

ASCO Quality Training Program

Improving Documentation of Patients' Adherence to Oral Chemotherapy on the St. Jude TOTAL 17 Clinical Trial

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St. Jude Affiliate Program**

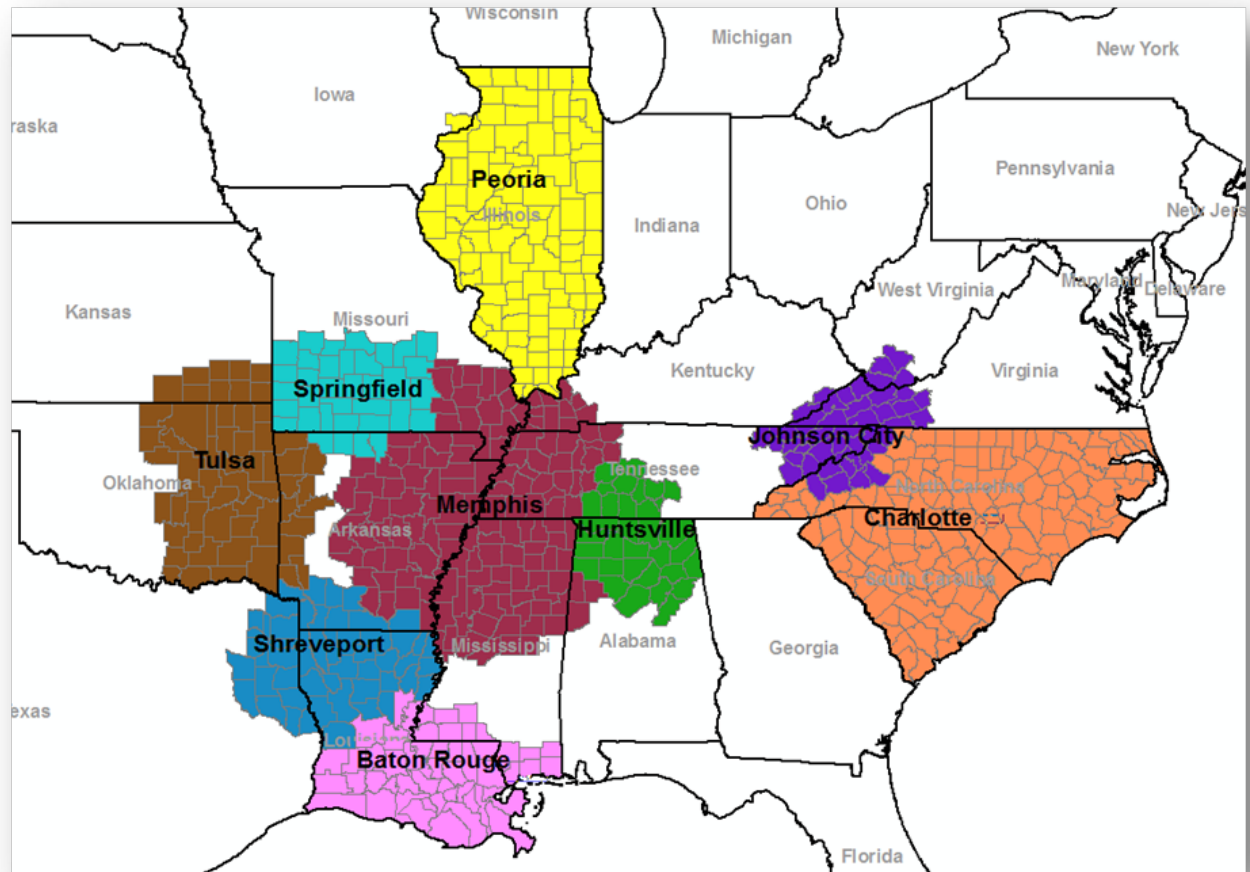
December 5, 2019

Institutional Overview

**Eight Affiliate clinics
in the Southeast and
Midwestern US**

**Serving rural to
suburban areas with
diverse racial/ethnic
demographics**

**The Affiliate network
cares for ~350 new
oncology patients per
year**



Institutional Overview

Mission of the St. Jude Affiliate Program

- To allow more children to receive St. Jude care close to home
- To increase the accruals on St. Jude clinical trials

<i>Site</i>	<i>Baton Rouge</i>	<i>Charlotte</i>	<i>HV</i>	<i>JC</i>	<i>PE</i>	<i>SH</i>	<i>Springfield</i>	<i>TU</i>
<i>MD</i>	4	5	2	2	6	2	2	3
<i>APP</i>	3	3	2	1	3	1	1	2
<i>CRA</i>	1.5	2	1	1	2	1	1	1.5
<i># new onc</i>	39	37	29	23	51	28	26	45

Team Members

Role	Name	Job Function
Project Sponsor	Dr. Pat Flynn, Director of Quality & Patient Safety	Institutional support
Team Leader [†]	Dr. Carolyn Russo	Writing of key documents, review
Core Team Member*	Dr. Lauren Raney	Methods, design, review of results
Core Team Member	Dr. Mohamed Elsaid	Methods, design, review of results
Facilitator	Dr. Joanne McManaman	Team member who facilitates the team meetings to optimize group processes. Methods, design, review of results
Other Team Member [^]	Jennifer Morgan, RN	Help with logistics, tools
Other Team Member [^]	Linda Monterosso, RN	Help with TOTAL 17 documentation
QTP Improvement Coach	Ronda Bowman, RN Dr. Ashraf Mohamed	Provides remote support to the team regarding the science of quality improvement

Problem Statement

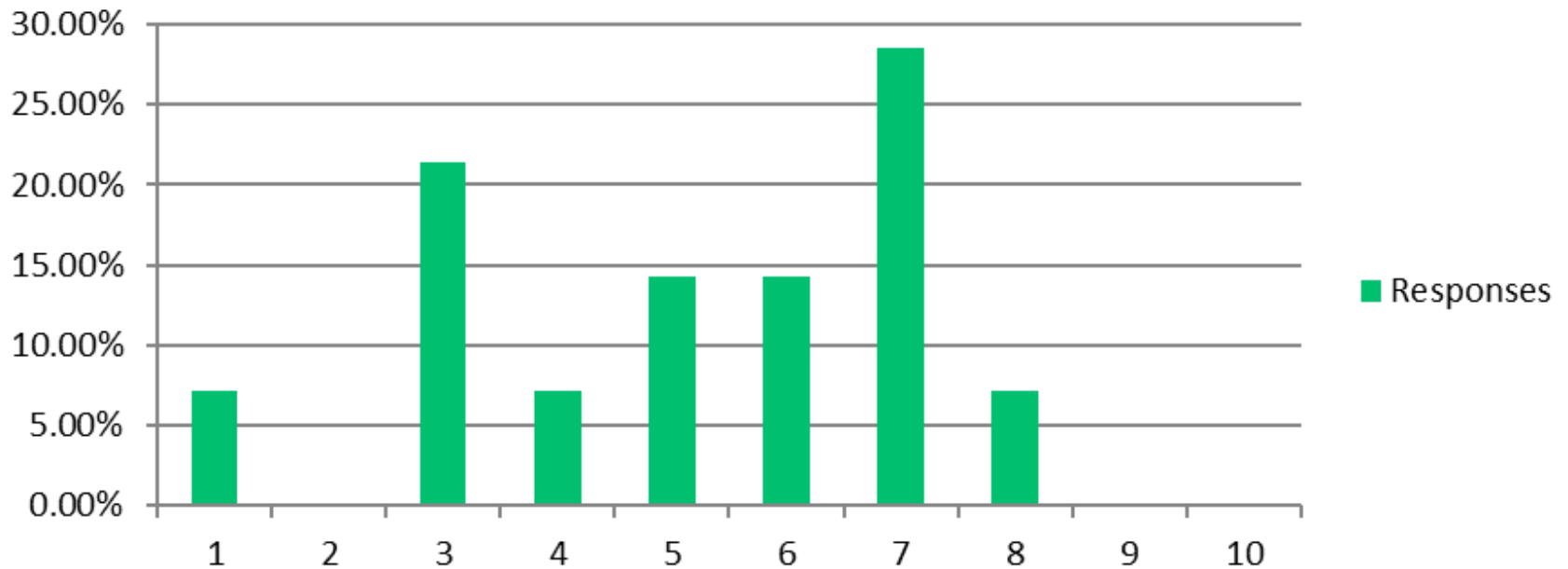
A burnout survey completed in August 2019 showed the EMR, particularly the lack of standard documentation of oral chemotherapy adherence on T17 contributes to provider burnout. The T17 required documentation compliance of 13% generates many redundant email exchanges between the T17 team in Memphis and the affiliate teams seeking clarification and leading to frustration from both sides.

Baseline data summary

Item	Description
Measure:	Level of self-reported burnout
Patient population: <i>(Exclusions, if any)</i>	The providers at 3 of the St. Jude Affiliate Clinics (Baton Rouge, Charlotte, and Springfield)
Calculation methodology: <i>(i.e. numerator & denominator)</i>	A scale of 1-10, where 1=none and 10=advanced and/or affecting your work Additionally, ranked factors contributing to burnout
Data source:	Anonymous Survey
Data collection frequency:	Once, prior to PDSA cycle #1
Data limitations: <i>(if applicable)</i>	None

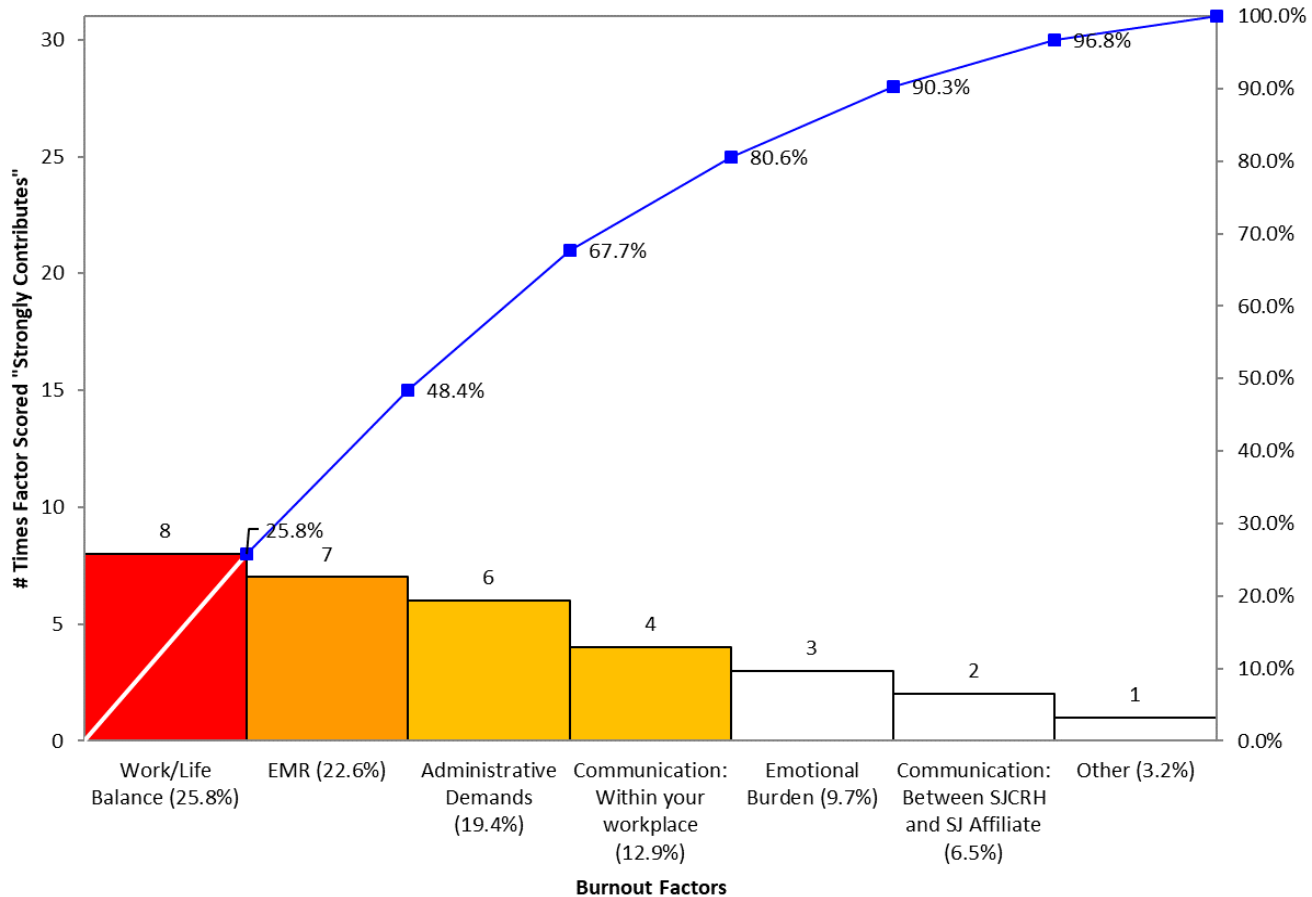
Baseline data

On a scale of 1 to 10, how would you grade your current level of provider burnout? 1 = none 10 = advanced and/or affecting your work

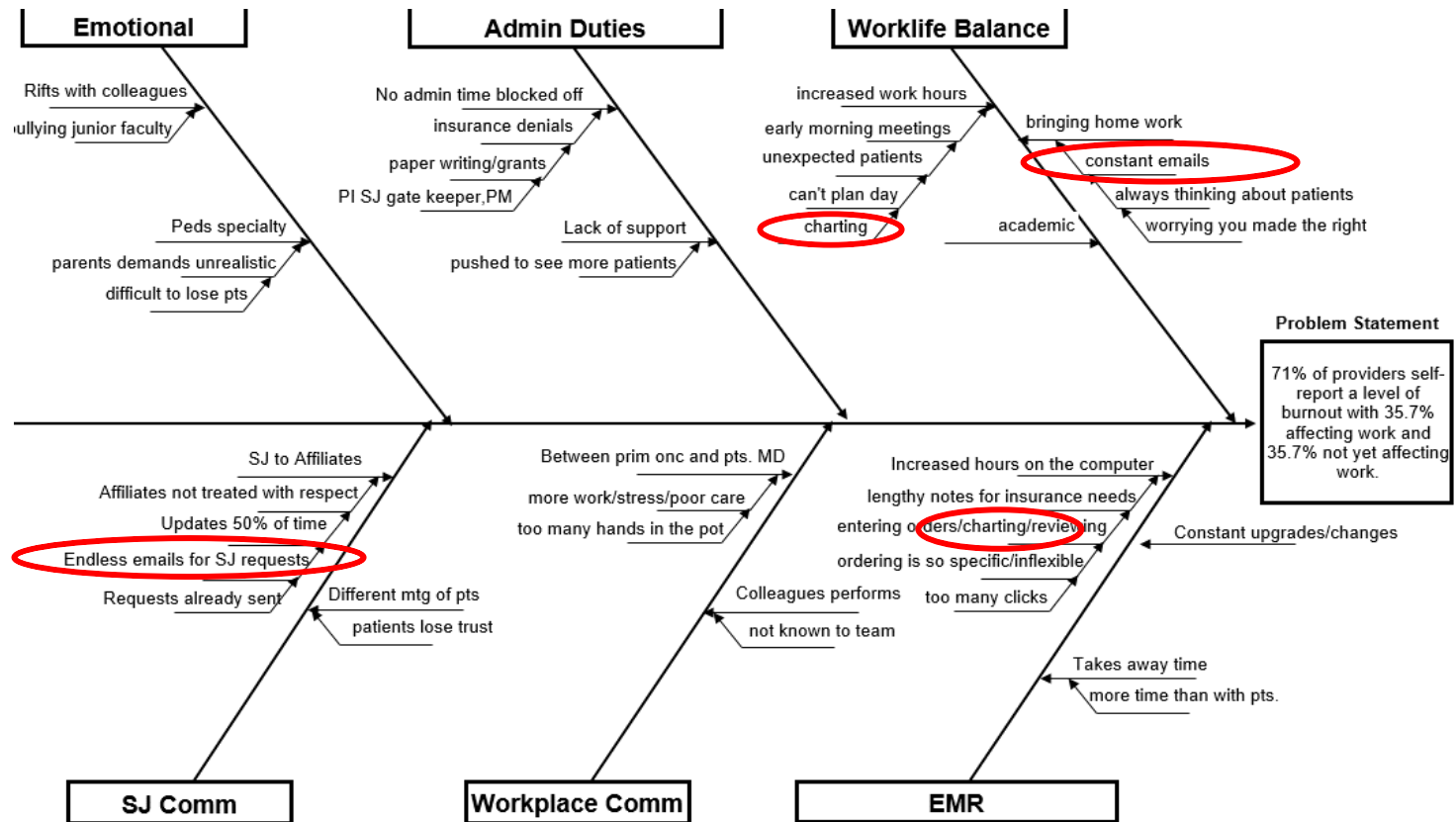


Baseline data

Factors of Affiliate Provider Burnout
Frequency Factors Scored as "Strongly Contribute" (n=14)
Pareto Chart



Cause and Effect diagram



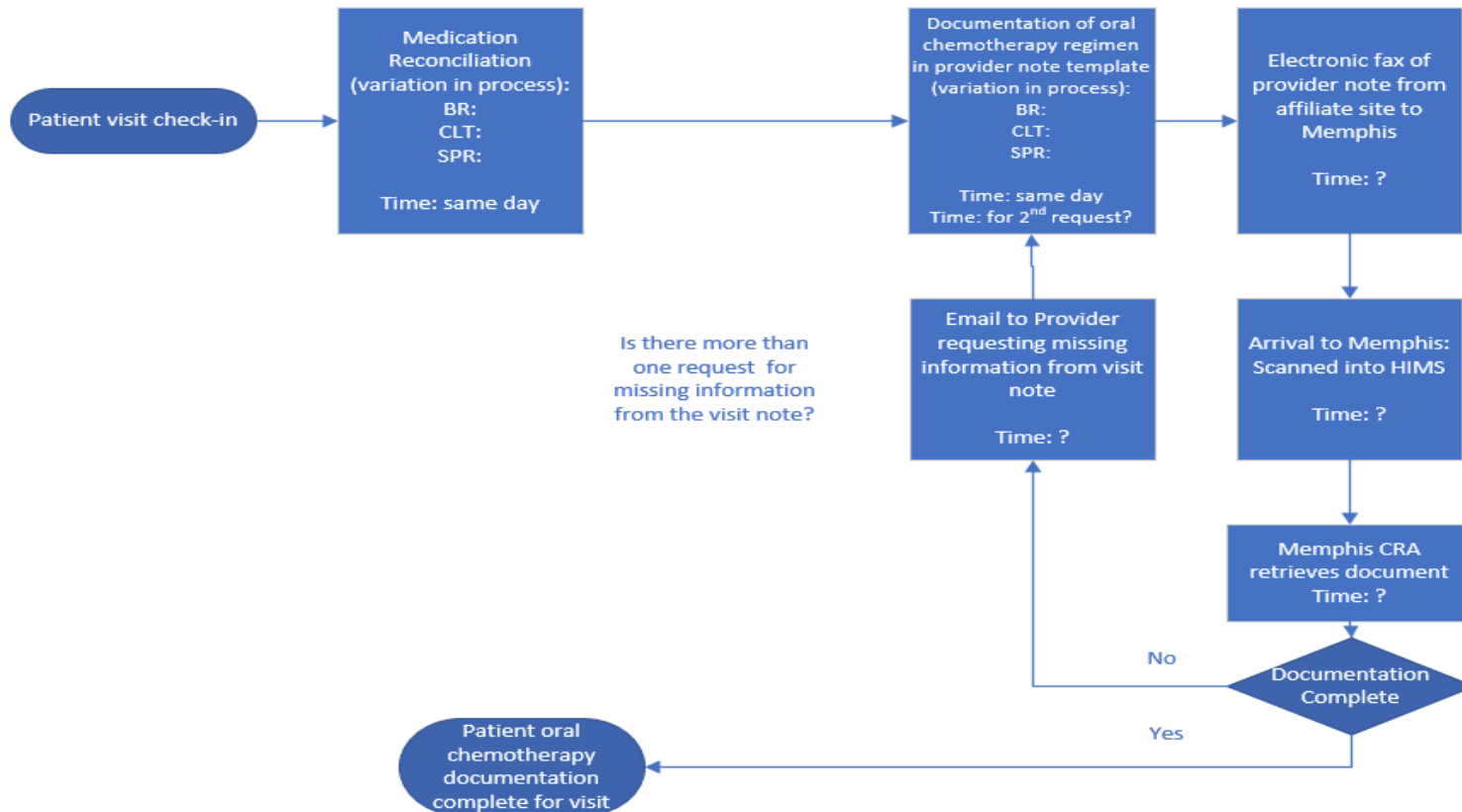
EMR communication, specifically the number of emails surrounding documentation of oral chemotherapy compliance, was a common identified factor contributing to burnout among all affiliates' clinics .

Aim Statement

By December 2019, the Charlotte, Baton Rouge, and Springfield Affiliates aim to increase the percentage of compliance with oral chemotherapy adherence documentation from the current state of 13% to 50%, and hence decreasing the email exchange for documentation deficiency between T17 study team and affiliate providers.

Process Map – current state oral chemotherapy documentation

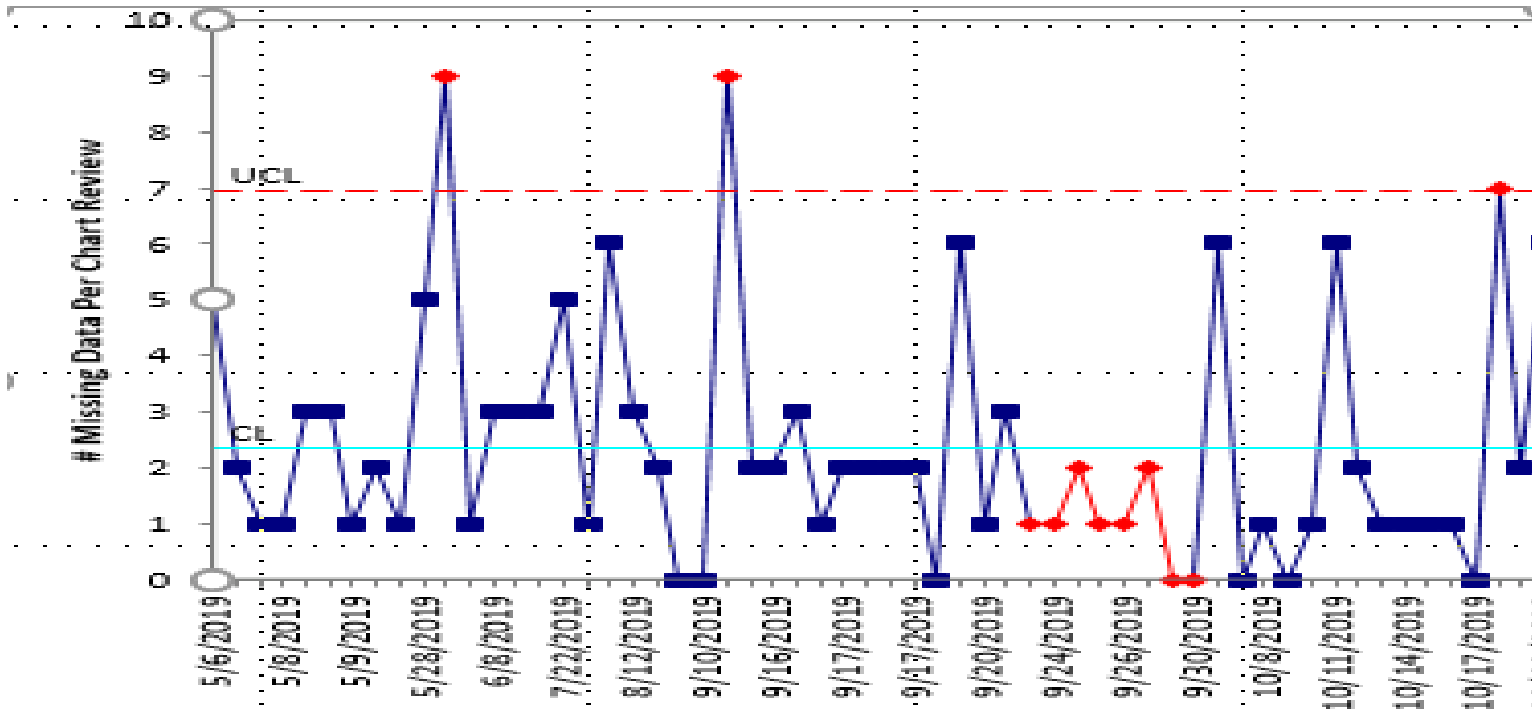
St. Jude's Affiliate QTP Project Process Flow Map:
Current Oral Chemotherapy Documentation Requirement for Clinical Research Staff – Sept. 2019



There are 9 steps, with at least 4 hand-offs that involve at least 4-5 people. The surprise was the use of faxing.

Process Measure

Baseline data documentation



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

Impact	High	<p>EMR: one-on-one training (2 hours) with EPIC super-user</p> <p>EMR/Communication: oral chemotherapy standardized dot-phrase</p> <p>Work/life imbalance: resiliency training</p> <p>Work/life imbalance: providers mapping day from AM to PM (finished with work) for work/time study.</p>	<p>EMR: integrate EMRs</p> <p>EMR: adjust timeframe for release of labs to provide time for physician to review prior to patient/parent receipt.</p> <p>Work/life imbalance: structure acute visits prior to 3:00 pm with alternative care after 3:00 pm</p> <p>Administrative duties: dedicated protected time</p>
	Low		<p>EMR: electronic direct data entry</p> <p>Work/life imbalance: designated early and late staffing for acute care visits</p>

Diagnostic Data Summary

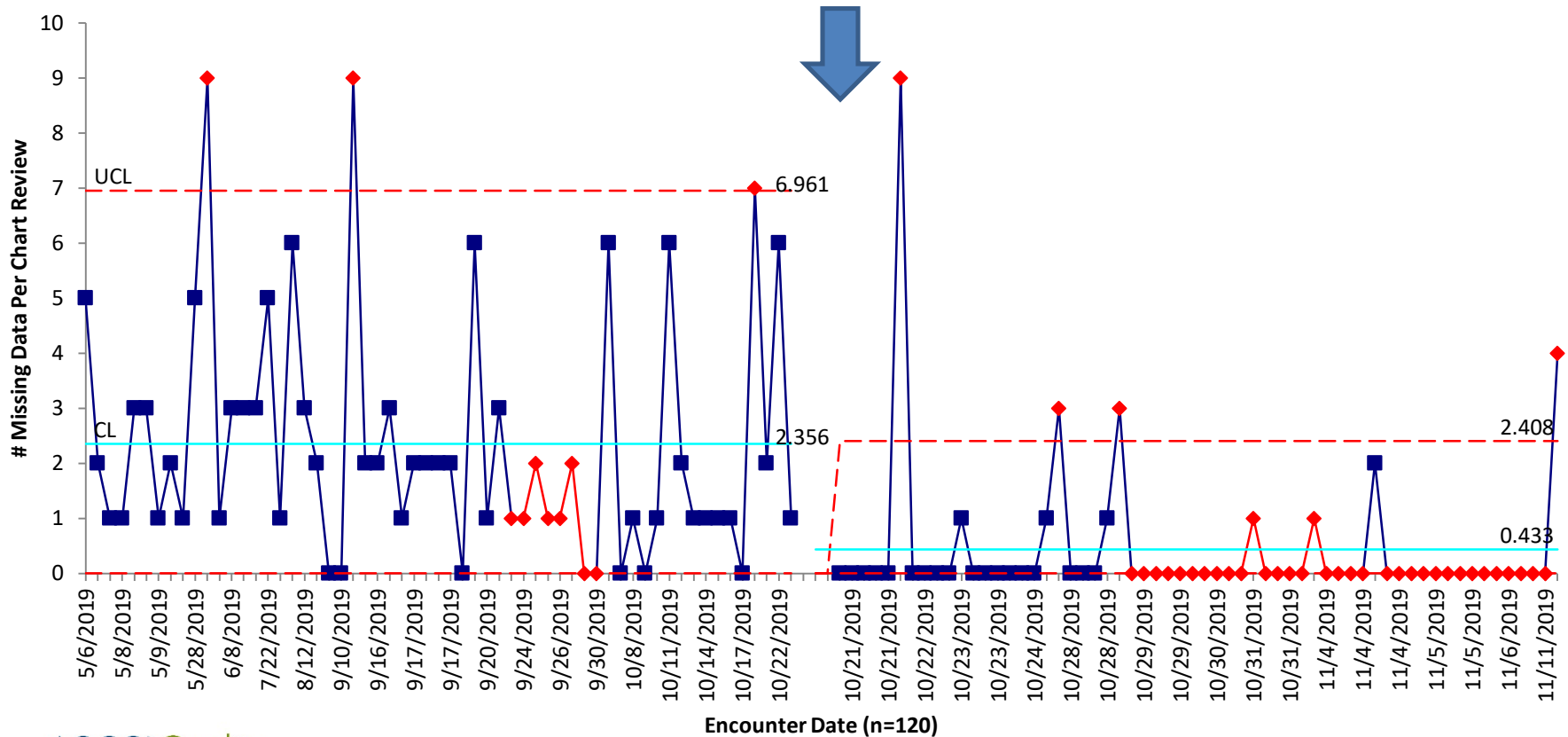
Item	Description
Measure:	Eight Key Elements in oral chemotherapy adherence documentation requested by SJCRH research team are present and located in the correct location of the outpatient note from pre and post provider education session.
Patient population: <i>(Exclusions, if any)</i>	Pediatric leukemia patients enrolled on SJCRH TOTXVII research study treated at three of the SJ affiliate sites, Baton Rouge, Charlotte, and Springfield.
Calculation methodology: <i>(i.e. numerator & denominator)</i>	A total of 60 clinic encounters selected (20 per affiliate) to identify the requested 8 components in oral chemotherapy documentation: 1) compliance statement present 2) medication name 3) medication dose 4) medication route 5) medication frequency 6) start/stop dates of the medication 7) dose modifications 8) number of missed doses and then if documentation was found in the correct location of the clinic note.
Data source:	Retrospective chart reviews
Data collection frequency:	Once after 3 week time frame.

Test of Change
PDSA Plan

Date	PDSA Description	Result
PDSA #1 11/14/2019	Educational briefing to SJ affiliate providers on expected oral chemotherapy documentation and its location in the clinic note	Process measure: Increased the documentation compliance from 13% to 87% at the end of first cycle
PDSA #2 12/15/2019	Count the number of emails sent to affiliates providers from the SJCRH research team requesting clarification/completion of oral chemotherapy documentation	Outcome measure

Implementing standard oral chemotherapy documentation tools at St. Jude Affiliates (Baton Rouge, Charlotte & Springfield) significantly decreased the number of missing required documentation elements

Baseline & PDSA Cycle #1 –c Chart



Next steps

Sustainability Plan

Next Steps	Owner
1. Send regular reminders to clinic providers about the standard components needed-in oral chemotherapy documentation.	Core team members/ Clinic Admin
2. Repeat chart review in next 2 quarters and relay findings to the team.	Core team members
3. Post the SPC charts up in clinic so people know what the data look like in real-time, e.g. a dashboard reminder	Core team members
4. Expand the project to all other St. Jude affiliate locations	Team Leader/ Core team members
5. Monitor the numbers of emails exchanges between T17 team in Memphis and the affiliates team.	Core team members/ Clinic Admin

Conclusion

- In St. Jude Affiliate program, 71% of responding providers reporting burnout with 35.7% affecting their work.
- Work life balance, EMR and administrative duties accounted for 67% of the burnout causes. (EMR & communication inefficiencies accounted for 42%).
- The team focused on the common factor among the affiliates clinics which was the communication between affiliates clinics & St. Jude.
- The team selected the oral chemotherapy documentation compliance related emails because it was recently seen as a common cause for frustration among all affiliate providers.
- Educational briefing to St. Jude affiliate providers on expected oral chemotherapy adherence documentation and its location in the clinic note increased compliance rate from 13% at base line to 87%.