ASCO Quality Training Program

Project Title: Thoracic Oncology Referral Pilot: Survivorship Care Plans

Presenter's Name: Chinny Trivedi, Adrienne Vazquez, Rafael Yechieli

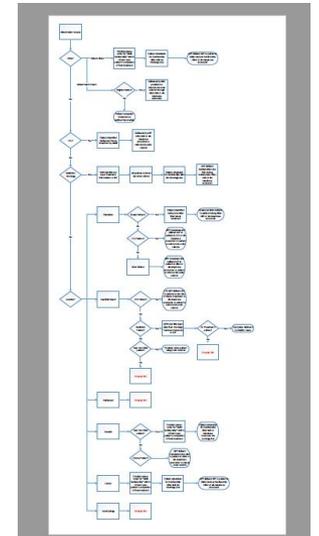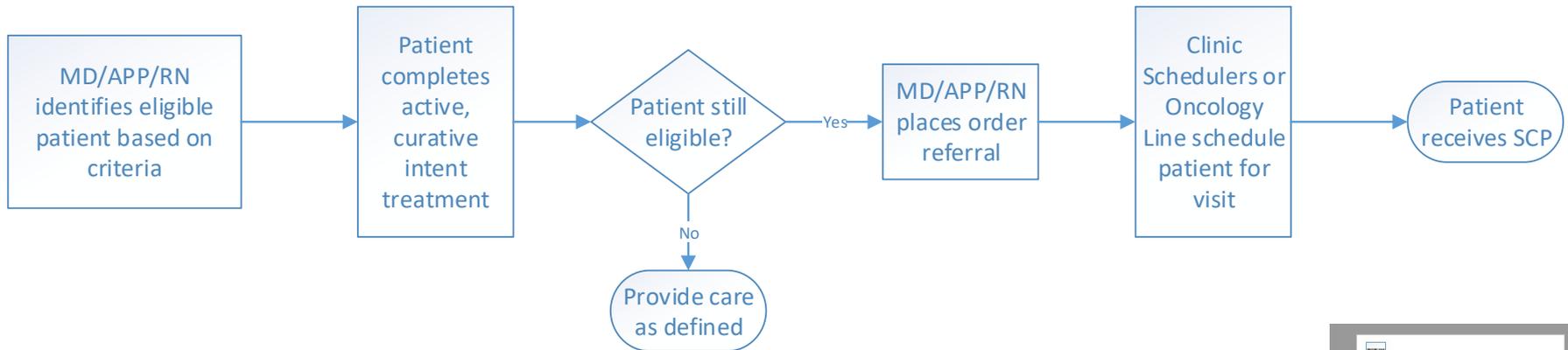Institution: University of Miami/Sylvester Comprehensive Cancer Center

Date: June 29, 2018

ASCO®

Problem Statement

For CY2017 there were a total of three referrals (~3%) of eligible patients in the Thoracic Oncology group to the Survivorship Program.

Survivorship discussions and care plan deliveries are required by CoC Standard 3.3.

Process Map

Institutional Overview

- Located in Miami, Florida, Established 1972, Opened as Comprehensive Cancer Center in 1992

- 15 Multidisciplinary Site Disease Groups

- 189 exam rooms, over 160 infusion chairs

- 32 Medical Oncologists, 30 Hem/Oncs

- 40 inpatient beds with: 19 specialized Stem Cell Transplant beds and 7 ICU capable beds
  - Over 115,000 outpatient visits
  - 40,000 CTU/Infusion Treatments
  - 15,000 Radiation Treatments
  - 35,000 imaging procedures

- Multidisciplinary Clinics, Chemotherapy, Radiation Oncology, Imaging, Stem Cell Transplant, Interventional Radiology, GI Center, Pain Program, Surgery, Spine Institute, Psycho-Social/Integrative Medicine, Pediatric Oncology, Head and Neck, Gynecology-Oncology

- More than 250 Physicians and Scientists devoted exclusively to cancer care and research

Team Members

- Adrienne Vazquez, ARNP, Survivorship Program Leader

- Chinny Trivedi, MPA, Clinical Programs Manager/Quality Operations Lead, Survivorship Program

- Dr. Rafael Yechieli, Radiation Oncologist, Team Leader

Cause & Effect Diagram

CAUSES OF NON PARTICIPATION IN SURVIVORSHIP PROGRAM
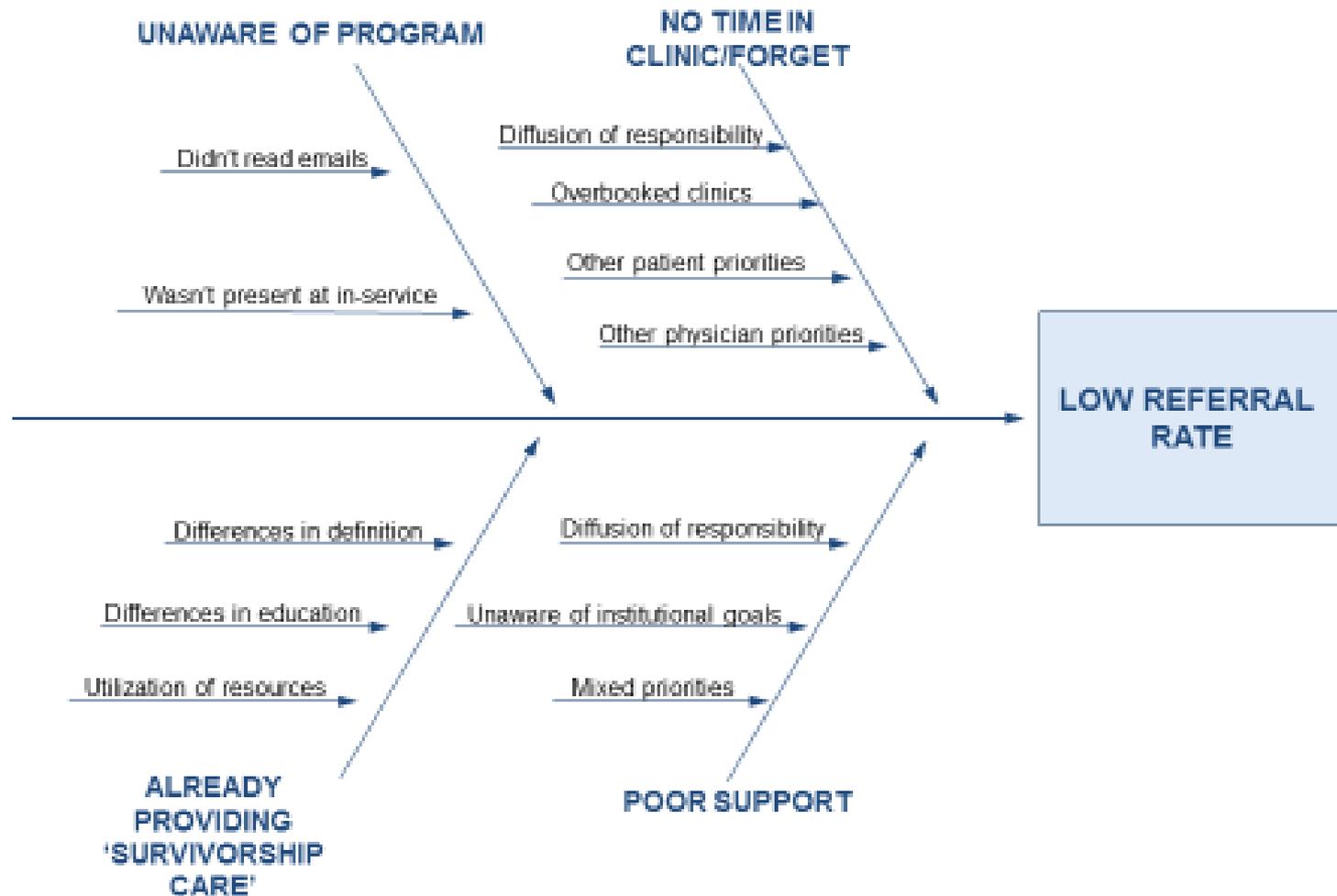
Diagnostic Data

- Conducted Survey with Thoracic Providers
- Tumor Registry Data: supports thoracic pilot
- Summary of Results
  - Lack of Awareness
  - Lack of Education on Program
  - Already providing "survivorship care"

- Fishbone Diagram results
  - Focus on educating providers on the program benefits
  - Focus on process: identify process for thoracic providers utilizing primary nursing
  - Focus on "pilot model": survey, presentation, pilot period

Aim Statement

For Calendar Year 2018, we will increase the number of referrals for eligible Thoracic cancer patients to 5 per month. This represents 63% of the eligible thoracic population. CoC requirements are for 50%.

This will help us meet our larger calendar year goal.

Measures

- Measure: eligible patients/# of referrals
  - No show/cancelled/refusals rate/# of referrals

- Patient population: All thoracic oncology patients with stage I, II, III disease being treated as curative intent
      -Exclusions (if any)

- Calculation methodology: eligible patients/# of referrals
      -Numerator & Denominator (if applicable)

- Data source: Flag Report, FYI Report, Box Log, Tumor registry

- Data collection frequency: Weekly

- Data quality(any limitations): Tumor Registry delay

Baseline Data
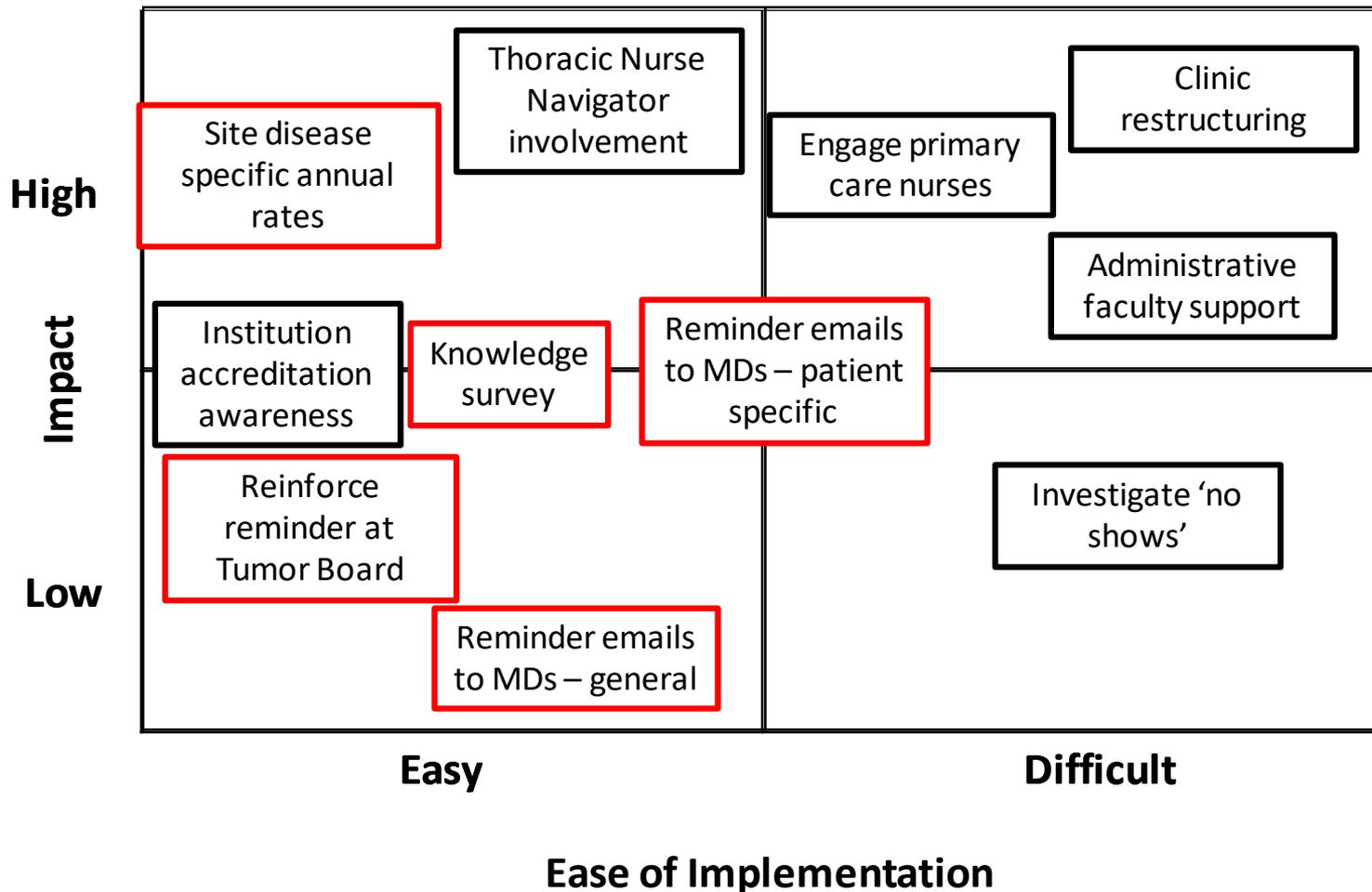
Thoracic Oncology

CY2016 : 0/92 patients

CY 2017: 3 deliveries/94 patients (3.19%)

CY 2018: 96 patients (projected)

Goal: Increase from 0.25 to 5 per month from March 1-June 15, 2018.

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

Thoracic Nurse Navigator involvement

Site disease specific annual rates

Clinic restructuring

Engage primary care nurses

Administrative faculty support

Institution accreditation awareness

Knowledge survey

Reminder emails to MDs – patient specific

Reinforce reminder at Tumor Board

Investigate 'no shows'

Reminder emails to MDs – general

High

Low

Impact

Easy

Difficult

Ease of Implementation

PDSA Plan (Test of Change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps
March 1	Survey Results presented to thoracic tumor board	N/A	Educate providers and begin pilot
March 1-April 1 April 2-May 1 May 2-June 15	Disseminate reminders to providers weekly re: referrals	Increase in referrals to survivorship clinic	Continued education, identifying patients on behalf of providers
March 1-June 15	Involve primary care nursing in identifying eligible patients	No increase in referrals using this method	Continue reinforcing with nursing

Materials Developed (optional)

- Survey Monkey Survey: Providers
- Educational Materials
- Weekly reports created through IT to track referrals via pilot

Change Data

Control chart showing number of Thoracic Oncology Survivorship Care Plan Referrals by month

Thoracic SCP referrals Control Chart
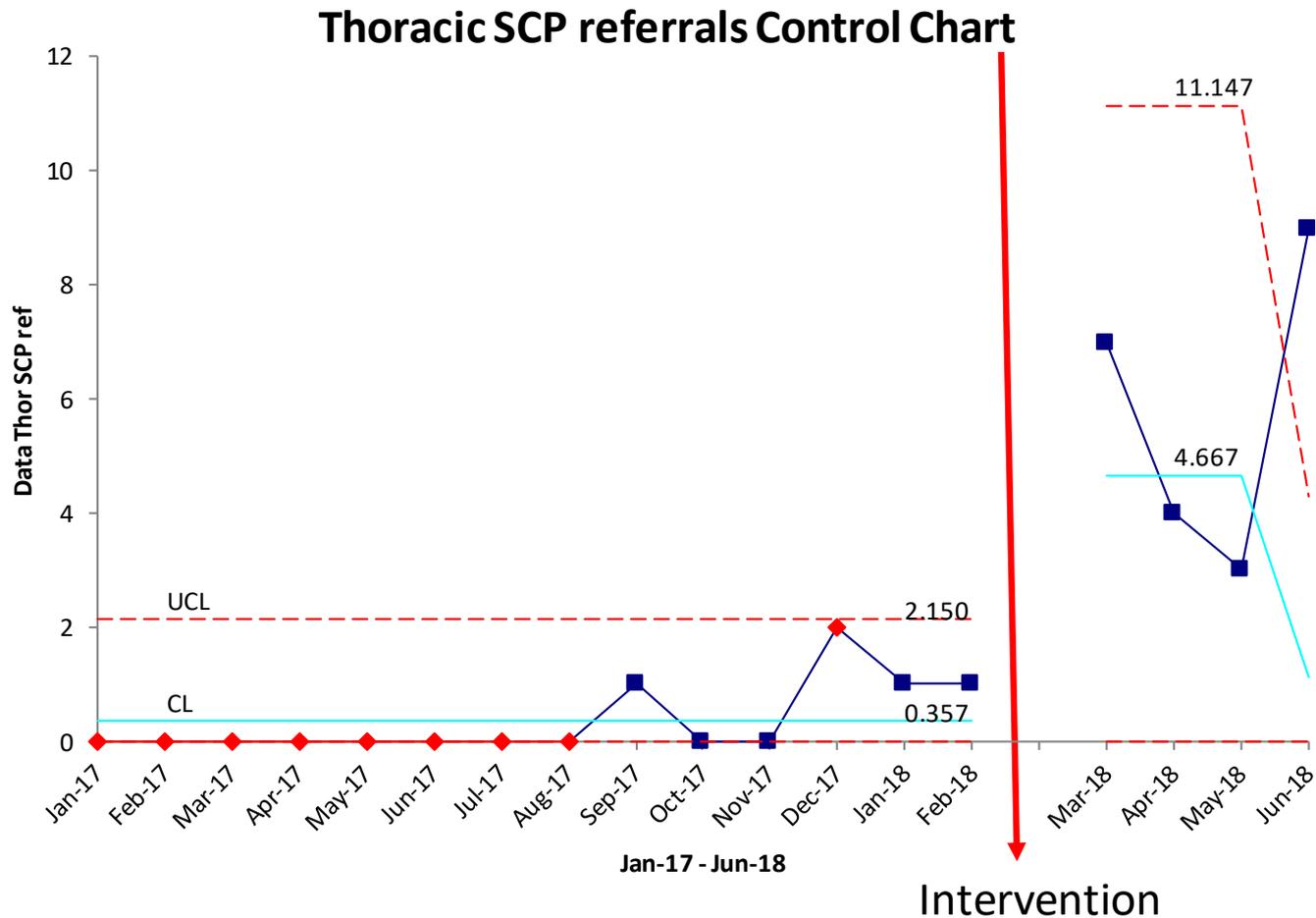
Conclusions

- Re-education is important!
  - Improves Communication
  - Understand the program better

- Involve providers in a different way
  - Create disease-specific care plans
  - Provider input on what works for them and their patients

- Start small
  - Pilot is less daunting and more controlled

Next Steps/Plan for Sustainability

- Use this pilot program in other SDGs
  - a. Disseminate survey in tumor boards
  - b. Discuss results of survey with providers
  - c. Discuss previous year data (SDG specific)
  - d. Discuss plan for pilot and timeline
- Make referrals part of everyday practice
- Upcoming pilots
  - GYO: pilot began 7/13/18
  - GI & Prostate in Q4 CY2018