the cornerstone of our comprehensive cancer center, providing us the ability to accurately treat a wide range of cancers across 15 site diseases from stage one to stage four.

Problem Statement: Recent Survey Demonstrated 21% of Patients Experiencing Symptoms In-Between Visits did not Report. (Feb – Mar 2018)

A recent clinic survey including 28 patients demonstrated that:

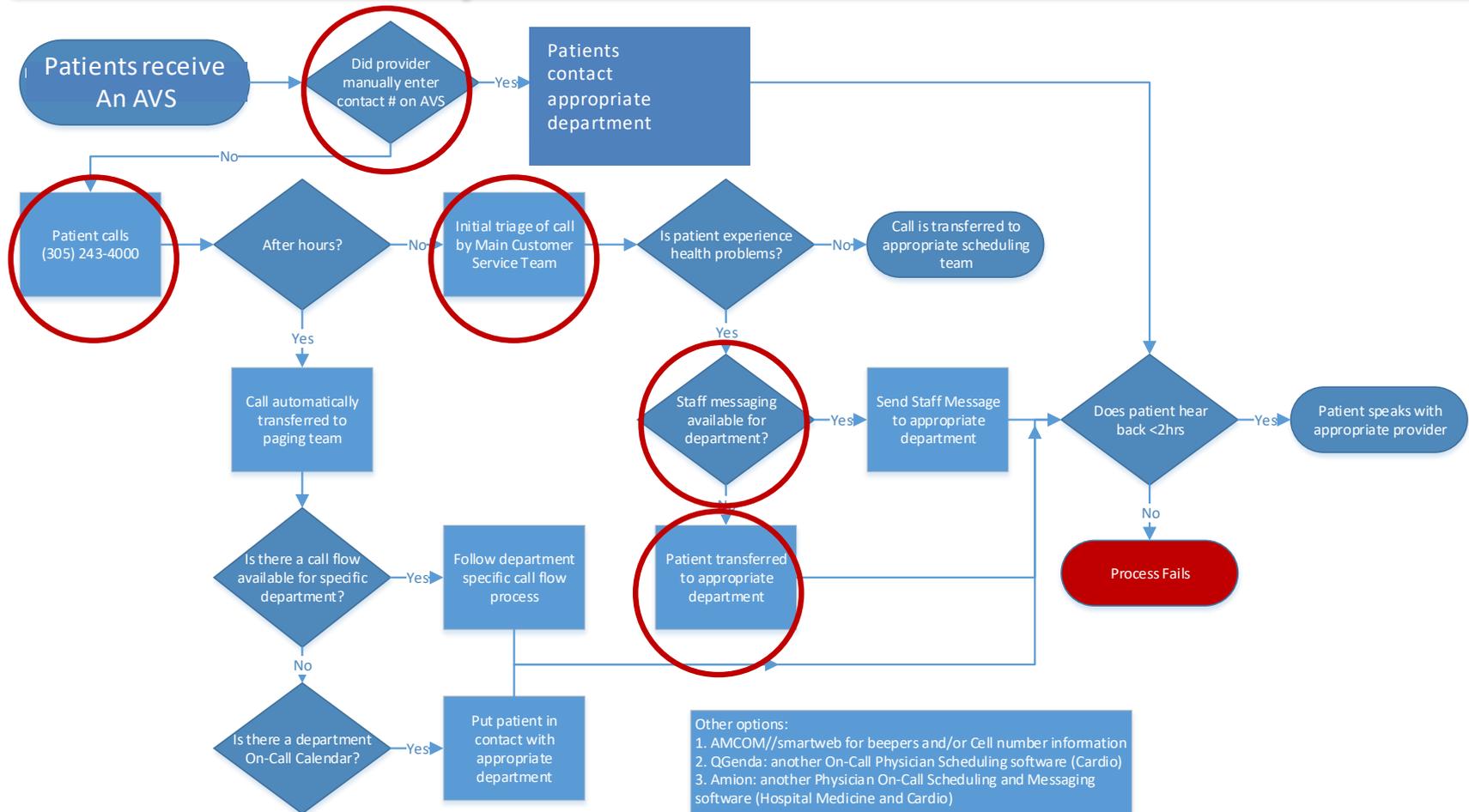
- 86% (24) had symptoms in-between visits
- 14% (4) Had no symptoms in-between visits
- 79% (19) of those with symptoms called to report
- 21% (5) did not call to report symptoms
- 13% (3) did not know the number to call

Team Members

Team Leader: Raja Mudad, MD- Core Member

Team Members: Alain Bonvecchio,
Facilitator/Core Member
Amber Thomassen, ARNP-BC,
AOCNP - Core Member
Evelyn Wempe, ARNP-BC, AOCNP -
Terry Pollack, ARNP-BC
Valorie Harvey-ASCO QTP
Improvement Coach

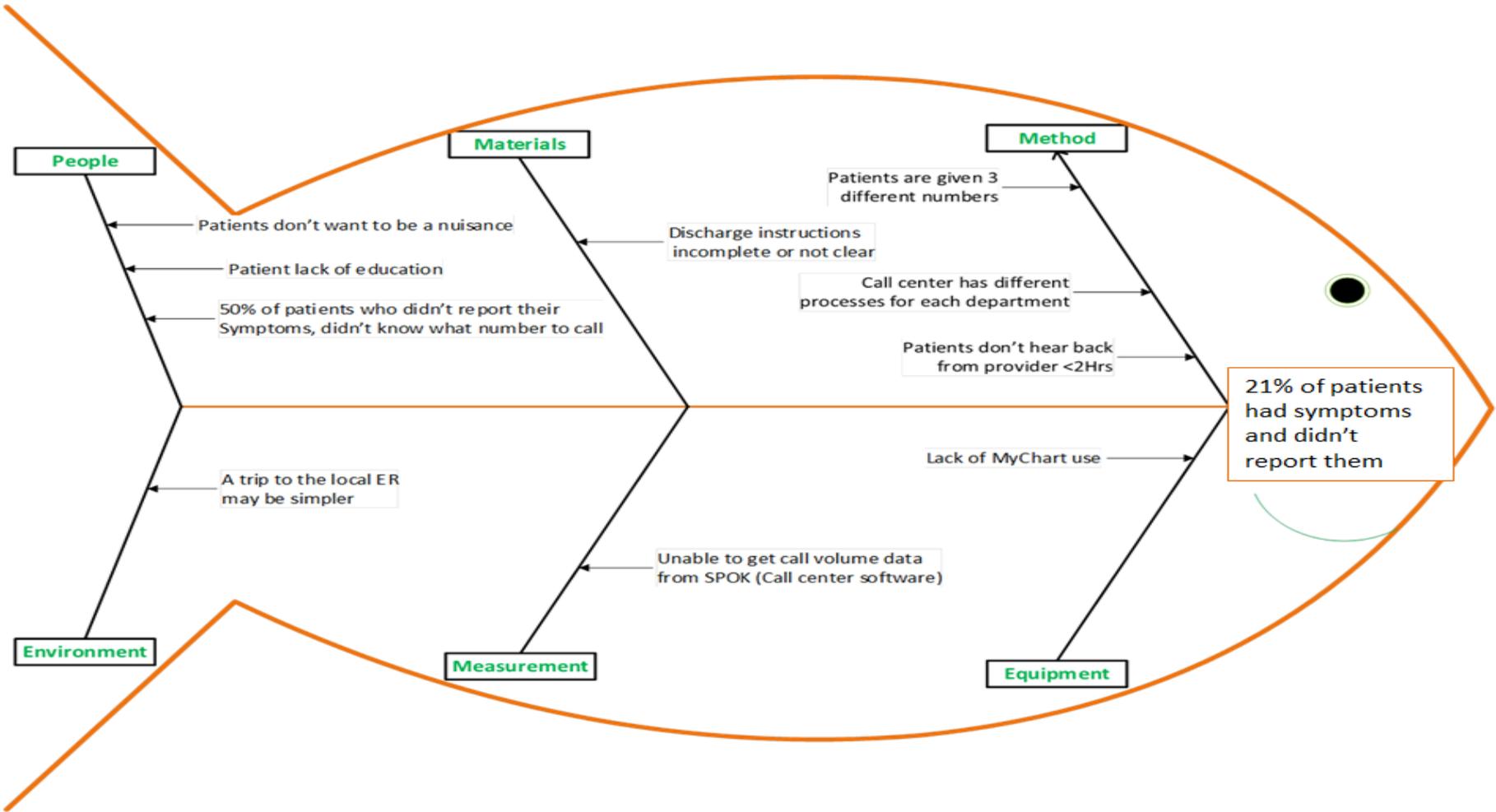
Process Map



Other options:
 1. AMCOM//smartweb for beepers and/or Cell number information
 2. QGenda: another On-Call Physician Scheduling software (Cardio)
 3. Amion: another Physician On-Call Scheduling and Messaging software (Hospital Medicine and Cardio)

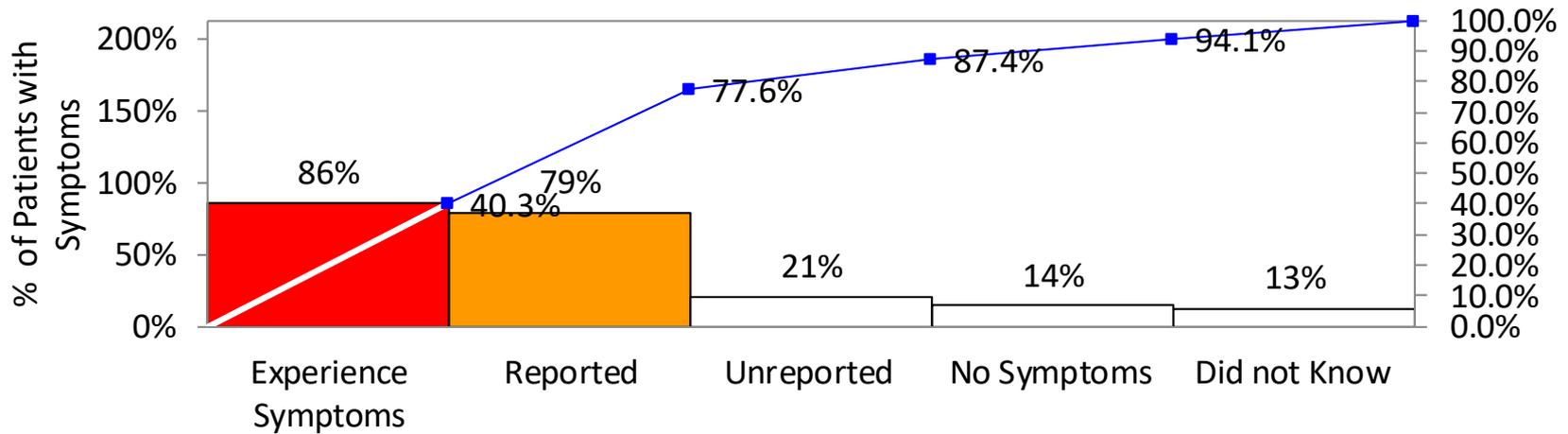
More options:
 1. Reach out to the physician's team Nurse by specialty (if a Nurse has been assigned)
 2. Reach out to the attending directly if Cell number is available
 3. Reach out to the Department's Vice Chair and Department Chair if necessary
 4. Emergencies: we instruct the patient/caller to go directly to the Emergency Department at UMH if possible or their nearest ED, and call us back to schedule a follow up with their attending once released

Cause & Effect Diagram

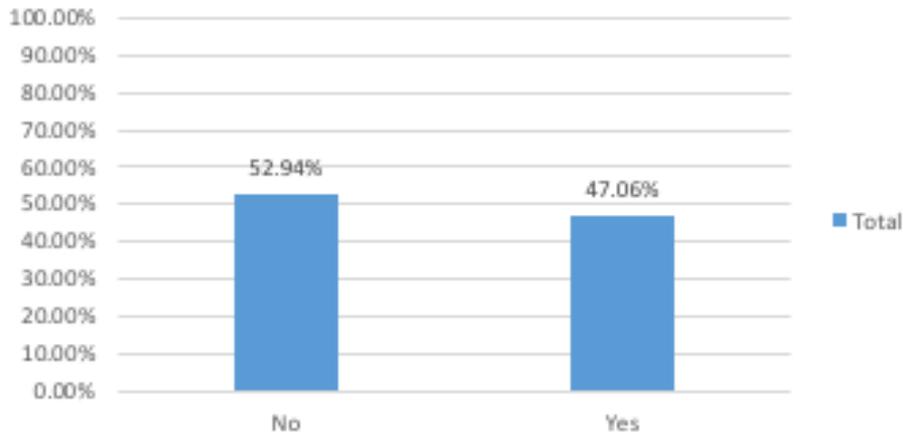


Diagnostic Data: Leukemia 28 Surveys Collected February – March 2018

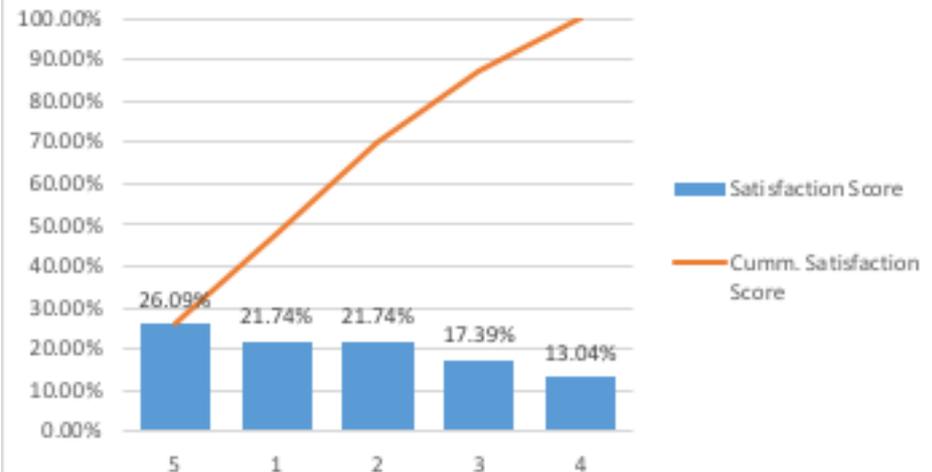
Pareto Chart: Symptoms, Reported, Did Not know



Patients who reported their symptoms and heard back <2hrs



Patient Satisfaction



Aim Statement

To increase the percentage of leukemia patients surveyed, who called to report symptoms in-between clinic visits from 79% to 90%, by June, 2018.

Measures

- **Measure:**
- **Patient population:** Patients seen in the Leukemia clinic
- **Calculation methodology:**
 - *Total # of patients with symptoms in between visits/Total # patients surveyed*
 - Total # of patients with symptoms that reported symptoms/Total number of patients with symptoms in between visits
 - Total # of patients that receive a call back w/in 2 hrs./ Total # of patients that called to reports symptoms
 - *Total satisfaction scores at level 5 for call in experience/Total # of patients surveyed and reported symptoms*
- **Data source:** Patient surveys
- **Data collection frequency:** Weekly data collection in clinic
- **Data quality(any limitations):** Manual process for distribution and collection of surveys; Patient compliance for completing surveys

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

High Impact	<ul style="list-style-type: none"> • Educate patients on what symptoms to call for • Include a direct telephone number to triage Vs general number. • Develop a standard “Smart Phrase” to include in the After Visit Summary (AVS) providing patients with the appropriate contact information for reporting their cancer symptoms • Educate the nurses/physician on use and application of “Smart Phrase” for patient’s AVS. • Distribute an information contact card to all patients with their AVS 	<ul style="list-style-type: none"> • Develop an educational pamphlet to be given on discharge on possible symptoms and side effects, when and how to report them • Request IT report to track utilization of AVS SMART phrase • Collect operator data on number of calls and how they were routed • Collect hospitalization data on patients who called and were not answered (leading to ER visit)
	<ul style="list-style-type: none"> • Query patients after discharge if they kept their AVS 	
Low	Easy	Difficult

Ease of Implementation

PDSA Plan (Test of Change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps
April 16, 2018	Added direct number to nurse triage for patients to call Vs. general number.	<ul style="list-style-type: none"> Streamlined reporting process by taking out the "middleman" AKA general line Decrease response time 	<ul style="list-style-type: none"> Dedicate a direct nurse managed "triage line" for leukemia patients to call in to report symptoms.
April 16, 2018	Educated physician on use of "Smart Phrase"	<ul style="list-style-type: none"> Physician on board with the processes to support nurse compliance. 	<ul style="list-style-type: none"> Obtain physician "buy in" of the importance of use of smart phrase
April 17, 2018	Educated the nurses on insertion of the "Smart Phrase" into patient's AVS.	<ul style="list-style-type: none"> Provided a background to nurses on the importance of creating and inserting the smart phrase to AVS. 	<ul style="list-style-type: none"> Establish nurses expectation to ensure smart phrase are added to all patient's AVS following visit.

PDSA Plan (Test of Change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps
April 23, 2018	Standard SMART phrase added to AVS, which provides patients with number to triage nurse.	<ul style="list-style-type: none">• PSDA I – Increase in reported symptoms between visits by 15%	<ul style="list-style-type: none">• Smart Phrase created to include specific phone numbers and instructions for patients to call when having symptoms between visit.
May 21, 2018	Information handout to provide specific contact, team and service information to improve patient engagement	<ul style="list-style-type: none">• PDSA II – Increase in reported symptoms between visits by an additional 4%	<ul style="list-style-type: none">• Information sheet is to be handed to every patient upon check-out

Materials Developed (AVS SMART Phrase)

Thank you for your visit today to see Dr. Justin Watts. In case of a medical emergency, please contact/go to your nearest ER. If you have any medical questions please feel free to contact Amber Thomassen, (Dr. Watts' ARNP) Phone no. **(305) 243-7042** or our Triage Nurse Kassandra Gonzalez: **(305) 243-0145**.

To better serve you

Keep a written list of the medicines you take, including dosage amounts, routes, and quantities taken.

Bring list of diagnosis and list of Doctors that are following your care.

Bring a copy of tests previously done, Including CD's, lab work, or Scans

Call the office for any questions regarding treatment or test results

Questions regarding scheduling please call **your study coordinator**

We hope to have met and exceeded your expectations and we thank you again for visiting our clinic.

Materials Developed (Information Sheet)



MEET YOUR TEAM

NURSE PRACTITIONER (ARNP) / PHYSICIAN ASSISTANT (PA)

Medical providers who work closely with your oncologist and who can provide clarification on the plan of care, treatment regimen and goal of therapy. You may be scheduled for a follow-up appointment with these providers rather than your oncologist for routine check-ups during your treatment.

ADMINISTRATIVE ASSISTANT

Assists you with answering questions about scheduled appointments, including rescheduling, confirming and canceling once you leave the clinic.

NURSE NAVIGATOR

Acts as the first point of contact for all new patients. The nurse navigator will help guide you through your first appointment and will ensure that important documentation is available.

TRIAGE NURSES

Will answer any medical questions you may have after your first visit and through your care here at Sylvester.

CTU NURSE

Will answer any questions you may have regarding your chemotherapy appointments, treatments and side effects.

UTILIZATION REVIEW

Representatives will answer any questions related to insurance, billing and authorizations.

SUPPORT SERVICES

Programs to provide assistance and enhance your well-being throughout your journey.

Resources include:

- Acupuncture
- Massage Therapy
- Nutritional Consultations
- Palliative Care

Including treatment of pain, facilitating intensive patient/family communication and assisting with clarification of the goals of care at each stage of the care plan

Social Work

Provides assistance in helping you cope with your illness and the challenges it brings, including emotional, financial and in meeting other needs such as home assistance and access to medical equipment.

Psychosocial Oncology/Bereavement Services

Provides both individual and family counseling.

YOUR IMPORTANT SYLVESTER CONTACTS

If you have any questions or concerns, please don't hesitate to speak with a member of our team.

My Doctor

My ARNP or PA

Phone

Physician's Admin Assistant

Phone

Nurse Navigator

Phone

Triage Nurses

Phone

CTU Nurse

Phone

Utilization Review Phone

Support Services Phone

After-hours Phone

Thank you for the opportunity to participate in your care.

Materials Developed (Patient Survey)

Directions: Please fill out this short survey if you experienced any symptoms between visits. Thank you for your time!

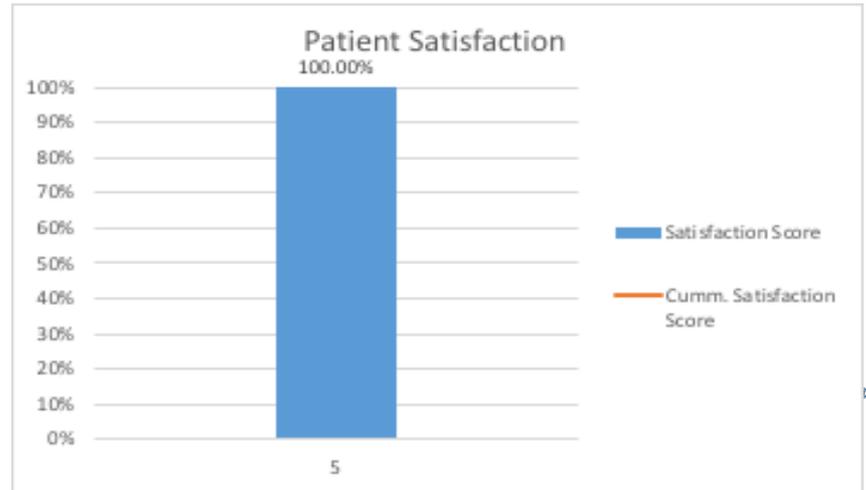
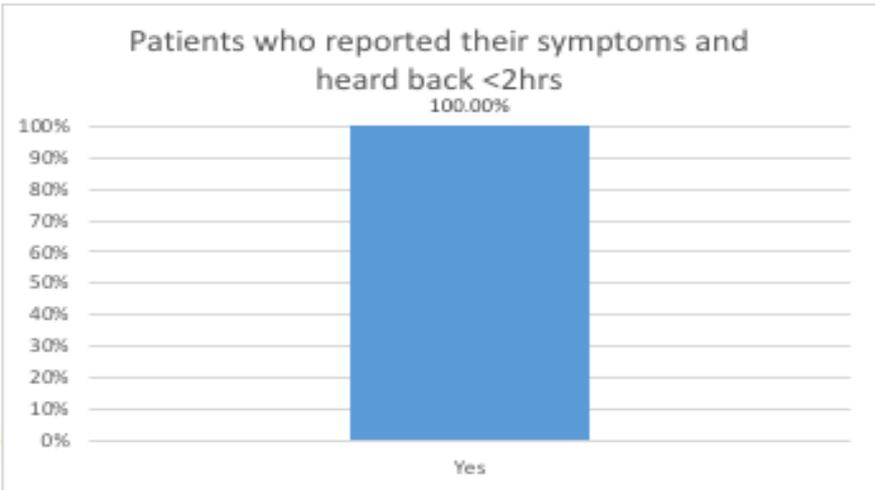
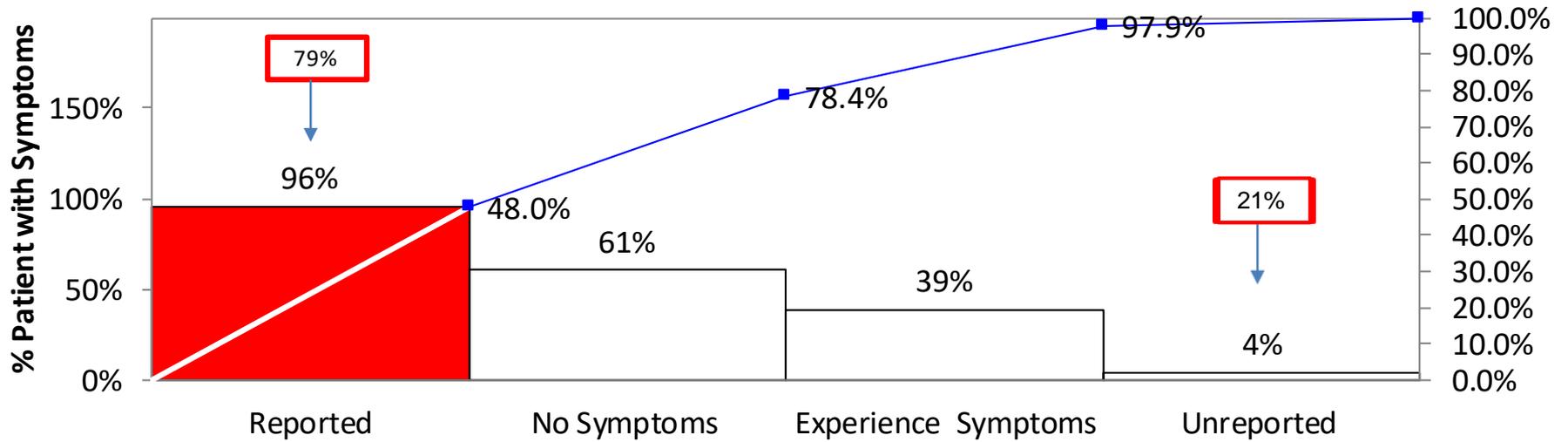
1. Have you experienced any of the following symptoms between your visits?	Pain Nausea/Vomiting Fever Infection Breathlessness Other: _____
2. Have you tried to call in?	Yes (305) 243-4000 (305) 243-1000 Other: _____ No Didn't want to be a bother Didn't know if symptom was serious enough Prior experience was not satisfactory (e.g. no one returned my call) Other
2. Did you know what number to call?	Yes No
3. What time did you try to call in?	8 am -12 pm 12 pm - 6pm 6 pm -12 am 12 am – 8 am
4. What day of the week did you call?	Monday Tuesday Wednesday Thursday Friday Saturday Sunday
5. Did you receive a response within 2 hours?	Yes No

How satisfied were you with your call in experience? Circle One:

Very Unsatisfied	Unsatisfied	Neither Satisfied nor Unsatisfied	Satisfied	Very Satisfied
1	2	3	4	5

Change Data Post PDSA #1: 4/30/18 to 5/29/18 N=61 Surveys; 24 with Symptoms

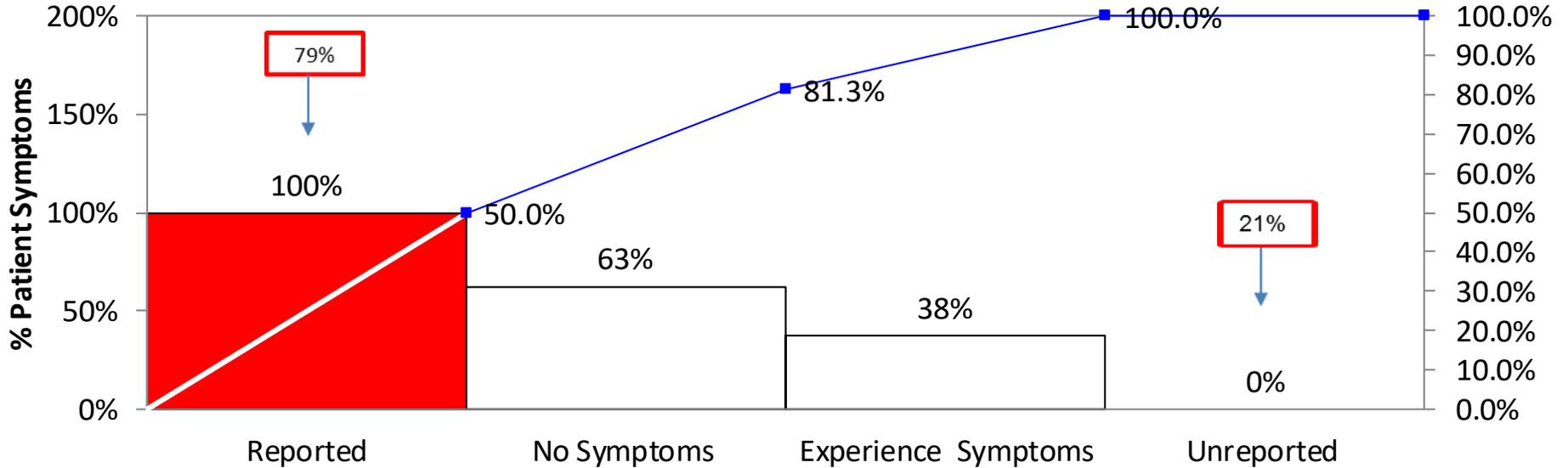
Pareto Chart: Symptoms & Symptom Reporting



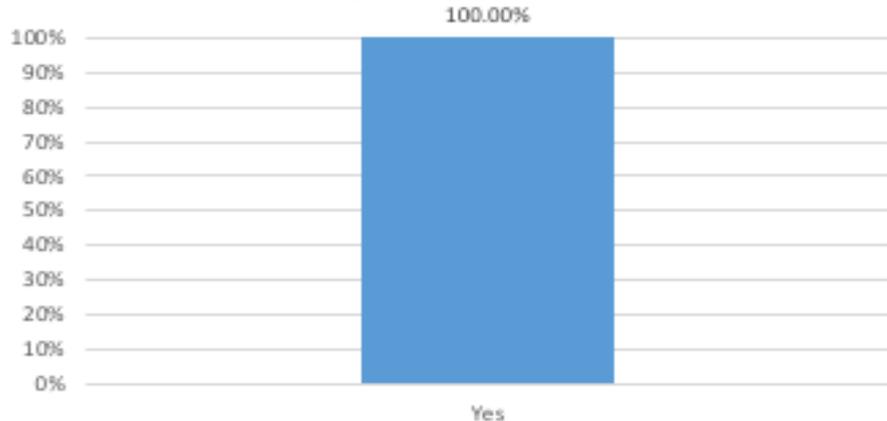
Change Data Post PDSA #2: 6/4/18 to 6/11/18

N=16, 6 with Symptoms

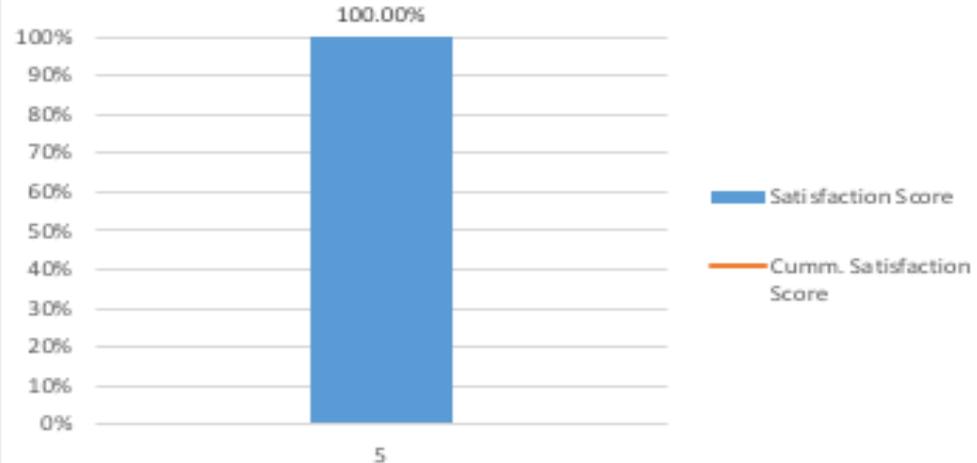
Pareto Chart: Symptoms and Symptom Reporting



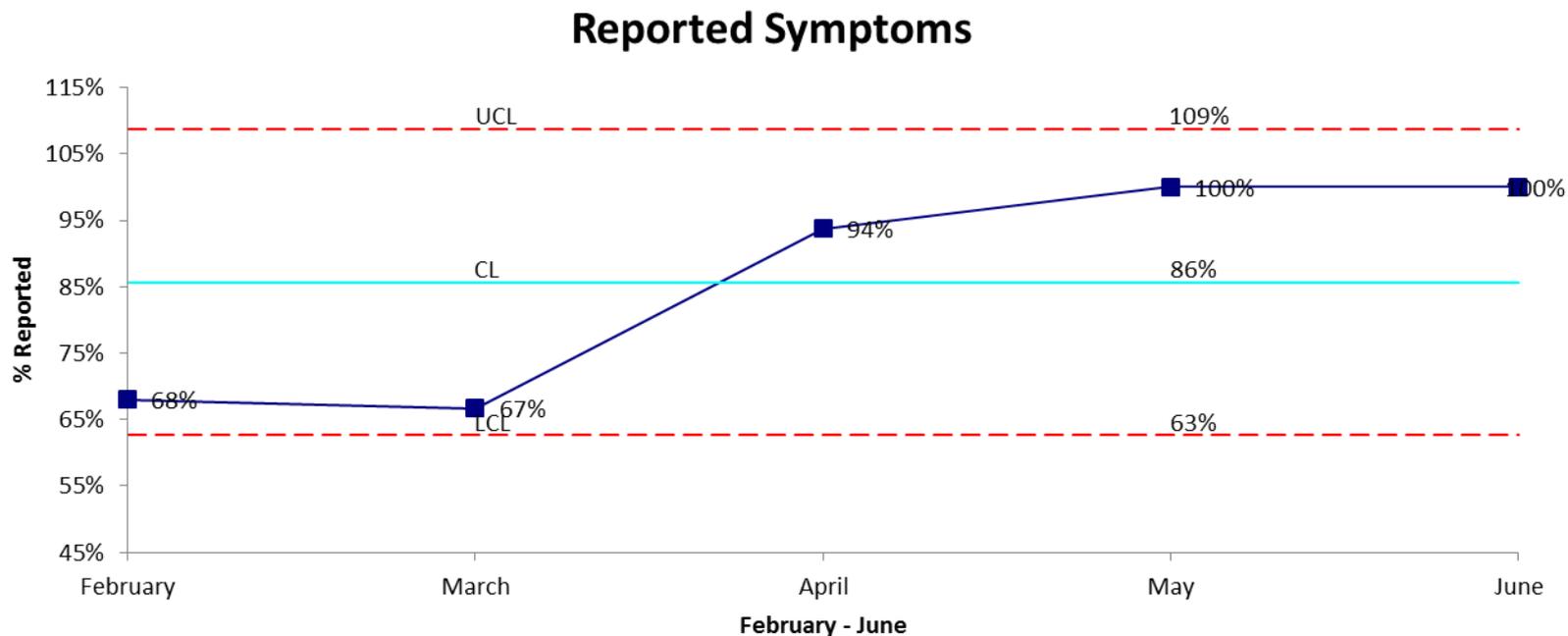
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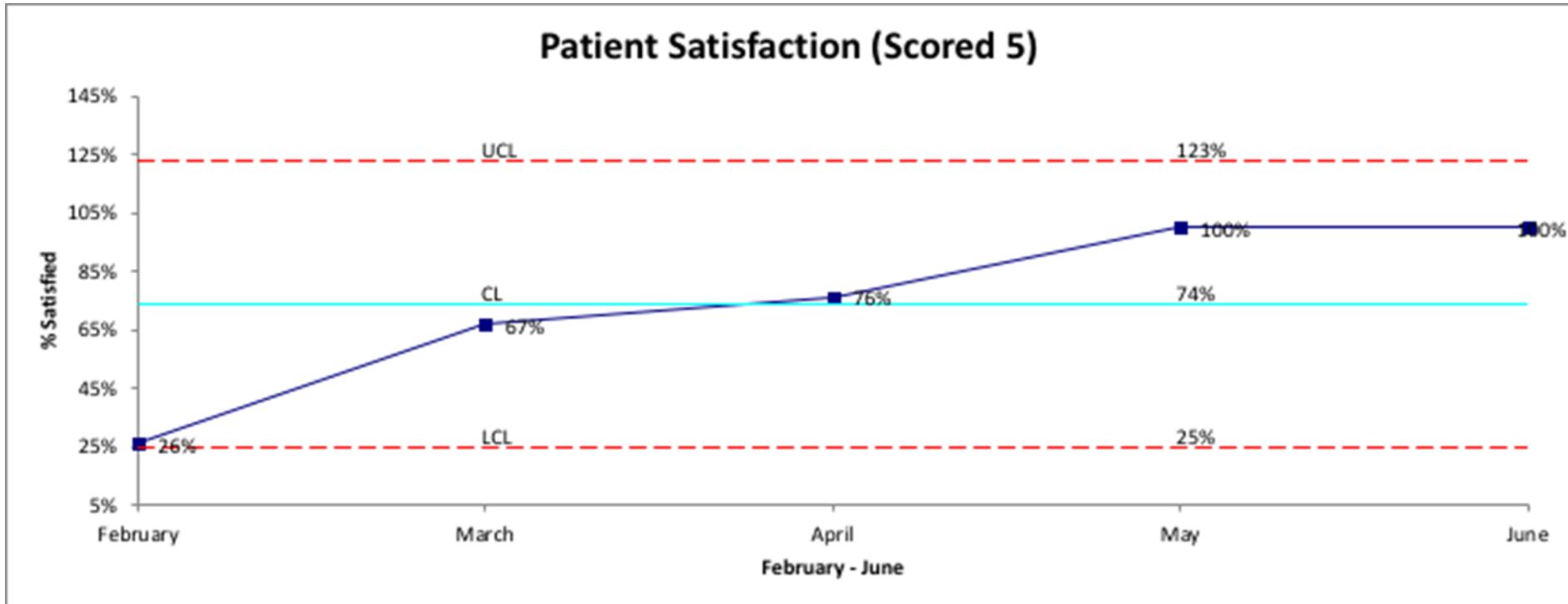
Patient Satisfaction



Change Data PDSA II: Reported Symptoms Feb 01 – June 11, 2018 N= 105 Surveys



Change Data PDSA II: Patient Satisfaction Feb 01 – June 11, 2018 N = 105 Surveys



Conclusions

- There is a direct relationship between the increase in percentage of patients reporting symptoms between visits and the education of patients on what number to call (via AVS and information pamphlet).
- There is a direct relationship between the increase in percentage of patients reporting symptoms between visits and the development of a direct triage line for patients to call.
- There is a direct relationship in the increase in number of patients receiving a call back within 2 hours of reporting symptoms between visits and the development/education of a dedicated triage nurse.
- There is a direct relationship between patient-reported satisfaction and patients receiving a call back within 2 hours of reporting symptoms.

Next Steps/Plan for Sustainability

- Monitor consistency of using AVS , providing team feedback to hardwire the process (development of report by IT to track # of AVS including smart phrase).
- Monitor over the next 6 months to ensure a value of > 98% for patients knowing what number to call in to report symptoms between visits, before it is considered a standard practice.
- Monitor patient satisfaction over the next 6 months to sustain patient satisfaction levels at a rating of 5 rating $\geq 98\%$ for patients who call in to report symptoms. Once established then move to “spot check” on a quarterly basis.
- Share “secrets to success” with upper management to include a streamlined workflow for use in all clinics.