

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

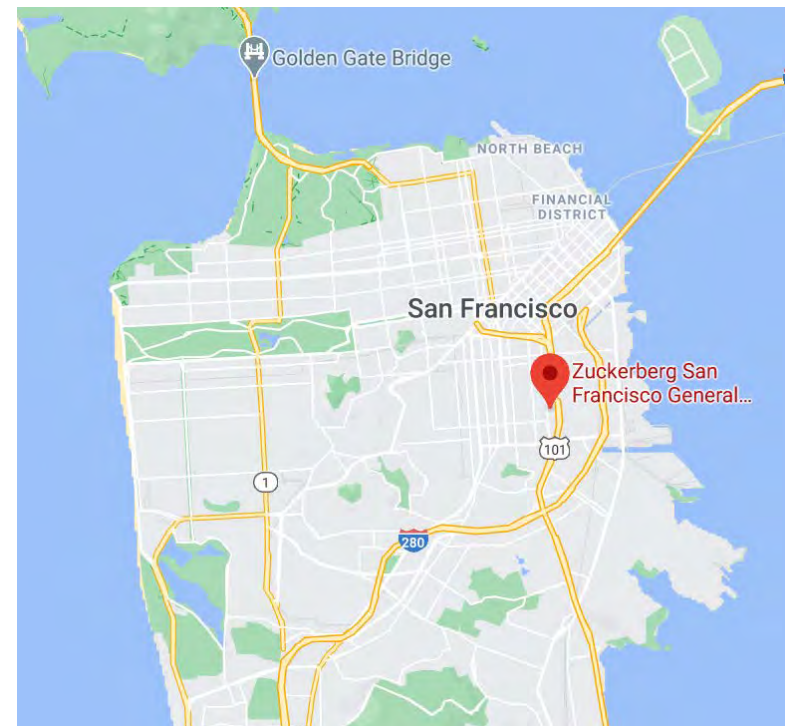
Zuckerberg San Francisco General Hospital and Trauma Center is a community hospital and Level 1 trauma center with teaching affiliation to UCSF.

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.

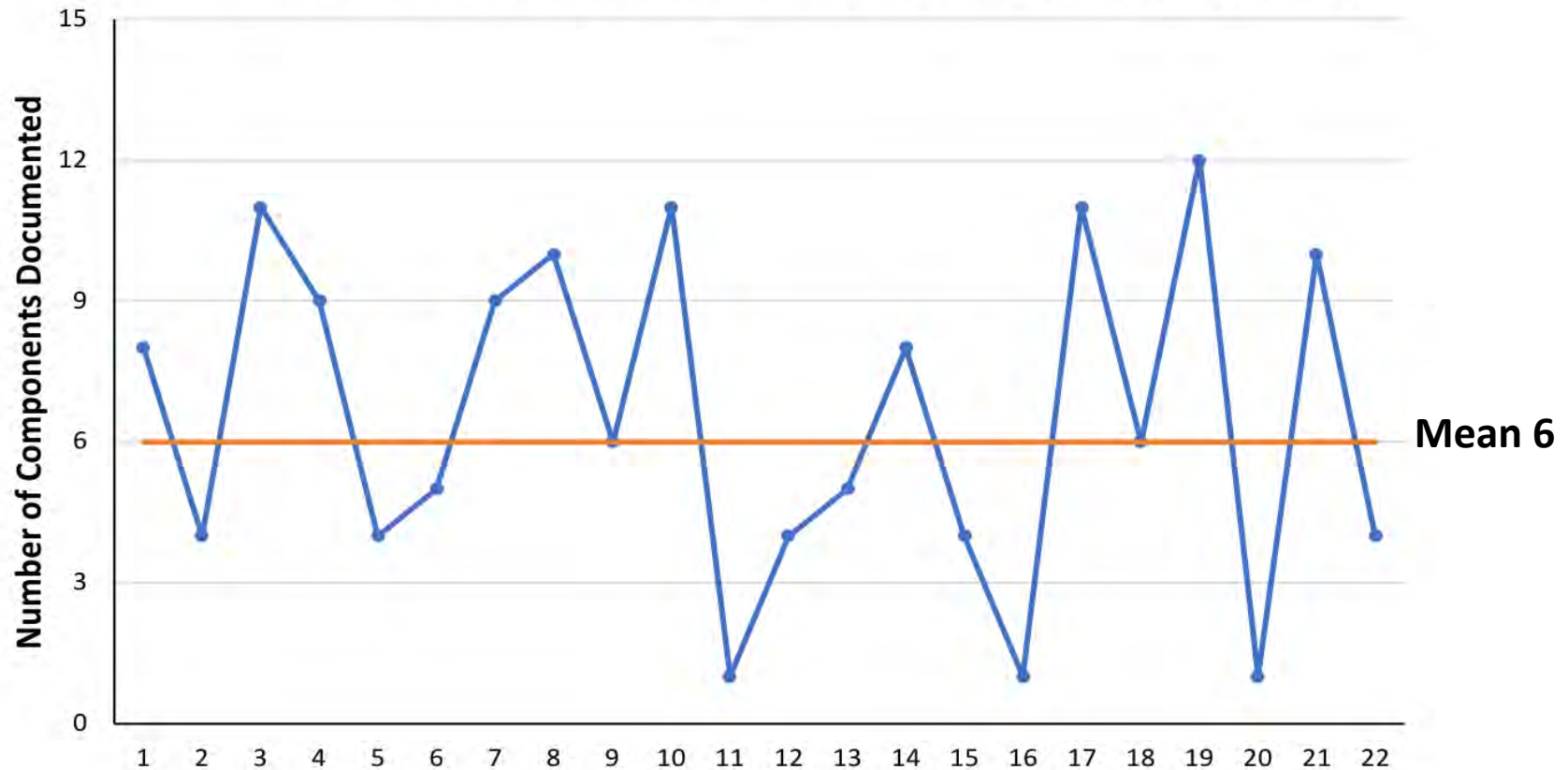
This results in potential increased risk of toxicity, increased patient non-adherence to therapy, and poor adherence to follow-up schedule for lab monitoring, dose adjustment, and toxicity assessment.

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) | <i>Numerator:</i> number of components of oral oncolytics documentation in medical record prior to start <i>Denominator:</i> 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: (if applicable) | Accuracy and completeness of documentation Accuracy of capture of patients on oral oncolytics |

Baseline Data

Documentation of Components of Oral Oncolytics Care Plan



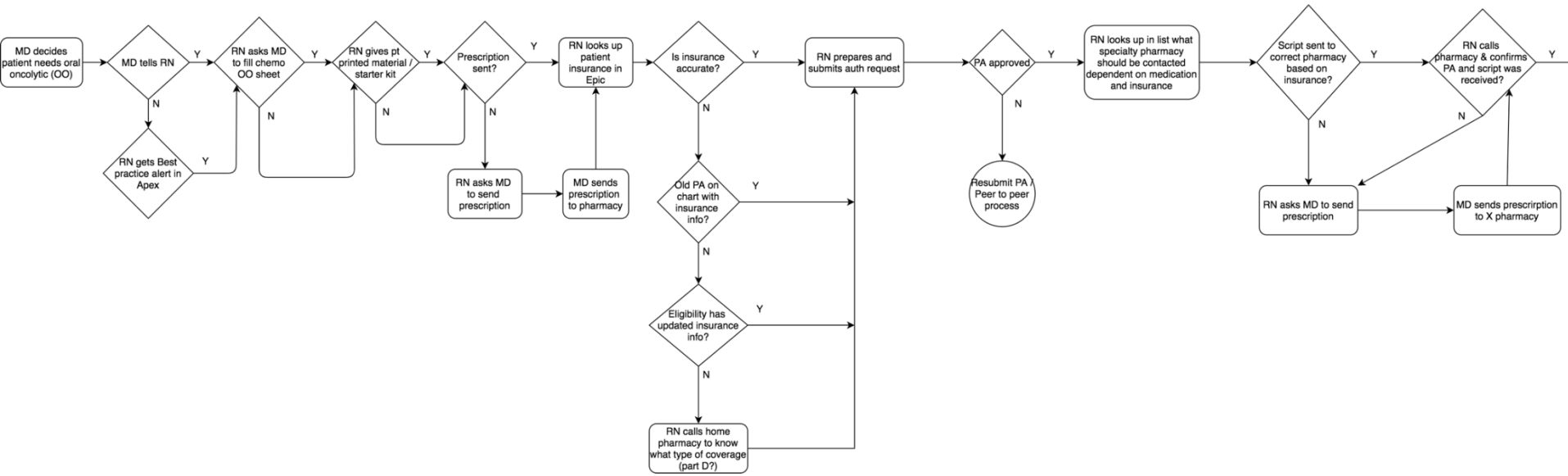
Consecutive patients starting new oral oncolytics from September to December, 2019

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%.



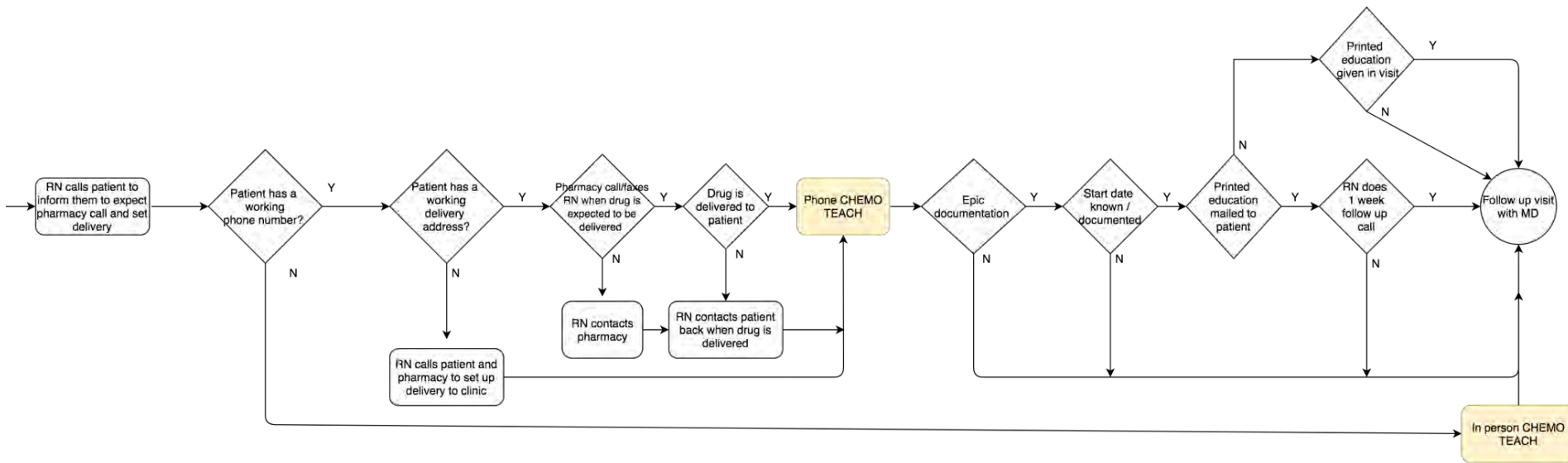
Process Map



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.

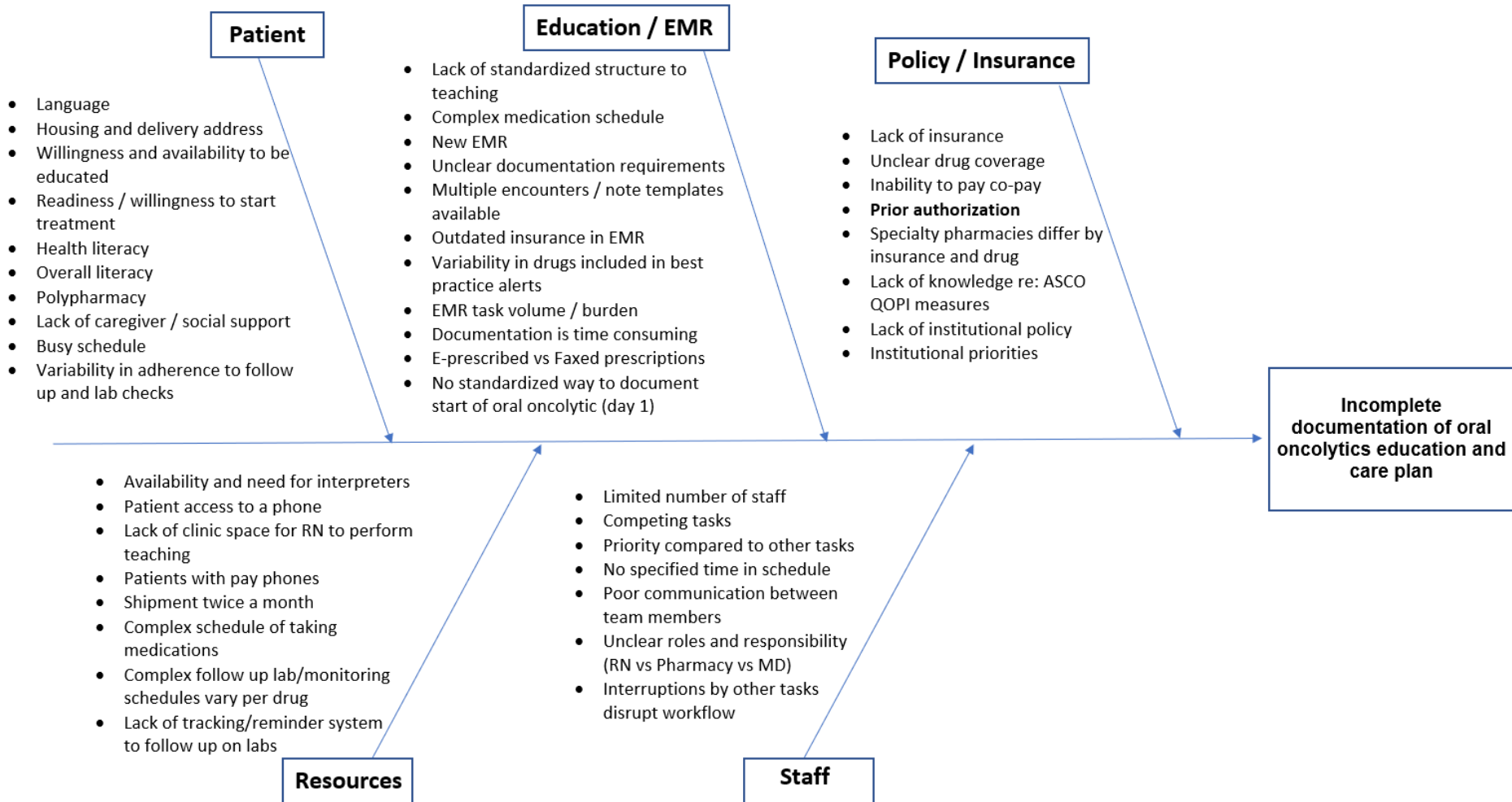
Process Map



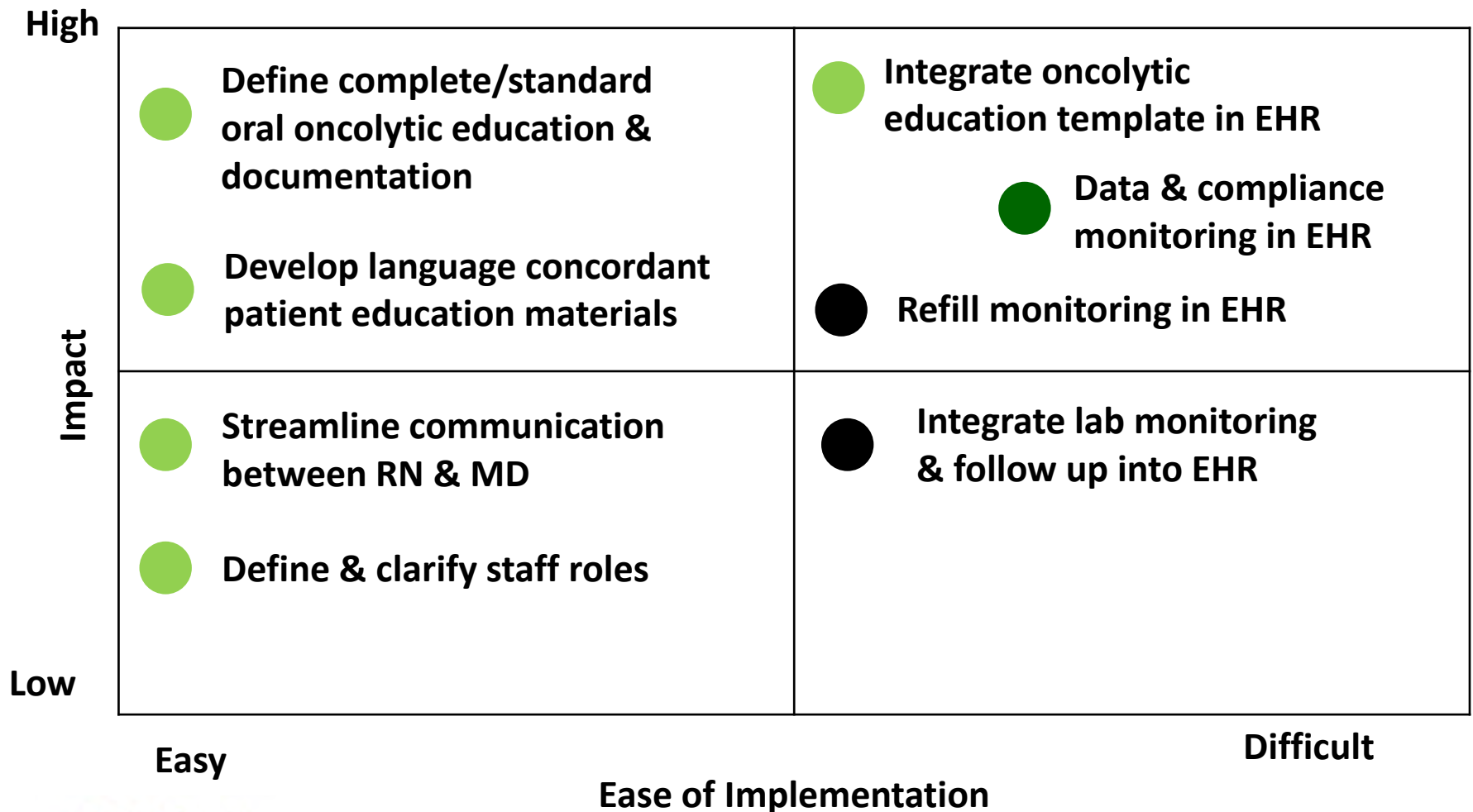
Summary of learning:

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



Countermeasures

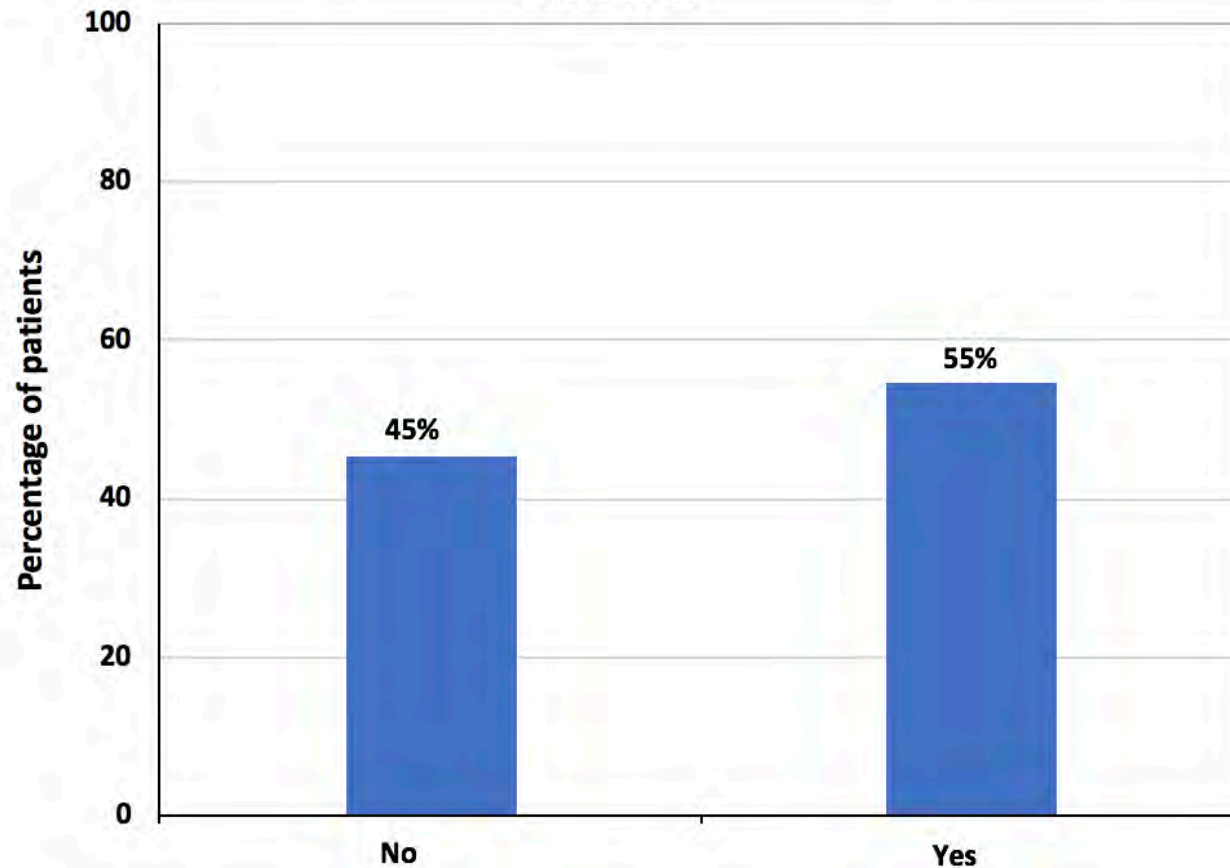


Diagnostic Data Summary

| 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) | <i>Numerator:</i> number of patients with documentation of patient education in EMR <i>Denominator:</i> number of patients who started a new oral oncolytics |
| Data source: | EMR |
| Data collection frequency: | Baseline and bi-weekly |
| Data limitations: (if applicable) | Accuracy and completeness of documentation Accuracy of capture of patients on oral oncolytics |

Diagnostic Data

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



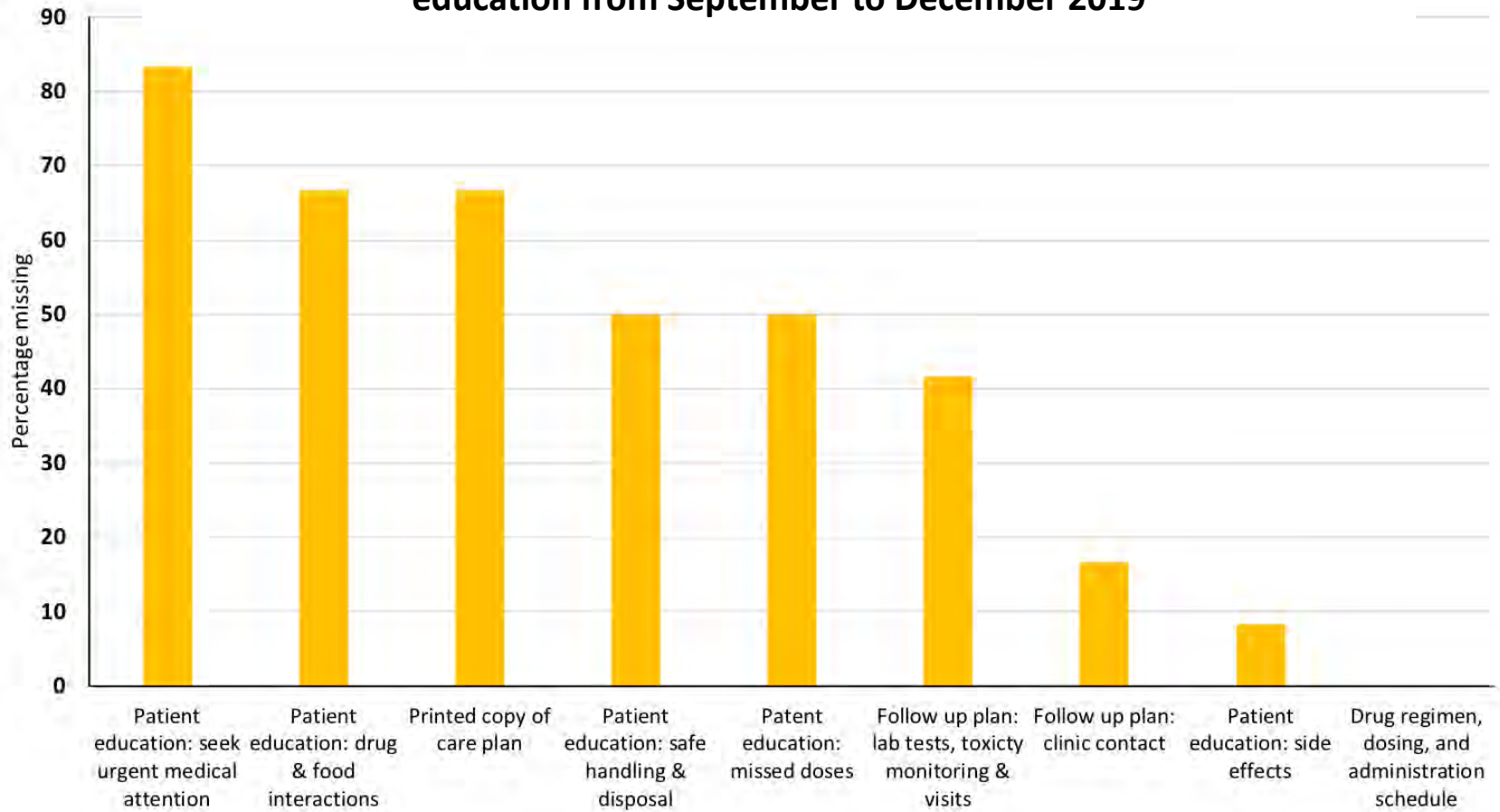
Oral oncolytic patient education documented in EMR

Diagnostic Data Summary

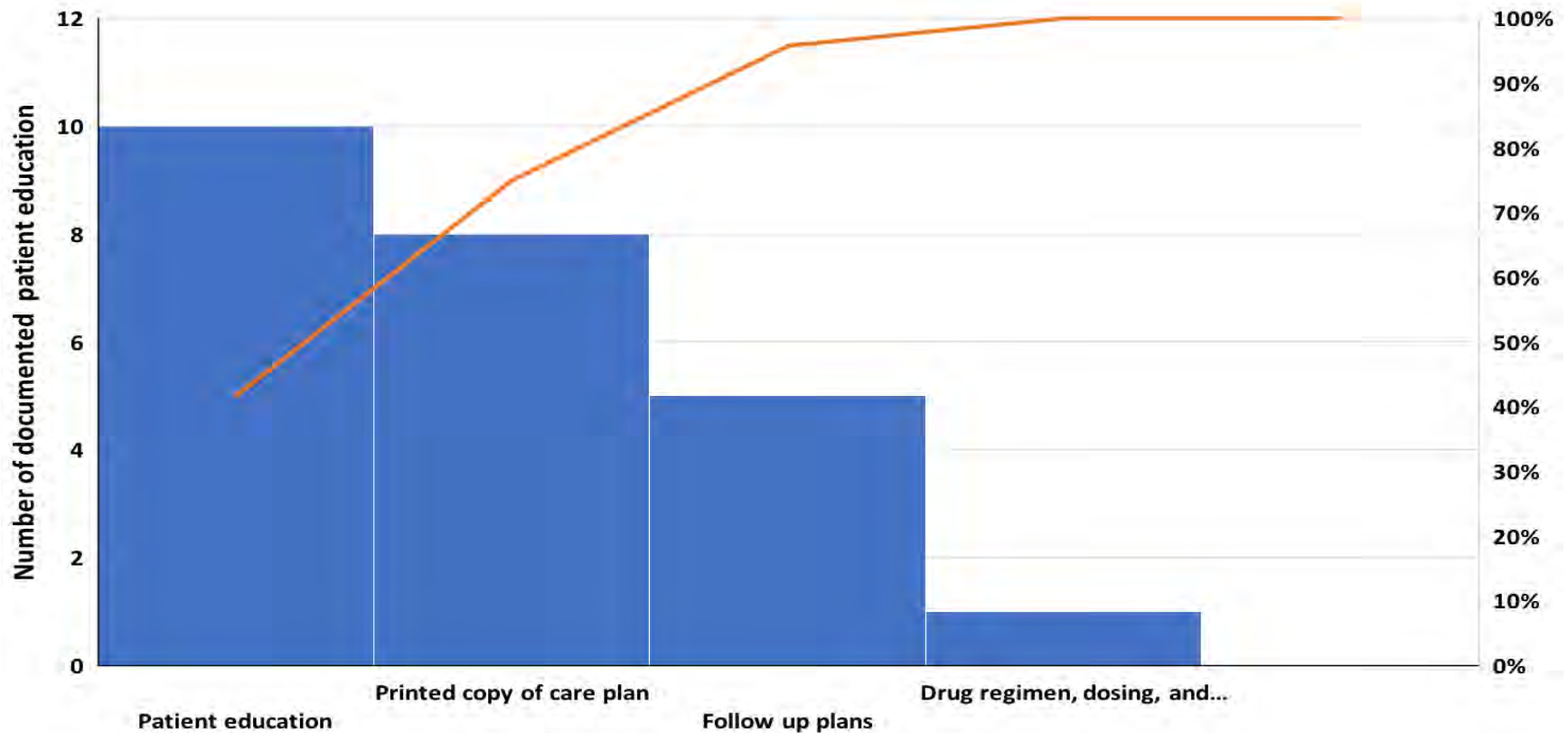
| Item | Description |
|--|---|
| Measure: | Missing components of oral oncolytic care plan |
| Patient population: (Exclusions, if any) | All patients on NEW oral oncolytics seen at ZSFG's hematology-oncology outpatient clinics with documented education in EMR -Patients receiving only hormonal therapy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

Diagnostic Data

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



Diagnostic Data



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

PDSA Plan

| Date | PDSA Description | Result |
|-------------------------|--|--|
| 3/10/20 – 6/07/20 | <ul style="list-style-type: none">• 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. | <ul style="list-style-type: none">• We identified the need for clinic space.• We discussed RN time commitment with managers.• Need for EHR tool.• Increase education documentation. |
| 6/08/20 – | <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• Increase in documentation• Challenges with follow up lab monitoring orders and completion |

Materials Created

Tip Sheet

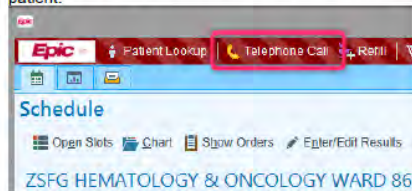
Document a Telephone Oral Chemo Education

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

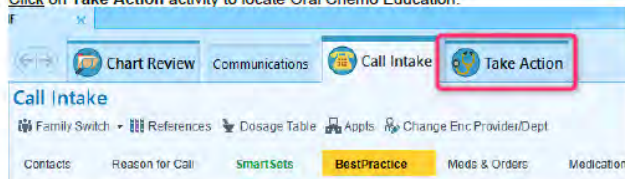
Intended users: Beacon providers and Hem/Onc Clinic nurses

Try It Out

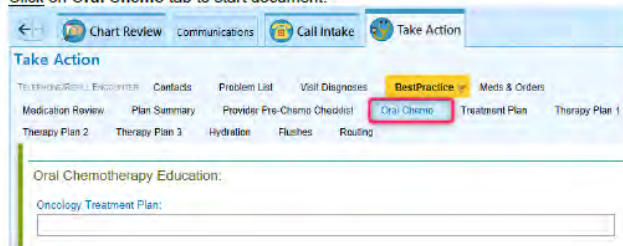
1. Upon logging in to Hyperspace, click on Telephone Call to create a Telephone encounter for a patient.



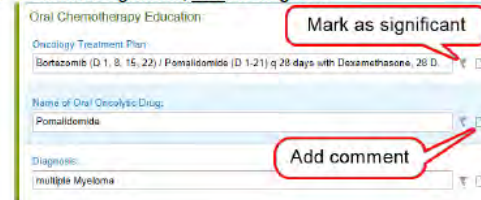
2. Click on Take Action activity to locate Oral Chemo Education.



3. Click on Oral Chemo tab to start document.



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

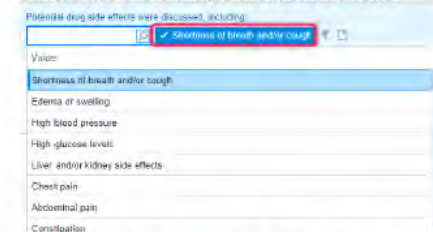


- c. To document side effects discussed with the patient, a check box for each side effect can be created.
 - i. To create a check box, click on the magnifying glass to select from the potential side effects list.

Potential drug side effects were discussed, including



Select a side effect: one pre-check box is created.



- ii. Multiple pre-checked boxes can be created simultaneously. The options are:

Materials Created



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

Hematology-Oncology
Clinics

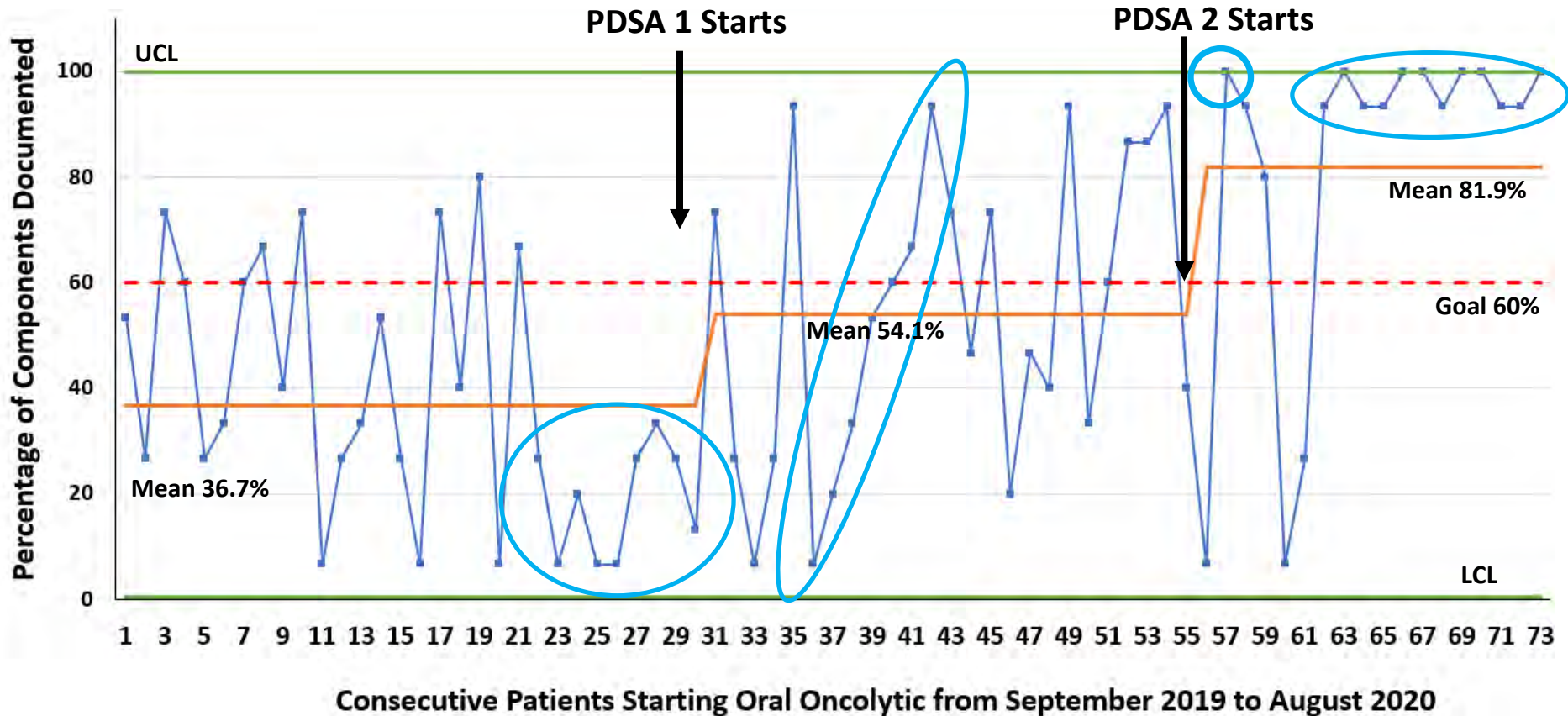
New Oral Oncolytic Start Workflow

A 5-STEP PROCESS



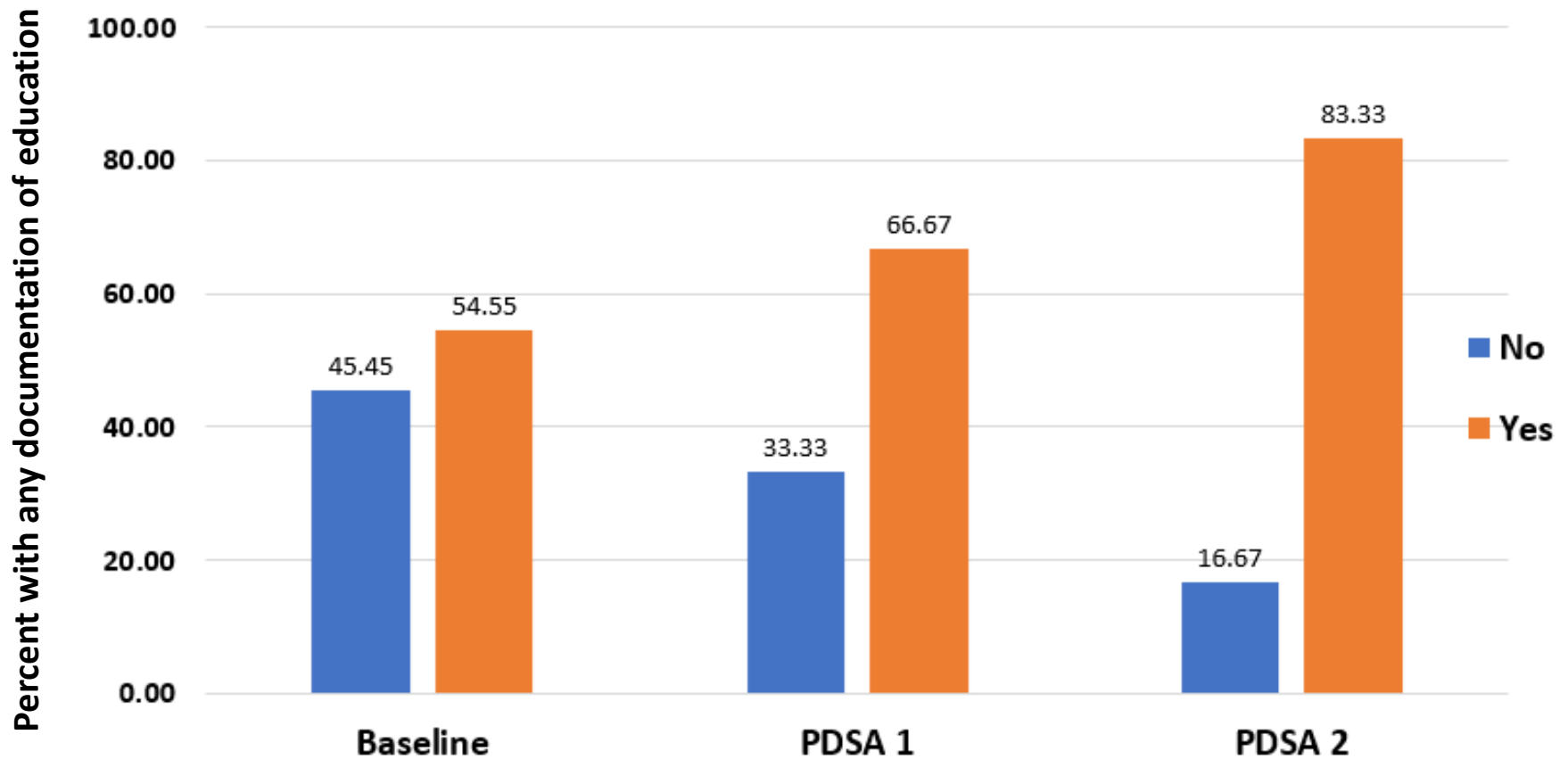
Change Data

Documentation of Components of Oral Oncolytics Care Plan



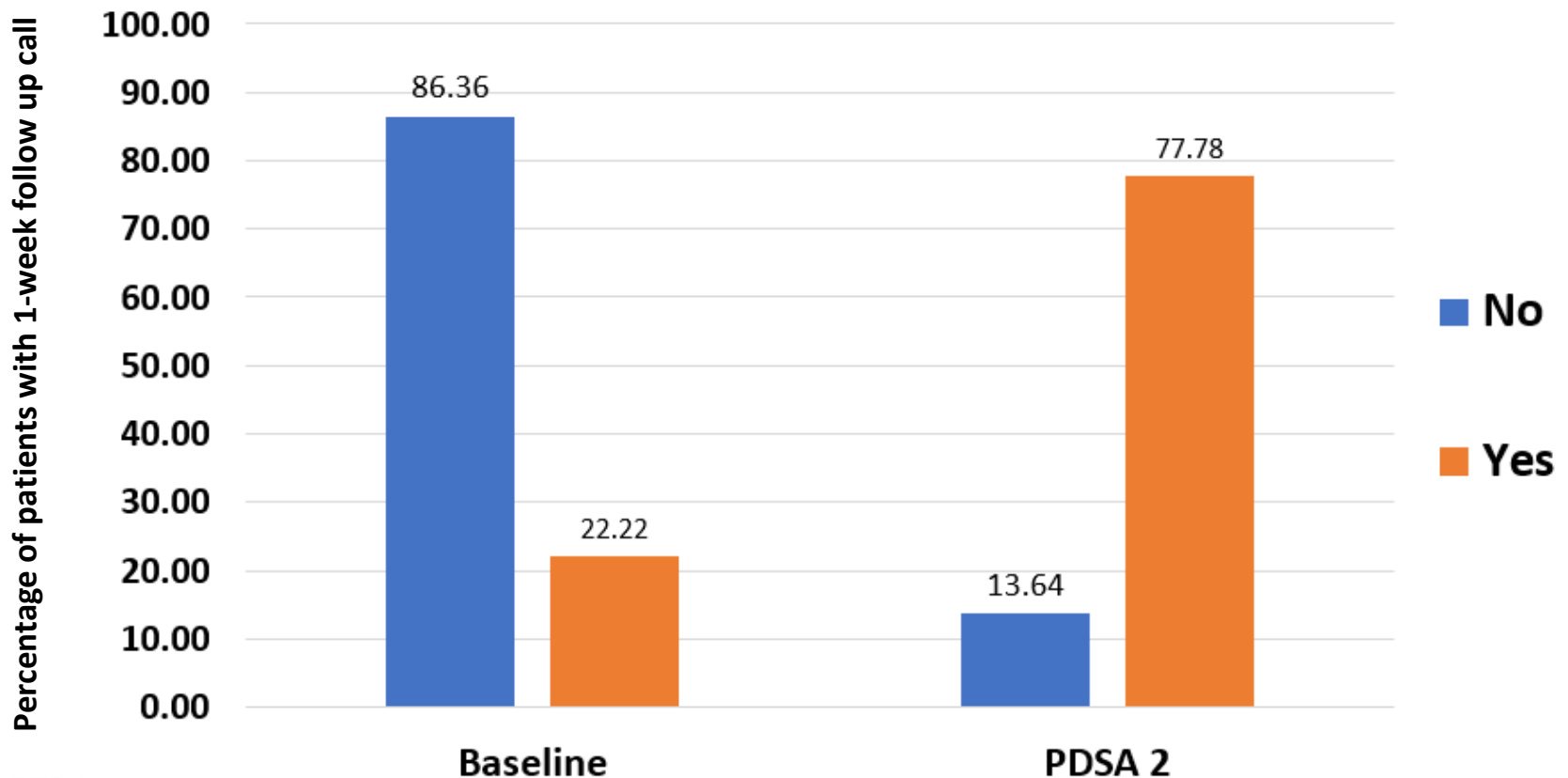
Change Data

Documentation of Oral Oncolytics Education *Process Measure*



Change Data

Follow-up Symptom Check Call at 1-week



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 | |

Conclusion

- 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.

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:

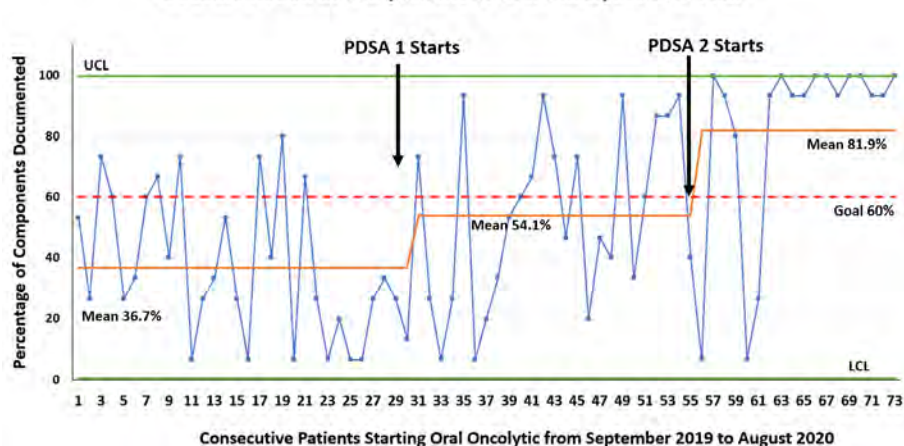
PDSA 1: We defined RNs role as staff in charge of oral oncolytic prior-auth, coordination, and education process. We reinforced direct communication of providers with RNs. We defined components of oral oncolytic education and care plan that meets QOPI & ASCO-ONS standard and developed an EHR worksheet.

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 Velazquez, 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 documentation & communication

Thank you!

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

