

# ASCO Quality Training Program

**Project Title:** Improving the Documentation of Advance Directives in the Medical Record of a Comprehensive Community Cancer Center

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**Institution:** Valley-Mount Sinai Comprehensive Cancer Care

**Date:** December 5, 2018

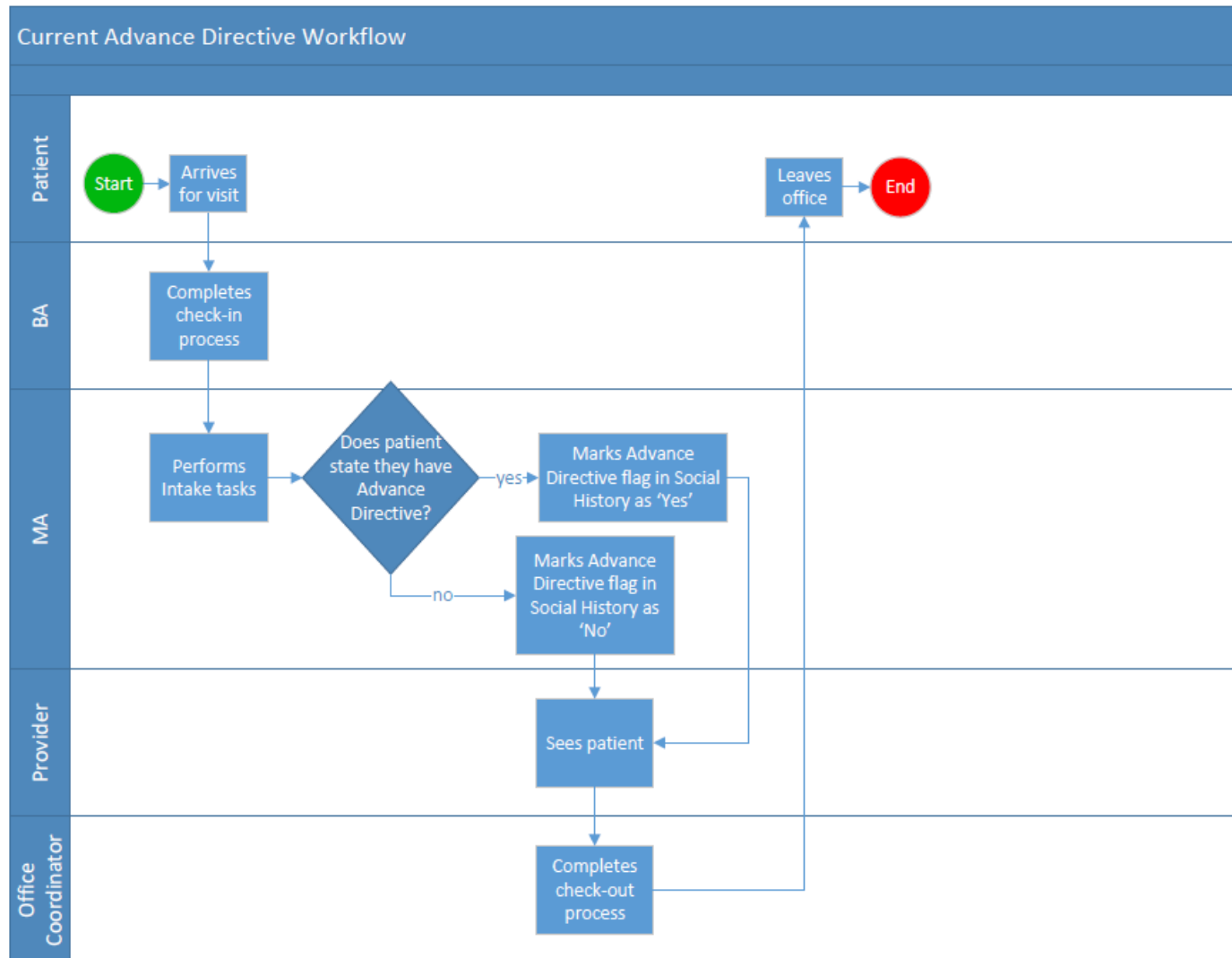


# Problem Statement

At Valley-Mount Sinai Comprehensive Cancer Care, only 20% of patients with solid malignancy seen in the outpatient clinic\* have an advance directive in their charts. Lacking this information may lead to decreased knowledge regarding patient's end-of-life wishes and a decrease in the quality of end-of-life care<sup>1,2</sup>.

\*Per QOPI 2018 Round 1 eligibility window

# Current Workflow





# Institutional Overview

- The Valley Hospital is a 451 bed, fully accredited, acute care, not-for-profit hospital serving more than 440,000 people in Bergen County, NJ and adjoining communities.
- The Luckow Pavilion in Paramus, NJ, houses the Blumenthal Cancer Center.
- Accredited by the Commission on Cancer of the American College of Surgeons with commendation, and is the recipient of the Commission's Outstanding Achievement Award.
- In 2015, Valley partnered with the Mount Sinai Health System, forming Valley-Mount Sinai Comprehensive Cancer Care (V-MSCCC).

# Blumenthal Cancer Center





# Institutional Overview

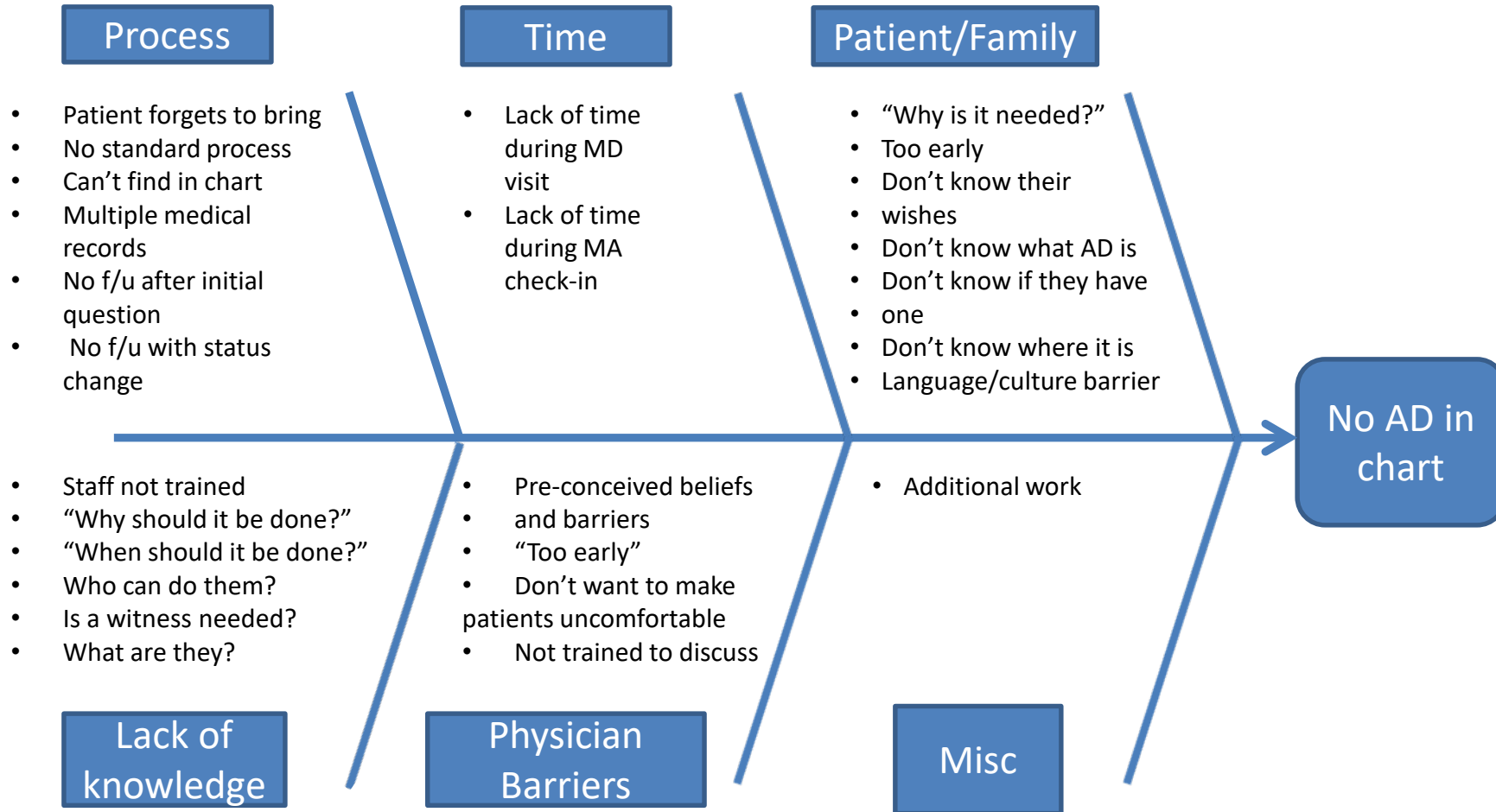
- V-MSCCC includes:
  - 8 medical oncologists
  - 1 palliative care physician
  - 1 surgical oncologist
  - 2 thoracic surgeons
  - 2 breast surgeons
  - 1 gynecologic oncologist
  - 3 radiation oncologists
  - 11 advanced practice providers
- In 2017, 1000 new patients were seen:
  - 33% breast cancer
  - 20% hematologic cancer
  - 13% GI cancer
  - 37% other solid tumor malignancies



# Team Members

- Core Team
  - Kevin Wood, MD; Oncology/Hematology (Team Leader)
  - Sobeida Santana-Joseph, MSN, RN; Director, Oncology Accreditations
  - Ayelet Spitzer, DO; Palliative Care
- Larger Team
  - Nina Skretkowicz, RN; Office Practice Nurse
  - Michele Higgins, MA; Supervisor
  - Puneeta Sharma, MD; Medical Director, Palliative Care
- Project Sponsor
  - Ephraim Casper, MD, FACP; Director, V-MSCCC

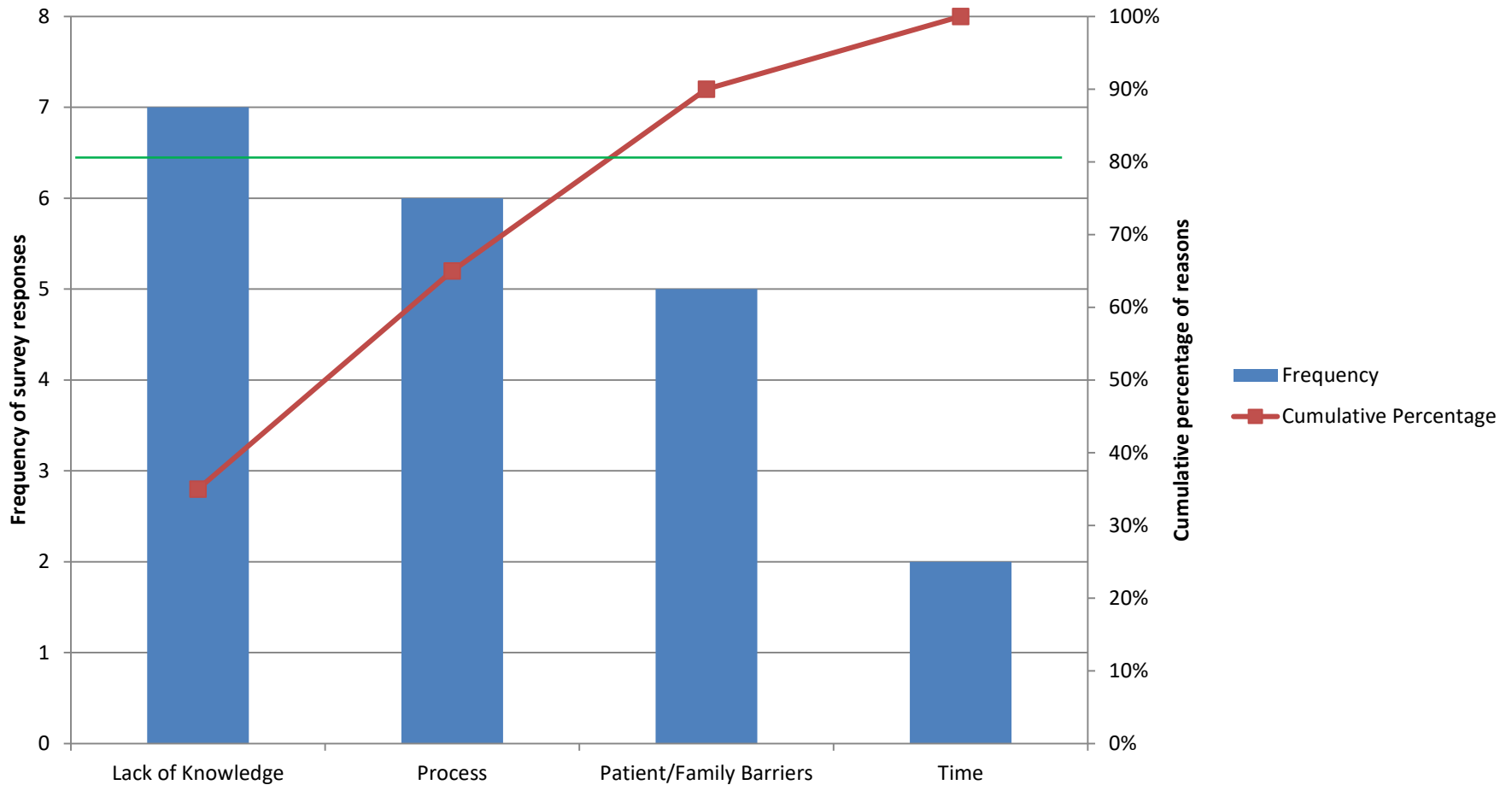
# Cause & Effect Diagram





# Diagnostic Data

Primary reason no advance directive is in the chart





# Aim Statement

By December 2018, 40% of solid malignancy patients will have a copy of an AD in their chart by the third outpatient visit.



# Measures

## Process Measure

- Measure: AD copy in medical record
- Patient population: New patients seen and treated by medical oncology team at Valley-Mount Sinai Comprehensive Cancer Care from September 15, 2018 through November 30, 2018
- Calculation methodology
  - Numerator: patients with a copy of AD in their chart
  - Denominator: patients with documentation of having an AD at third office visit
- Data source: Athena (New patient report), Meditech
- Data collection frequency: Weekly
- Data quality(any limitations): Manual review of data



# Measures

## Outcome Measure

- Percentage of patients who died from cancer with at least one emergency department visit in the last 30 days of life
- Patient population: Patients eligible for QOPI End of Life Module 2018 Round 2
- Calculation methodology:
  - Numerator: Patients with an emergency department visit in the last 30 days of life
  - Denominator: Patients deceased as a consequence of his/her cancer or cancer treatment
- Data source: Athena, Meditech
- Data collection frequency: QOPI Round 2
- Data quality(any limitations): QOPI data is a limited subset of our patient population



# Measures

## Outcome Measure

- Chemotherapy administered within the last 2 weeks of life
- Patient population: Patients eligible for QOPI End of Life Module 2018 Round 2
- Calculation methodology:
  - Numerator: Patients with chemotherapy administered within the last 2 weeks of life
  - Denominator: Patients deceased as a consequence of his/her cancer or cancer treatment
- Data source: Athena, Meditech
- Data collection frequency: QOPI Round 2
- Data quality(any limitations): QOPI data is a limited subset of our patient population



# Baseline Data

## QOPI (Quality Oncology Practice Initiative) Round 1: 2018

- Evaluated patients with GI, breast, or lung malignancies diagnosed from 1/1/2018 – 4/30/2018
- 99 submitted charts of QOPI eligible patients
- Core Measure 25a: Documentation of AD by the third office visit

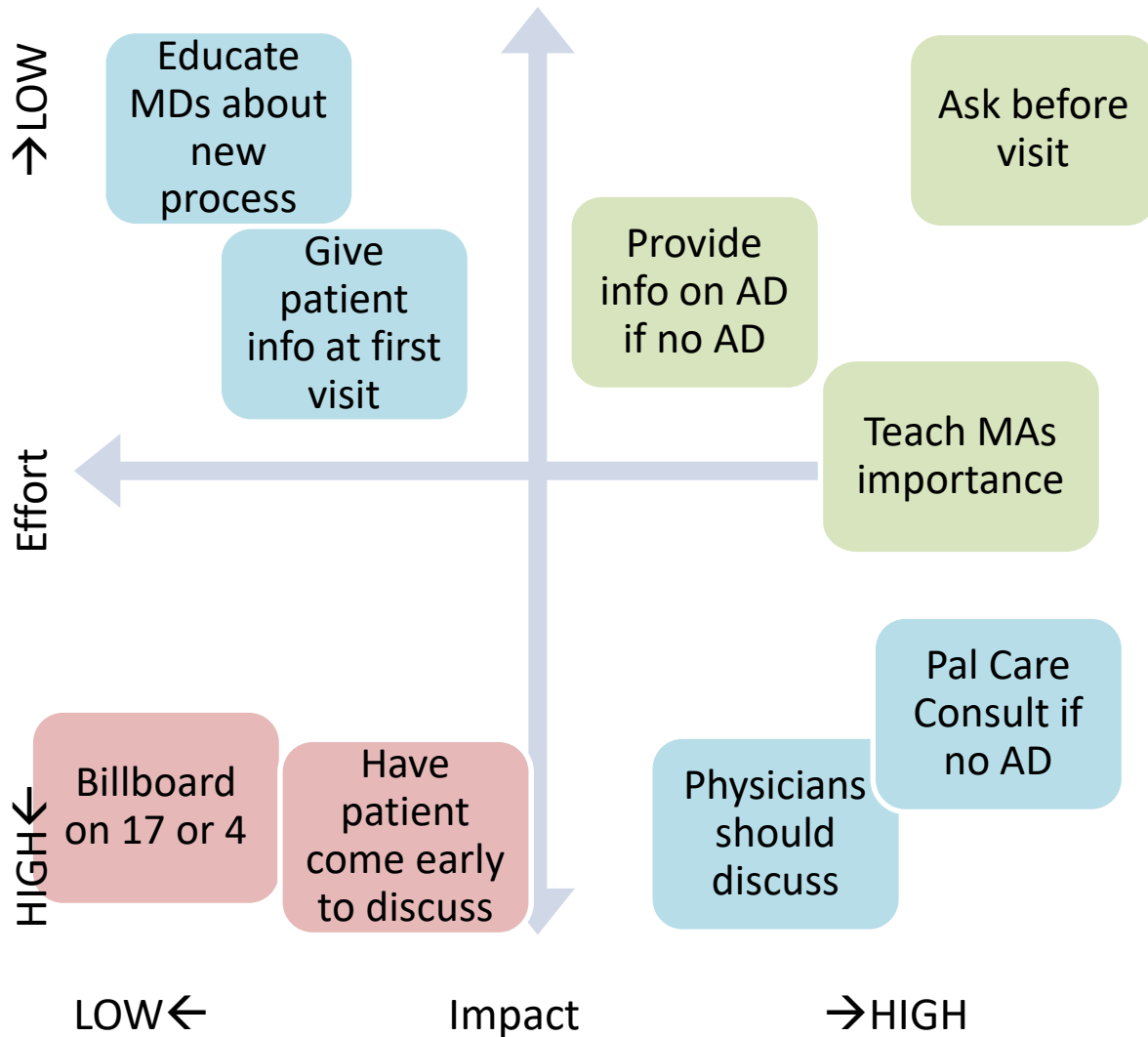


# Baseline Data Results

## QOPI Round 1 2018

- N = 94: Total number of patients reviewed
- N = 92 (97.8%) : patients with documentation of whether they had an AD or not
  - N = 47 (51%): patients documented as no AD
  - N = 45 (49%): patients documented as having AD
- N = 19 (20%): patients with an AD uploaded into chart

# Priority Matrix





# PDSA Plan (Test of Change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps
October 15, 2018	Nurse navigator asked about AD before their first visit	Qualitative interview with nurse navigator with positive results	Further intervention
Nov 12, 2018	Education session for MAs about AD	*Too early for post-intervention data	PFAC meeting

# Change Data

	Time Frame	Total # of patients	Number of patients with >3 visits	% of patients with AD documentation (yes or no)	Patients with an AD uploaded into chart
Pre-Intervention	1/1/18-4/30/18	114	114 (100%)	97.30%	19 (20%)
Post Analysis 1	9/17/18-10/5/18	51	16 (31%)	100%	12 (23.5%)
Post Analysis 2	10/8/18 - 11/16/18	99	11 (9%)	100%	11 (9%)

# Conclusions

- Documentation of discussing AD's advanced to 100% after intervention #1 and was sustained
- Post-intervention analysis appears to have been done too early given the lack of patients with > 3 visits
- Post-intervention analysis #1 suggests we will see an improvement in rate of AD documentation

# Next Steps/Plan for Sustainability

- Build education session into orientation for MA's
- Create an education session for RN's
- Encouraging the CAPC\* module for all oncology staff
- Awareness campaign (ie like Breast Cancer awareness month)
- Better education for patients on AD's
  - Links on Cancer Center website
  - Sending blank AD and education in welcome packets