ASCO’s Quality Training Program
Date: 6/29/18

Project Title: Uhealth Patient Communication of Cancer Symptoms

Presenter’s Name: Raja Mudad, MD, FACP
Amber Thomassen, ARNP-BC

Institution: University of Miami, Sylvester Comprehensive Cancer Center
Institutional Overview

• Sylvester Comprehensive Cancer Center: The main in-patient and out-patient facilities are located on the central medical campus in the heart of Miami. Sylvester physicians care for cancer patients at UMHC – University of Miami Hospital & Clinics, Uhealth tower, Jackson Memorial Hospital, Holtz Children’s Hospital, and the Miami VA Medical Center.

• Sylvester Comprehensive Cancer Center is the only university-based cancer center in South Florida. Sylvester has transformed cancer research and treatment in South Florida offering over 50 phase 1 clinical trials for patients who have failed standard of care treatment options, besides multiple other clinical trials at all phases.

• Sylvester also provides cancer care at 7 satellite facilities.

• As a university-based cancer center, Sylvester physicians and scientists apply research breakthroughs from the laboratory to the patient’s bedside. This type of translational research is the cornerstone of our comprehensive cancer center, providing us the ability to accurately treat a wide range of cancers across 15 site diseases from stage one to stage four.
A recent clinic survey including 28 patients demonstrated that:

- 86% (24) had symptoms in-between visits
- 14% (4) Had no symptoms in-between visits
- 79% (19) of those with symptoms called to report
- 21% (5) did not call to report symptoms
- 13% (3) did not know the number to call

Problem Statement: Recent Survey Demonstrated 21% of Patients Experiencing Symptoms In-Between Visits did not Report. (Feb – Mar 2018)
Team Members

Team Leader: Raja Mudad, MD - Core Member

Team Members: Alain Bonvecchio,
Facilitator/Core Member
Amber Thomassen, ARNP-BC, AOCNP - Core Member
Evelyn Wempe, ARNP-BC, AOCNP -
Terry Pollack, ARNP-BC
Valorie Harvey-ASCO QTP
Improvement Coach
Patients receive An AVS

Patient calls (305) 243-4000

Call automatically transferred to paging team

After hours?

Initial triage of call by Main Customer Service Team

Is patient experience health problems?

Staff messaging available for department?

Send Staff Message to appropriate department

Does patient hear back <2hrs

Process Fails

Patient speaks with appropriate provider

Put patient in contact with appropriate department

Follow department specific call flow process

Is there a call flow available for specific department?

Patient transferred to appropriate department

Is there a department On-Call Calendar?

Other options:
1. AMCOM//smartweb for beepers and/or Call number information
2. QGenda: another On-Call Physician Scheduling software (Cardio)
3. Amion: another Physician On-Call Scheduling and Messaging software (Hospital Medicine and Cardio)

More options:
1. Reach out to the physician’s team Nurse by specialty if a Nurse has been assigned
2. Reach out to the attending directly if Cell number is available
3. Reach out to the Department’s Vice Chair and Department Chair if necessary
4. Emergencies: instruct the patient/caller to go directly to the Emergency Department at UMHH if possible or their nearest ED and call us back to schedule a follow up with their attending once released

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Cause & Effect Diagram

People
- Patients don’t want to be a nuisance
- Patient lack of education
- 50% of patients who didn’t report their Symptoms, didn’t know what number to call
- A trip to the local ER may be simpler

Materials
- Discharge instructions incomplete or not clear
- Call center has different processes for each department
- Patients don’t hear back from provider <2Hrs
- Unable to get call volume data from SPOK (Call center software)

Method
- Patients are given 3 different numbers
- Lack of MyChart use

Environment

Measurement

Equipment

21% of patients had symptoms and didn’t report them
Diagnostic Data: Leukemia 28 Surveys Collected February – March 2018

Pareto Chart: Symptoms, Reported, Did Not know

Patients who reported their symptoms and heard back <2hrs

Patient Satisfaction
Aim Statement

To increase the percentage of leukemia patients surveyed, who called to report symptoms in-between clinic visits from 79% to 90%, by June, 2018.
Measures

- **Measure:**
  - **Patient population:** Patients seen in the Leukemia clinic
  - **Calculation methodology:**
    - Total # of patients with symptoms in between visits/Total # patients surveyed
    - Total # of patients with symptoms that reported symptoms/Total number of patients with symptoms in between visits
    - Total # of patients that receive a call back w/in 2 hrs./ Total # of patients that called to reports symptoms
    - Total satisfaction scores at level 5 for call in experience/ Total # of patients surveyed and reported symptoms
  - **Data source:** Patient surveys
  - **Data collection frequency:** Weekly data collection in clinic
  - **Data quality(any limitations):** Manual process for distribution and collection of surveys; Patient compliance for completing surveys
## Prioritized List of Changes (Priority/Pay –Off Matrix)

<table>
<thead>
<tr>
<th>High Impact</th>
<th>Low Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ease</strong></td>
<td><strong>Difficult</strong></td>
</tr>
<tr>
<td><strong>High Impact</strong></td>
<td><strong>Low Impact</strong></td>
</tr>
</tbody>
</table>
| • Educate patients on what symptoms to call for  
  • Include a direct telephone number to triage Vs general number.  
  • Develop a standard “Smart Phrase” to include in the After Visit Summary (AVS) providing patients with the appropriate contact information for reporting their cancer symptoms  
  • Educate the nurses/physician on use and application of “Smart Phrase” for patient’s AVS.  
  • Distribute an information contact card to all patients with their AVS | • Query patients after discharge if they kept their AVS |
| | • Develop an educational pamphlet to be given on discharge on possible symptoms and side effects, when and how to report them  
  • Request IT report to track utilization of AVS SMART phrase  
  • Collect operator data on number of calls and how they were routed  
  • Collect hospitalization data on patients who called and were not answered (leading to ER visit) |

### Ease of Implementation

- **Easy**
- **Difficult**
<table>
<thead>
<tr>
<th>Date of PDSA Cycle</th>
<th>Description of Intervention</th>
<th>Results</th>
<th>Action Steps</th>
</tr>
</thead>
</table>
| April 16, 2018    | Added direct number to nurse triage for patients to call Vs. general number. | • Streamlined reporting process by taking out the "middleman" AKA general line  
• Decrease response time | • Dedicate a direct nurse managed “triage line” for leukemia patients to call in to report symptoms. |
<p>| April 16, 2018    | Educated physician on use of “Smart Phrase” | • Physician on board with the processes to support nurse compliance. | • Obtain physician &quot;buy in&quot; of the importance of use of smart phrase |
| April 17, 2018    | Educated the nurses on insertion of the “Smart Phrase” into patient’s AVS. | • Provided a background to nurses on the importance of creating and inserting the smart phrase to AVS. | • Establish nurses expectation to ensure smart phrase are added to all patient's AVS following visit. |</p>
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<th>Results</th>
<th>Action Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 23, 2018</td>
<td>Standard SMART phrase added to AVS, which provides patients with number to triage nurse.</td>
<td>• PSDA I – Increase in reported symptoms between visits by 15%</td>
<td>• Smart Phrase created to include specific phone numbers and instructions for patients to call when having symptoms between visit.</td>
</tr>
<tr>
<td>May 21, 2018</td>
<td>Information handout to provide specific contact, team and service information to improve patient engagement</td>
<td>• PSDA II – Increase in reported symptoms between visits by an additional 4%</td>
<td>• Information sheet is to be handed to every patient upon check-out</td>
</tr>
</tbody>
</table>
Thank you for your visit today to see Dr. Justin Watts. In case of a medical emergency, please contact/go to your nearest ER. If you have any medical questions please feel free to contact Amber Thomassen, (Dr. Watts' ARNP) Phone no. (305) 243-7042 or our Triage Nurse Kassandra Gonzalez: (305) 243-0145.

To better serve you
Keep a written list of the medicines you take, including dosage amounts, routes, and quantities taken.
Bring list of diagnosis and list of Doctors that are following your care.
Bring a copy of tests previously done, Including CD's, lab work, or Scans
Call the office for any questions regarding treatment or test results
Questions regarding scheduling please call your study coordinator

We hope to have met and exceeded your expectations and we thank you again for visiting our clinic.
MEET YOUR TEAM

NURSE PRACTITIONER (ARNP) / PHYSICIAN ASSISTANT (PA)
Medical providers who work closely with your oncologist and who can provide clarification on the plan of care, treatment regimen and goal of therapy. You may be scheduled for a follow-up appointment with these providers rather than your oncologist for routine check-ups during your treatments.

ADMINISTRATIVE ASSISTANT
Assists you with answering questions about scheduled appointments, including rescheduling, confirming and cancelling once you leave the clinic.

NURSE NAVIGATOR
Acts as the first point of contact for all new patients. The nurse navigator will help guide you through your first appointment and will ensure that important documentation is available.

TRIAGE NURSES
Will answer any medical questions you may have after your first visit and through your care here at Sylvester.

CTU NURSE
Will answer any questions you may have regarding your chemotherapy appointments, treatments and side effects.

UTILIZATION REVIEW
Representatives will answer any questions related to insurance, billing and authorizations.

SUPPORT SERVICES
Programs to provide assistance and enhance your well-being throughout your journey.
Resources include:
- Acupuncture
- Massage Therapy
- Nutritional Consultations
- Palliative Care
  - Including treatment of pain, facilitating intensive patient/family communication and assisting with clarification of the goals of care at each stage of the care plan
- Social Work
  - Provides assistance in helping you cope with your illness and the challenges it brings, including emotional, financial and in meeting other needs such as home assistance and access to medical equipment
- Psychosocial Oncology/Bereavement Services
  - Provides both individual and family counseling.

YOUR IMPORTANT SYLVESTER CONTACTS
If you have any questions or concerns, please don’t hesitate to speak with a member of our team.

- My Doctor
- My ARNP or PA Phone
- Physician’s Admin Assistant Phone
- Nurse Navigator Phone
- Triage Nurses Phone
- CTU Nurse Phone
- Utilization Review Phone
- Support Services Phone
- After-hours Phone

Thank you for the opportunity to participate in your care.
Directions: Please fill out this short survey if you experienced any symptoms between visits. Thank you for your time!

<table>
<thead>
<tr>
<th>1. Have you experienced any of the following symptoms between your visits?</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nausea/Vomiting</td>
</tr>
<tr>
<td></td>
<td>Fever</td>
</tr>
<tr>
<td></td>
<td>Infection</td>
</tr>
<tr>
<td></td>
<td>Breathlessness</td>
</tr>
<tr>
<td>Other: _______________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Have you tried to call in?</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(305) 243-4000</td>
<td></td>
</tr>
<tr>
<td>(305) 243-1000</td>
<td></td>
</tr>
<tr>
<td>Other: _______________</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Didn’t want to be a bother</td>
<td></td>
</tr>
<tr>
<td>Didn’t know if symptom was serious enough</td>
<td></td>
</tr>
<tr>
<td>Prior experience was not satisfactory (e.g. no one returned my call)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Did you know what number to call?</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. What time did you try to call in?</th>
<th>8 am -12 pm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12 pm - 6pm</td>
</tr>
<tr>
<td></td>
<td>6 pm -12 am</td>
</tr>
<tr>
<td></td>
<td>12 am – 8 am</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. What day of the week did you call?</th>
<th>Monday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tuesday</td>
</tr>
<tr>
<td></td>
<td>Wednesday</td>
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<td></td>
<td>Thursday</td>
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<td></td>
<td>Friday</td>
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<tr>
<td></td>
<td>Saturday</td>
</tr>
<tr>
<td></td>
<td>Sunday</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Did you receive a response within 2 hours?</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

How satisfied were you with your call in experience? Circle One:

<table>
<thead>
<tr>
<th>Very Unsatisfied</th>
<th>Unsatisfied</th>
<th>Neither Satisfied nor Unsatisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Change Data Post PDSA #1: 4/30/18 to 5/29/18
N=61 Surveys; 24 with Symptoms

Pareto Chart: Symptoms & Symptom Reporting

Reported: 79%
No Symptoms: 96%
Experience Symptoms: 48.0%
Unreported: 21%

Patients who reported their symptoms and heard back <2hrs: 100.00%

Patient Satisfaction: 100.00%
Change Data Post PDSA #2: 6/4/18 to 6/11/18
N=16, 6 with Symptoms

Pareto Chart: Symptoms and Symptom Reporting

% Patient Symptoms

Reported: 100%
No Symptoms: 63%
Experience Symptoms: 38%
Unreported: 0%

Patients who reported their symptoms and heard back <2hrs: 100.00%

Patient Satisfaction: 100.00%
Change Data PDSA II: Reported Symptoms
Feb 01 – June 11, 2018  N= 105 Surveys

Reported Symptoms

% Reported

February     March     April     May     June

February - June
Change Data PDSA II: Patient Satisfaction
Feb 01 – June 11, 2018  N = 105 Surveys
Conclusions

• There is a direct relationship between the increase in percentage of patients reporting symptoms between visits and the education of patients on what number to call (via AVS and information pamphlet).

• There is a direct relationship between the increase in percentage of patients reporting symptoms between visits and the development of a direct triage line for patients to call.

• There is a direct relationship in the increase in number of patients receiving a call back within 2 hours of reporting symptoms between visits and the development/education of a dedicated triage nurse.

• There is a direct relationship between patient-reported satisfaction and patients receiving a call back within 2 hours of reporting symptoms.
Next Steps/Plan for Sustainability

- Monitor consistency of using AVS, providing team feedback to hardwire the process (development of report by IT to track # of AVS including smart phrase).
- Monitor over the next 6 months to ensure a value of > 98% for patients knowing what number to call in to report symptoms between visits, before it is considered a standard practice.
- Monitor patient satisfaction over the next 6 months to sustain patient satisfaction levels at a rating of 5 rating ≥ 98% for patients who call in to report symptoms. Once established then move to “spot check” on a quarterly basis.
- Share “secrets to success” with upper management to include a streamlined workflow for use in all clinics.