

# ASCO's Quality Training Program

Project Title: Reduction of daytime ED visits by active chemotherapy patients to Long Island Medical Center from Monter Cancer Center

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Karen Gleason, RN, OCN, CPXP

Institution: Northwell Health Cancer Institute

Date: 6/28/19

# Problem Statement

Monter Cancer Center oncology patients, on active chemotherapy, are presenting to the Long Island Jewish Emergency Department resulting in their care managed by providers not familiar with their treatment, increased financial toxicity, poor patient experience and potential treatment delays. On average 11.3 patients per week present to the ED during the hours of 9am and 5pm, we have an opportunity to intervene so patients can be evaluated by their own oncology care team outside the emergency department and improve patient experience.

# Institutional Overview

## Monter Cancer Center

- ▼ Hours of Operations
  - Monday-Friday: 8:00am to 6:30pm
  - Saturday: 8:30am to 4:30pm
- ▼ Comprehensive Cancer Services:
  - ▶ Chemotherapy Treatments
  - ▶ Cancer Clinical Trials
  - ▶ Cancer Survivorship and Patient Wellness
  - ▶ Laboratory Services
  - ▶ Blood Transfusions
  - ▶ Patient Navigation
  - ▶ Concierge Specialty Pharmacy
  - ▶ Nutritional Counseling and Social Work
  - ▶ Phase 1 Center for New Cancer Therapies
  - ▶ Genetic Counseling
- ▼ Staffing (*includes Practice and Treatment Clinical FTEs*):
  - ▶ 36 MDs
  - ▶ 12.6 Pas/8 NPs
  - ▶ 1 RN Dir., 4 RN Mgrs, 1 RN Coordinator, 54.5 RNs, 4 RN Navigators
  - ▶ 7 MOAs, 3 NAs, 4 SW, 2 Dietitian,
  - ▶ 1.6 Genetic Counselors, 10 Pharmacists, 9 Lab Techs, 5 Phlebotomists
- ▼ Volume – **average 171 Treatments per day**

# Team Members

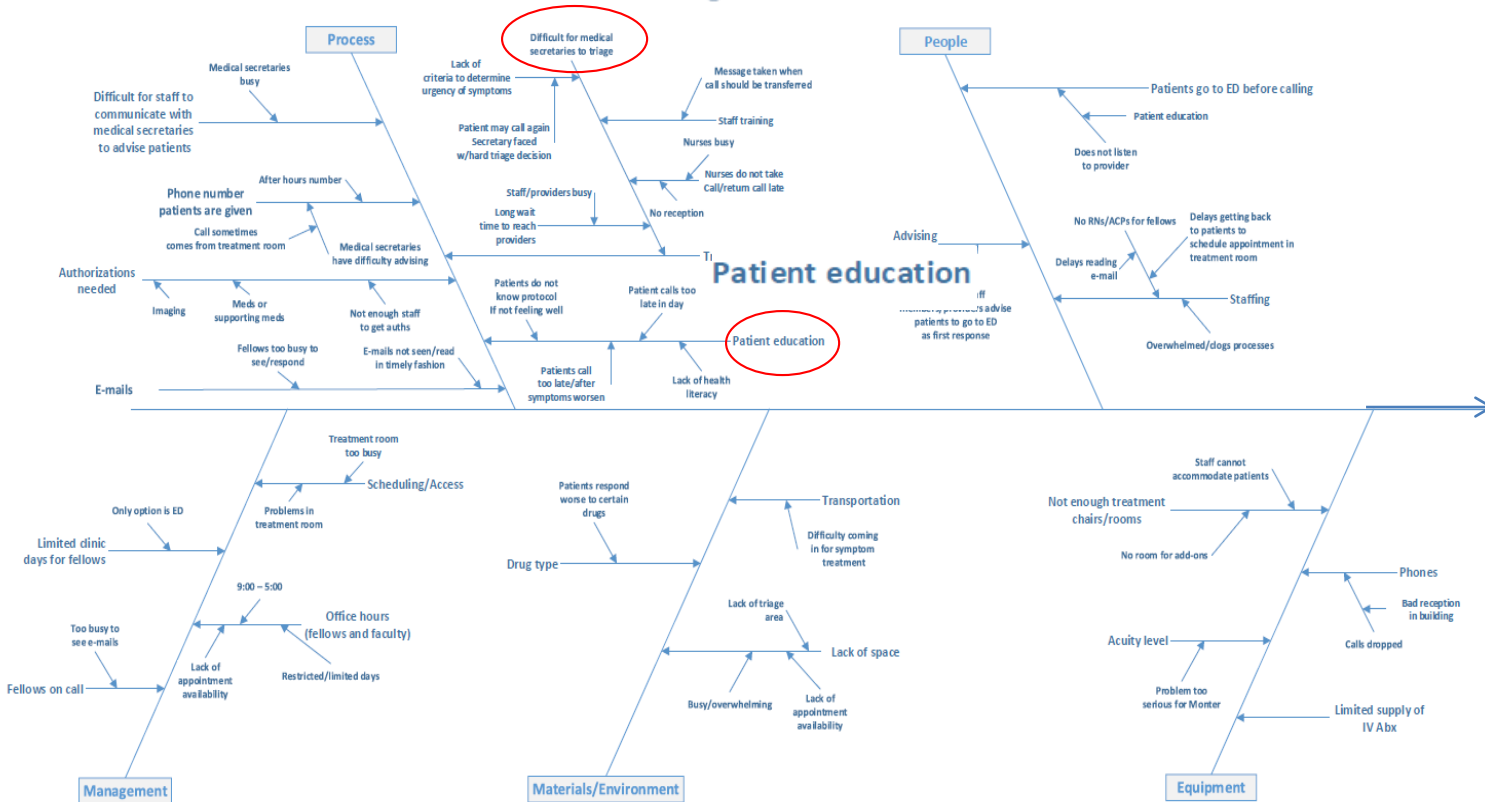
## Project Team Members and Roles

Role	Name	Job Function
Project Sponsor <sup>#</sup>	Dr. Richard Barakat	Cancer Institute Physician-in-Chief
	Dr. Richard Schwarz	LIJMC Medical Director
Team Leader <sup>+</sup>	Dr. Tony Philip	Director of Quality and Patient Safety, Medical Oncology
Facilitator	Karen Gleason, RN, OCN, CPXP	VP, Cancer Service Line
Other Team Member <sup>^</sup>	Cari Rowan/Kathy Clingo	Medical Secretary
Other Team Member <sup>^</sup>	Jenny Paul	Quality
Other Team Member <sup>^</sup>	Todd Tucker	Quality
Other Team Member <sup>^</sup>	Matthew Pinkus	Quality
Other Team Member <sup>^</sup>	Claire Nekola	Director Patient Care Services
Other Team Member <sup>^</sup>	Samantha Meisels	Service Line Administration
Other Team Member <sup>^</sup>	Joselyn Varghese	Practice Physician Assistant
Other Team Member <sup>^</sup>	Keara Barnaby	Physician Assistant
Other Team Member <sup>^</sup>	Julian Persaud	Administrative Supervisor Infusion Center
Other Team Member <sup>^</sup>	Dr. Shreya Prasad Goyal	Hematology/Medical Oncology Fellow
QTP Improvement Coach	Ronda Bowman	
	Laura Kaufman	



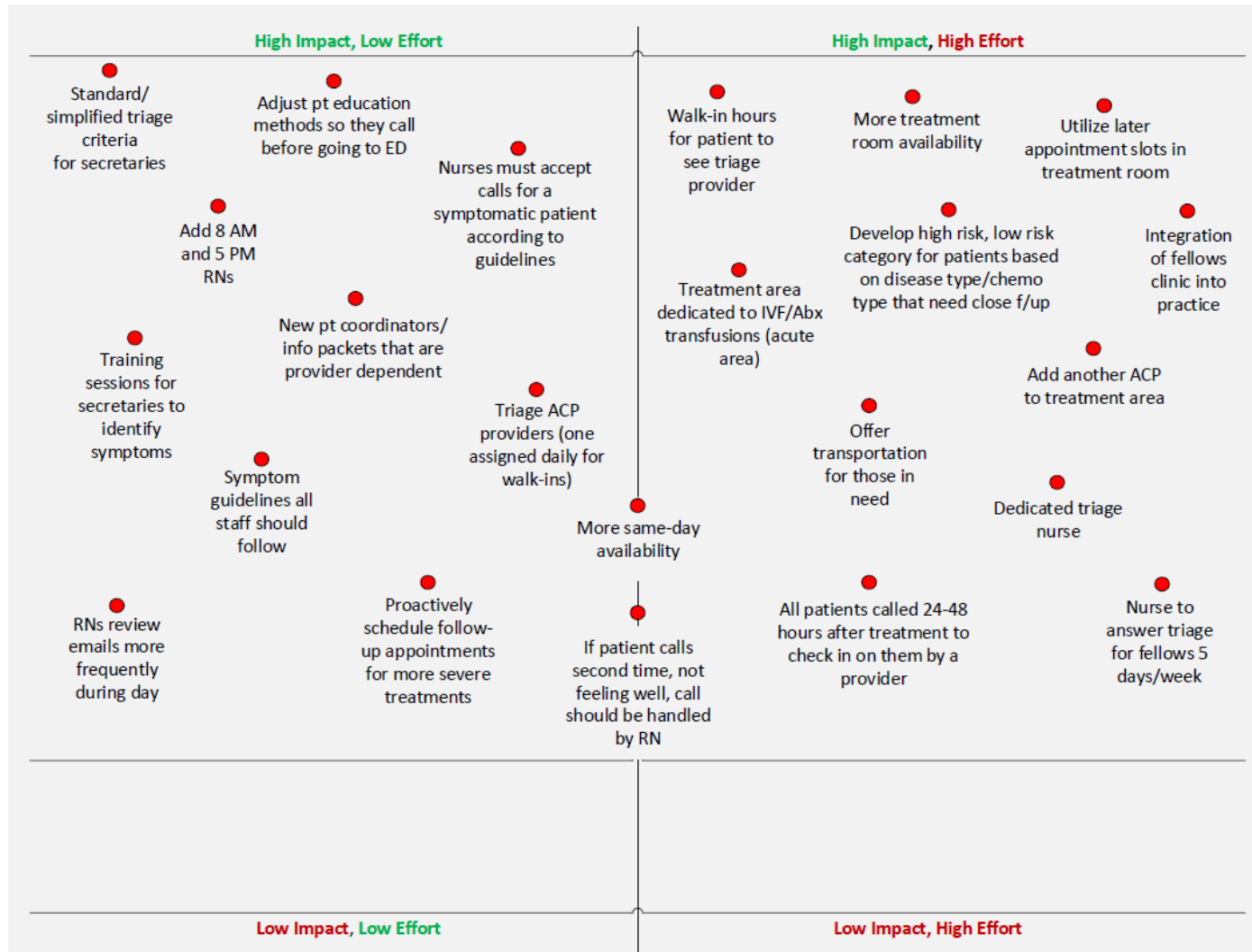
# Cause & Effect Diagram

## Difficult for medical secretaries to triage



Patients readmitted to ED/hospital within 30 days of chemotherapy treatment (business hours)

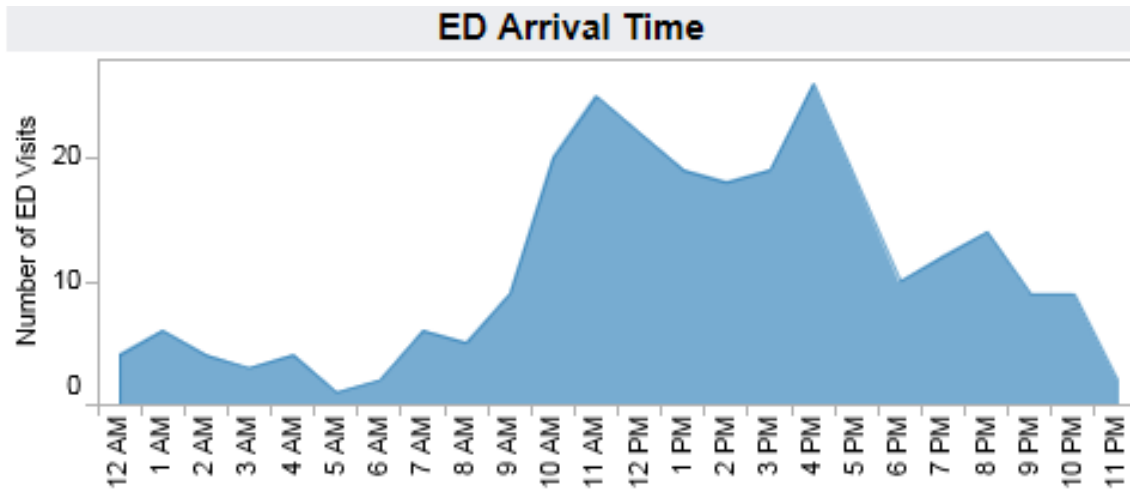
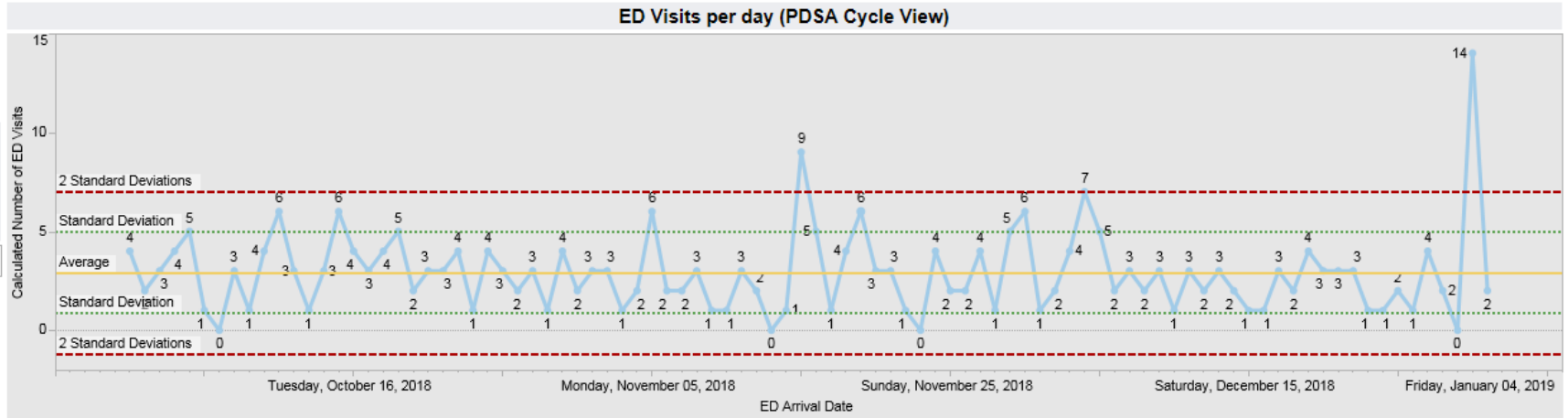
# Prioritized List of Changes (Priority/Pay –Off Matrix)



# Diagnostic Data

Total Number of ED Visits

267





# AIM Statement

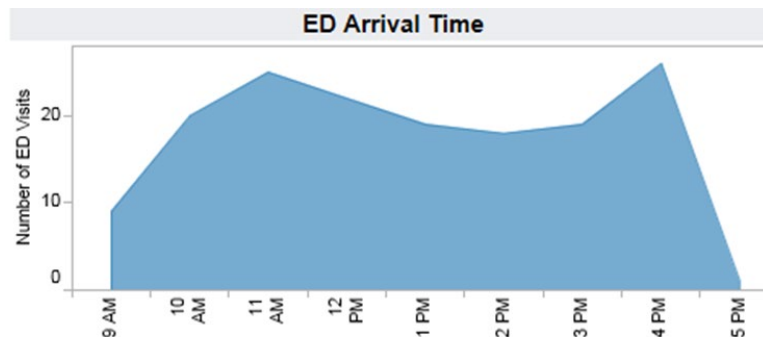
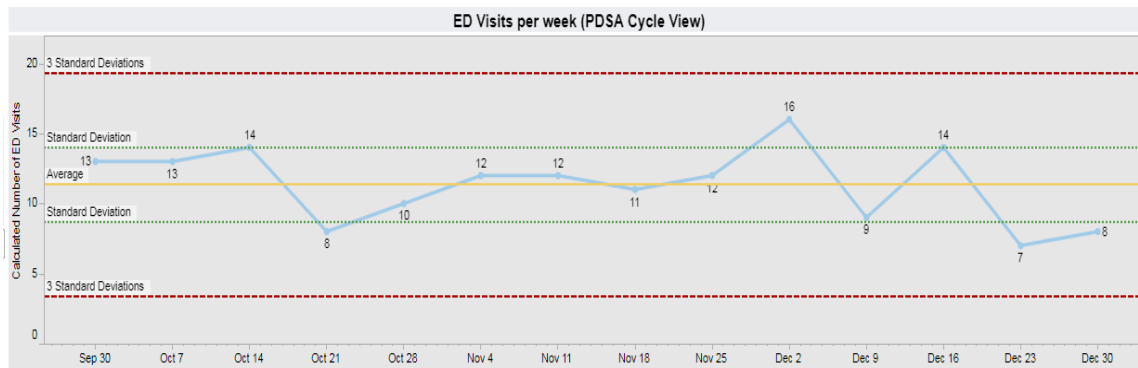
By June 2019, we want to reduce by 20%, compared to end of 2018, the number of visits by active chemotherapy patients, from Monter Cancer Center, to the Long Island Jewish ED during the hours of 9am and 5pm.

# Measures

- Outcome Measure: number of ED visits during business hours (9am-5pm)
- Patient population: Monter Cancer center patients that have received intravenous chemotherapy in the 30 days prior to ED visit to LIJMC
- Calculation methodology: number of ED visits
- Data source: Tableau dashboard using ED census data and Monter Center treatment room appointments
- Data collection frequency: collected weekly and updated monthly
- Data quality: not purely limited to solid tumor oncology patients and not limited to ED visits due to chemotherapy or disease-related side effects
- Balance measure: number of ED visits during non-business hours

# Baseline Data

We have recorded the number of ED visits per month from October to December 2018. Similar data will be measured, starting March 2019 with our process improvements, and compared to baseline.



High Impact, Low Effort

- Standard/simplified triage criteria for secretaries
- Adjust pt education methods so they call before going to ED
- Add 8 AM and 5 PM RNs
- Training sessions for secretaries to identify symptoms
- Symptom guidelines all staff should follow
- RNs review emails more frequently during day
- New pt coordinators/info packets that are provider dependent
- Nurses must accept calls for a symptomatic patient according to guidelines
- Triage ACP providers (one assigned daily for walk-ins)
- Proactively schedule follow-up appointments for more severe treatments
- More same-day availability
- If patient calls second time, not feeling well, call should be handled by RN

High Impact, High Effort

- Walk-in hours for patient to see triage provider
- More treatment room availability
- Utilize later appointment slots in treatment room
- Treatment area dedicated to IVF/Abx transfusions (acute area)
- Develop high risk, low risk category for patients based on disease type/chemo type that need close f/up
- Integration of fellows clinic into practice
- Offer transportation for those in need
- Add another ACP to treatment area
- Dedicated triage nurse
- All patients called 24-48 hours after treatment to check in on them by a provider
- Nurse to answer triage for fellows 5 days/week

Low Impact, Low Effort

Low Impact, High Effort

# PDSA Plan (Test of Change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps
3/25/19	Triage for Secretaries	86% of calls were successfully transferred (over 3 weeks of data). About 72% of calls received before 1:00pm	<ol style="list-style-type: none"> <li>1) Secretaries trained to use standardized urgent symptoms triage guidelines</li> <li>2) ACP and RNs trained on warm hand off for real time patient assessment of urgent symptoms</li> </ol>
4/22/19	Re-educate patients to call us first for symptoms before going straight to ED.	<p>-93% patients instructed on treatment or disease-related side effect management</p> <p>-53% of patients said most of their symptoms during the day.</p> <p>-67% patients would call MD office first if daytime symptom</p> <p>- 53% patients would call MD office first if nighttime symptom at night.</p>	<ol style="list-style-type: none"> <li>1) Infusion staff re-education</li> <li>2) Discharge instructions reinforced</li> <li>3) Patients surveyed of understanding</li> </ol>

# Materials Developed



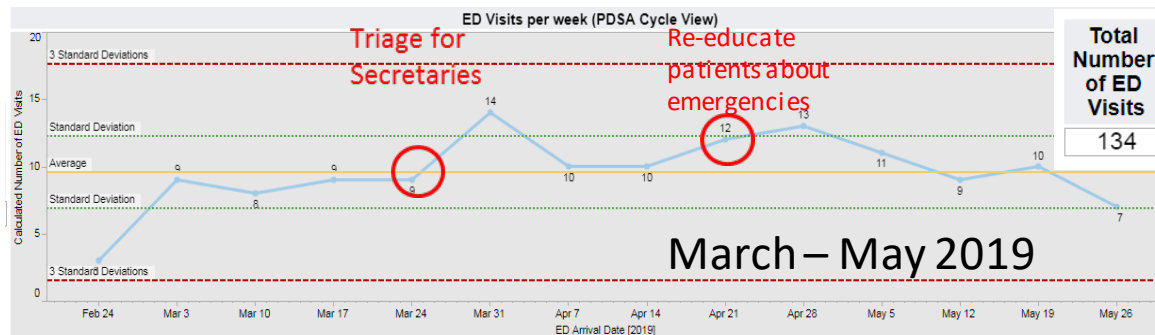
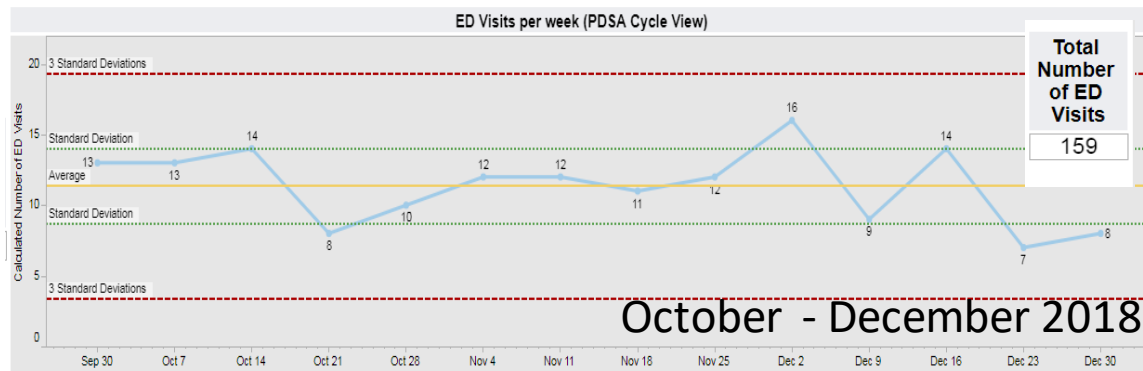
## OFFICE TRIAGE CRITERIA 3/18/19

Patients calling with below symptoms, <u>call must be handled with warm transfer</u> to Practice RN or ACP directly ( <b>patient on oral or IV chemo within 30 days</b> )		<i>Patients calling with below symptoms, call must be handled via email message to appropriate team</i>
Fever over 100.4		<i>Paperwork/medical record request</i>
Bleeding		<i>Lab or scans results</i>
Severe Pain ( describes pain greater than 7 /10)		<i>Pain less than 6/10</i>
Diarrhea (greater than 3 days) or uncontrollable diarrhea		<i>Diarrhea (less than 2 days)</i>
Passed out at home		<i>Prescription request</i>
Chest Pain		<i>Cough (no fever)</i>
Shortness of breath /Trouble breathing		<i>Fatigue/Tired</i>
Uncontrollable Nausea/Vomiting		<i>Nausea/Vomiting better with meds but not resolved</i>
Constipation with pain, nausea or vomiting		<i>Constipation less than 2 days</i>
Too Weak to get out bed		<i>Mild rash</i>
Severe headache		
2nd call in the same day with same or worsening symptoms		
Change in mental status		

# Change Data

Average

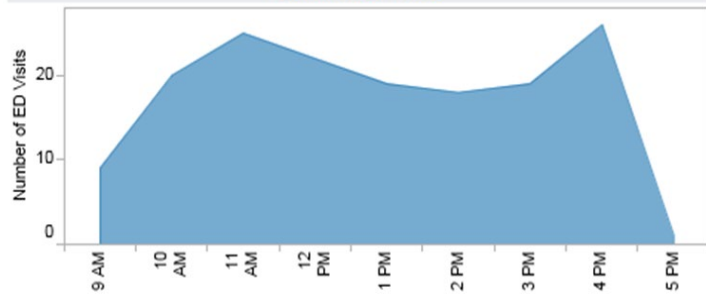
11.3 → 9.5 /week



# Change Data

## *Outcome Measure*

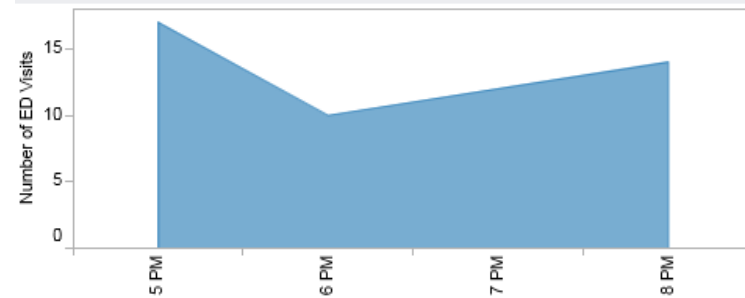
ED Arrival Time



**October - December  
2018**

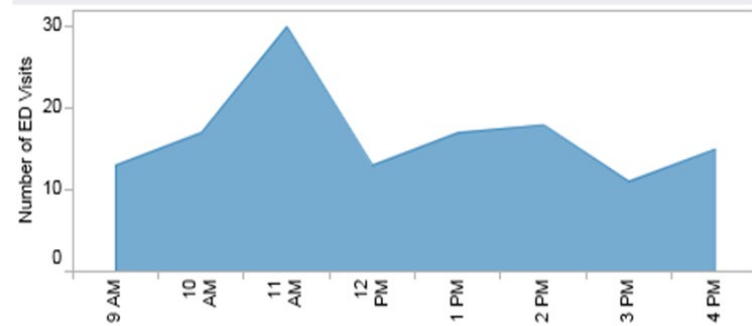
## *Balance Measure*

ED Arrival Time

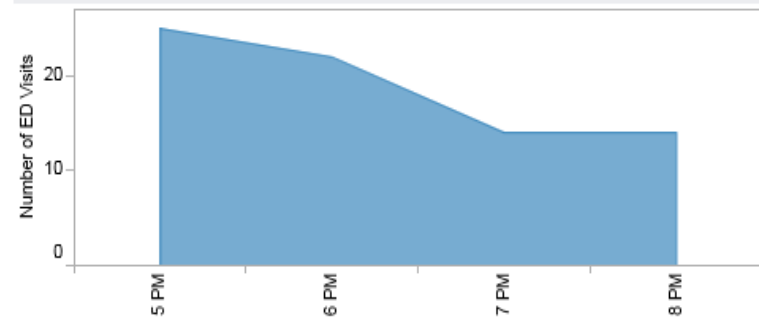


**March - May  
2019**

ED Arrival Time



ED Arrival Time





# Conclusions

Our study shows by improving patient access to their oncology care teams during business hours we were able to decrease daytime ED utilization by 16% across multiple disease types.

# Next Steps/Plan for Sustainability

1. When patients call over night, develop triage algorithm for overnight fellow
2. Identify High risk patient populations for ED visits and develop tools to reduce their specific risk
3. Advance Care Provider (NP/PA) available daily to see walk in sick visits.