Project Title: Thoracic Oncology Referral Pilot: Survivorship Care Plans

Presenter’s Name: Chinny Trivedi, Adrienne Vazquez, Rafael Yechieli

Institution: University of Miami/Sylvester Comprehensive Cancer Center

Date: June 29, 2018
For CY2017 there were a total of three referrals (~3%) of eligible patients in the Thoracic Oncology group to the Survivorship Program.

Survivorship discussions and care plan deliveries are required by CoC Standard 3.3.
Patient completes active, curative intent treatment

MD/APP/RN identifies eligible patient based on criteria

Clinic Schedulers or Oncology Line schedule patient for visit

Patient receives SCP

MD/APP/RN places order referral

Yes

Patient still eligible?

No

Provide care as defined
Institutional Overview

• Located in Miami, Florida, Established 1972, Opened as Comprehensive Cancer Center in 1992

• 15 Multidisciplinary Site Disease Groups

• 189 exam rooms, over 160 infusion chairs

• 32 Medical Oncologists, 30 Hem/Oncs

• 40 inpatient beds with: 19 specialized Stem Cell Transplant beds and 7 ICU capable beds
  • Over 115,000 outpatient visits
  • 40,000 CTU/Infusion Treatments
  • 15,000 Radiation Treatments
  • 35,000 imaging procedures

• Multidisciplinary Clinics, Chemotherapy, Radiation Oncology, Imaging, Stem Cell Transplant, Interventional Radiology, GI Center, Pain Program, Surgery, Spine Institute, Psycho-Social/Integrative Medicine, Pediatric Oncology, Head and Neck, Gynecology-Oncology

• More than 250 Physicians and Scientists devoted exclusively to cancer care and research
Team Members

- Adrienne Vazquez, ARNP, Survivorship Program Leader
- Chinny Trivedi, MPA, Clinical Programs Manager/Quality Operations Lead, Survivorship Program
- Dr. Rafael Yechieli, Radiation Oncologist, Team Leader
Cause & Effect Diagram

CAUSES OF NON PARTICIPATION IN SURVIVORSHIP PROGRAM

UNAWARE OF PROGRAM
- Didn't read emails
- Wasn't present at in-service

NO TIME IN CLINIC/FORGET
- Diffusion of responsibility
- Overbooked clinics
- Other patient priorities
- Other physician priorities

LOW REFERRAL RATE

POOR SUPPORT
- Already providing ‘survivorship care’

DIFFERENCES IN DEFINITION
- Differences in education
- Utilization of resources

DIFFUSION OF RESPONSIBILITY
- Unaware of institutional goals
- Mixed priorities
Conducted Survey with Thoracic Providers
Tumor Registry Data: supports thoracic pilot
Summary of Results
  • Lack of Awareness
  • Lack of Education on Program
  • Already providing “survivorship care”

Fishbone Diagram results
  • Focus on educating providers on the program benefits
  • Focus on process: identify process for thoracic providers utilizing primary nursing
  • Focus on “pilot model”: survey, presentation, pilot period
For Calendar Year 2018, we will increase the number of referrals for eligible Thoracic cancer patients to 5 per month. This represents 63% of the eligible thoracic population. CoC requirements are for 50%.

This will help us meet our larger calendar year goal.
Measures

• Measure: eligible patients/# of referrals
  • No show/cancelled/refusals rate/# of referrals

• Patient population: All thoracic oncology patients with stage I, II, III disease being treated as curative intent
  - Exclusions (if any)

• Calculation methodology: eligible patients/# of referrals
  - Numerator & Denominator (if applicable)

• Data source: Flag Report, FYI Report, Box Log, Tumor registry

• Data collection frequency: Weekly

• Data quality (any limitations): Tumor Registry delay
Thoracic Oncology
CY2016: 0/92 patients
CY 2017: 3 deliveries/94 patients (3.19%)
CY 2018: 96 patients (projected)

Goal: Increase from 0.25 to 5 per month from March 1-June 15, 2018.
Prioritized List of Changes
(Priority/Pay – Off Matrix)

<table>
<thead>
<tr>
<th>Ease of Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Easy</strong></td>
</tr>
<tr>
<td><strong>Difficult</strong></td>
</tr>
</tbody>
</table>

**High Impact**
- Site disease specific annual rates
- Institution accreditation awareness
- Reinforce reminder at Tumor Board
- Thoracic Nurse Navigator involvement
- Knowledge survey
- Reminder emails to MDs – patient specific
- Reminder emails to MDs – general

**Low Impact**
- Engage primary care nurses
- Clinic restructuring
- Administrative faculty support
- Investigate ‘no shows’
<table>
<thead>
<tr>
<th>Date of PDSA Cycle</th>
<th>Description of Intervention</th>
<th>Results</th>
<th>Action Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 1</td>
<td>Survey Results presented to thoracic tumor board</td>
<td>N/A</td>
<td>Educate providers and begin pilot</td>
</tr>
<tr>
<td>March 1-April 1</td>
<td>Disseminate reminders to providers weekly re: referrals</td>
<td>Increase in referrals to survivorship clinic</td>
<td>Continued education, identifying patients on behalf of providers</td>
</tr>
<tr>
<td>April 2-May 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 2-June 15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 1-June 15</td>
<td>Involve primary care nursing in identifying eligible patients</td>
<td>No increase in referrals using this method</td>
<td>Continue reinforcing with nursing</td>
</tr>
</tbody>
</table>
Materials Developed (optional)

- Survey Monkey Survey: Providers
- Educational Materials
- Weekly reports created through IT to track referrals via pilot
Change Data

Control chart showing number of Thoracic Oncology Survivorship Care Plan Referrals by month

Thoracic SCP referrals Control Chart

Data Thor SCP ref

Jan-17 Feb-17 Mar-17 Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18 May-18 Jun-18

UCL 2.150

CL 0.357

Intervention
Conclusions

• Re-education is important!
  • Improves Communication
  • Understand the program better

• Involve providers in a different way
  • Create disease-specific care plans
  • Provider input on what works for them and their patients

• Start small
  • Pilot is less daunting and more controlled
Next Steps/Plan for Sustainability

• Use this pilot program in other SDGs
  a. Disseminate survey in tumor boards
  b. Discuss results of survey with providers
  c. Discuss previous year data (SDG specific)
  d. Discuss plan for pilot and timeline

• Make referrals part of everyday practice

• Upcoming pilots
  – GYO: pilot began 7/13/18
  – GI & Prostate in Q4 CY2018