

Project Title: Decrease emergency room patients' visit suggested by fellows on call after office hours

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Institution: Allegheny Health Network Cancer Institute

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Institutional Overview



ASCO Quality Training Program

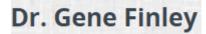






Team members: Dr. Finley and all fellows







Pragnan Kancharla, MD



Jiaxiang Liu, MD

Problem Statement

ER visited suggested by fellows on call after office hours

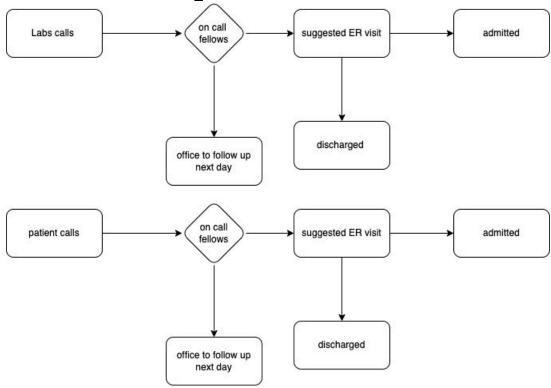
From 10/2021 to 1/2022, there were 50 encounters noted that fellows on call suggested patients to have ER visit.

It increases ER burden especially during ongoing COVID pandemic, decreases patients' satisfaction, and increases the healthcare financial cost.



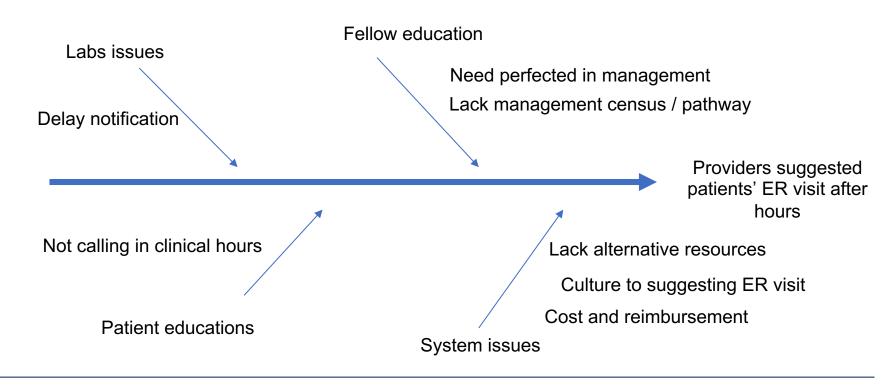


Process Map





Cause and Effect diagram



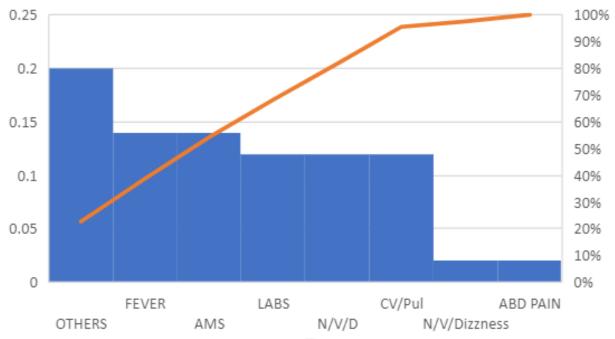




Diagnostic Data

- Provider suggesting ER visit
- Time frame:
- 10/2021 1/2022
- Providers:
- 12 fellows on call
- 50 encounters visit





Aim Statement

To decrease one third of these provider suggested ER visit encounters





Measures

- Measure: Patients' ER visit encounters suggested by on call fellows
- Patient population: established oncology patients
 -Exclusions (if any)
- Calculation methodology: percentage patients referred to ER
 -Numerator & Denominator (if applicable)
- Data source: Internal fellows on call sign out emails
- Data collection frequency: weekly
- Data quality(any limitations): variation of signing out details





Baseline Data

Fever 7 out of 7

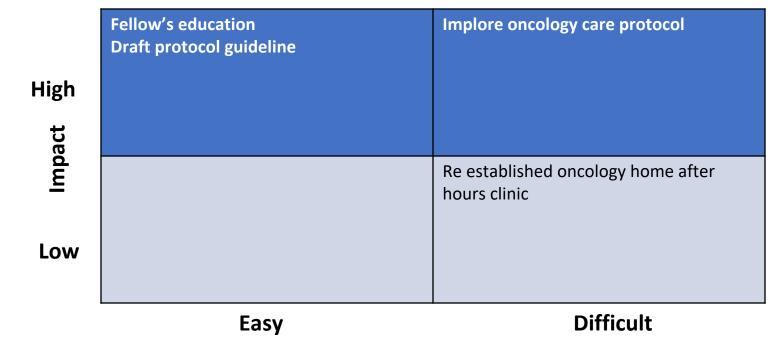
Abnormal labs: 2 cases Hb 6-7; 2 cases K>6;

Nausea/vomiting/Diarrhea: 6 out of 6





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



Ease of Implementation





PDSA Plan (Test of Change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps
March – April	Explore management of patients with fever, abnormal labs, nausea/vomiting after clinic hours	Fever need infectious work up; nausea/vomiting subjective pending on comfortable level both providers/patents/caregivers	To focus on management of patients with abnormal labs: mainly focus on Hb and PLT
March – April	Identified variation among fellows management of anemia and thrombocytopenia; drafted algorithm to triage these calls	Hb 6-7 managed as outpatients; Identified patient with low potassium advised ER visit	To focus on management of patients with needing of electrolytes supplement
May	Provided handout about institution protocol of management of electrolytes supplements	Asymptomatic low electrolytes managed as outpatient.	To focus on timely labs to avoid late notifications of labs





Materials Developed (optional)

- Fellow education on management of neutropenia prophylaxis, abnormal labs;
- Fellow education on value based care and available resources used to be part of oncology care model;





Conclusions

Value based care

Providers initiate quality improvement



Next Steps/Plan for Sustainability

- Continue refining overnight triage algorithm
- To identify potential underneath issues
- To arrange appropriate lectures / talks accordingly
- To present at monthly fellows meetings





Entity

Project Title

AIM: Should be SMART (specific, measurable, attainable, relevant and time bound)

INTERVENTION: Should be described in such a way that someone not familiar with the project has a clear understanding of what you did...changes you tested.

TFAM: Be sure to include both the department and names. If too many names to list, list just the departments represented Department 1: names

- Department 2: names
- Department 3: names

PROJECT SPONSORS:

RESULTS: Should be related to your AIM statement. Be sure to title the graph, identify the SPC chart used, label the x & y axis, include a legend

Graph title

Insert graph

CONCLUSIONS: Should summarize the data in the results section, state whether or not the AIM was met. Conclusions are different than lessons learned.

NEXT STEPS: Describe additional plans for tests of change, how the intervention will be

incorporated into standard workflow, etc

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NOWLEDGE CONQUERS CANCER