

ASCO Quality Training Program

A Quality Improvement Initiative to Increase
Patient Satisfaction Scores

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Institutional Overview



MARYLAND
ONCOLOGY
HEMATOLOGY

- A community-based oncology practice featuring over 45 medical oncologists as well as radiation and surgical oncologists. As well as 20 APPs across the organization.
- Located in central Maryland with 6 divisions and 15 separate care sites
- We provide patients with increased access to integrated, evidence-based cancer care and clinical research throughout the communities of Maryland.

Team members

| Role | Name | Job Function |
|--------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Project Sponsor [#] | Rob Davis | Executive Director |
| Team coach | Ashraf Mohamed | Help team write key documents. Help with analytic tools and statistics. Provides support to the team regarding the science of Quality Improvement and participation in the QTP. |
| Core Team Member* | Courtney Ackerman | Methods, design, review of results |
| Core Team Member* | Nicole Barnes | Methods, design, review of results |
| Facilitator | Naycherie Alvira | Team member who facilitates the team meetings to optimize group processes. Methods, design, review of results. |
| Other Team Member [^] | Divisional leaders within MOH | Help with survey process, logistics, implementation. |

Problem Statement

Maryland Oncology Hematology, PA (MOH) is made up of Six divisions/ Practices with 15 sites of service. We strive to provide quality care. MOH started patient satisfaction surveys six months ago. We found that only 50 % of the time our divisions patient satisfaction surveys achieve the organizations standard (60% of the answers are in the range of very good or excellent). By working to improve our scores we can improve the quality of care we provide and increase our market presence.

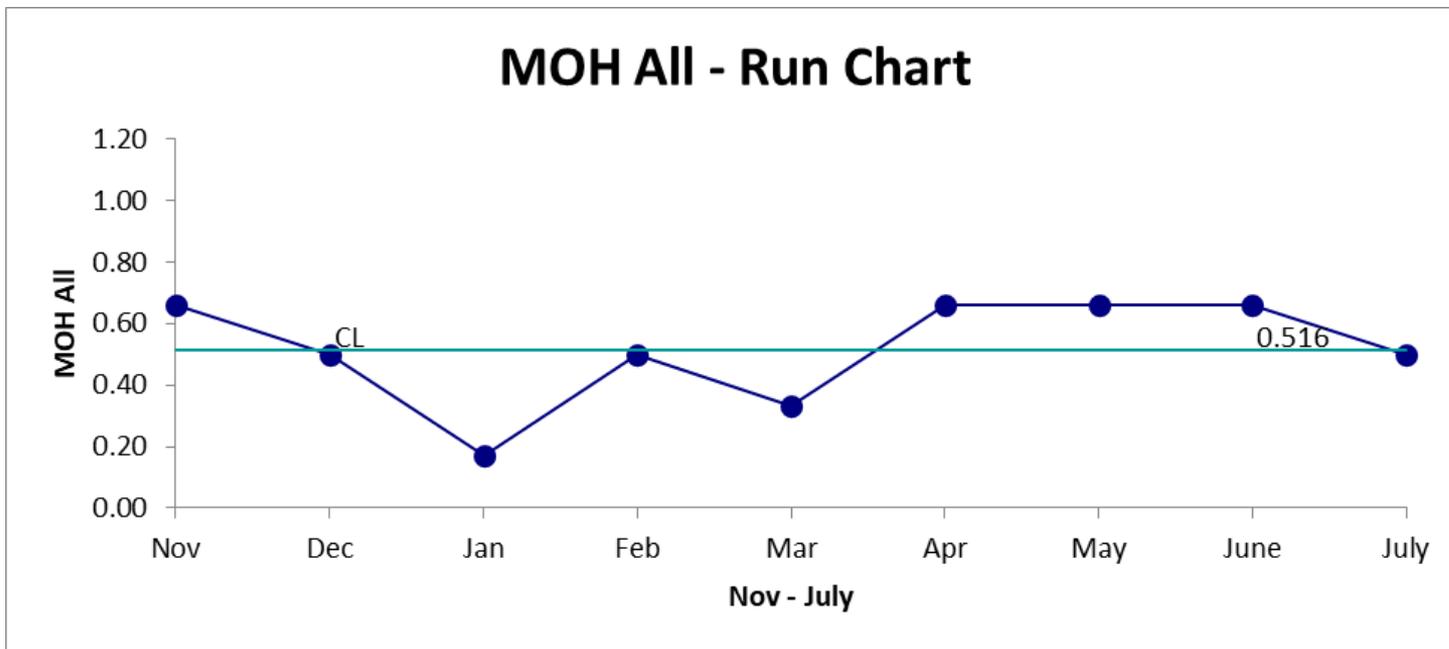
Outcome Measure

Baseline data summary

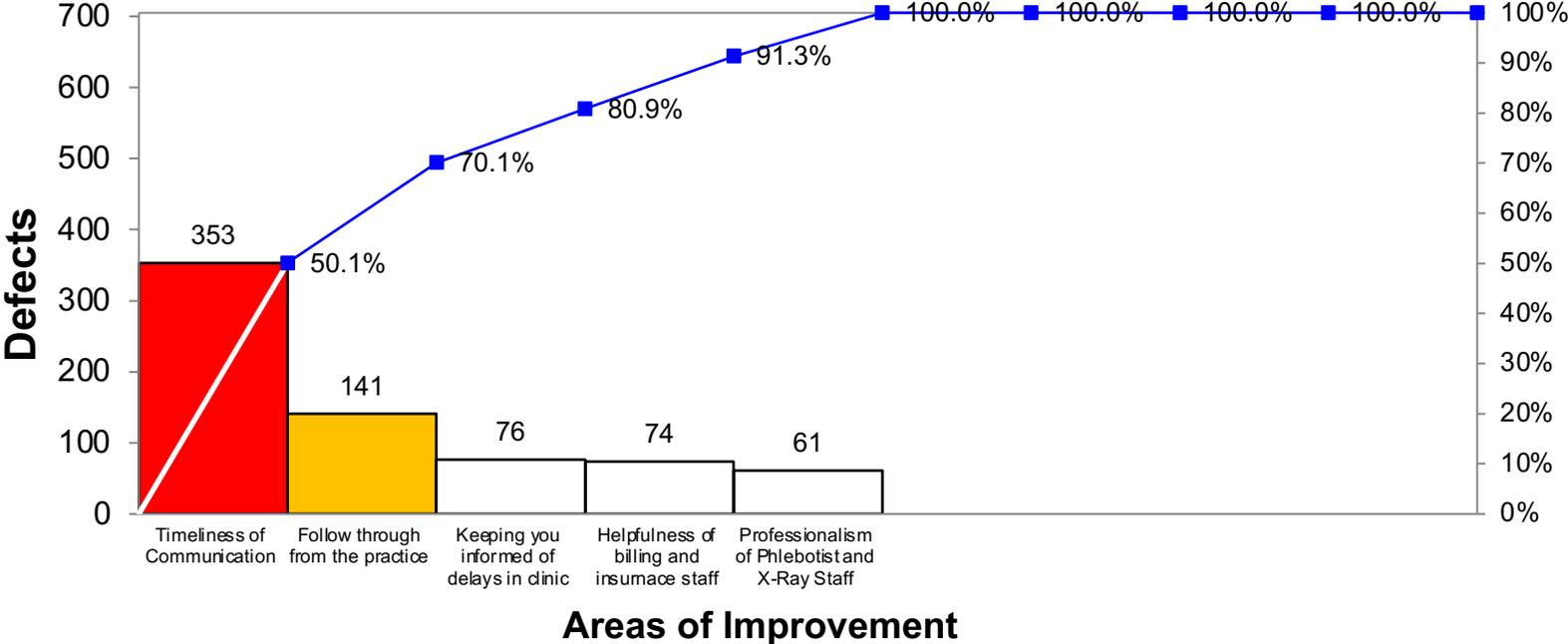
| Item | Description |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Outcome measure | The patient satisfaction scores at or above the organization standard. |
| Patient population: <i>(Exclusions, if any)</i> | All patients (Random sampling) |
| Calculation methodology: <i>(i.e. numerator & denominator)</i> | We take the questions and record the highest score for each question. We than do an average of the scored answers. |
| Data source: | CAHPS Survey |
| Data collection frequency: | Monthly |
| Data limitations: <i>(if applicable)</i> | The questions asked are fixed. We can not edit them. Some of the scoring has N/A answer which skew the scores in some cases. |

Baseline Data

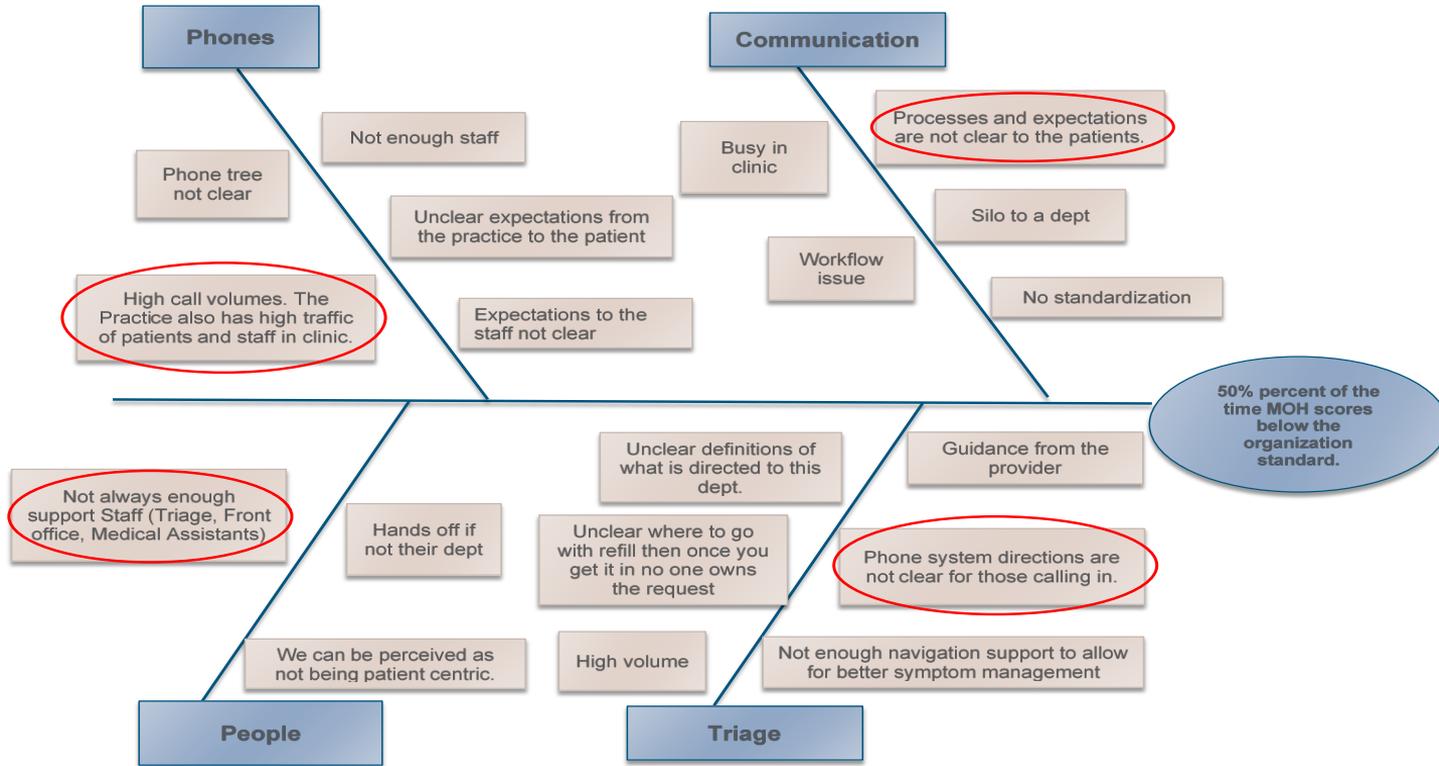
Monthly Patient Survey Score That Meets Organization Standard
November 2021- July 2022



MOH Patient Satisfaction Survey Showing Items with Lowest Scores



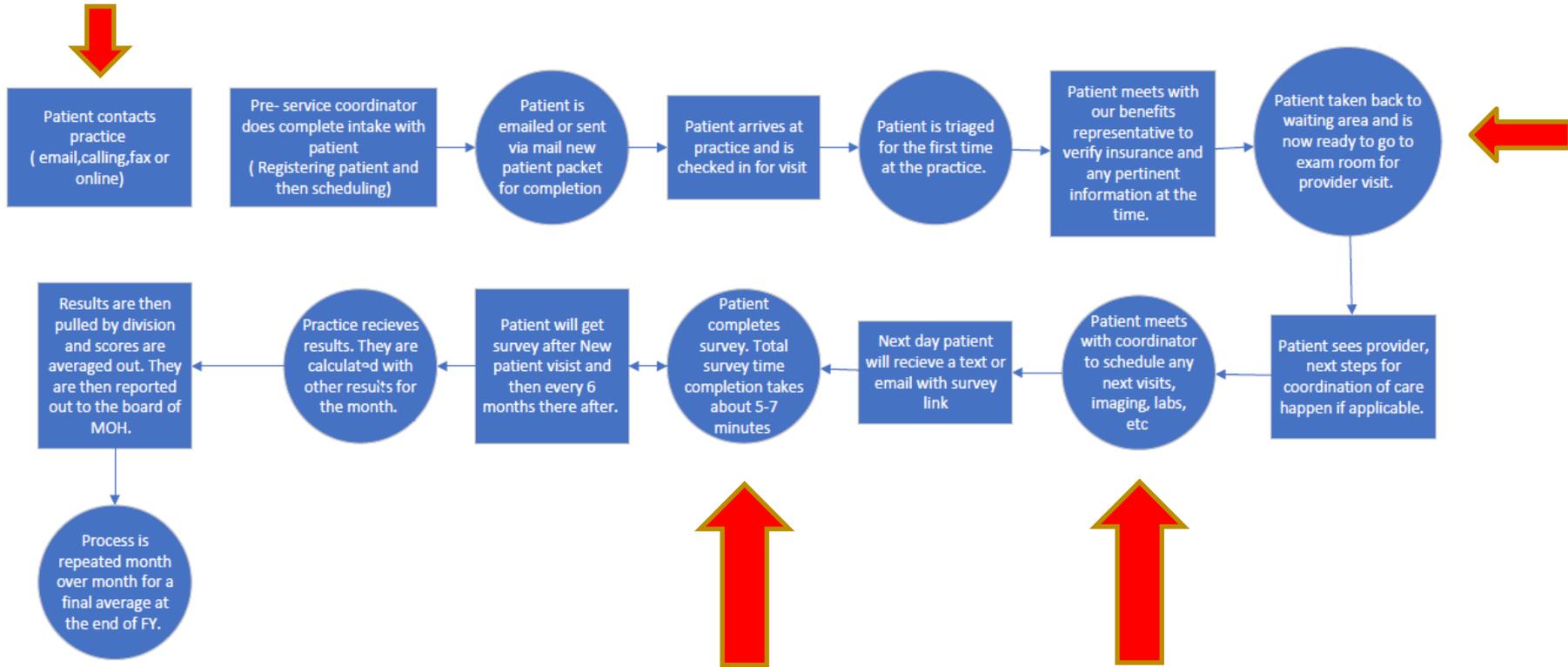
Patient Satisfaction Survey - Fishbone



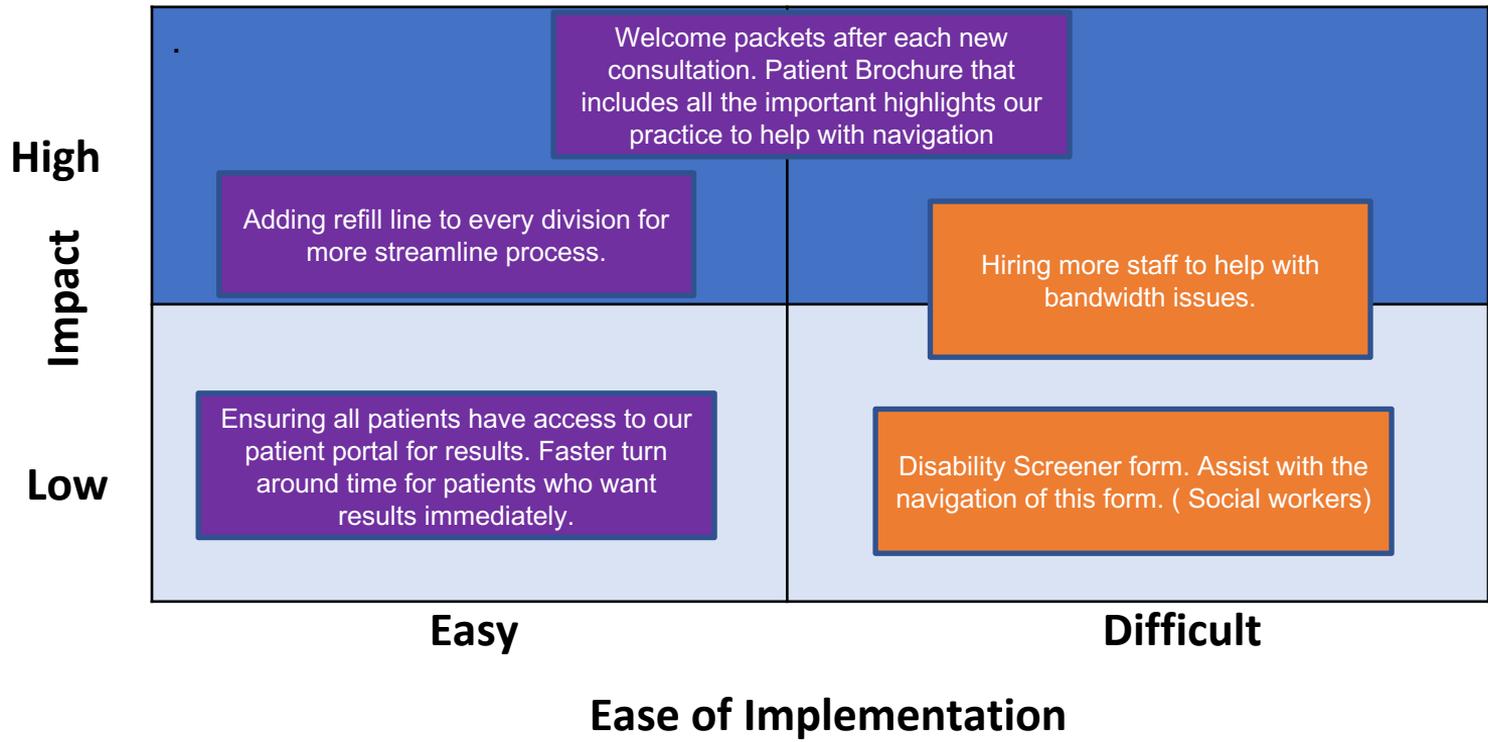
Aim Statement

Our Aim is that by December 31, 2022, we will increase our patient's satisfaction survey scores that meets the organization standards from 50 % to 70 %.

Process for the Patient Journey through Clinic

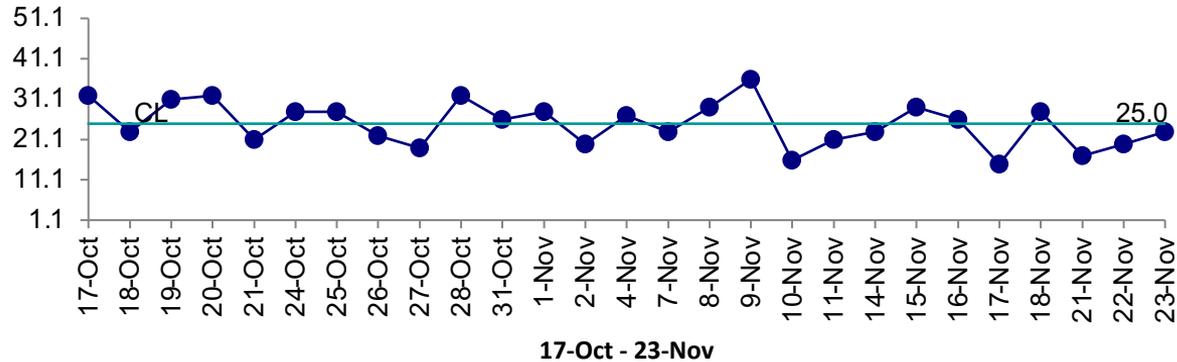


Prioritized List of Changes (Priority/Pay –Off Matrix)



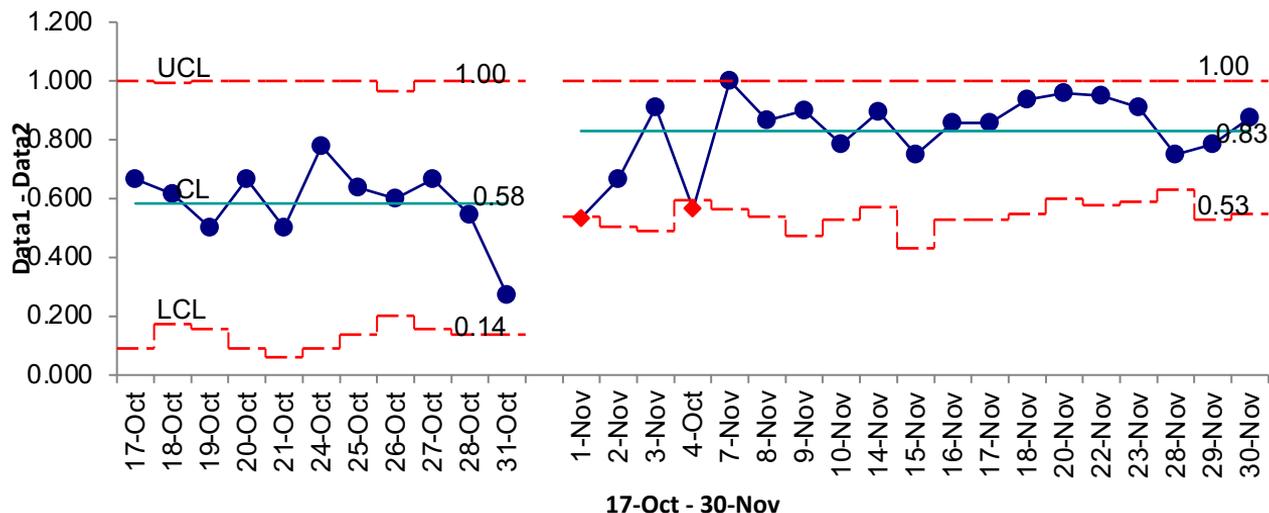
Process Measure Intervention

Number of patients Receiving Welcome Package and Signage for My Care Plus (MCP)

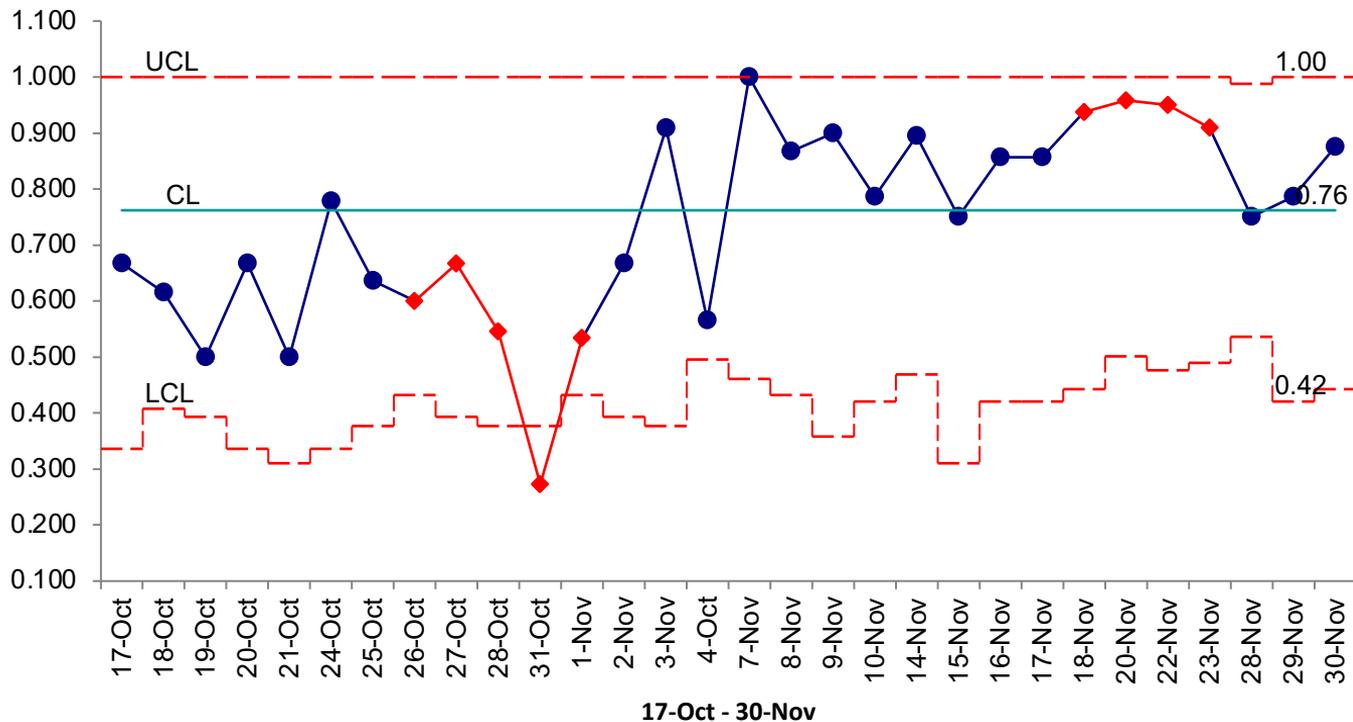


Process Measure Intervention # 2

Percentage of Real time Phone Answers for Patinets Calling in for Refills



Process Measure Intervention Continued.



PDSA Plan

| Date of PDSA Cycle | PDSA description | Results |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| PDSA #1 10/17/2022 | Created welcome packets. We have piloted in division with lower scores to track results. | Tracked Score September to October. Went from 54.6% to 58.0%. Will continue to monitor. |
| PDSA #2 10/17/2022 | Refill line for patients. Created refill line for each division. Tracked data in division who did not previously have. Calls are answered in real time. | Tracked Score from Sept to October on survey to see if any improvement. Score went from 57.3 to 61%. Will continue to measure this intervention. |
| PDSA # 3 10/17/2022 | Signing up patients for portal to assist them with getting results faster. No longer giving normal results through triage. Patients are signed up as New patient packets are reviewed with coordinator. | Reviewed score from September and compared to October. Stayed flat. 58.1 % to 58.3 %. Will continue to monitor intervention. |

Next steps Sustainability Plan

| Next Steps | Owner |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 1. Continue monthly patient experience meetings with leadership. | Core team members/ Clinic Admin |
| 2. We have started patient experience training with front end staff. | Core team members |
| 3. Work on increasing number of responses to survey through more awareness. (Front Desk, Patient Restroom, Exam rooms, Infusion area, and Check out.) | Core team members |
| 4. Expand the project to all locations within Maryland Oncology. | Team Leader/ Core team members |
| 5. Continue to monitor target areas from survey feedback . | Core team members/ Clinic Admin |

Challenges

- Time constraints for the staff involved.
- Increased burden of staff for process improvement activities.
- Fixed questions that are left for interpretation.
- Number of people taking the survey.

Conclusion

- Navigation for patients was gap which determined where the team would spend focused attention.
- Team agreed continued awareness of the survey should be maintained to ensure we have a good sampling of patients.
- Taking on patient satisfaction is huge but spending time on focused areas has helped set organizational goals to improve our clinic operations.

Questions

