ASCO's Quality Training Program

Project Title: Improving Phone Triage System for Oncology Outpatients

Presenters' Name: Preeti Sudheendra MD; Tracey Evans MD; Elizabeth Gilbert PA-C; Dawna Gillespie BS

Institution: University of Pennsylvania Abramson Cancer Center

Date: March 6, 2014

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Abramson Cancer Center Institutional Overview

- Penn Medicine is one of the world's leading academic medical centers, dedicated to the related missions of medical education, biomedical research and excellence in patient care. As a world leader in cancer research, patient care, and education, the Abramson Cancer Center of the University of Pennsylvania is a very integral part of Penn Medicine. The Cancer Center has had continuous designation as a Comprehensive Cancer Center by the National Cancer Institute since 1973 and is dedicated to innovative and compassionate cancer care.

- Overview of the program:
  - 36 attending medical oncologists and hematologists
  - 24 advanced practice providers (i.e. nurse practitioners and physician assistants)
  - 400+ basic, translational and clinical scientists
  - Other staff: nurses, administrative assistants, social workers, physical therapists, dieticians, patient care coordinators, research personnel
  - 90,000 outpatient visits annually
  - 11,800 inpatient admissions annually
  - 37,000 chemotherapy treatments annually
  - 66,000 radiation treatments annually

Problem Statement

- Abramson Cancer Center outpatients are dissatisfied with the management of their phone correspondences to the oncology practices. Delays in symptom and medication management result in frequent patient complaints and low Press Ganey access ranking.

Team Members

Team Leader:

- Preeti Sudheendra, MD

Core Team Members:

- *Physician representative* – Tracey Evans, MD
- *Advanced practice provider representative* – Beth Gilbert, PA-C
- *ACC operations representative* – Dawna Gillespie

Ancillary Team Members:

- *Quality Improvement* – Mary Coniglio
- *Web Developer* – Nina Childress
- *Administration* – Elda Ford, Amanda Smith
- *Epic liaisons* – Deb Reardon, Kelly Esposito, Senthil Balasubramanian
- *Subject matter experts* – Shannon Grube and Jim Sauerbaum (Intake office), Archel Collier and Jackie Augustine (Admin assts), Theresa Sabato (Triage RN), Dan Landsburg (Heme/Onc fellow), Linda Miller (Nurse navigator), Lisa Figueroa (Infusion RN), Dena Torrente (Practice coordinator)

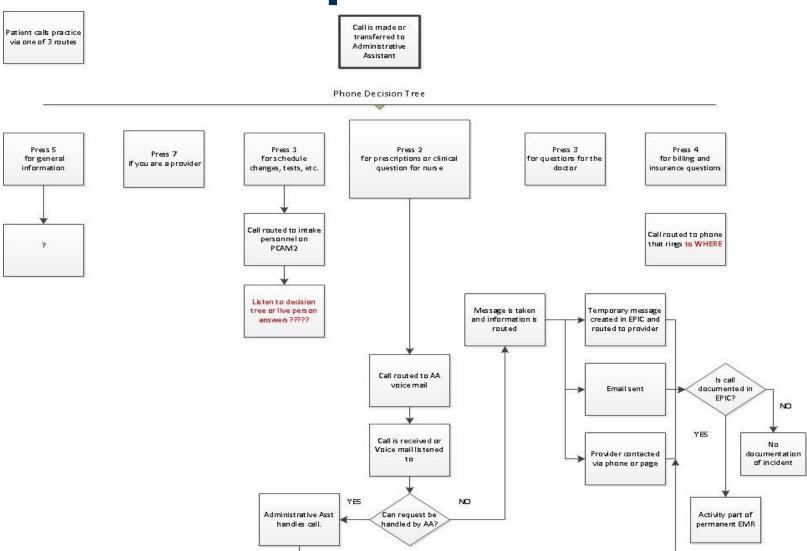**Project Sponsor:**

- Regina Cunningham, PhD, RN, AOCN
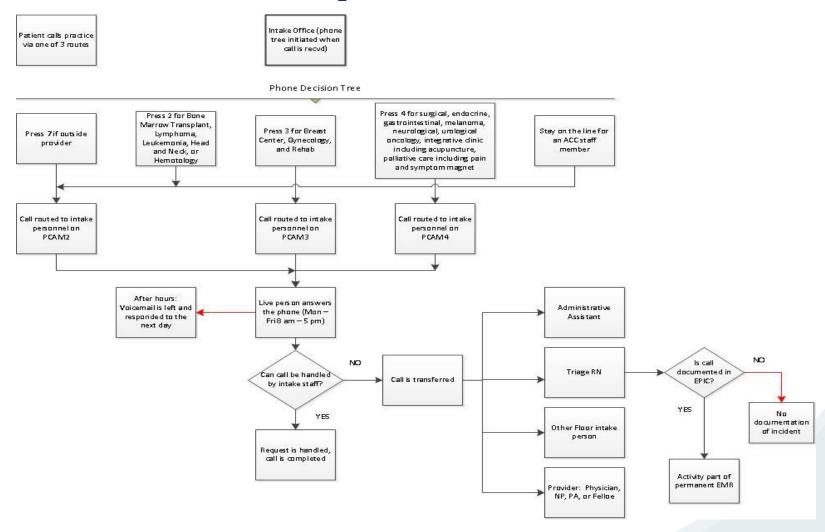
Improvement Coach:

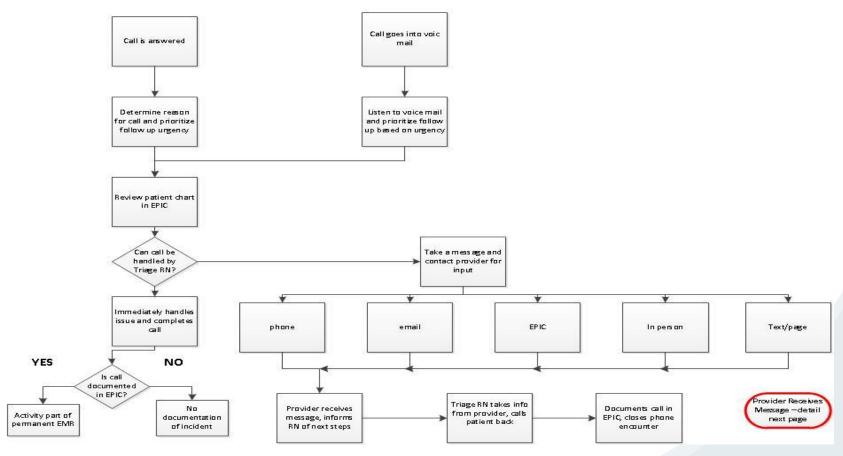- Amy Guthrie, MSN, ACHPN

Process Map – Admin Assts

Patient calls practice via one of 3 routes

Call is made or transferred to Administrative Assistant

Phone Decision Tree

Press 5 for general information

Press 7 if you are a provider

Press 1 for schedule changes, tests, etc.

Press 2 for prescriptions or clinical question for nurse

Press 3 for questions for the doctor

Press 4 for billing and insurance questions

?

Call routed to intake personnel on PCAM2

Call routed to phone that rings to WHERE

Listen to decision tree or live person answers ?????

Message is taken and information is routed

Temporary message created in EPIC and routed to provider

Call routed to AA voice mail

Email sent

Is call documented in EPIC?

NO

YES

Call is received or Voice mail listened to

Provider contacted via phone or page

No documentation of incident

YES

NO

Administrative Asst handles call.

Can request be handled by AA?

Activity part of permanent EMR

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Process Map – Intake office

Patient calls practice via one of 3 routes

Intake Office (phone tree initiated when call is recvd)

Phone Decision Tree

Press 7 if outside provider

Press 2 for Bone Marrow Transplant, Lymphoma, Leukemonia, Head and Neck, or Hemotology

Press 3 for Breast Center, Gynecology, and Rehab

Press 4 for surgical, endocrine, gastrointestinal, melanoma, neurological, urological oncology, integrative clinic including acupuncture, palliative care including pain and symptom magnet

Stay on the line for an ACC staff member

Call routed to intake personnel on PCAM2

Call routed to intake personnel on PCAM3

Call routed to intake personnel on PCAM4

After hours: Voicemail is left and responded to the next day

Live person answers the phone (Mon – Fri 8 am – 5 pm)

Administrative Assistant

Can call be handled by intake staff? — NO — Call is transferred

Triage RN

Is call documented in EPIC? — NO — No documentation of incident

YES

Request is handled, call is completed

Other Floor intake person

Provider: Physician, NP, PA, or Felloe

Activity part of permanent EMR

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Process Map – Triage Nurses

Process Map – Triage Nurses cont'd

Cause & Effect Diagram

Phone call logistics

Unable to forward   Multiple numbers: don't know which to call

Phone tree cumbersome   Many #'s incorrectly published

Phone tree > 90 sec   Tree selections go to same #

Documentation

Restricted A.A. access to EPIC encounters

Phone performance metrics not captured

Unable to track resolution   No standard documentation requirements

Patients dissatisfied with phone access and response time

Phone not answered live   Patient confused on how to access

Multiple, non phone responsibilities   Fellows, research staff, clinical, non-clinical

Unclear roles of AA, RN, Intake

Staff receive calls that are not in their scope

Staffing

Training

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Diagnostic Data

Press Ganey Patient Satisfaction Scores and Comparative Rank Jan - Oct 2013				
	Score	Percentile Rank		
		All Sites	Teaching	Geographic
Ease of getting clinic on phone	79.1	12	14	21
Our helpfulness on the telephone	87.1	24	24	35
Our promptness in returning calls	81.0	17	18	17

Diagnostic Data

ABRAMSON CANCER CENTER PHONE ACCESS FLOWCHART

Diagnostic Data

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Aim Statement

- By March 2014, we aim to have:
  - 80% of patient phone calls answered live
  - 50% of symptom management calls resolved within 2 hours
  - 100% of symptom management calls documented in Epic

  in one sample pilot practice.

Measures

- Measure #1: Time to resolution of patients' calls for symptom management

- Patient population: Oncology outpatients
  - Exclusions (if any):

- Calculation methodology: time of call receipt as documented on call log to time of closed phone encounter in Epic; % of total such calls resolved within 2 hours
  - Numerator & Denominator (if applicable):

- Data source:
  - Phone call logs from admin assts, triage nurses, intake office
  - Epic chart review

- Data collection frequency:
  - Baseline
  - 2 weeks into improvement process

- Data quality (any limitations):
  - Phone calls taken by Administrative assistants are being recorded as encounters that are not a permanent part of the patient's Epic chart and do not have time stamps
  - Phone calls from the Intake Office are forwarded to providers via phone call/page, which cannot be tracked
  - Some Administrative Assistants were not recording call times

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Measures

- Measure #2: % of symptom management calls being recorded in Epic

- Patient population: Oncology outpatients
  - Exclusions (if any):

- Calculation methodology: comparison of call logs to patient's Epic charts
  - Numerator & Denominator (if applicable):

- Data source:
  - Phone call logs from admin assts, triage nurses, intake office
  - Epic chart review

- Data collection frequency:
  - Baseline
  - 2 weeks into improvement process

- Data quality (any limitations):
  - Phone calls taken by Administrative assistants are being recorded as encounters that are not a permanent part of the patient's Epic chart and do not have time stamps
  - Phone calls from the Intake Office are forwarded to providers via phone call/page, which cannot be tracked

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Measures

- Measure #3: % of calls being answered live vs voicemail

- Patient population: Oncology outpatients
  - Exclusions (if any):

- Calculation methodology: time lapse between call receipt to time call listened to as documented on call log
  - Numerator & Denominator (if applicable):

- Data source: call logs

- Data collection frequency:
  - Baseline
  - 2 weeks into improvement process

- Data quality (any limitations):
  - Some Administrative Assistants were not recording call times

Baseline Data

All Symptom Management Calls in 1 week			
Phone call source	**Resolved in 0 - 2 hours**	**% calls answered live**	**Epic documentation completed**
Administrative Assistant	24%	59%	73%
Intake Office	16%	100%	22%
Triage RN	33%	27%	75%

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

Impact

High
- Document calls as standardized Epic telephone encounters
- Educate staff on answering, routing, and documenting calls
- Triage and distribute calls to correct person at initial patient contact

- Devote clinical staff to answer calls live
- Minimize transfer of calls to voicemail
- Dedicate duties of triage nurses as either taking calls live or doing paperwork

Low
- Minimize options in the phone tree
- Measure and monitor phone metrics

- Provide patients clear and consistent information on what to call for and the appropriate phone number to call
- Obtain, confirm, update, and publish phone numbers for each provider

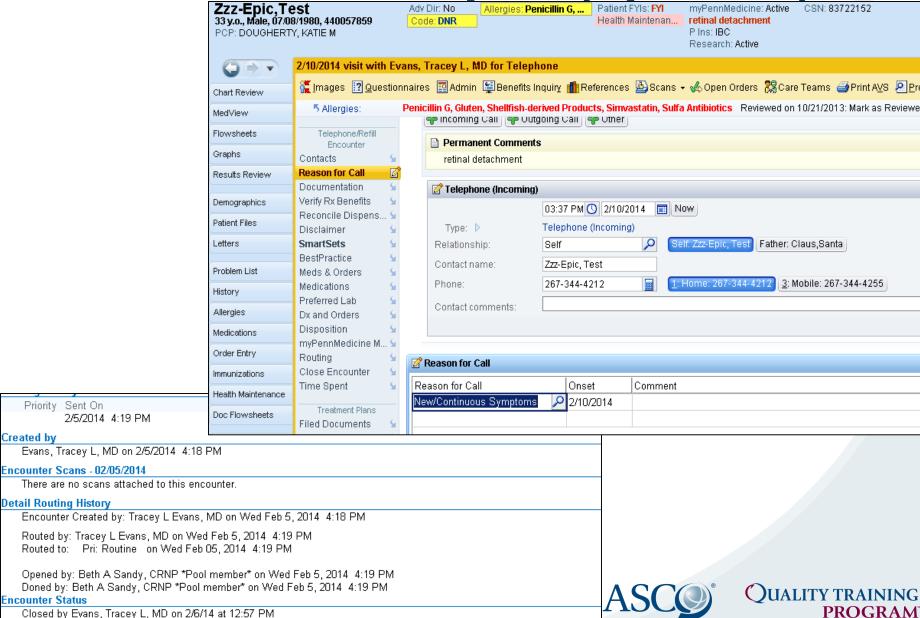**Easy**   **Difficult**

Ease of Implementation

PDSA Plan (Tests of Change)

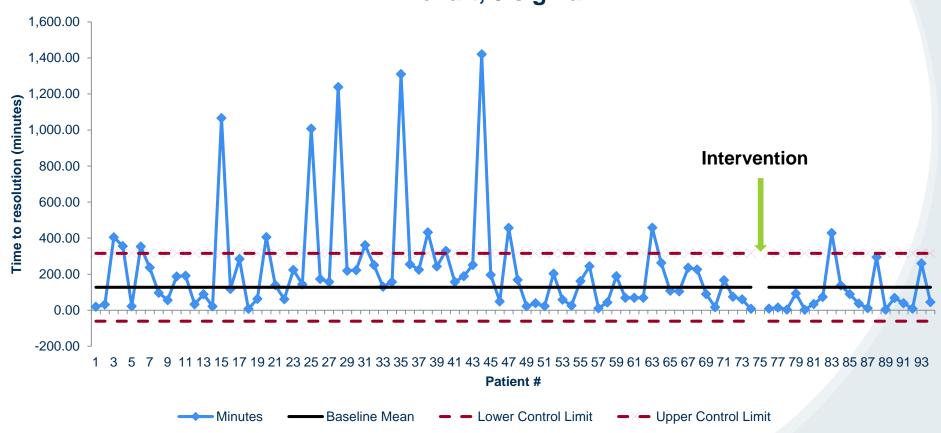| Date of PDSA cycle	Description of intervention	Results	Action steps
1/23/14 - present	All admin assts (AA's) began documenting calls in Epic as "Telephone encounters" which are part of permanent medical record	Trained successfully. Variations on call documentation minimized.	Continue documenting as Telephone encounters
1/29/14	Intake office personnel trained on creating and routing all symptom and medication calls as Epic "telephone encounters"	Trained successfully. Epic symptom management phone encounter time monitored in a sustainable fashion.	Proceed with using training to document calls re-routed to Intake office
2/4/14 – 2/26/14	Calls from Dr. Evans' AA main line routed to Intake office so that they would be answered live	Calls routed successfully but did not account for calls on AA's back line; concerns about division of workload	Request new staff or re-allocate current staff to fulfill need

Materials Developed (optional)

Change Data

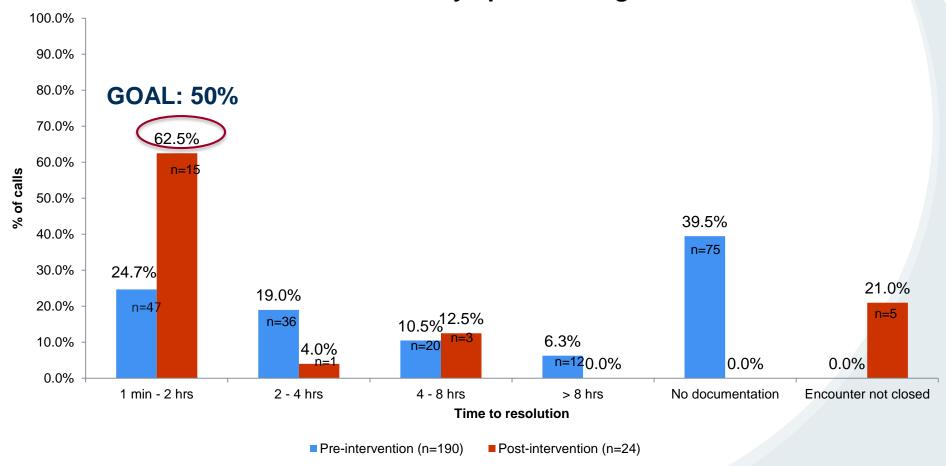Time to Resolution for Symptom Management Calls
xMR chart, 3 sigma

Baseline mean:
Pre-intervention = 127 minutes
Post-intervention = 87 minutes

Change Data

Time to Resolution of Symptom Management calls

GOAL: 50%

Legend: ■ Pre-intervention (n=190) ■ Post-intervention (n=24)

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Conclusions

- We exceeded our goal of resolving 50% of symptom management calls within 2 hours by 12.5%

- We lowered our baseline mean time to resolution of symptom management calls from 127 minutes to 87 minutes (> 2hrs to less than 1.5 hrs)

Next Steps/Plan for Sustainability

- Collaborate with Epic liaisons to understand the workflow of messages better
- Utilize performance improvement engineer to examine the job duties of key personnel so that distribution of workload is better understood
- Create Epic report template to make it easier to pull data for each of our metrics
- Engage all departmental leaders to review and reinforce the documentation changes already initiated with the AA's, triage RN's and intake personnel so that everyone is educated
- Allow for ongoing input and revision of the changes from all disciplines so that workflow is minimally disrupted and impact of changes is maximized
- Continue to directly engage Cancer center leadership to financially and administratively support changes to the current system

Preeti Sudheendra, MD - Medical Oncologist
Tracey Evans,MD - Medical Oncologist

Elizabeth Gilbert,PA-C– Physician Assistant
Dawna Gillespie,BS– Assoc Dir Operations

University of Pennsylvania
Abramson Cancer Center

Improving Phone Triage System for Oncology Outpatients

AIM: By March 2014, we aim to have: 80% of patient phone calls answered live; 50% of symptom management calls resolved within 2 hours; and 100% of symptom management calls documented in Epic in one sample pilot practice.
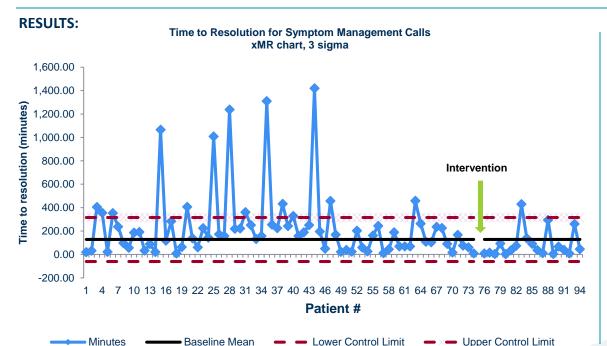
INTERVENTION:

■ All admin assts (AA's) began documenting calls in Epic as "Telephone encounters" which are part of permanent medical record

■Intake office personnel trained on creating and routing all symptom and medication calls as Epic "telephone encounters"

■Calls from Dr. Evans' AA main line routed to Intake office so that they would be answered live

TEAM:
▪*Quality Improvement* – Mary Coniglio
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PROJECT SPONSORS:

■   Regina Cunningham, PhD, RN, AOCN

RESULTS:

Time to Resolution for Symptom Management Calls
xMR chart, 3 sigma

Intervention

Legend: Minutes — Baseline Mean — Lower Control Limit — Upper Control Limit

CONCLUSIONS:
▪ We exceeded our goal of resolving 50% of symptom management calls within 2 hours by 12.5%
▪ We lowered our baseline mean time to resolution of symptom management calls from 127 minutes to 87 minutes

NEXT STEPS:
• Collaborate with Epic liaisons to better understand workflow of messages
•Utilize performance improvement engineer to examine the job duties of key personnel so that distribution of workload is better understood
•Engage all departmental leaders to review and reinforce the documentation changes already initiated with the AA's, triage RN's and intake personnel so that everyone is educated
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