

ASCO's Quality Training Program

Project Title: Steroid Tapering for Patients with Spinal Cord Compression or Symptomatic Brain Metastases

Presenter: David Asher

Institution: Jackson Memorial Hospital

Date: June 29, 2018

Institutional Overview

Jackson Memorial Hospital

- Non-profit, tertiary care hospital
- Primary provider for poor and near-poor population of Miami-Dade County
- ~1400 inpatient beds
- Teaching hospital for University of Miami Miller School of Medicine



Team Members

Team Members	
Janet Diaz-Pujala, RN	Nurse (Radiation Oncology)
Ana Abad, RN	Nurse (Radiation Oncology)
Sarah Francis, PharmD, BCOP	Pharmacist (Inpatient Oncology)
Angela Richardson, MD, PhD	Resident (Neurosurgery)
Glen Manzano, MD	Attending (Neurosurgery)
Stuart Samuels, MD, PhD	Attending (Radiation Oncology)
Benjamin Farnia, MD	Resident (Radiation Oncology)
Stephen Ramey, MD	Resident (Radiation Oncology)
Team Sponsor	
Raphael Yechieli, MD	Director (Radiation Oncology)
Team Leader	
David Asher, MD	Resident (Radiation Oncology)
ASCO QI Coach	
Duncan Phillips, MBA	

Problem Statement

Between Nov-17 and Feb-18 **76% of patients** with spinal cord compression or symptomatic brain metastases **did not receive appropriate tapering of steroids** following completion of radiation treatment. This leads to unnecessary side effects from continued steroid use, ultimately leading to an inefficient use of resources, including time and money.

Aim Statement

To reduce the percentage patients with spinal cord compression or symptomatic brain metastases who receive radiation treatment and do not receive a steroid taper schedule prior to completion of radiation treatment by **30% by June 2018**

Measures

Measure: Outcome

Population: Patients with cord compression or symptomatic brain metastases who receive radiation therapy

Calculation methodology:

Numerator: # of patients who do not receive adequate tapering instructions in discharge instructions or documented in on-treatment visit

Denominator: # of patients with cord compression or symptomatic brain metastases who receive radiation therapy

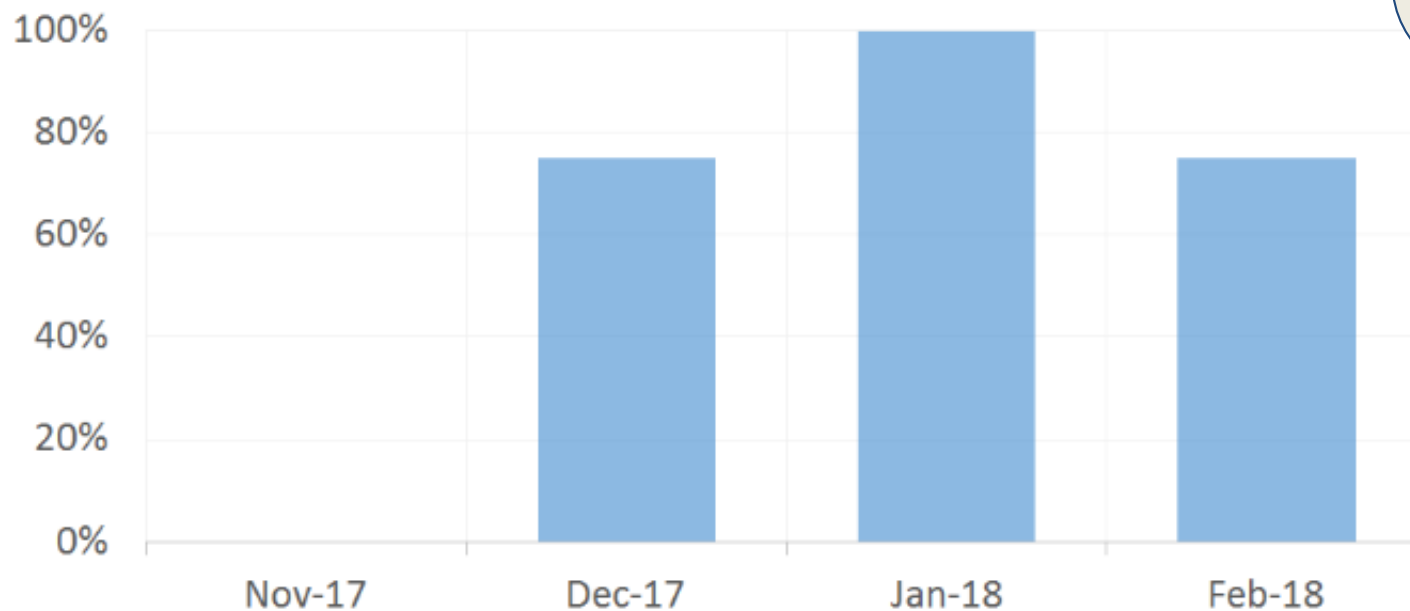
Data source: Chart Review

Data collection frequency: Monthly

Data quality(any limitations): Charting may not reflect clinical reality. Discharge instructions, although written, may not reflect patient understanding/compliance.

Baseline Data

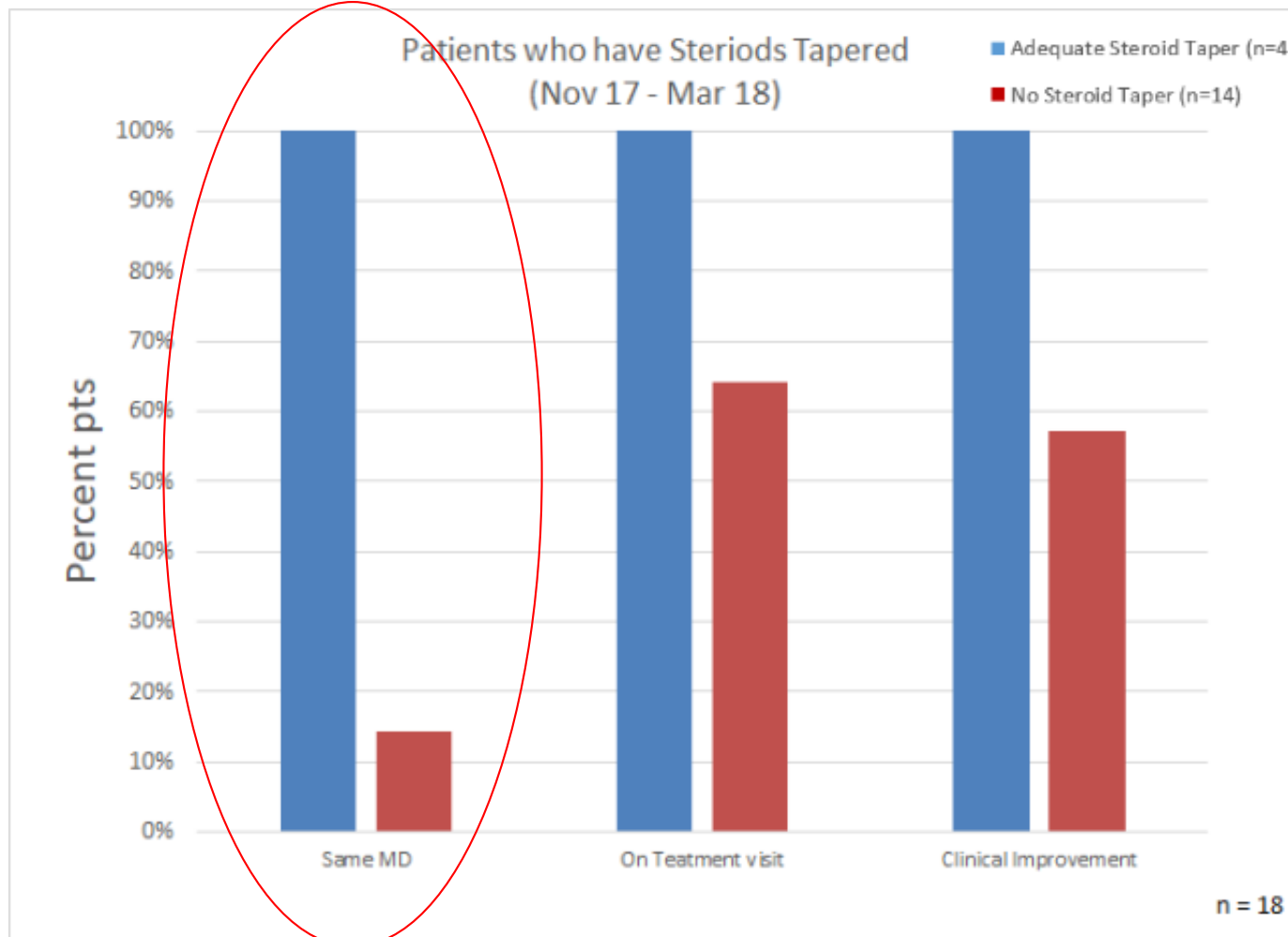
Percentage of Patients Who Do Not Receive Steroid Taper Instructions



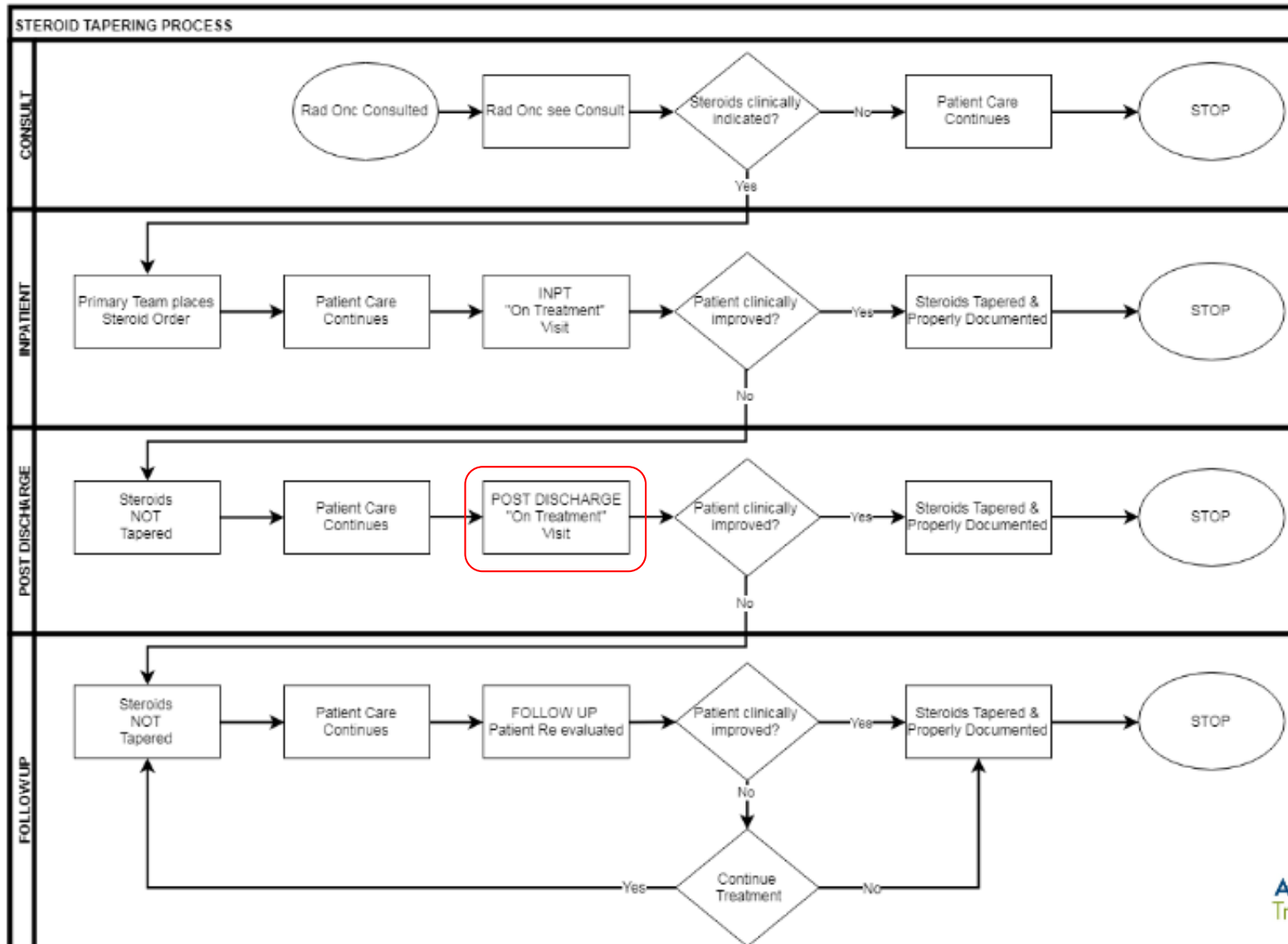
76% not tapered

Total # Not Tapered	0	3	7	3
Total #	2	4	7	4

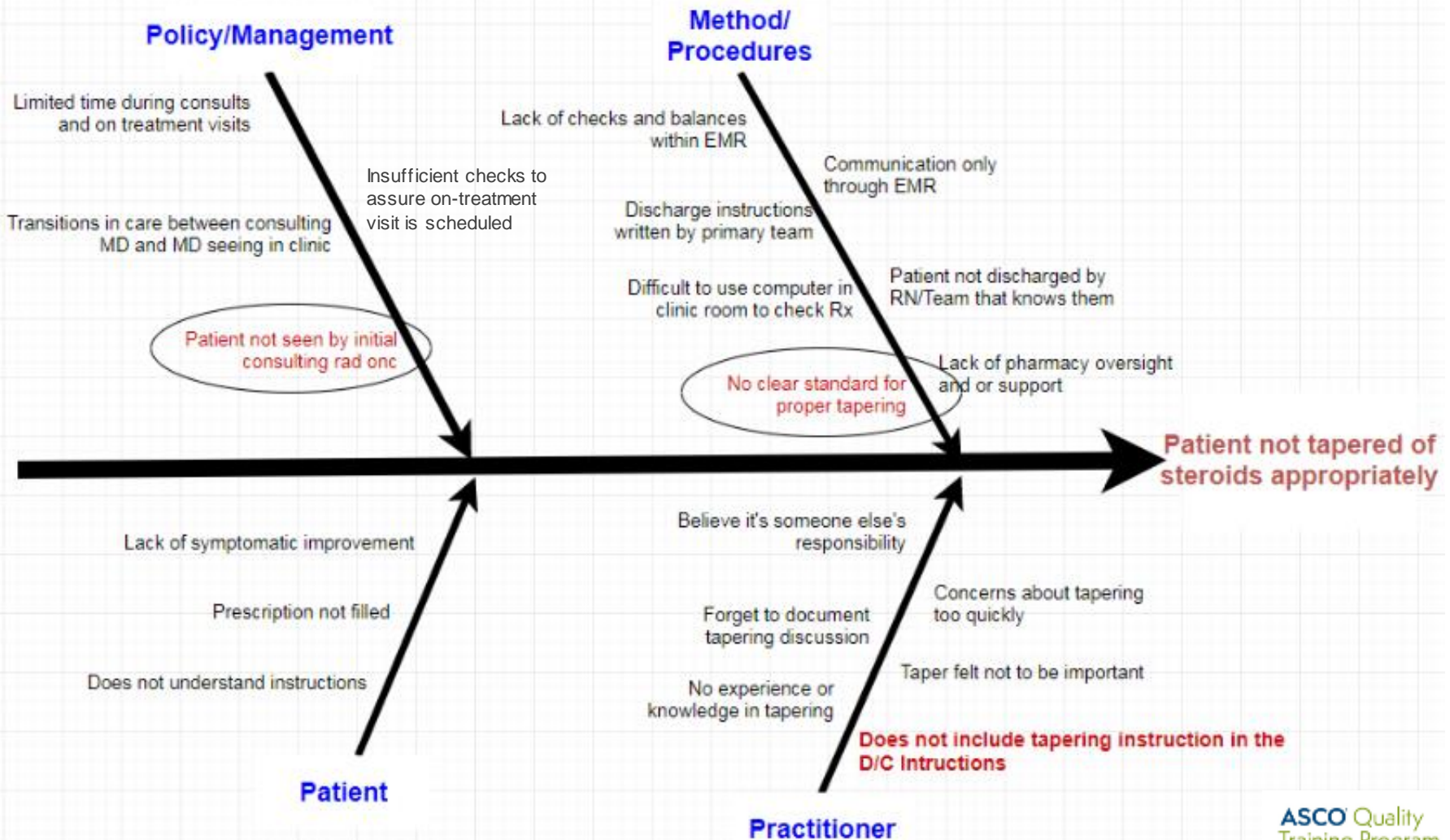
Diagnostic Data



Process Map



Cause & Effect Diagram



Prioritized List of Changes (Priority/Payoff Matrix)

Impact	High	Grand Rounds	Hire ARNP/PA-C Require MD to 'follow' patient Add Tapering to MD Orderset
	Low	Develop Steroid Tapering Template	Didactic series to non-Rad Onc MD's
		Easy	Difficult

Ease of Implementation

PDSA Plan (Test of Change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps
4/13/18	Grand Rounds	16 MD attended, Nurse Manager, Lead RT Therapist, Training Material developed	Follow up with individual residents
4/13/18	Developed Tapering Template	Dist. to all Rad Oncs	Edited the Tapering Template
5/18/18	1:1 discussion with residents	Increased Awareness	Add the Tapering Template to the EMR

Materials Developed (optional)

Steroid Tapering Schedule

Dexamethasone 2 mg tablets

	AM Breakfast, # of tablets	PM Dinner, # of tablets
Week 1 _/_ - _/_/	4 tab (8 mg)	4 tab (8 mg)
Week 2 _/_ - _/_/	2 tab (4 mg)	2 tab (4 mg)
Week 3 _/_ - _/_/	2 tab (4 mg)	----
Week 4 _/_ - _/_/	1 tab (2 mg)	----
Week 5 _/_ - _/_/	0.5 tab (1 mg)	----

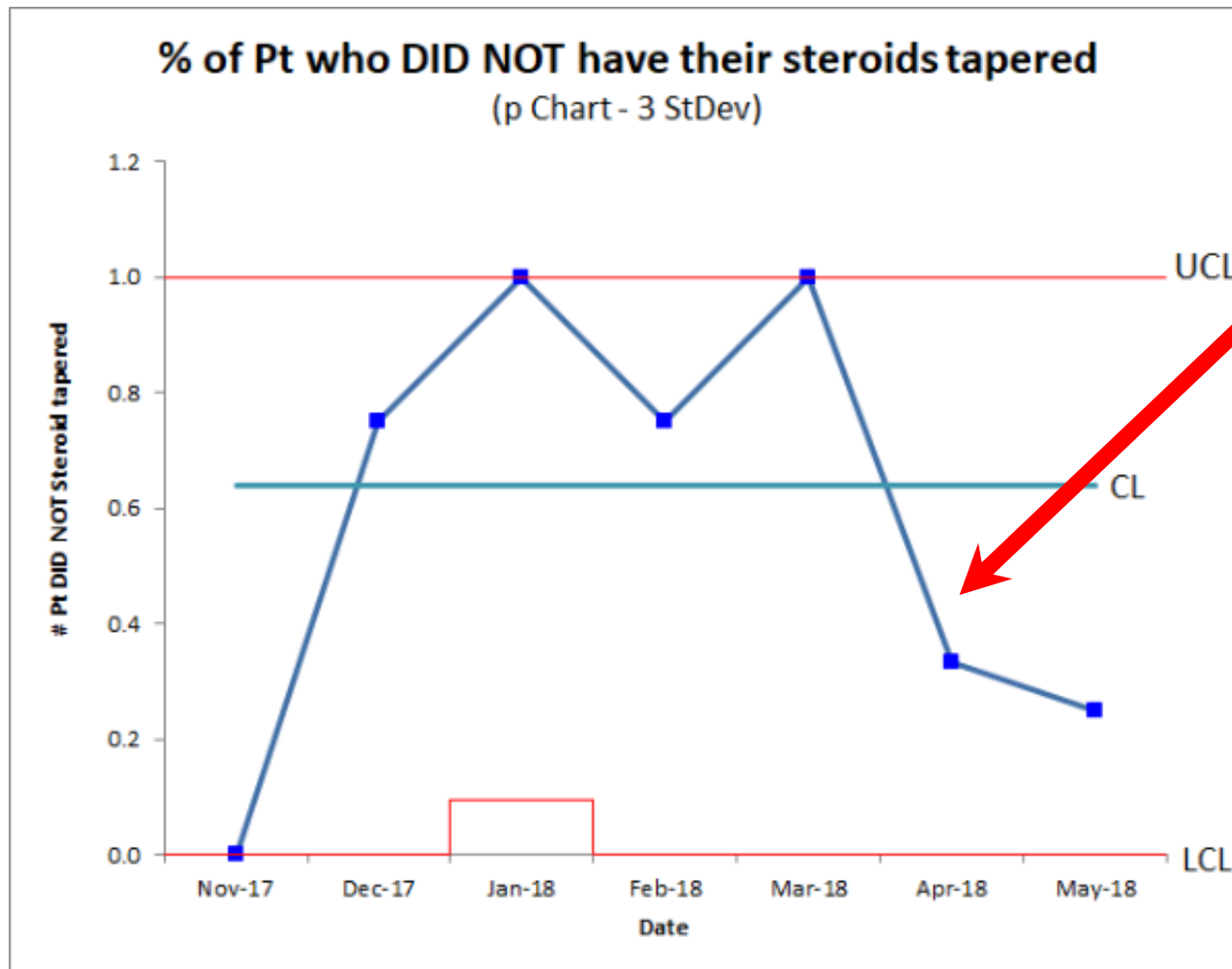


Steroid Tapering Schedule

Dexamethasone __ mg tablets

	AM Breakfast, # of tablets	PM Dinner, # of tablets
Week 1 _/_ - _/_/	_ tab (_ mg)	_ tab (_ mg)
Week 2 _/_ - _/_/	_ tab (_ mg)	_ tab (_ mg)
Week 3 _/_ - _/_/	_ tab (_ mg)	_ tab (_ mg)
Week 4 _/_ - _/_/	_ tab (_ mg)	_ tab (_ mg)
Week 5 _/_ - _/_/	_ tab (_ mg)	

Change Data



Grand Rounds

Conclusions

The percentage of patients with spinal cord compression or symptomatic brain metastases who did not receive appropriate steroid tapering decreased by 38.5%.

- 76% between Nov-17 and Feb-18 to 37.5% in April-18 and May-18
- This exceeded our goal of a 30% reduction by June-18.

Next Steps/Plan for Sustainability

- Continue monthly chart review.
- Add steroid tapering template into EMR.
- Incorporate steroid education into resident lecture series.

Steroid Tapering for Patients with Spinal Cord Compression or Symptomatic Brain Metastases

AIM: To reduce the percentage patients with spinal cord compression or symptomatic brain metastases who receive radiation treatment and do not receive a steroid taper schedule prior to completion of radiation treatment by **30% by June 2018**

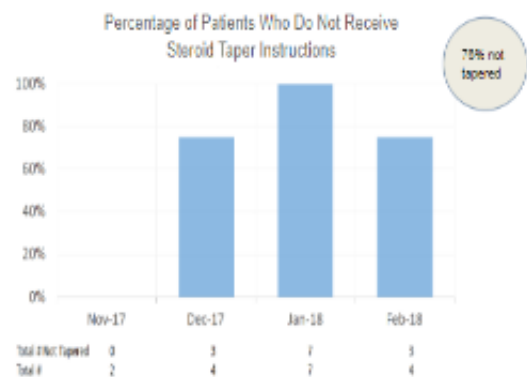
INTERVENTION: A didactic grand rounds was created incorporating reviewing our data, potential causes, proper sign-out technique, and introduction of the steroid template.

TEAM:

- Radiation Oncology
- (Attendings, Residents, Nurses)
- Neurosurgery
- (Attending, Resident)
- Pharmacy
- (Inpatient pharmacist)

PROJECT SPONSORS:

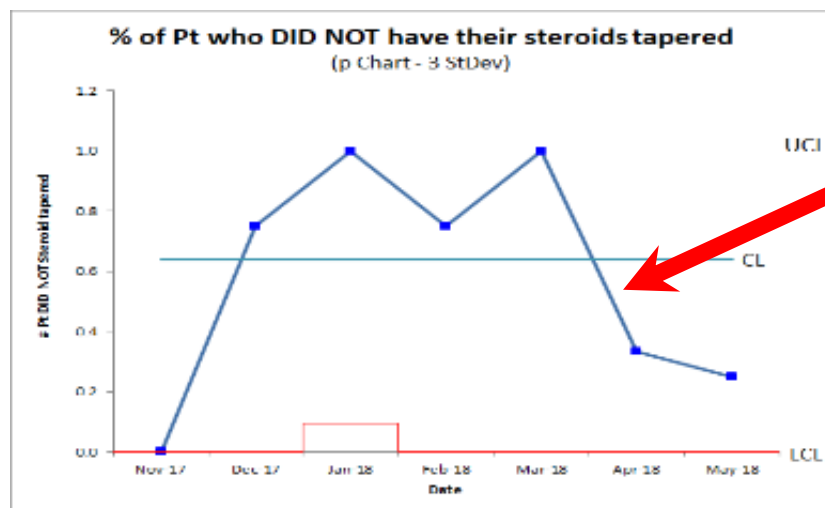
- Raphael Yechieli, MD
- Director of Radiation Oncology at Jackson Memorial Hospital



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	Steroid Tapering Schedule Dexamethasone 2 mg tablets	
	AAM Inpatient, 4 of tabs	PAI Inpatient, 4 of tabs
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RESULTS:



CONCLUSIONS: The percentage of patients with spinal cord compression or symptomatic brain metastases who did not receive appropriate steroid tapering decreased by 38.5%.

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