ASCO Quality Training Program

Decrease Undocumented Advance Directives

Sidney Health Center Cancer Care

Chad Pedersen, MD
Martha Nugent, APRN
Katharine King, RN
Kailea Nelson, New Patient Coordinator, Presenter

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Institutional Overview

- Sidney Health Center (SHC) in Sidney, Montana, has a population of 6,500 and is in the top 10 “most rural communities” in the United States based on proximity to the next largest community.
- SHC is a Critical Access Hospital with a 25-bed capacity.
- SHC Cancer Care (SHCCC) is a comprehensive cancer center with 2 full-time oncologists, 1 full-time physicist/dosimetrist, 1 full-time pharmacist, 1 nurse practitioner, 12 full-time support staff, linear accelerator, infusion suite with 7 chairs, and mobile PET.
- In 2019, SHCCC received 199 new patient referrals and completed about 1,836 radiation treatments.
- 2019 (February to August): 76 new referrals.
- 2020 (when struck with COVID): 74 new referrals.

Team Members

Role	Name	Job Function
Project Sponsor	Becky Cassidy	Senior Executive
Team Leader	Bob Beery	Cancer Care Director
Core Team Member	Chad Pedersen, MD	Medical Oncologist
Core Team Member	Martha Nugent, APRN	Nurse Practitioner
Core Team Member	Katharine King, RN	Infusion Nurse
Core Team Member	Kailea Nelson	New Patient Coordinator
Facilitator	Bob Beery	Facilitates the team
Other Team Member	Sammie Sharp	HIM Director
Other Team Member	Kelly Wilkinson	Social Services Director
Other Team Member	Karen Arnold-Truax	Social Worker
Other Team Member	Erin Ellingson, RPh	Oncology Pharmacist
Other Team Member	Stephanie Storm	Cancer Care Coordinator
Patient	Jennifer Boyer	Patient feedback
QTP Improvement Coach	Laura Kaufman	Coach

Problem Statement

From July 2019 to January 2020, 67% of new patient referrals at SHC Medical Oncology did not have an Advance Directive (which include health care power of attorney, POLST (physician orders for life sustaining treatment) or Living Will) documented in their electronic medical record by the 3rd visit or before cancer-directed treatment (defined as oral or infusional chemotherapy, immunotherapy, or radiation therapy) whichever came first*. We personally witnessed that the lack of this documentation subsequently resulted in the inability to fulfill our patient's wishes during end-of-life care.

*Indicates Qualifying Date

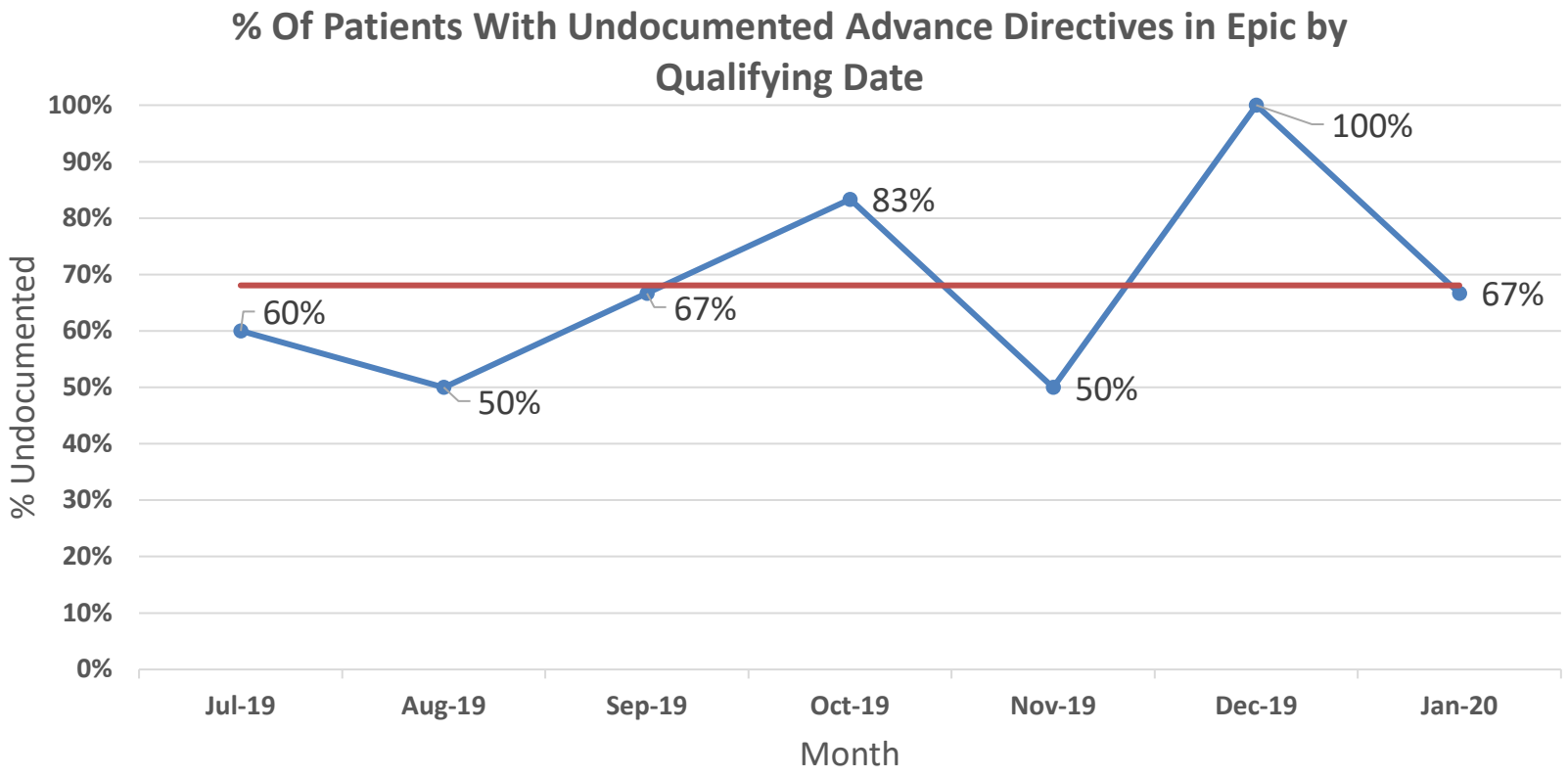
Outcome Measure

Baseline Data Summary

Item	Description
Measure:	The percentage of new patients who have an undocumented Advance Directive (AD) by the qualifying date*
Patient population: *(Exclusions, if any)*	Medical Oncology new patients from July 2019 – January 2020
Calculation methodology: *(i.e. numerator & denominator)*	(Numerator) Number of new patients that do not have a documented AD by the qualifying date* (Denominator) Total of new patients in each month
Data source:	Epic, Excel “New Referral Spreadsheet”
Data collection frequency:	Monthly
Data limitations:	Limited number of patients skewing the overall percentage data

Outcome Measure

Baseline Data



Prior to data collection, we anticipated the number of patients without documented ADs would be higher. We were surprised to find the number of undocumented ADs to be 67%.

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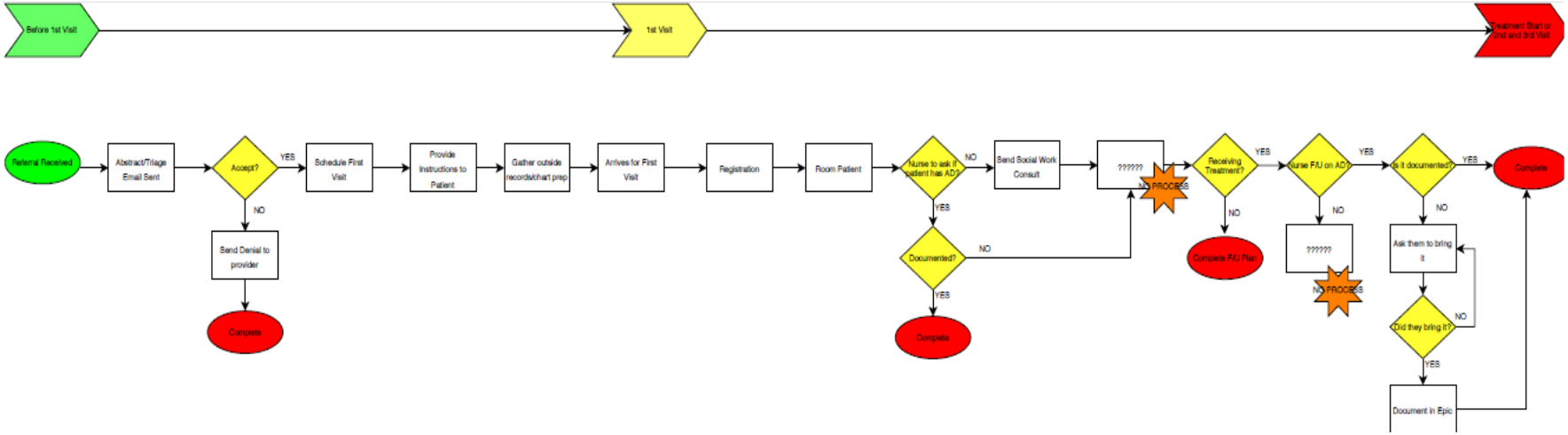
Aim Statement

Lack of documentation of Advance Directives by the 3rd visit or before cancer-directed treatment (defined as oral or infusional chemotherapy, immunotherapy, or radiation therapy) whichever comes first* will decrease from 67% undocumented to at least 20% or lower by June 1, 2020.

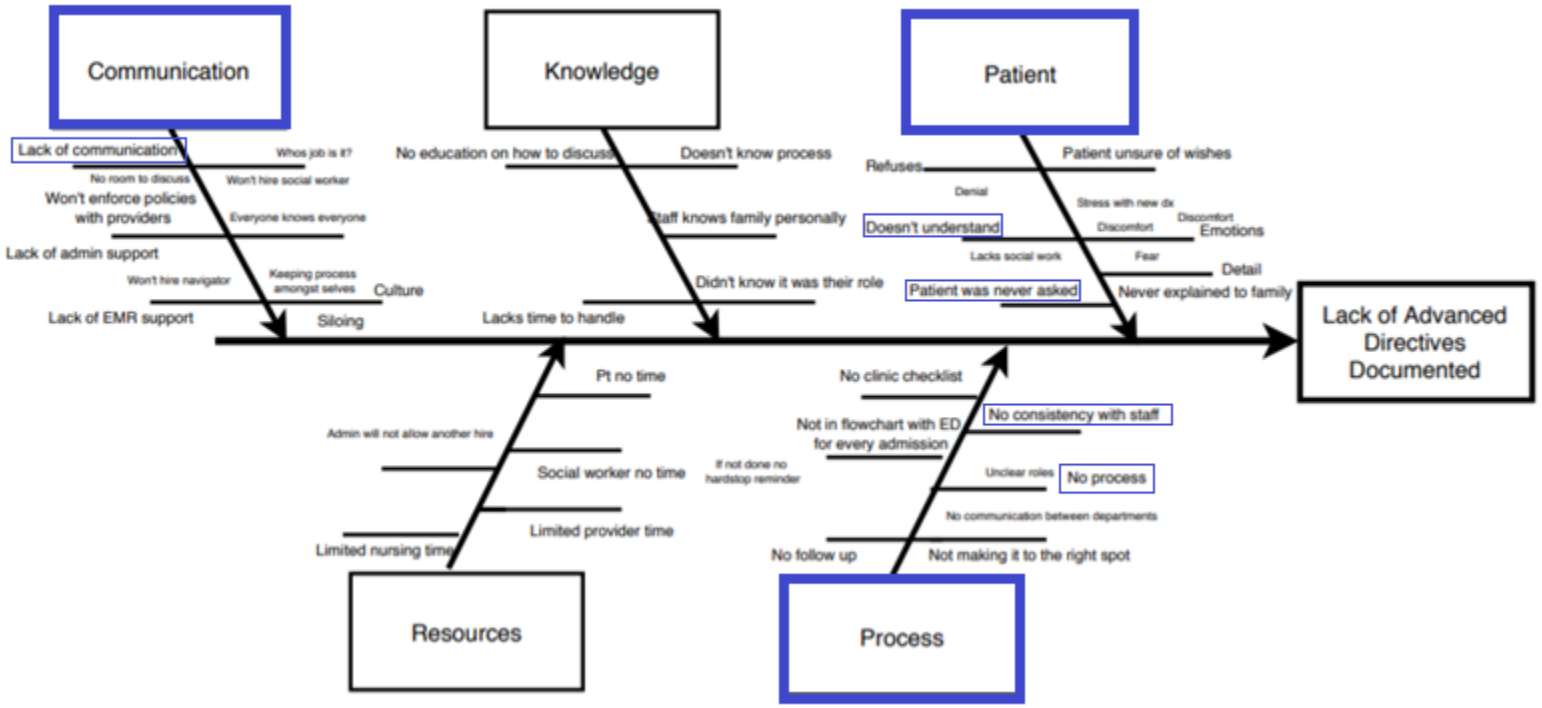
*Indicates Qualifying Date

Process Map



While mapping out the process with the team we found that there is no defined process, and everyone does something a little different. We learned the reality that people were quick to start blaming other departments and forgot to realize that this was an improvement effort and not a blaming session. Once that was established, the team started to become more engaged and collaborative.

Cause and Effect Diagram



The affinity sort revealed 5 themes generally related to uncertainty within the process.

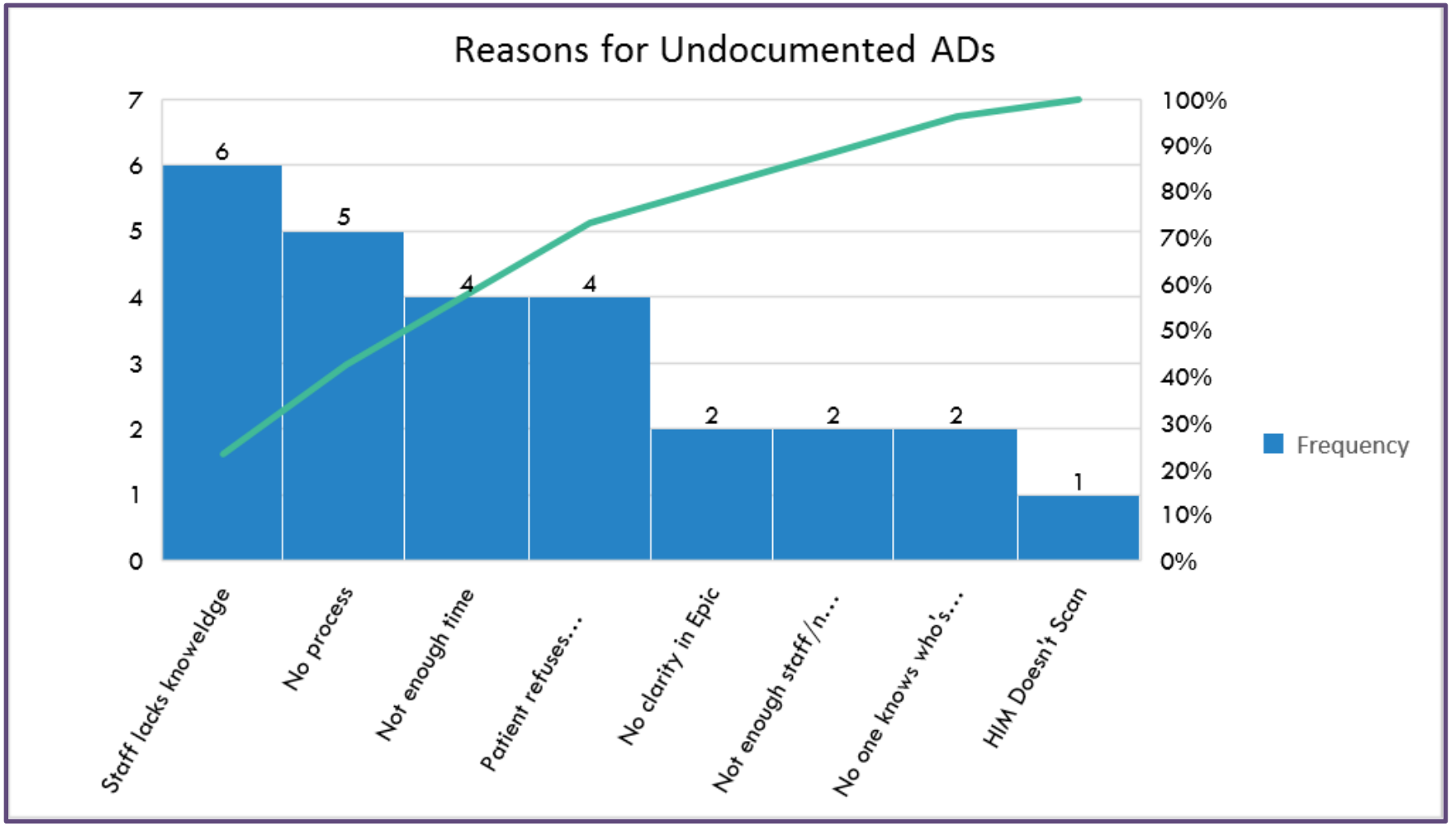
Process Measure

Diagnostic Data Summary

Item	Description
Measure:	Causes of undocumented AD brainstormed from staff
Patient population:	Medical Oncology new patients from July 2019 – August 2020
Calculation methodology: *(i.e. numerator & denominator)*	Numerator: Number of individual causes Denominator: Total amount of causes
Data source:	Staff reported causes of undocumented AD
Data collection frequency:	One brainstorming session
Data limitations:	Subjectivity, lack of time

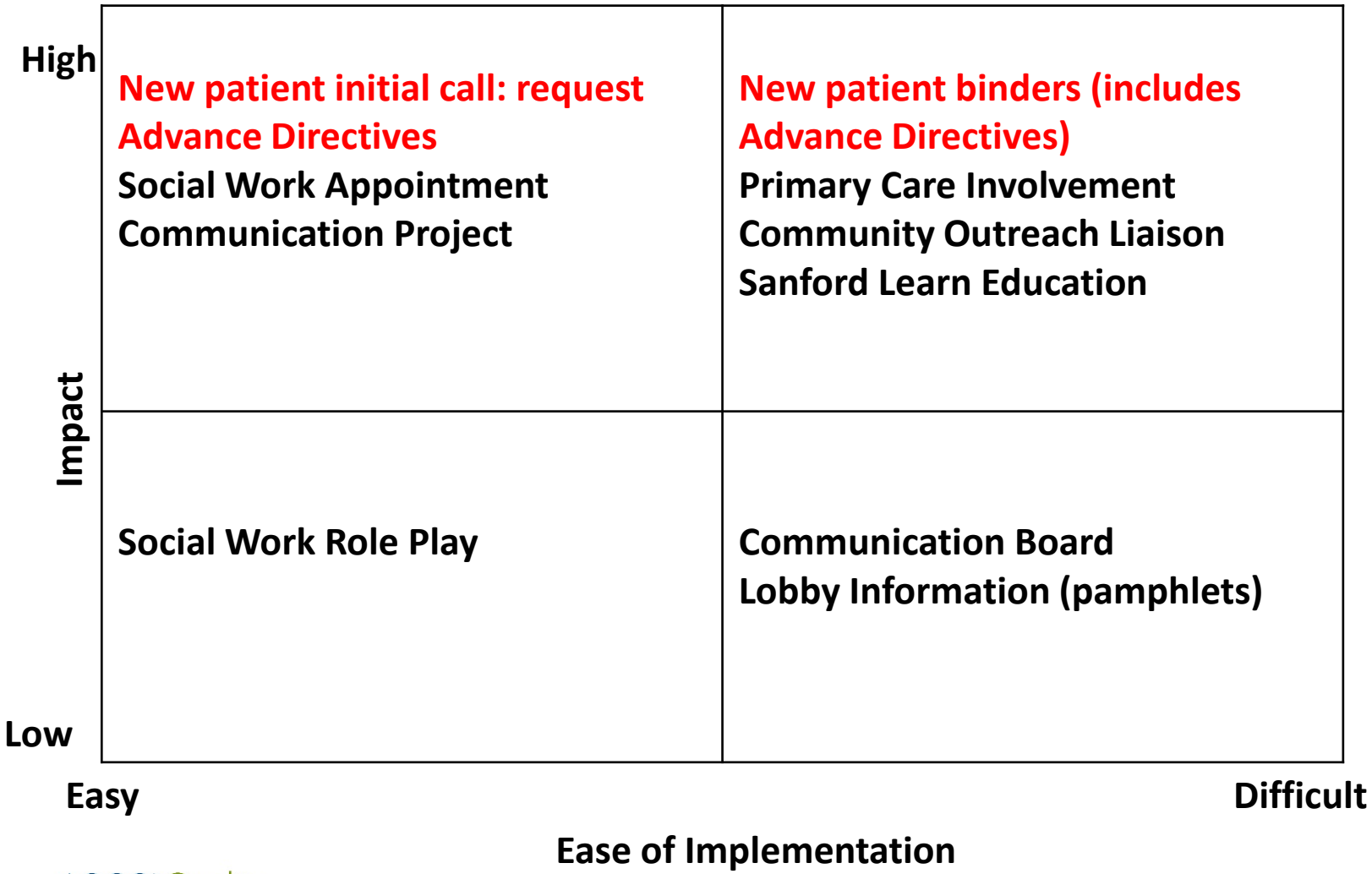
Process Measure

Diagnostic Data



Priority / Pay-off Matrix

Countermeasures



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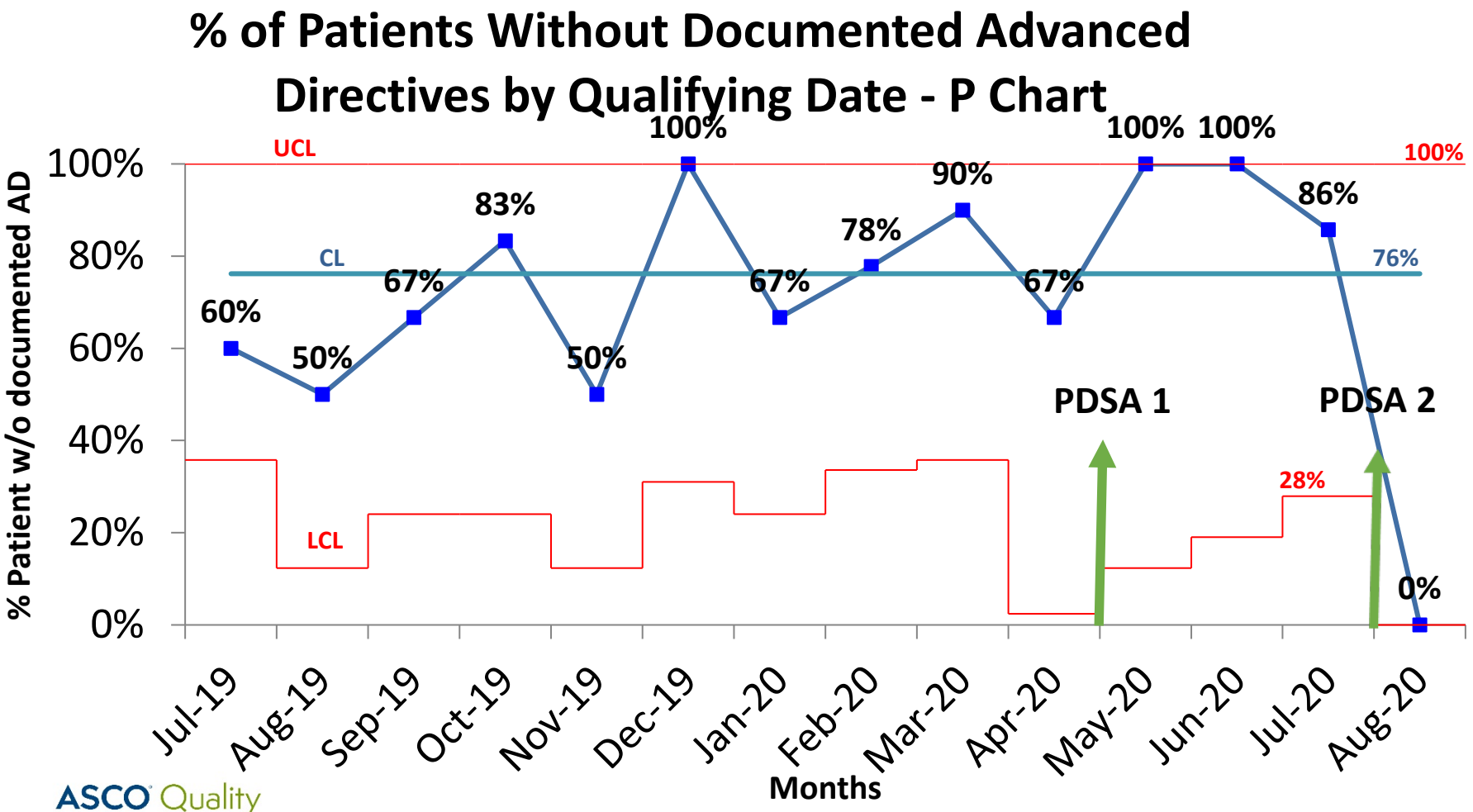
Test of Change

PDSA Plan

Date	PDSA Description	Result
5/6/20 – 8/31/20	a.) Include Advance Directive forms in new patient binder b.) Discuss ADs during treatment teaching	%100 non-compliance
8/24/20 – 8/31/20	a.) AD education for new patient coordinator and standard script for call b.) Explain and request AD forms for first appointment	0% non-compliance

Outcome Measure

Change Data



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Next steps

Sustainability Plan

Next Steps	Owner
Follow up visit with Social Worker after chemo teaching session, if no Advance Directives	Cancer Center Social Worker
Create flowchart of new process	Core Team
Share results of project with clinic	Core Team
Maintain data collection	Kailea
Provide staff education	Core Team

Conclusion

- The most effective intervention was discussing advance directives prior to the new patient consult.
- Due to being a small center, our sample size tended to skew results.
- We experienced challenges related to the COVID pandemic, loss of our director, and team member changes.
- After PDSA cycle 2, we anticipate continued improvement in documentation of advance directives.

Name, credentials, job title
Name, credentials, job title

Entity

Project Title

AIM: Should be SMART (specific, measurable, attainable, relevant and time bound)

INTERVENTION: Should be described in such a way that someone not familiar with the project has a clear understanding of what you did…changes you tested.

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TEAM: Be sure to include both the department and names. If too many names to list, list just the departments represented

- Department 1: names
- Department 2: names
- Department 3: names

PROJECT SPONSORS:

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RESULTS: Should be related to your AIM statement. Be sure to title the graph, identify the SPC chart used, label the x & y axis, include a legend

Graph title

Insert graph

CONCLUSIONS: Should summarize the data in the results section, state whether or not the AIM was met. Conclusions are different than lessons learned.

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NEXT STEPS: Describe additional plans for tests of change, how the intervention will be incorporated into standard workflow, etc

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