ASCO Quality Training Program

Improving Oral Oncolytic Documentation and Teaching in a Safety-Net Outpatient Oncology Practice

Ana Velázquez Mañana MD MSc

Zuckerberg San Francisco General Hospital Niharika Dixit MD Katherine Pang PharmD BCOP Piera Wong RN MS CNS

Coach: Pelin Cinar MD

September 2020



Institutional Overview: ZSFG

Zuckerberg San Francisco General Hospital and Trauma Center is a community hospital and Level 1 trauma center with teaching affiliation to UCSF.

SF Health Network provides primary care for all ages, specialty care, dentistry, emergency and trauma care, and acute care for the people of SF.





Institutional Overview: ZSFG

- We are dedicated to excellence in learning, teaching and providing comprehensive, compassionate care to patients with cancer and blood disorders. *We embrace diversity, and we respect and value each patient, family and team member.*
- 630 700 new oncology cases per year
- Services:
 - Hematology & Oncology Clinics
 - Breast Clinic
 - Sickle Cell Clinic
 - Palliative Care
 - Gynecologic Oncology
 - Cancer Navigation Program
 - Lymphedema Program
 - Genetic Counseling
 - Patient Support & Education Program



Team Members

Role	Name	Job Function
Project Sponsor [#]	Terence Friedlander	Division Chief of Hematology-Oncology
Team Leader ⁺	Ana Velazquez	Oncology Fellow
Core Team Member*	Niharika Dixit	Oncology Attending physician
Core Team Member*	Katherine Pang	Oncology Pharmacist
Core Team Member*	Piera Wong	Oncology RN Specialist
Other Team Member^	Lisa Trueblood	Oncology RN
Other Team Member^	Wan-Lan Tay	Hematology RN
Other Team Member^	Cuimin Jiang	Oncology RN
Other Team Member^	Renee McNally	Oncology RN
Other Team Member^	Alena Maunder	Nurse Manager/Supervisor
QTP Improvement Coach	Pelin Cinar	Provides remote support to the team regarding the science of QI and participation in the QTP.

Problem Statement

Between September and December 2019, none of the patients who started on oral oncolytics at ZSFG hematology-oncology clinics had *complete* documentation of oral oncolytic education and a complete documented care plan. An average of 6 out of 15 components as per QOPI and ASCO-ONS standards were documented in the EHR.

This results in potential increased risk of toxicity, increased patient non-adherence to therapy, and poor adherence to follow-up schedule for lab monitoring, dose adjustment, and toxicity assessment.



Outcome Measure

Baseline Data Summary

Item	Description
Measure:	Total number of components of oral oncolytics care plan documented
Patient population: (Exclusions, if any)	All patients on NEW oral oncolytics seen at ZSFG's hematology-oncology outpatient clinics from September to December 2019 -Patient only receiving hormonal therapy were excluded
Calculation methodology: (i.e. numerator & denominator)	Numerator: number of components of oral oncolytics documentation in medical record prior to start Denominator: 15 (total number of components of oral oncolytics care plan documentation)
Data source:	EMR (Epic): progress notes, telephone encounters, and orders
Data collection frequency:	Baseline and bi-weekly
Data limitations: (<i>if applicable</i>)	Accuracy and completeness of documentation Accuracy of capture of patients on oral oncolytics

Outcome Measure Baseline Data



Consecutive patients staring new oral oncolytics from September to December, 2019

Aim Statement

By September 2020, the percentage of completed components of an oral oncolytic education and care plan that are documented in the EHR per QOPI and ASCO-ONS standards prior to new oral oncolytic initiation will increase from 40% to 60%.



Process Map



Summary of learning:

23-step process with wide variability based on patient and staff member involved in the process. Specific-challenges based on patient population demographics and SES.

Process Map



Summary of learning:

23-step process with wide variability based on patient and staff member involved in the process. Specific-challenges based on patient population demographics and SES.

Cause and Effect Diagram

Patient

- Language
- Housing and delivery address
- Willingness and availability to be educated
- Readiness / willingness to start treatment
- Health literacy
- Overall literacy
- Polypharmacy
- Lack of caregiver / social support
- Busy schedule
- Variability in adherence to follow up and lab checks

Education / EMR

- Lack of standardized structure to teaching
- Complex medication schedule
- New EMR
- Unclear documentation requirements
- Multiple encounters / note templates
 available
- Outdated insurance in EMR
- Variability in drugs included in best practice alerts
- EMR task volume / burden
- Documentation is time consuming
- E-prescribed vs Faxed prescriptions
- No standardized way to document start of oral oncolytic (day 1)

Policy / Insurance

- Lack of insurance
- Unclear drug coverage
- Inability to pay co-pay
- Prior authorization
- Specialty pharmacies differ by insurance and drug
- Lack of knowledge re: ASCO QOPI measures
- Lack of institutional policy
- Institutional priorities

Incomplete documentation of oral oncolytics education and care plan

- Availability and need for interpreters
- Patient access to a phone
- Lack of clinic space for RN to perform teaching
- Patients with pay phones
- Shipment twice a month
- Complex schedule of taking medications
- Complex follow up lab/monitoring schedules vary per drug
- Lack of tracking/reminder system to follow up on labs

Resources

- Limited number of staff
- Competing tasks
- Priority compared to other tasks
- No specified time in schedule
- Poor communication between team members
- Unclear roles and responsibility (RN vs Pharmacy vs MD)
- Interruptions by other tasks disrupt workflow

Priority / Pay-off Matrix Countermeasures



Ease of Implementation

ASCO Quality Training Program

Process Measure

Diagnostic Data Summary

Item	Description
Measure:	EMR documentation of patient education
Patient population: (Exclusions, if any)	All patients on NEW oral oncolytics seen at ZSFG's hematology-oncology outpatient clinics -Patients receiving only hormonal therapy were excluded
Calculation methodology: (i.e. numerator & denominator)	Numerator: number of patients with documentation of patient education in EMR Denominator: number of patients who started a new oral oncolytics
Data source:	EMR
Data collection frequency:	Baseline and bi-weekly
Data limitations: <i>(if applicable)</i>	Accuracy and completeness of documentation Accuracy of capture of patients on oral oncolytics

Process Measure Diagnostic Data

Percentage of Patients with Documented Oral Oncolytic Education from September to December 2019



ASCO Quality Training Program

14

Process Measure

Diagnostic Data Summary

Item	Description
Measure:	Missing components of oral oncolytic care plan
Patient population: (Exclusions, if any)	All patients on NEW oral oncolytics seen at ZSFG's hematology-oncology outpatient clinics with documented education in EMR -Patients receiving only hormonal therapy were excluded
Calculation methodology: (<i>i.e. numerator & denominator</i>)	Numerator: number of components missing from patient education documented in EMR Denominator: 15 (total number of components of oral oncolytics care plan documentation)
Data source:	EMR
Data collection frequency:	Baseline and bi-weekly
Data limitations: (<i>if applicable</i>)	Accuracy and completeness of documentation Accuracy of capture of patients on oral oncolytics

Process Measure

Diagnostic Data



Process Measure Diagnostic Data



Missing components of oral oncolytic care plan among documented patient education from September to December, 2019

Test of Change PDSA Plan

Date	PDSA Description	Result
3/10/20 _ 6/07/20	 Defined RNs role as staff in charge of oral oncolytic prior-auth, coordination, and education process. Reinforced communication of providers with RN. Defined components of oral oncolytic education and care plan that meets QOPI & ASCO-ONS standards. 	 We identified the need for clinic space. We discussed RN time commitment with managers. Need for EHR tool. Increase education documentation.
6/08/20 –	 EHR worksheet to document oral oncolytic education In-person RN teaching Printed education materials, pill box, and thermometer 1-week follow up calls Infographics in clinic workspaces 	 Increase in documentation Challenges with follow up lab monitoring orders and completion

Materials Created

Tip Sheet 🔅

Document a Telephone Oral Chemo Education

Follow the instruction below to document a patient oral chemo education during a telephone encounter.

Intended users: Beacon providers and Hem/Onc Clinic nurses

Try It Out

 Upon logging in to Hyperspace, <u>click</u> on Telephone Call to create a Telephone encounter for a patient.



2. Click on Take Action activity to locate Oral Chemo Education.

(e) (Chart Review	Communications	Call Intake	😗 Take Actio	n
Call Inta	ke				-
M Family Sv	witch + III Reference	s 🎍 Dosage Table	Appls & Chan	ge Enc Provider/Dept	

3. Click on Oral Chemo tab to start document.

Training Program



- Complete all relevant fields in this section.
 a. To add comment, <u>click</u> on paper icon.
 - b. To mark as significant, click the flag icon.

Oral Chemotherapy Education	Mark as significant
Oncology Treatment Plan	
Bortezomib (D 1, 8, 15, 22) / Pomalidomide (D	1-21) q 28 days with Dexamethasone, 28 D. 🥂 📑
Name of Oral Oncolytic Drug:	
Pomalidomida	T E
Diagnosis	Add comment
Insulting Doubles a	
Drai Chemotherapy Education:	
Draf Chemotherapy Education:	arked as significant
Draf Chemotherapy Education: Cheology Treatment Plan Bortezomib (D 1, 8, 15, 22) / Pemalidomide (D 1	arked as significant
Drail Chemotherapy Education: Orcology Traitmant Plan Bortecomib (D 1, 8, 15, 22) / Pomalidomide (D 1 Name of Oral Dirochris Drug:	arked as significant
Crowbar wycedma Draf Chernotherapy Education: Crowbay Treatmont Plan Bortezemib (D 1, 8, 15, 22) / Permalidemide (D 1 Name of Oral Checkhic Drug. Pomalidemide	arked as significant
Train Dremother apy Education: Creating Treatment Plan Bortezomic (D 1, 8, 15, 22) / Pomaldomide (D 1 Neme of Oral Dirochylic Drug: Pomaldomide Dispress.	arked as significant

- To document side effects discussed with the patient, a check box for each side effect can be created.
 - To create a check box, <u>click</u> on the magnifying glass to select from the potential side effects list.

Potential drug side effects were discussed, including

īī

EDIC

entranae at stratstration

elect a side effect: one pre-check box	k is created.
otenniel drug side effects were discussed, including:	
Shormose of breath and/or cough	4. IZ
laio=	
Shortmass of breath and/or cough	~
Edentia dr swelling	
tigh blood pressure	
tigh gluccae levals	
live! and/or kidney side effects	
Chest pain	
Abdominal pain	4
Constlipation	v.

TIP SHEET	For DPH fraining purposes only, disclosure may be subject to penalties under the law
04.0_06053020	Continued on next page.

options are:

Materials Created

ZUCKERBERG

Hospital and Trauma Center



Clinics

A 5-STEP PROCESS



ASCO Quality Training Program

Outcome Measure Change Data

Training Program

Documentation of Components of Oral Oncolytics Care Plan





Documentation of Oral Oncolytics Education *Process Measure*





Follow-up Symptom Check Call at 1-week



Percentage of patients with 1-week follow up call **ASCO**[°] Quality Training Program

Next steps Sustainability Plan

Next Steps	Owner
Monitor progress and provide performance feedback	
Create standardized EHR reporting	
Create provider dot-phrase	
Identify ways in which to track toxicity and compliance monitoring	
Review process formally through QOPI	

 Over a 6-month period, we improved oral oncolytic education and documentation by meeting our goal of increasing the number of documented components from 40% to 82%.

Review of processes with stakeholders is imperative to practice improvement.

Implementation of an EHR tool is an easy way to improve documentation. Katherine Pang, PharmD Niharika Dixit, MD



Improving Oral Oncolytic Documentation and Teaching in a Safety-Net Outpatient Oncology Practice

AIM: By September 2020, the percentage or rate of completed components of an oral oncolytic education and care plan that are documented in the EHR per QOPI and ASCO-ONS standards prior to new oral oncolytic initiation will increase from 40% to 60%.

INTERVENTION:

PDSA 1: We defined RNs role as staff in charge of oral oncolytic prior-auth, coordination, and education process. We reinforced direct communication of providers with RNs. We defined components of oral oncolytic education and care plan that meets QOPI & ASCO-ONS standard and developed an EHR worksheet.

PDSA 2: We implemented the EHR worksheet to document oral oncolytic education. We encouraged in-person RN teaching. Provided patients with printed education materials, pill box, and thermometer. We implemented 1-week follow up calls for symptom check. We placed Infographics in clinic workspaces.

RESULTS:

The average number of components of the oral oncolytic education and Care plan, documented increase from 40% (6/15) to 82% (12.3/15).
Overall, documentation increased from 54% to 83%.



Documentation of Components of Oral Oncolytics Care Plan

TEAM:

- Department of Medicine: Ana Velazguez, Niharika Dixit
- Department of Nursing: Piera
 Wong, Cuimin Jiang, Lisa
 Trueblood, Wan-Lan Tay
- Department of Pharmacy: Katherine Pang

PROJECT SPONSORS:

- Terence Friedlander
- Alena Maunder

CONCLUSIONS:

 Over a 6-month period, we improved oral oncolytic education and documentation by meeting our goal of increasing the number of documented components from 40% to 82%.

 Review of processes with stakeholders is imperative to practice improvement.

Implementation of an EHR tool is an easy way to improve documentation.

NEXT STEPS:

- Present to department and staff
- Provide monthly performance feedback to staff
- Toxicity & compliance monitoring
- Create provider specific dot-phrases to ease

Training Program

documentation & communication ASCO Quality

Consecutive Patients Starting Oral Oncolytic from September 2019 to August 2020

Thank you!

Niharika Dixit Katherine Pang Piera Wong Courtney Myers Terence Friedlander Pelin Cinar

