Project Title: Improving the Documentation of Advance Directives in the Medical Record of a Comprehensive Community Cancer Center

Presenter’s Name: Sobeida Santana-Joseph, RN, Ayelet Spitzer, DO, Kevin Wood, MD

Institution: Valley-Mount Sinai Comprehensive Cancer Care

Date: December 5, 2018
At Valley-Mount Sinai Comprehensive Cancer Care, only 20% of patients with solid malignancy seen in the outpatient clinic* have an advance directive in their charts. Lacking this information may lead to decreased knowledge regarding patient's end-of-life wishes and a decrease in the quality of end-of-life care\textsuperscript{1,2}.

*Per QOPI 2018 Round 1 eligibility window

\textsuperscript{1} Nicholas LH, et al. Health Aff. 2014.
The Valley Hospital is a 451 bed, fully accredited, acute care, not-for-profit hospital serving more than 440,000 people in Bergen County, NJ and adjoining communities.

The Luckow Pavilion in Paramus, NJ, houses the Blumenthal Cancer Center.

Accredited by the Commission on Cancer of the American College of Surgeons with commendation, and is the recipient of the Commission's Outstanding Achievement Award.

In 2015, Valley partnered with the Mount Sinai Health System, forming Valley-Mount Sinai Comprehensive Cancer Care (V-MSCCC).
Blumenthal Cancer Center
Institutional Overview

- V-MSCCC includes:
  - 8 medical oncologists
  - 1 palliative care physician
  - 1 surgical oncologist
  - 2 thoracic surgeons
  - 2 breast surgeons
  - 1 gynecologic oncologist
  - 3 radiation oncologists
  - 11 advanced practice providers

- In 2017, 1000 new patients were seen:
  - 33% breast cancer
  - 20% hematologic cancer
  - 13% GI cancer
  - 37% other solid tumor malignancies
Team Members

• Core Team
  – Kevin Wood, MD; Oncology/Hematology (Team Leader)
  – Sobeida Santana-Joseph, MSN, RN; Director, Oncology Accreditations
  – Ayelet Spitzer, DO; Palliative Care

• Larger Team
  – Nina Skretkowicz, RN; Office Practice Nurse
  – Michele Higgins, MA; Supervisor
  – Puneeta Sharma, MD; Medical Director, Palliative Care

• Project Sponsor
  – Ephraim Casper, MD, FACP; Director, V-MSSCCC
Cause & Effect Diagram

**Process**
- Patient forgets to bring
- No standard process
- Can’t find in chart
- Multiple medical records
- No f/u after initial question
- No f/u with status change

**Time**
- Lack of time during MD visit
- Lack of time during MA check-in

**Patient/Family**
- “Why is it needed?”
- Too early
- Don’t know their wishes
- Don’t know what AD is
- Don’t know if they have one
- Don’t know where it is
- Language/culture barrier

**Lack of knowledge**
- Staff not trained
- “Why should it be done?”
- “When should it be done?”
- Who can do them?
- Is a witness needed?
- What are they?

**Physician Barriers**
- Pre-conceived beliefs
- and barriers
- “Too early”
- Don’t want to make patients uncomfortable
- Not trained to discuss

**Misc**
- Additional work

No AD in chart
Primary reason no advance directive is in the chart

- Lack of Knowledge
- Process
- Patient/Family Barriers
- Time

Frequency of survey responses:
- Lack of Knowledge: Frequency
- Process: 6
- Patient/Family Barriers: Frequency
- Time: 2

Cumulative percentage of reasons:
- Lack of Knowledge: Frequency
- Process: Cumulative Percentage
- Patient/Family Barriers: Frequency
- Time: Cumulative Percentage
By December 2018, 40% of solid malignancy patients will have a copy of an AD in their chart by the third outpatient visit.
Measures

Process Measure

- Measure: AD copy in medical record

- Patient population: New patients seen and treated by medical oncology team at Valley-Mount Sinai Comprehensive Cancer Care from September 15, 2018 through November 30, 2018

- Calculation methodology
  - Numerator: patients with a copy of AD in their chart
  - Denominator: patients with documentation of having an AD at third office visit

- Data source: Athena (New patient report), Meditech

- Data collection frequency: Weekly

- Data quality (any limitations): Manual review of data
Outcome Measure

- Percentage of patients who died from cancer with at least one emergency department visit in the last 30 days of life

- Patient population: Patients eligible for QOPI End of Life Module 2018 Round 2

- Calculation methodology:
  - Numerator: Patients with an emergency department visit in the last 30 days of life
  - Denominator: Patients deceased as a consequence of his/her cancer or cancer treatment

- Data source: Athena, Meditech

- Data collection frequency: QOPI Round 2

- Data quality (any limitations): QOPI data is a limited subset of our patient population
Outcome Measure

- Chemotherapy administered within the last 2 weeks of life
- Patient population: Patients eligible for QOPI End of Life Module 2018 Round 2
- Calculation methodology:
  - Numerator: Patients with chemotherapy administered within the last 2 weeks of life
  - Denominator: Patients deceased as a consequence of his/her cancer or cancer treatment
- Data source: Athena, Meditech
- Data collection frequency: QOPI Round 2
- Data quality (any limitations): QOPI data is a limited subset of our patient population
QOPI (Quality Oncology Practice Initiative) Round 1: 2018

- Evaluated patients with GI, breast, or lung malignancies diagnosed from 1/1/2018 – 4/30/2018
- 99 submitted charts of QOPI eligible patients
- Core Measure 25a: Documentation of AD by the third office visit
QOPI Round 1 2018

- N = 94: Total number of patients reviewed
- N = 92 (97.8%): patients with documentation of whether they had an AD or not
  - N = 47 (51%): patients documented as no AD
  - N = 45 (49%): patients documented as having AD
- N = 19 (20%): patients with an AD uploaded into chart
Provide info on AD if no AD

Physicians should discuss

Teach MAs importance

Ask before visit

Billboard on 17 or 4

Have patient come early to discuss

Educate MDs about new process

Give patient info at first visit

Provide info on AD if no AD

Pal Care Consult if no AD

LOW

Impact

HIGH

Effort

LOW

Priority Matrix

LOW

HIGH
# PDSA Plan (Test of Change)

<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>October 15, 2018</td>
<td>Nurse navigator asked about AD before their first visit</td>
<td>Qualitative interview with nurse navigator with positive results</td>
<td>Further intervention</td>
</tr>
<tr>
<td>Nov 12, 2018</td>
<td>Education session for MAs about AD</td>
<td>*Too early for post-intervention data</td>
<td>PFAC meeting</td>
</tr>
</tbody>
</table>
## Change Data

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Total # of patients</th>
<th>Number of patients with &gt;3 visits</th>
<th>% of patients with AD documentation (yes or no)</th>
<th>Patients with an AD uploaded into chart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Intervention 1/1/18-4/30/18</td>
<td>114</td>
<td>114 (100%)</td>
<td>97.30%</td>
<td>19 (20%)</td>
</tr>
<tr>
<td>Post Analysis 1 9/17/18-10/5/18</td>
<td>51</td>
<td>16 (31%)</td>
<td>100%</td>
<td>12 (23.5%)</td>
</tr>
<tr>
<td>Post Analysis 2 10/8/18-11/16/18</td>
<td>99</td>
<td>11 (9%)</td>
<td>100%</td>
<td>11 (9%)</td>
</tr>
</tbody>
</table>
Conclusions

• Documentation of discussing AD’s advanced to 100% after intervention #1 and was sustained

• Post-intervention analysis appears to have been done too early given the lack of patients with > 3 visits

• Post-intervention analysis #1 suggests we will see an improvement in rate of AD documentation
Next Steps/Plan for Sustainability

• Build education session into orientation for MA’s

• Create an education session for RN’s

• Encouraging the CAPC* module for all oncology staff

• Awareness campaign (ie like Breast Cancer awareness month)

• Better education for patients on AD’s
  • Links on Cancer Center website
  • Sending blank AD and education in welcome packets

*CAPC: Center to Advance Palliative Care