ASCO
AMERICAN SOCIETY OF CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER

ASCO Quality Training Program

Session II
ASCO Quality Training Program

Blue Ridge Cancer Care
Reducing Nurse Navigator Variation

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Nurse Navigator

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Institutional Overview

BLUE RIDGE CANCER CARE offers advanced treatment technologies in a community-based setting, providing care to patients close to their homes and within their local communities.

- 9 locations throughout Southwest Virginia
  - Urban and Rural Setting
- 25 Physicians
- 19 Advanced Practice Providers

Specialties

- Medical Oncology
- Radiation Oncology
- Hematology
- Palliative Care

Services

- Clinical Trials& Research
  - Phases I, II, III, IV
- Genetic Counseling
- Nurse Navigation
- Social Work
- Nutrition Counseling
- Support Groups

Team members

Name	Role
Elaine Bryant, Nurse Navigator	Team Lead
Susan Mayhew, Nurse Supervisor	Team Member
Tim Collie, LCSW	Team Member
Ann Sweeney, Sr. Director Quality Programs	Sponsor
Matthew Skelton, MD	Sponsor

Problem Statement

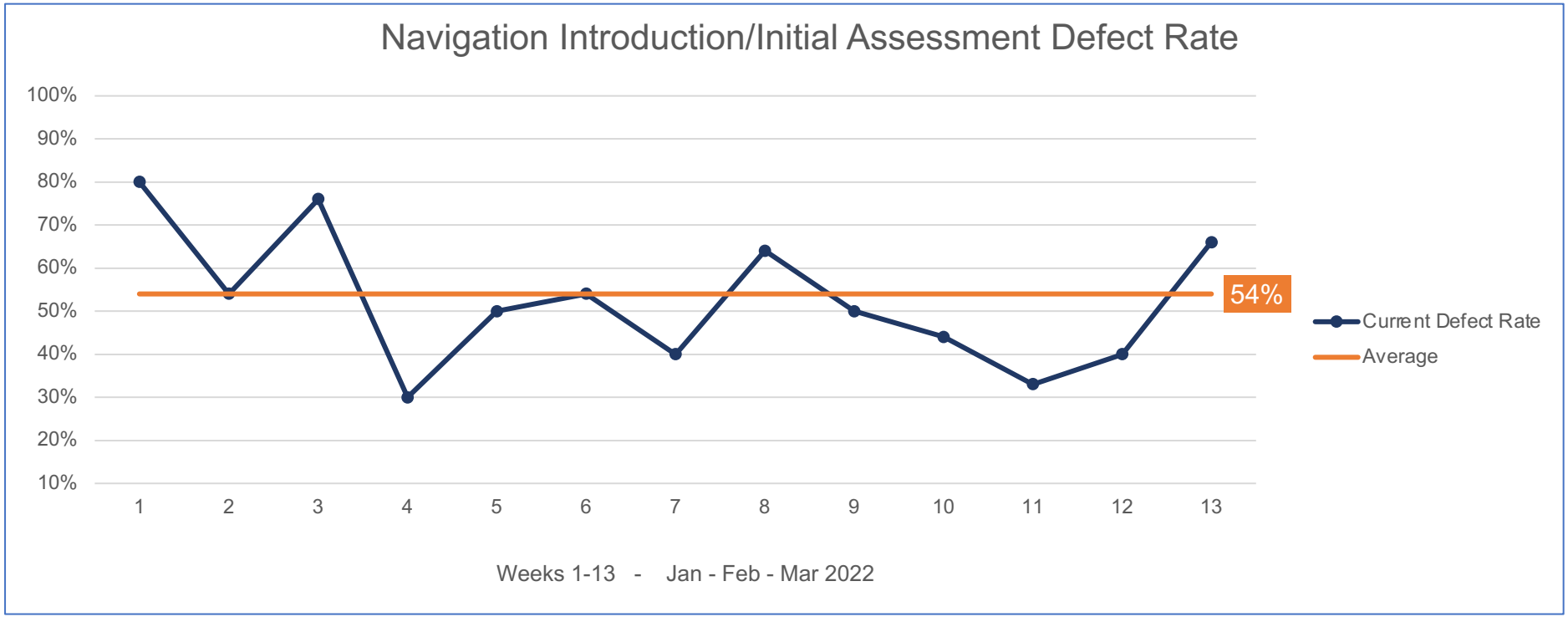
Between January and March 2021, an average of 54% of all new cancer patients starting IV chemotherapy at all clinic locations did not have a Nurse Navigator (NN) introduction and initial assessment (NN I/IA) completed within one month after his/her initial consult visit.

- The components we are tracking for completion: NN I/IA, Re/Education, Resources/Barriers, Psychosocial Needs.
- This variation leads to gaps in consistent care, increased frustration/burnout/inefficient use of NN time, and impacts patient outcomes.

Outcome Measure
Baseline data summary

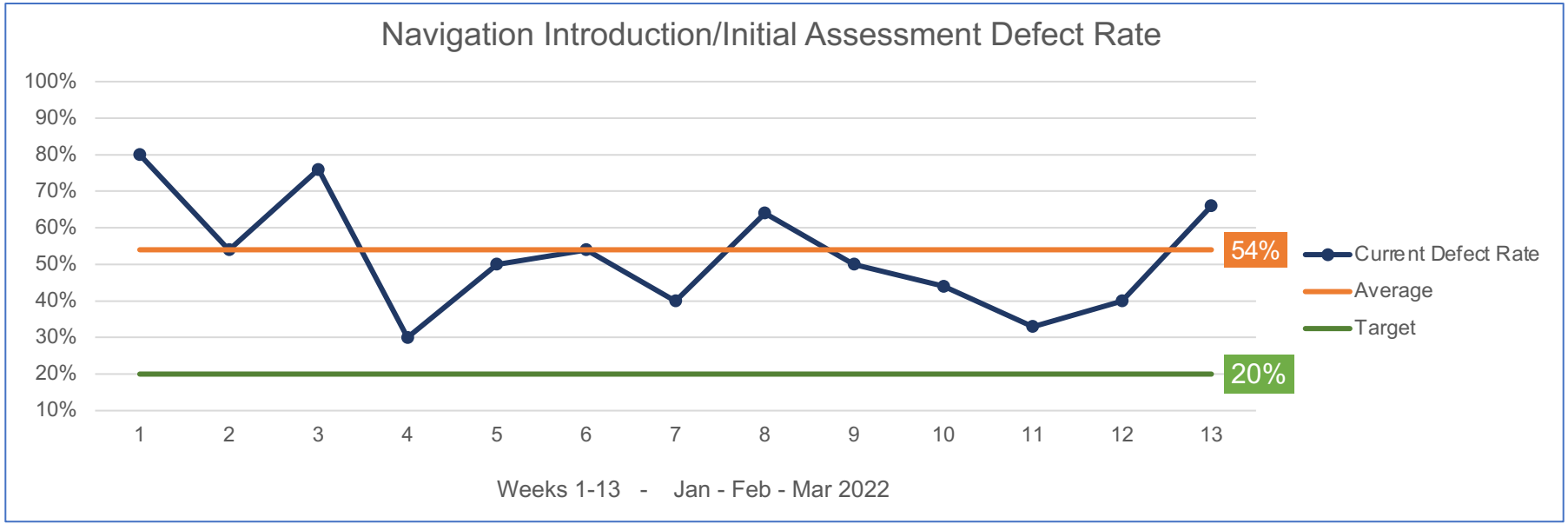
Item	Description
Measure:	Percent of new IV chemotherapy patients that **do not have** the NN introduction and initial assessments (NN I/IA) **within one month of initial consult**.
Patient population: *(Exclusions, if any)*	• New IV chemotherapy patients enrolled in a VBC program between January-March 2022 • All clinics, all cancer types, all physicians • Random sample pulled representing 10% (126 patients) of new IV chemotherapy patients enrolled in a VBC program
Calculation methodology: *(i.e. numerator & denominator)*	Numerator = Missing NN I/IA/Data Elements completed within 1 month of initial consult Denominator = All patients defined in patient population
Data source:	Value-based Care program enrollment file, Electronic Medical Record, Navigating Care
Data collection frequency:	Baseline: one time data pull patient sample size from 1 quarter (Jan-March 2022)
Data limitations: *(if applicable)*	Self-reported data: consistency or accuracy of chart documentation

Outcome Measure
Baseline data

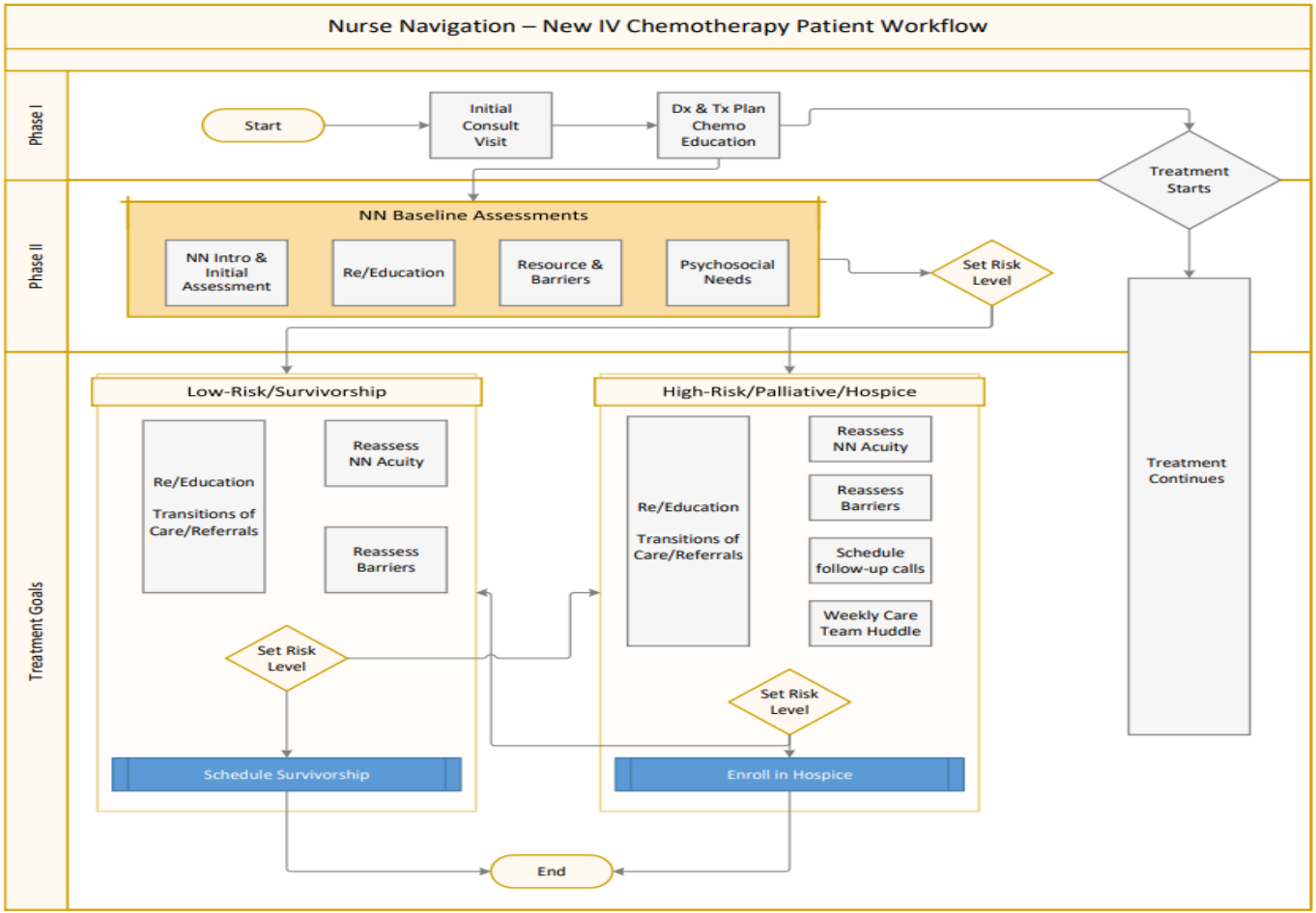


Aim Statement

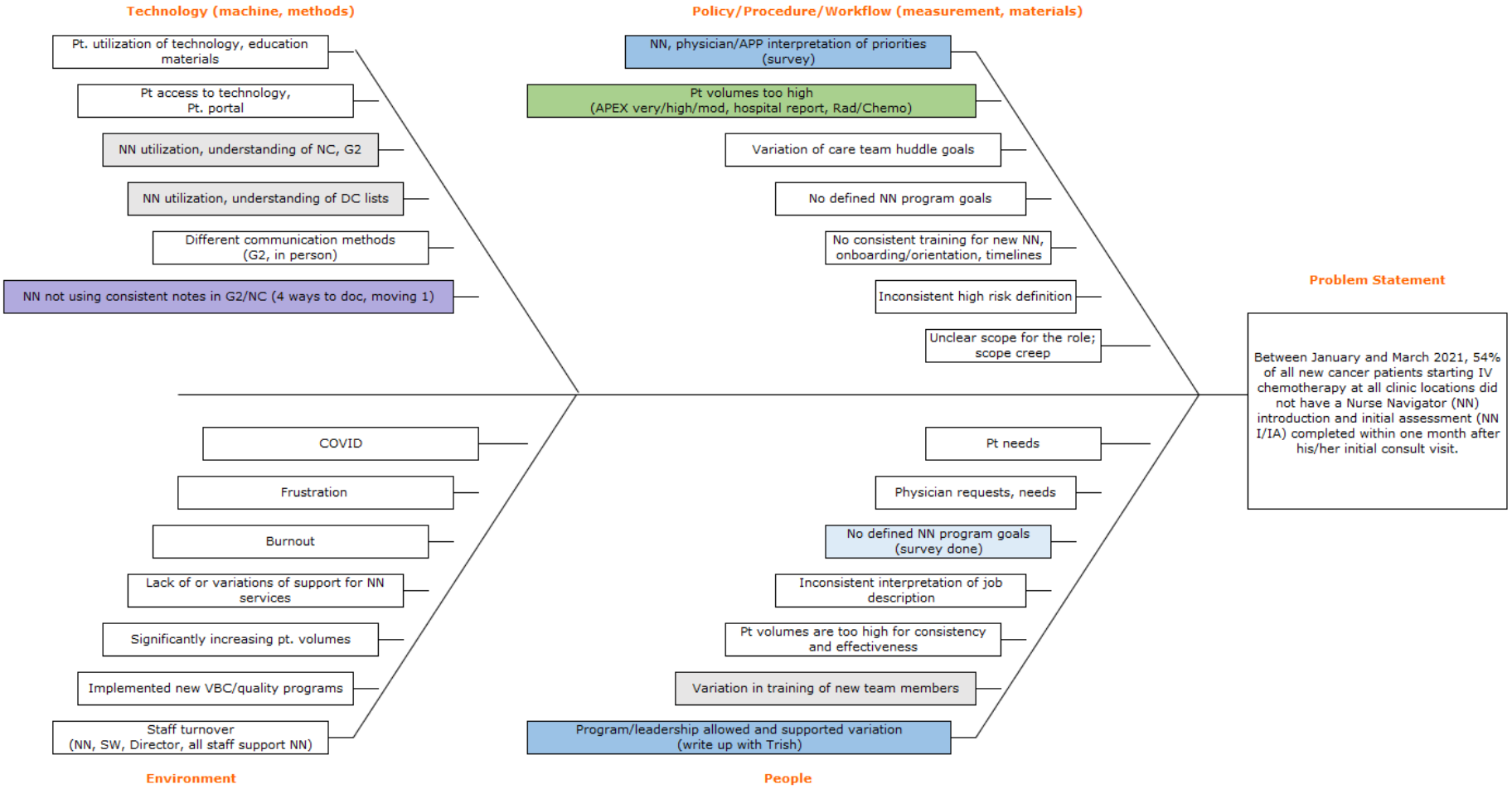
Reduce missed Nurse Navigator introduction and initial assessment (NN I/IA) by 34% for all new patients starting IV chemotherapy at all clinic locations by December 31, 2022.



Process map


Nurse Navigation – New IV Chemotherapy Patient Workflow
Phase I
Phase II
Treatment Goals
Start
Initial Consult Visit
Dx & Tx Plan Chemo Education
Treatment Starts
NN Baseline Assessments
NN Intro & Initial Assessment
Re/Education
Resource & Barriers
Psychosocial Needs
Set Risk Level
Treatment Continues
Low-Risk/Survivorship
Re/Education
Transitions of Care/Referrals
Reassess NN Acuity
Reassess Barriers
Set Risk Level
Schedule Survivorship
High-Risk/Palliative/Hospice
Re/Education
Transitions of Care/Referrals
Reassess NN Acuity
Reassess Barriers
Schedule follow-up calls
Weekly Care Team Huddle
Set Risk Level
Enroll in Hospice
End

Cause and Effect diagram



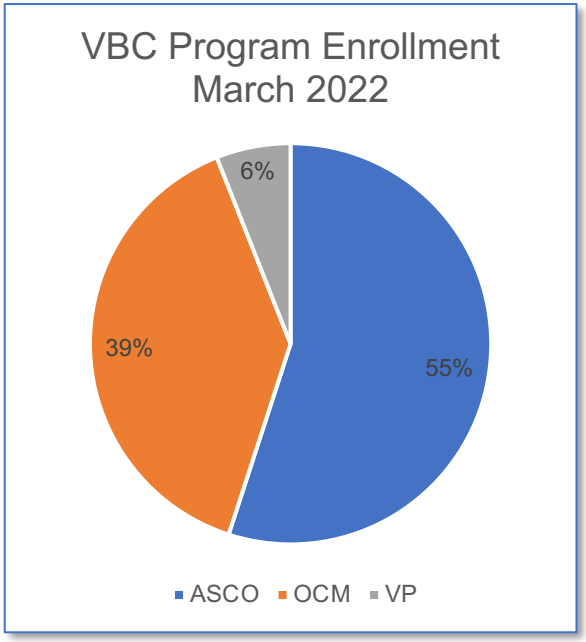
Cause and Effect Outcome

Survey Results: Variation
12 physicians, 4 NN (16)

- ✓ 10 variations of what NN goals should be, but common themes on top 5
- ✓ 8 definition on high-risk patients
- ✓ 75% agreed on priorities for NN team
- ✓ Shared results and all 16 agreed on established NN goals and priorities

48%

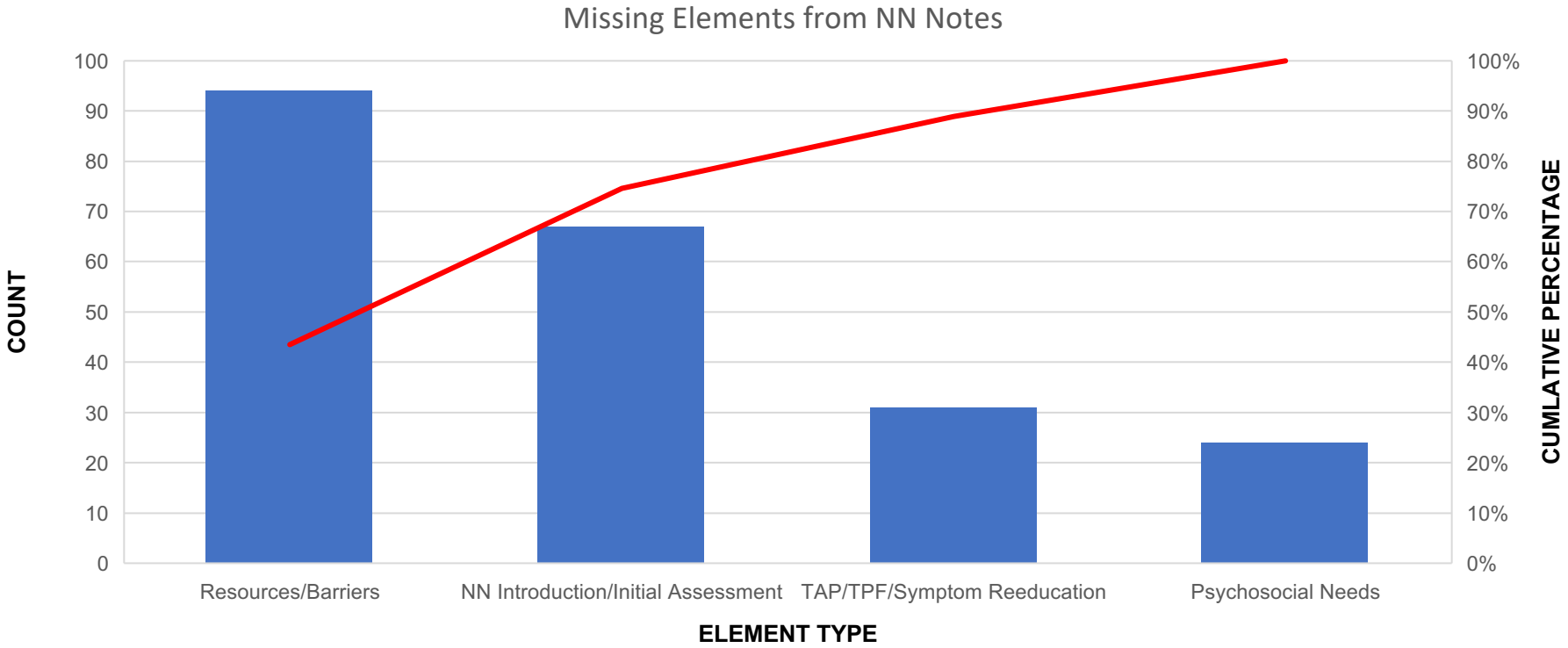
Increase in VBC Program enrollment July 2021 to March 2022



Process Measure – Add to FBD narrative
Diagnostic Data

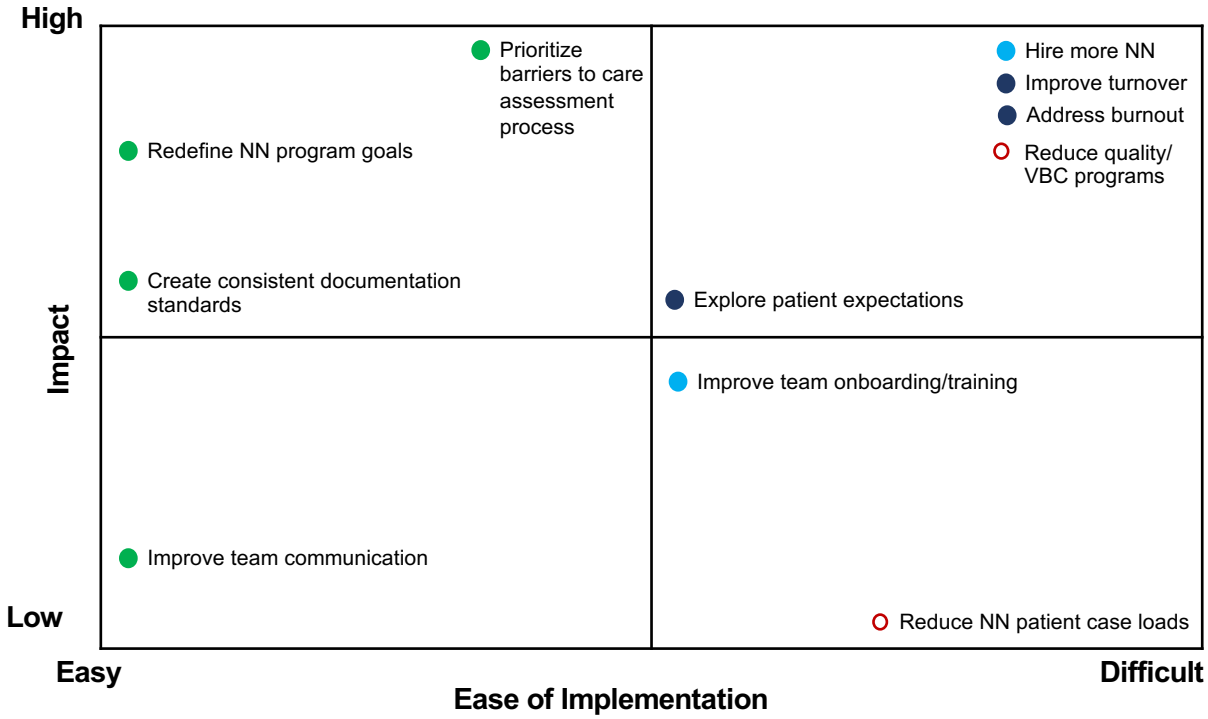
Item	Description
Measure:	Missing NN documentation elements: NN I/IA, Re/Education, Resources/Barriers, Psychosocial Needs; within one month of initial consult.
Patient population: *(Exclusions, if any)*	• New IV chemotherapy patients enrolled in a VBC program between January-March 2022 • All clinics, all cancer types, all physicians • Random sample pulled representing 10% (126 patients) of new IV chemotherapy patients enrolled in a VBC program
Calculation methodology: *(i.e. numerator & denominator)*	Count of Missing Data Elements in NN Note 1. NN introduction and initial assessments (NN I/IA) 2. TAP/TPF/Symptom Reeducation 3. Resources/Barriers 4. Psychosocial Needs
Data source:	Nurse Navigator Notes
Data collection frequency:	Baseline: one time data pull patient sample size from 1 quarter (Jan-March 2022)
Data limitations:	Self-reported data: consistency or accuracy of chart documentation

Process Measure
Diagnostic Data



Priority / Pay-off Matrix

Countermeasures



LEGEND

- Interventions implemented
- Addressed in near future
- Explored at a practice level; beyond project scope
- Solutions not feasible but contribute to the problem

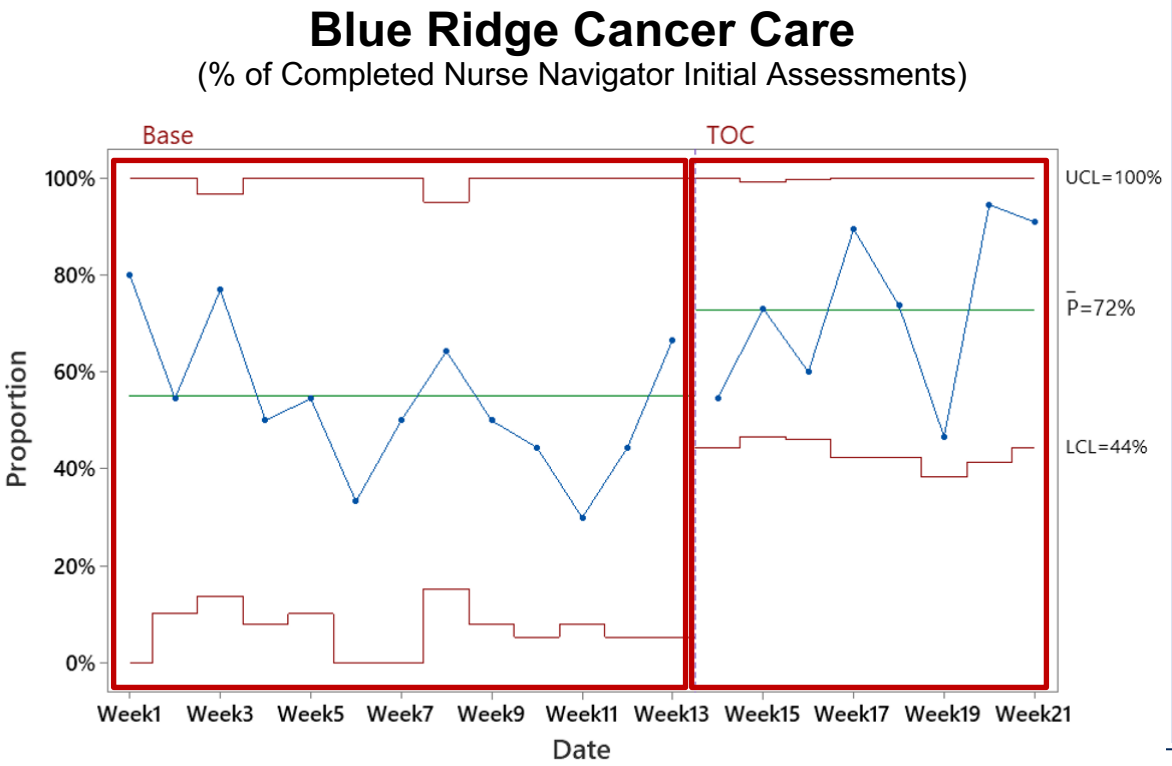
Test of Change

PDSA Plan

Date	PDSA Description		Result
August 1-12, 2022	• Evaluate NN and physician expectations • Redefine NN program goals	• Open discussions via meetings and surveys • Prioritize responses based on impact to patients and VBC program requirements	• Timing of NN initial assessment and identifying barriers to care; developing a consistent approach and documentation standards • Improved collaboration and trust; reduced frustration
September 1-21, 2022	• Develop a consistent method to screen for barriers of care • Create a consistent documentation standard	• Implemented NCCN DT and additional note template in EMR • Defined NCCN assessment triggers, timelines, and consistent documentation standards	• Assess all new cancer dx within 30 days of initial consult at a rate of 80% compliance to determine barriers to care • Provide consistent quality care meeting health equity strategy standards
October 5 – present	• Improve team communication	• Communicate completion rates and assessment results weekly • Resolve different interpretations on assessment triggers and timelines	• Conduct weekly project status meetings

Outcome Measure

Post Countermeasure



- P Chart: measured discrete Y/N data
- Baseline = week 1-14
- TOC = week 14 to week 28
  - The process is under control because all data points are within the control limits
  - Process mean = 72%
  - Suspected special cause variation on week 19
  - Difference in control limits = change in sample size
  - Variation improved: center line/mean shifted up and control limits are narrower
- Next Steps: confirm week 19 special cause variation, 8 weeks of data indicate a 'shift'

P-Chart (3 Sigma)

Next Steps	Owner
Complete measurement period (30 days after 12/21/31) and share results with all stakeholders	ASCO QTP Team
Add NCCN completion rates to quality scorecard that are reviewed with teams, managers, and physicians monthly; monitor performance, address gaps, collect feedback on process and make improvements based on collective experiences and determine role responsibility; add to quality communication strategy to share performance and any changes with all stakeholders Add dates	Quality Team
PHASE II	
Determine NCCN reassessment criteria	Quality Director; Navigation and Social Worker teams, Clinical Director, Physician Champions
Improve follow-up discussions based on results	Navigation and Social Worker teams
Track/trend NCCN results by needs and patient demographics to determine vulnerable population	Quality Team
Learn how to work around gaps in community resources	Navigation and Social Worker teams
Continuing to strengthen community partnerships	Quality Director; Navigation and Social Worker teams, Clinical Director, Physician Champions
Conduct ongoing staff trainings on social determinants/health related social needs and diversity/inclusion	Quality Team

Conclusion

- What did we learn?
  - Patient outcomes will improve
  - Better team collaboration
  - Positive feedback on NCCN tool utilization/outcomes
- Continue…
  - On to phase II of the project
  - To revise approach, continue to be agile
  - To celebrate wins