ASCO's Quality Training Program

Reduction of Oncology Patients Visits to The Emergency Room

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Memorial Cancer Institute

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Institutional Overview

- **Memorial Healthcare System** (Memorial Cancer Institute)
  3rd Largest public healthcare system in the nation
  5th Largest healthcare system in the State of Florida for cancer treatment
- **Located in Broward County, FL**
- **Five oncology locations spanning the south Broward County district**
- **Seventeen Oncologist (8 Hematologist & 9 Solid tumors) & 6 Radiation Oncologist**
- **MCI is a Lung Cancer Center of Excellence (Bonnie Addario Foundation (2014) & Lung Cancer Alliance (2014)**
- **Accreditation by The Joint Commission and American College of Surgeons – Commission on Cancer as a Integrated Network Cancer Program - *Recipient of the CoC Outstanding Achievement Award in 2012***
- **In FY 2014 the Memorial Healthcare System saw 3,149 new cancer patients.**

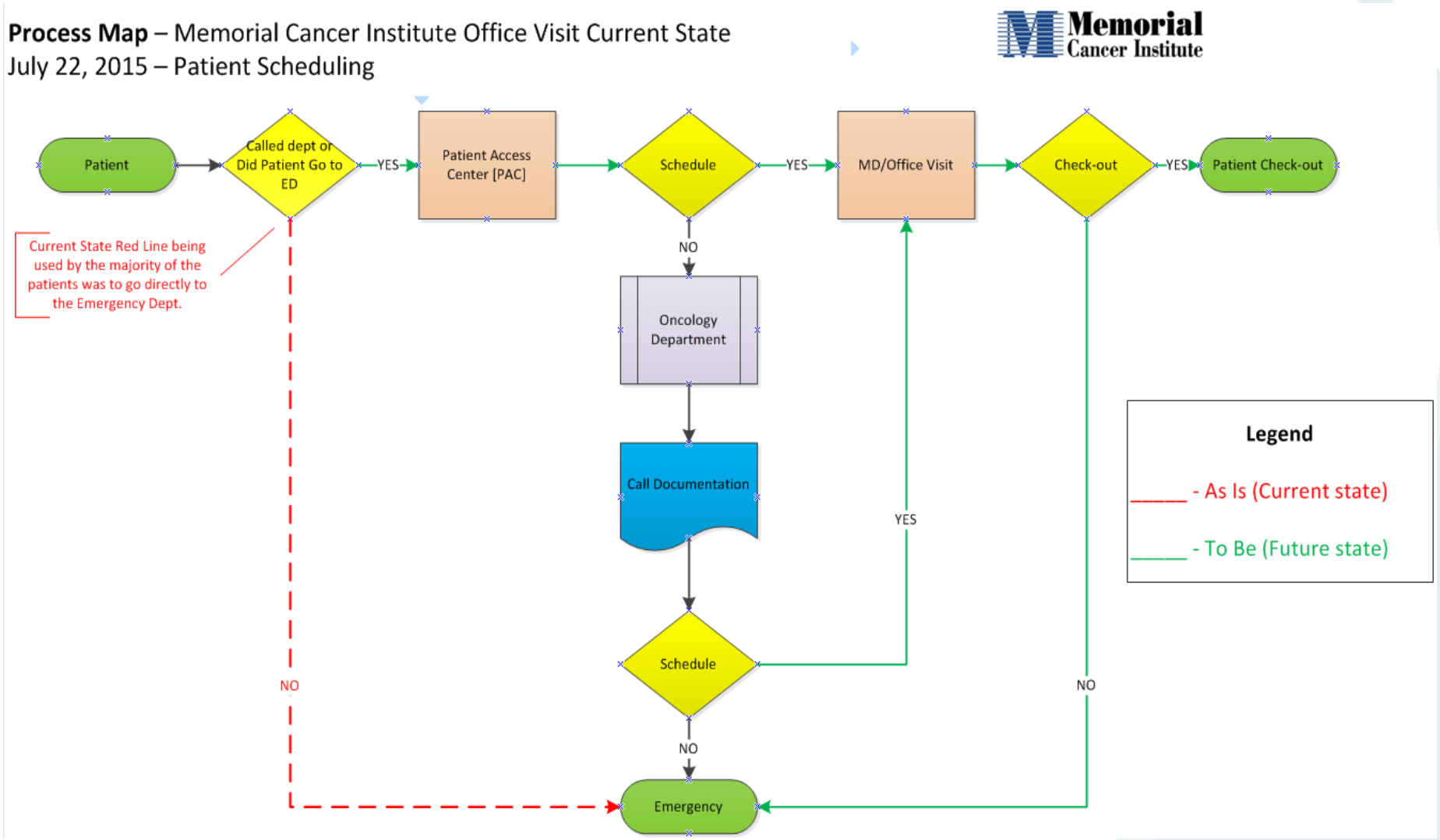
Problem Statement

- 48% of Memorial Cancer Institute patients' E.R. visits occur during business hours causing an over utilization of E.R. services, in lieu of our physicians' practices.

Team Members

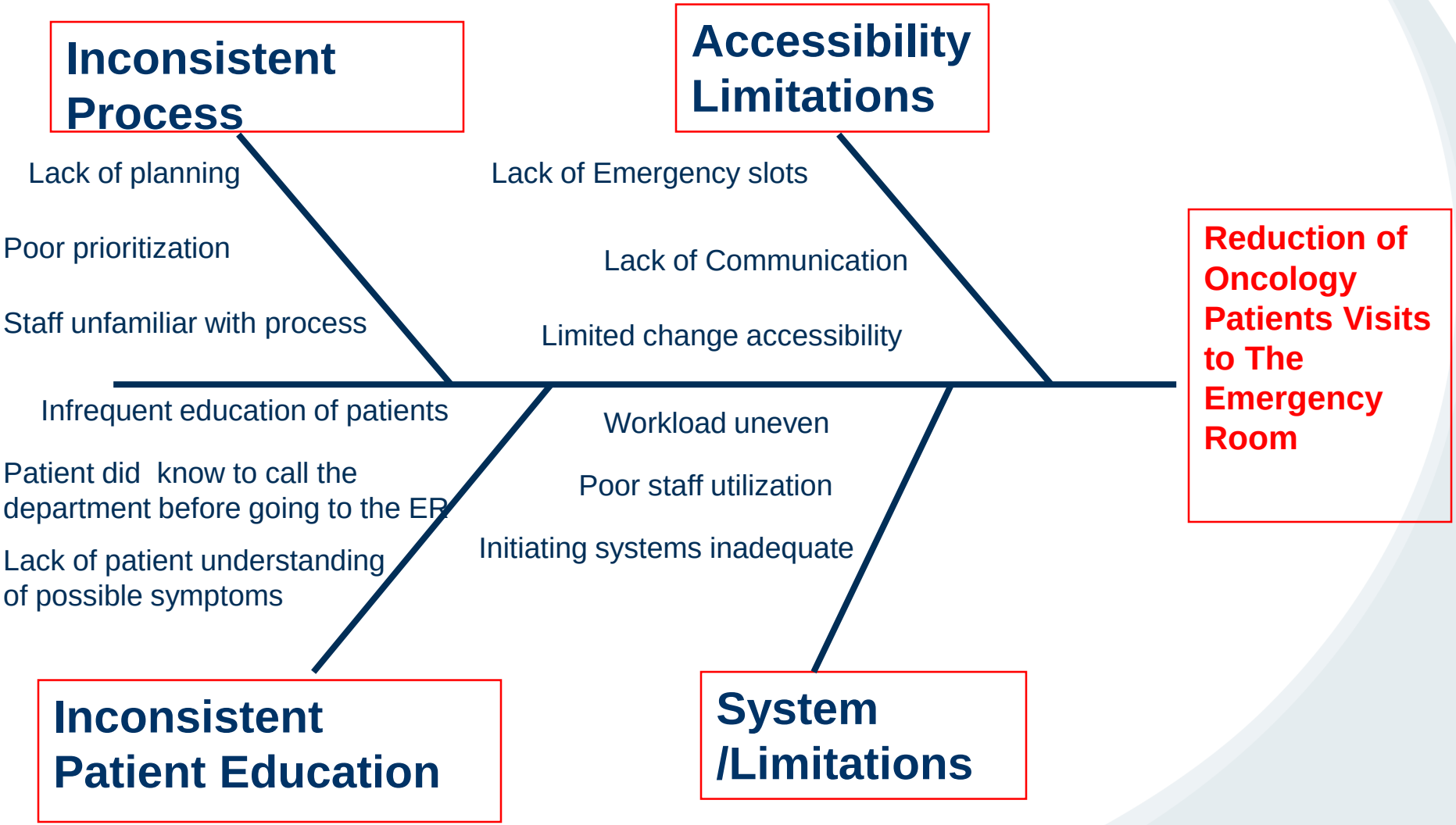
Team member	Role/discipline
Brian Hunis, MD	Director of Quality – **Team Leader**
Alvaro Alencar, MD	Physician
Aurelio Castrellon, MD	Physician
Vedner Guerrier, MBA, LSSBB	Director, Physician Practices
Bini Jacob, MBA, LSSGB	Director Finance
Terri Sorrels, BSN	Director, Physician Practices
Ana Espinosa, DNP, MBA	Admin. Director Nursing
Teddy Speropoulos, LCSW	Director Supportive Service
Mercedes Dominquez, RN	Director Emergency Department
Karina Laconcha, MBA, LSSGB	Manager Patient Access Center
Maggie Wiegandt, MBA	V. P. of Oncology – **Project Sponsor**
Arif Kamal, MD	Physician - **QTP Coach**

Process Map


Process Map – Memorial Cancer Institute Office Visit Current State
July 22, 2015 – Patient Scheduling
Memorial Cancer Institute
Patient
Called dept or Did Patient Go to ED
YES
Patient Access Center [PAC]
Schedule
YES
MD/Office Visit
Check-out
YES
Patient Check-out
NO
Oncology Department
Call Documentation
Schedule
YES
NO
NO
Emergency
Current State Red Line being used by the majority of the patients was to go directly to the Emergency Dept.
Legend
_____ - As Is (Current state)
_____ - To Be (Future state)

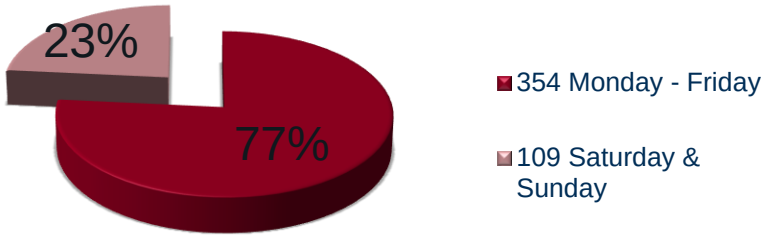
Cause & Effect Diagram

Focus question – Why Are Our Patients Going to the E.R.?



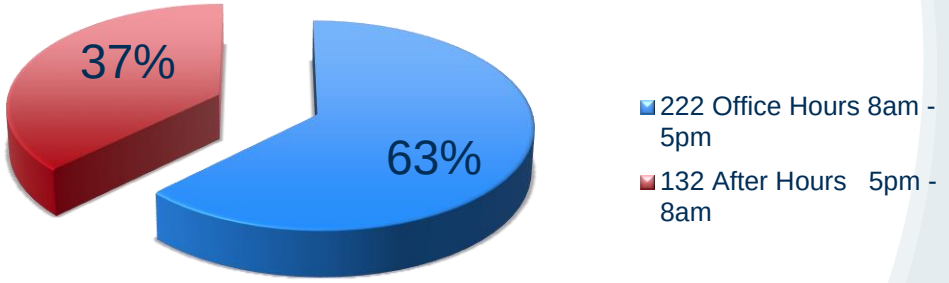
Diagnostic Data

Total Emergency Visits Jan. 2015 – May 2015



463 - Total E.R. Applicable Cases

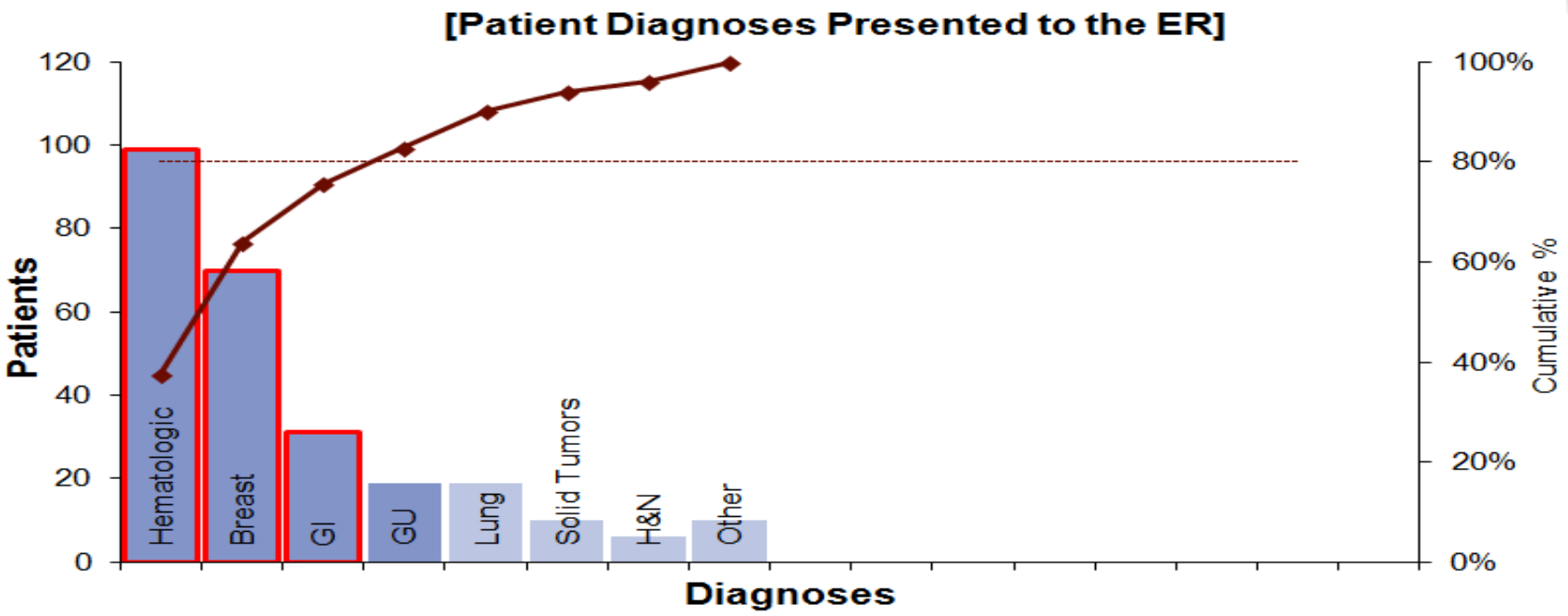
Target Group - Weekdays Monday - Friday



354 - Total weekday cases

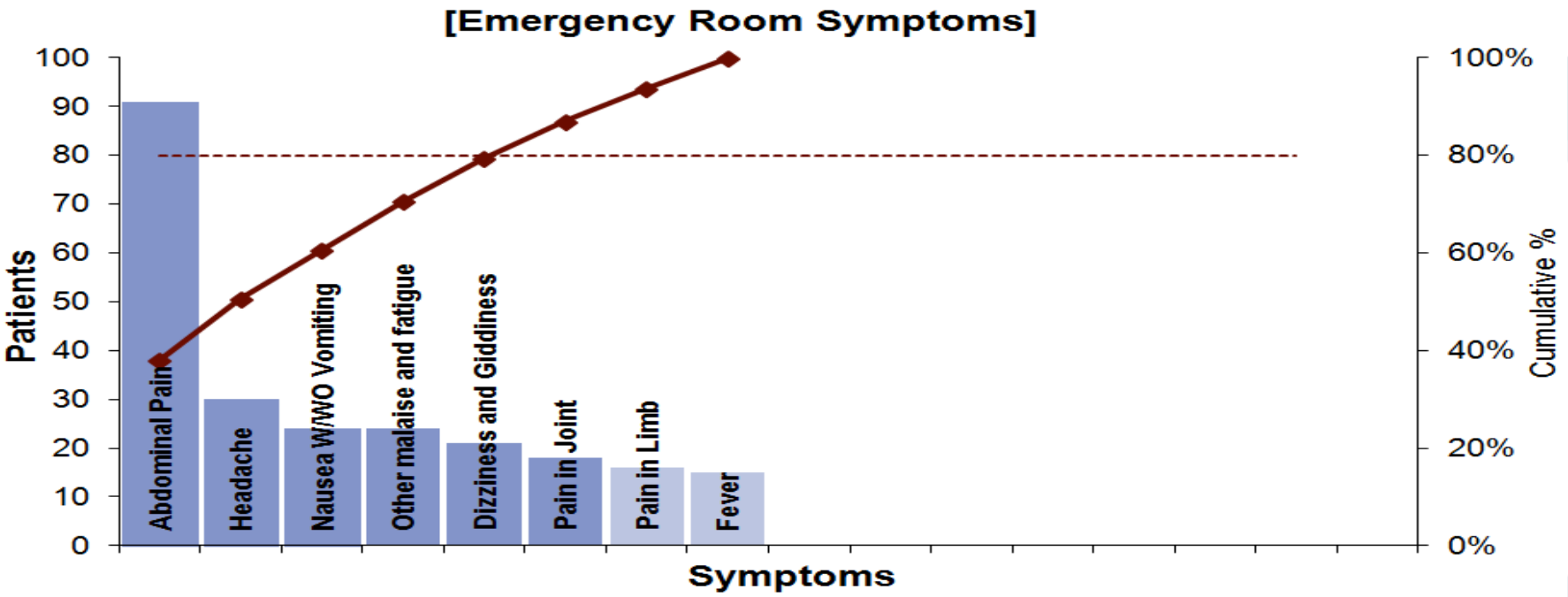
Current State		
222	Office Hours 8am - 5pm	100.00%
Reduction Target is 30%		

Diagnostic Data



		Cumulative Percentage Cutoff:	80%
#	Diagnoses	Patients	Cumulative%
1	Hematologic	99	37.5%
2	Breast	70	64.0%
3	GI	31	75.8%
4	GU	19	83.0%
5	Lung	19	90.2%
6	Solid Tumors	10	93.9%
7	H&N	6	96.2%
8	Other	10	100.0%

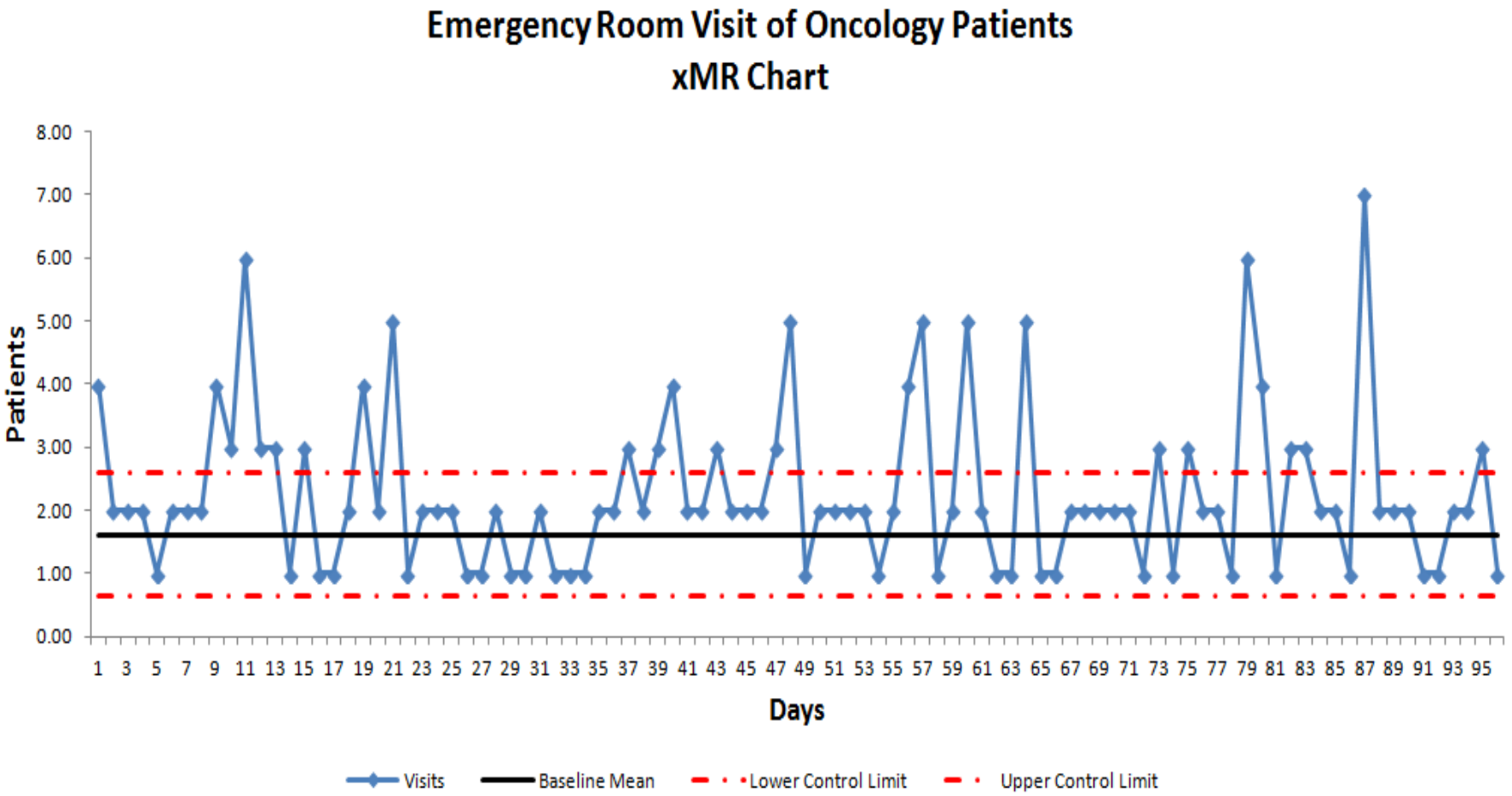
Diagnostic Data



Cumulative Percentage Cutoff: 80%

#	Symptoms	Patients	Cumulative%
1	Abdominal Pain	91	38.1%
2	Headache	30	50.6%
3	Nausea W/WO Vomiting	24	60.7%
4	Other malaise and fatigue	24	70.7%
5	Dizziness and Giddiness	21	79.5%
6	Pain in Joint	18	87.0%
7	Pain in Limb	16	93.7%
8	Fever	15	100.0%

Diagnostic Data



Aim Statement

- Decrease by 30% the number of non-emergent visits to the E.R. of oncology patients under treatment by September 30, 2015.

Measures

- Measure:
  - Documentation of emergency care to address Medical Oncology related side effects

- Patient population:

- All medical oncology patient under active treatment with an emergency room visit

- Calculation methodology:
  - Total emergency visits of oncology treatment patients per cancer diagnosis

- Data source:

- EPIC [Electronic Health Record System]

- Data collection frequency:
  - Monthly

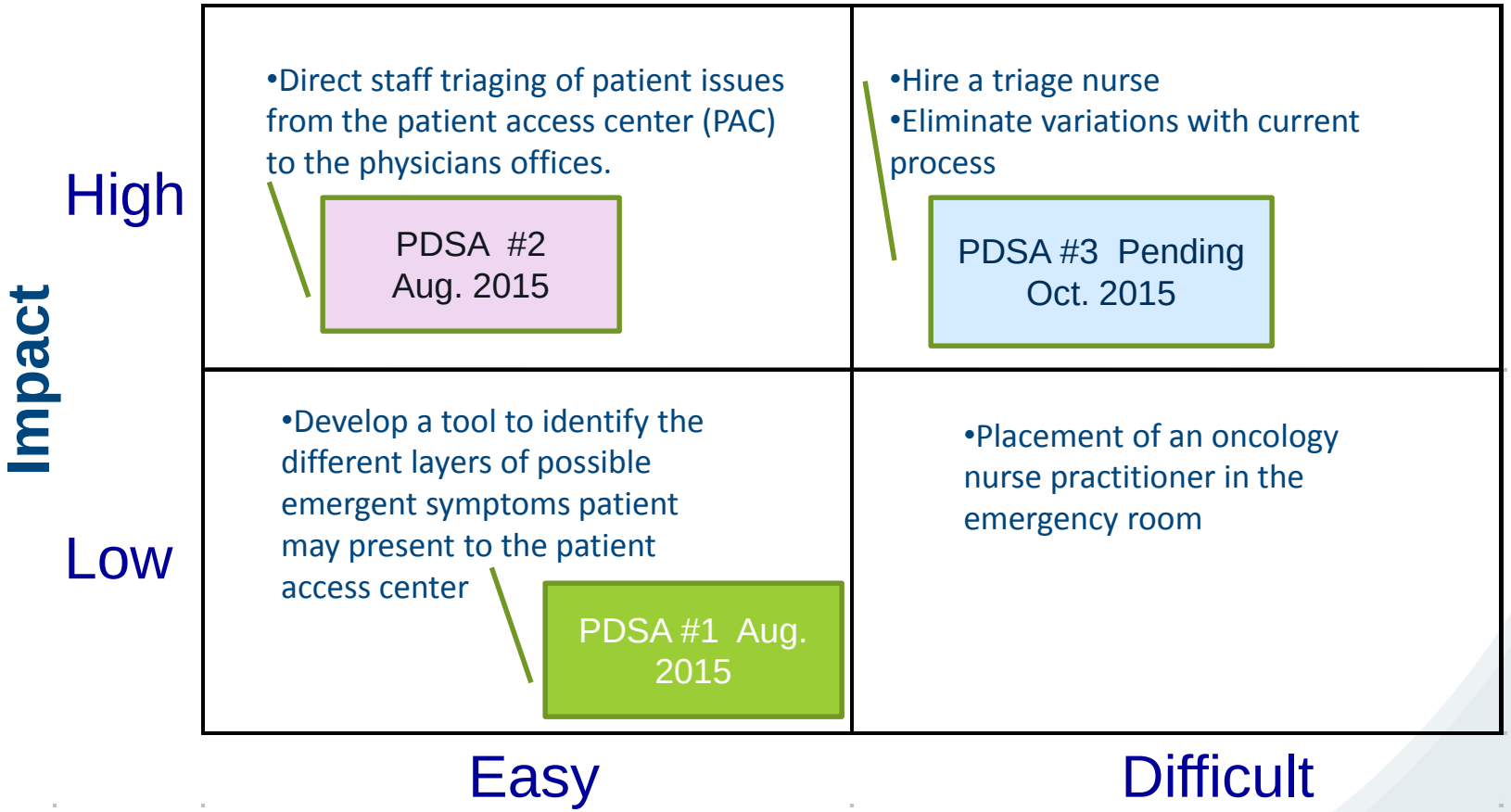
- Data quality (any limitations):
  - Very accurate, no limitations

Baseline Data

Baseline Data (January 2015 – May 2015)

- Total patients under active chemotherapy treatment
- Patients with documented emergency room visit with oncology diagnosis
- Patients with possible chemotherapy related complaints to the emergency room

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



PDSA Plan (Tests of Change)

Date of PDSA cycle	Description of intervention	Results	Action steps
8/1/15 – Ongoing **1.**	Train Patient Access Center staff and physicians' office staff on the protocol for handling of all patients call with complaints of possible symptoms which may be due to their chemotherapy treatment.	Excellent improvement, less patients are going to the E.R. Further documentation of patient and Patient Access Center staff was needed	Create telephone call triage form
8/1/15 – Ongoing **2.**	Patient education modified to enhance the importance of contacting the patient access center for any concern or symptoms related to active chemotherapy treatment.	Patients calls to the Patient Access Center has increased allowing better triaging of their concerns. Further documentation is being collected.	Create a patient clinical intervention triage tracking log
Scheduled to start on 10/12/15 **3.**	Placement of a triage nurse in the physician office to further facilitate patient accessibility for care.	TBA	TBA

Materials Developed

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Example: Reference triage card for all staff members

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Telephone Call Triage Form of Patients with Symptoms- (Patient Access Center)

Category A	Category B	Category C
URGENT! **Must have verbal transfer to medical provider** **RECEIVING CHEMOTHERAPY (OR CHEMO PILLS) AND…**	**May transfer to MA or RN**	**Inbox Telephone Encounter**
Fever 100.4 or higher	Moderate Pain 4-7/10	Mild pain 1-3/10 (High Priority Telephone Encounter)
Bleeding	Nausea	Letter for work
Severe pain 8-10/10	Vomiting	FMLA paperwork
Constipation >3 days	Diarrhea < 3 days	Medical record request
Diarrhea >3 days	Constipation < 3 days	Result requests
Syncope (passed out)	Dizziness	Prescription requests with >2 days left
Cannot breath	Pain, frequent, urgency with urination	
Cannot walk	Fatigue	
Cannot urinate	Cough	
Chest pain, tightness	Numbness and tingling of fingers and toes	
Sudden onset numbness, tingling, weakness	Prescription requests with <2 days	
Sudden onset severe headache	Eye discharge	

Materials Developed

Example: Patient Clinical Intervention Triage Tracking Log

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MEMORIAL REGIONAL HOSPITAL | MEMORIAL HOSPITAL WEST
MEMORIAL AVENTURA GROUP
954-265-HEAL(4325)
MemorialCancerInstitute.com

MCI PAC Patient Clinical Intervention Triage Tracking Log (August 31, 2015)

MCI Location	Total Number of Incidents
Aventura	4
BCC East	19
MRH Ste# 330	14
MHW Ste# 11	20
MHW Ste# 151	3
BCC West	7
Total Combined (MHW & MRH)	67
MRH Total	37
MHW Total	30

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MCI PAC Patient Clinical Intervention Triage Tracking Log (Sept. 2015)

Date	Time	Patient's Name	MR#	Type of Call	Duration of the Call	Practice	Detail Notes	Resolution	PAC Agent
9/2/2015	9:30am	TC	123456	fever, sore throat, joint pain	5 minutes	BCC East	Called Ana Gaviria and no answer, called Sheila and she told me Dr. Velez was not in the office to call the infusion nurses. Called Carrie no answer, spoke with Doris and she told me to transfer the call that she was going to try to speak with Ana Gaviria.	Doris was going to call Ana Gaviria for a solution	M. Hankins
9/2/2015	1:53pm	GY	123456	patient has an infected port and wants it removed	8 minutes	BCC East	Spoke with Doris and she said she would have patient speak with Dr. Calfa. Finally Debbie Geary took the call and spoke with patient who was very upset.	I did send an urgent encounter to Trish in the meantime and hopefully the patient had her needs met when she spoke with the clinical manager	M. Hankins

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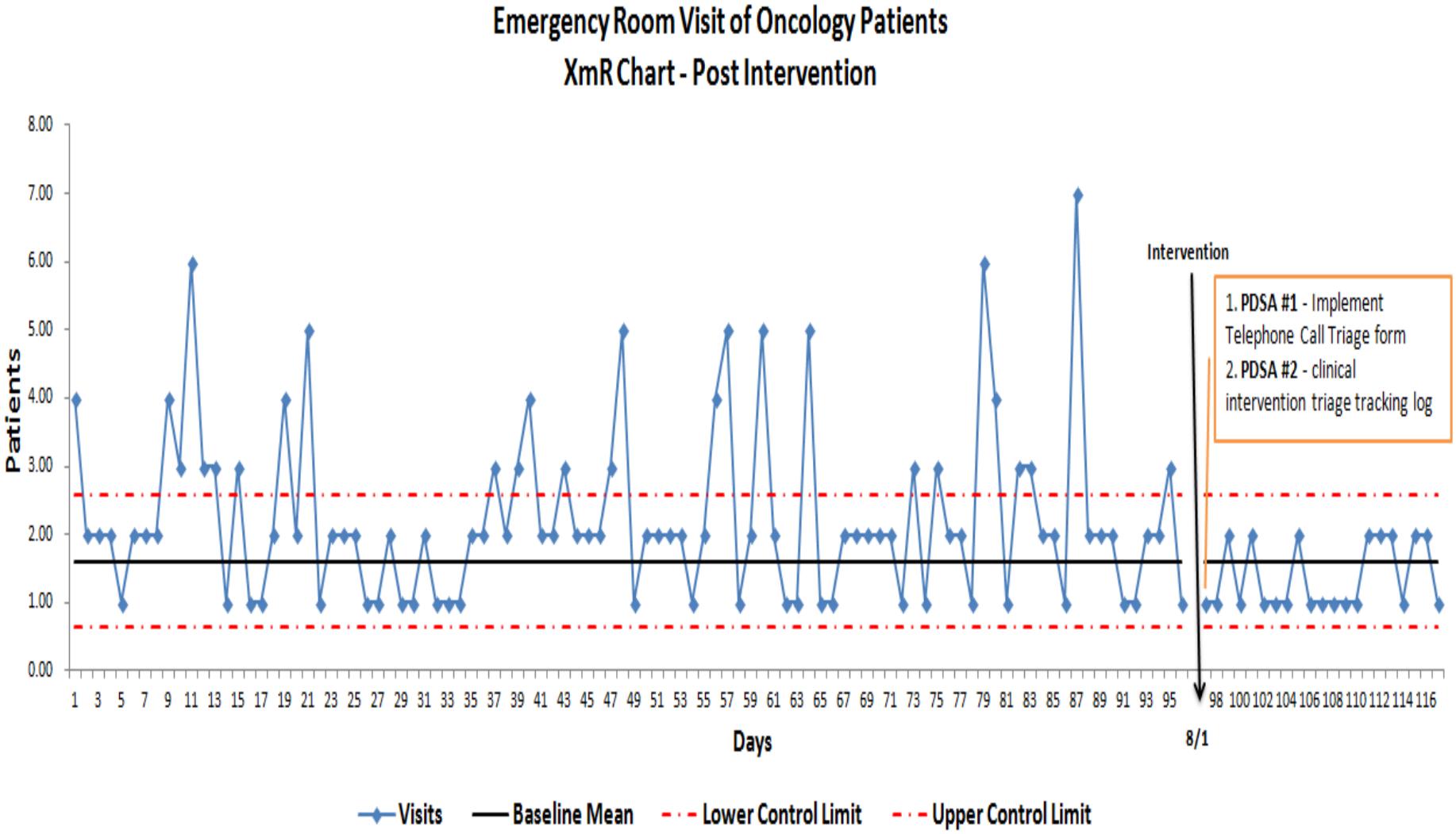
Change Data


Emergency Room Visit of Oncology Patients
XmR Chart - Post Intervention
Patients
Days
Intervention
8/1
1. PDSA #1 - Implement Telephone Call Triage form
2. PDSA #2 - clinical intervention triage tracking log
Visits
Baseline Mean
Lower Control Limit
Upper Control Limit

Conclusions

Achievement

•Implementation of the telephone call triage form for patients with symptoms and increased patient education has resulted in a 60% reduction of emergency room visits.

•The data helped identify our highest risk patient diagnosis and the primary complaints which will be used to further develop a comprehensive triage process for these patients.

Lesson Learned

•Create collaborative multidisciplinary partnership

•Patient Access Center (PAC) workflow modification combined with changes in the physicians practices workflow allowed for successful triaging.

•Petition patient engagement

•Getting patients involved in their care yielded better compliance to our triage process.

Next Steps/Plan for Sustainability

PHASE 2 (PDSA Cycle 3)

- A triage nurse has been hired to work directly with the patient access center (PAC) to assess all patient calls
- Establish monthly reporting of oncology patients emergency room visits to further improve triage processing
- Provide continuous feedback to our physicians to further improve our triaging process

Brian Hunis, MD – Director of Quality
Vedner Guerrier, MBA – Director of Physician Practices

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Project Title - Reduction of Oncology Patients Visits to The Emergency Room

AIM: Decrease by 30% the number of non-emergent visits to the E.R. of oncology patients under treatment by September 30, 2015.

INTERVENTION:

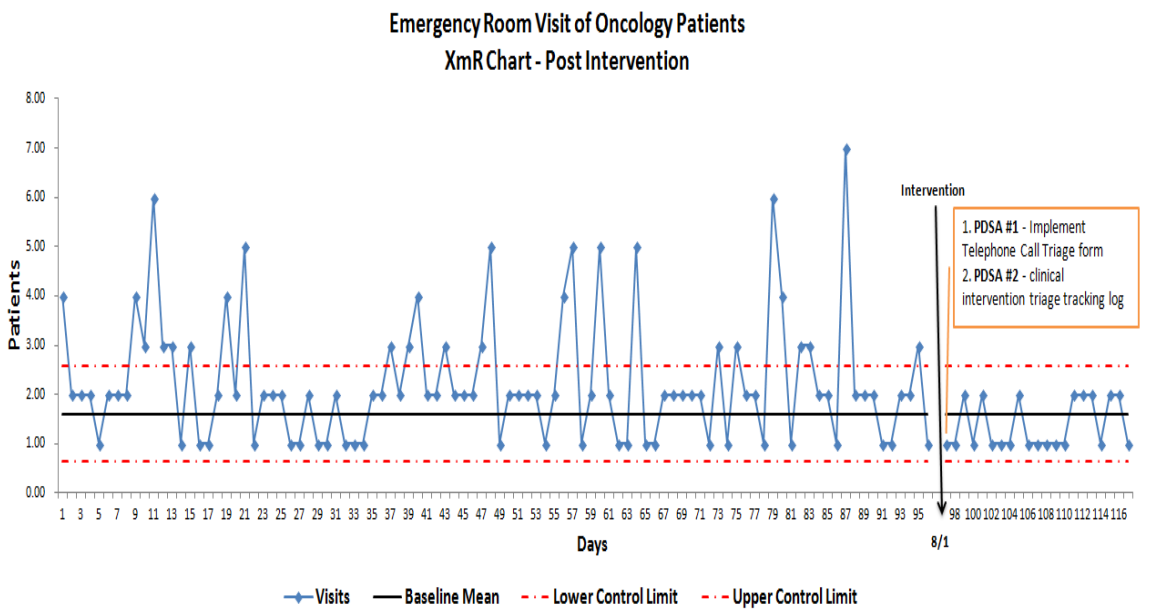
- Implemented a telephone triage form to prioritize the handle of all patient care concerns.
- All office staff were educated on the importance of proper triaging of all patient under active chemo.
- Established new patient symptoms education process to reduce E.R. visits

TEAM: Memorial Cancer Institute

- **Oncology Service**: Alvaro Alencar, MD
  Aurelio Castrellon, MD
- **Patient Access Center**: Karina Laconcha, MBA
- **Nursing Service**: Ana Espinosa, DNP, MBA

PROJECT SPONSORS: Maggie Wiegandt, MBA - Vice President of oncology

RESULTS:



CONCLUSIONS:

- Exceeded target goal of 30% by 30 percent) There was a 60% decrease of oncology patients visits to the E.R.
- Patient education and staff utilization improved

NEXT STEPS:

- The integration of a triage nurse to further improve the handling of patients calls.
- Modify the current telephone triage form to incorporate the usage of the triage nurse.
- Modify the nurse practitioners work processes to include proper handling of the triage nurse and additional patient volumes.

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