Project Title: The journey to QOPI certification

Presenter Name: Omar Peña-Curiel, MD

Institution: Hospital Zambrano Hellion, TecSalud

Date: December, 2018
Private practice dedicated Breast Cancer Center (BCC) in the Hospital Zambrano Hellion (HZH) complex in San Pedro Garza García in the state of Nuevo León, México.
Breast Cancer Center staff:

- Breast surgeons: 7
- Breast medical oncologist: 2
- Radiation oncologist: 2
- Breast imaging specialist: 5
- Breast pathologist: 1
- Medical geneticist: 1
- Psycho-oncologist: 1
- Nutritionist: 1
- Lymphedema specialist: 1
- Patient navigator: 1
- Nurse practitioners: 4
- Front desk personnel: 7

Breast oncology fellowship program:

- Breast medical oncology: 1
- Breast surgery: 2
- Breast imaging: 1
Problem Statement

A retrospective abstraction of 20 patients’ chart between August to December 2017, resulted in only 47% compliance with the 84 QOPI metrics at the Zambrano Breast Cancer Center.
<table>
<thead>
<tr>
<th>Team members</th>
<th>Role</th>
<th>Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Velázquez &amp; Janeth Castro</td>
<td>Notes of the meetings and organization/implementation of the process feedback. Development of project process maps (together with Omar).</td>
<td>Nurses</td>
</tr>
<tr>
<td>Katia Zarzar &amp; Alejandra Garza</td>
<td>Organization and creation of the &quot;pre-consultation&quot; dedicated to collecting the data of the first-time visit note.</td>
<td>General physicians</td>
</tr>
<tr>
<td>Héctor Díaz</td>
<td>Coordination of the pre-consultation visit. Development of project process maps.</td>
<td>Medical oncologist</td>
</tr>
<tr>
<td>Cynthia Villarreal &amp; Mauricio Canavati</td>
<td>Sponsors of the project, coordination of the meetings and facilitation of the development process.</td>
<td>Medical oncologist / Breast surgeon</td>
</tr>
<tr>
<td>Omar Peña</td>
<td>Project coordinator, data collection and analysis, presentation of results.</td>
<td>Medical oncologist</td>
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</tbody>
</table>
Cause & Effect Diagram

Knowledge

- No established workflow
- We were not aware of QOPI's existence
- Did not have information about the improvement process

Organization

- Did not know the benefits of being QOPI-compliant
- Our time is focused in other priorities
- Quality improvement initiatives are frequently undervalued in our country

Personnel

- There is no personnel with experience in the quality improvement process
- A lot of assistential work and little personnel
- Do not have an organized and dedicated team

Financial

- Our breast center budget is destined to other priorities
- We have never asked for the necessary budget

No QOPI compliance
20 medical records (Aug-Dec 2017)

QOPI metrics (84)

Analysis of the extracted data

PDSA planning

- Hand-extraction of data from 20 consecutive medical records.
- Development of a web-based form (checklist) to evaluate each of the 84 QOPI metrics.
- Histogram of failed QOPI metrics from all 20 medical records and grouping.
- Monday meeting proposal of PDSA cycles.
Done / Documented: 40/84 (47%)
Done / Not documented: 13/84 (16%)
Not done / Not documented: 31/84 (37%)
### 13 QOPI metrics under the grouping of “doing / not-documenting”

<table>
<thead>
<tr>
<th>QOPI metric</th>
<th>Module</th>
<th>Grouping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete family history documented for patients with invasive breast cancer (defect-free measure, 49a - 49c)</td>
<td>Breast 49</td>
<td>Oncologic history</td>
</tr>
<tr>
<td>Presence or absence of cancer in first-degree blood relatives documented</td>
<td>Breast 49a</td>
<td>Oncologic history</td>
</tr>
<tr>
<td>Presence or absence of cancer in second-degree blood relatives documented</td>
<td>Breast 49b</td>
<td>Oncologic history</td>
</tr>
<tr>
<td>Age at diagnosis documented for each blood relative noted with cancer</td>
<td>Breast 49c</td>
<td>Oncologic history</td>
</tr>
<tr>
<td>Chemotherapy intent (curative vs. non-curative) documented before or within two weeks after administration</td>
<td>Core 10</td>
<td>CT planning</td>
</tr>
<tr>
<td>Chemotherapy intent discussion with patient documented</td>
<td>Core 11</td>
<td>CT planning</td>
</tr>
<tr>
<td>Number of chemotherapy cycles documented</td>
<td>Core 12</td>
<td>CT planning</td>
</tr>
<tr>
<td>Chemotherapy planning completed appropriately (defect-free measure, 9, 10, 12)</td>
<td>Core 13</td>
<td>CT planning</td>
</tr>
<tr>
<td>Signed patient consent for chemotherapy</td>
<td>Core 14</td>
<td>Consent form</td>
</tr>
<tr>
<td>Patient consent documented in practitioner note</td>
<td>Core 15</td>
<td>Consent form</td>
</tr>
<tr>
<td>Smoking status/tobacco use documented in past year</td>
<td>Core 21aa</td>
<td>Other</td>
</tr>
<tr>
<td>Patient emotional well-being assessed by the second office visit</td>
<td>Core 24</td>
<td>Other</td>
</tr>
<tr>
<td>Pain assessed by second office visit</td>
<td>Core 3</td>
<td>Other</td>
</tr>
</tbody>
</table>
Achieve 80% compliance of the 13 QOPI metrics grouped under “doing / not-documenting”, for every newly diagnosed breast cancer patient at our BCC by December 5, 2018.
• **Measure**: 13/84 QOPI metrics from the ASCO-QOPI guidelines.

• **Patient population**: Every new patient consulted by the medical oncologist from August – December 2018.

• **Calculation methodology**: 13/84 missing *Core* and *Breast* metrics according to current QOPI guidelines.

• **Data source**: Medical records using our personalized reporting form.

• **Data collection frequency**: From the first-time visit of every new patient. Completion analysis will be performed in a bi-weekly basis with a personalized electronic audit form.

• **Data quality (any limitations)**: The personalized document is subject to off-time filling.
## Prioritized List of Changes (Priority/Pay-Off Matrix)

<table>
<thead>
<tr>
<th>Impact</th>
<th>Ease of Implementation</th>
</tr>
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<tbody>
<tr>
<td><strong>High</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Creation of a new first-time visit model</td>
</tr>
<tr>
<td></td>
<td>• Creation of the first-time patient care process</td>
</tr>
<tr>
<td></td>
<td>• Creation of the word template for the first-time visit note.</td>
</tr>
<tr>
<td><strong>Low</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Ease of Implementation**

- Easy
- Difficult
## 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>
</table>
| Aug-Sep 2018      | • Creation of a new **first-time visit model**  
• Creation of the **first-time patient care process**  
• Creation of the **word template** for the first-time visit note. | Increased consistency of workflow of all providers and increase QOPI compliance from 0% to 50% | Monitor charting          |
|                   | • **Time point:** Aug-Sep 2018.  
• **Methods:** implementation of the first-time visit model and Word-based template. |                                                                         |                           |
First-time patient care process

First-time visit model

Breast imaging department

Front desk

Breast surgery department

Breast cancer diagnosis?

Yes

Does the patient need systemic treatment?

Yes

First time visit (medical oncologist)

Does the patient need chemotherapy (CT)?

Yes

Systemic treatment prescription

No

Sign letter of CT informed consent

Schedule appointment in Infusion Room

CT administration

Schedule for subsequent visits

Schedule for follow-up
New first-time visit model

mean time to completion: 6:30 minutes

First time visit

Be present 15 min before the medical appointment

Coordination with the "front desk" personnel

Vital signs taken/report by nurse practitioner

Coordination with nurse practitioners

Medical navigator first time visit

Coordination with medical navigator

Create a folder with the patient's name in OneDrive cloud

Folder name format: patient's name beginning with the last name

Save the note in the corresponding patient's folder in OneDrive cloud

First time visit note name format: yyyy-mm-dd (First visit) patient's name beginning with the last name

Show the patient to the medical oncologist first time visit
### Materials Developed

#### Past medical history

**Social history**
- Origin from: 
- Living in: 
- Marital status: 
- Children: 
- Scholarship: 
- Profession: 
- Other: 

**Gynecologic history**
- Menarche: 
- LMP: 
- G: P: C: A: 
- Age of first term pregnancy: 
- FPM: 
- HRT: 
- Date and result of cervical smear (Pap smear): 
- Other: 

**Personal history**
- Smoking status: 
- Alcohol use: 
- Illegal substance abuse: 
- Exercise: 
- Other: 

**Medical history**
- Medical: 
- Surgical: 
- Blood transfusion: 
- Allergies: 
- Other: 

**Oncologic family history**
1. Grandparents (paternal): 
2. Grandparents (maternal): 
3. Parents: 
4. Siblings: 
5. Children: 
6. Other: 

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**ASCO QOPI**

**Quality Oncology Practice Initiative**

**Modules**

1 Module: Core 21aa

4 Modules: Breast 49-49c
# Modules

### 2 Modules:
**Core 3, 24**

### 6 Modules:
**Core 10-15**

## First time note

<table>
<thead>
<tr>
<th>Category</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief complaint</td>
<td></td>
</tr>
<tr>
<td>Present illness</td>
<td></td>
</tr>
<tr>
<td><strong>Subjective</strong></td>
<td>Pain [ ], site [ ], VAS [ ], [ ]. Emotional wellbeing [ ], Other [ ].</td>
</tr>
<tr>
<td>Physical exam</td>
<td></td>
</tr>
<tr>
<td>Laboratory/Imaging</td>
<td></td>
</tr>
<tr>
<td>Analysis</td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td>[ ], clinical stage: [ ], [ ].</td>
</tr>
<tr>
<td>Plan</td>
<td></td>
</tr>
<tr>
<td>Prognosis</td>
<td></td>
</tr>
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## Oncologic treatment planning

<table>
<thead>
<tr>
<th>Informed consent</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>It is explained that the treatment has <strong>curative</strong> intent. Likewise, the objective, risks and benefits of the systemic treatment are explained thoroughly and the letter of informed consent is signed. Furthermore, it is explained that the cytotoxic drug(s) and dose(s) to be delivered is(are): [ ], which will be administered every [ ] week(s) for a total of [ ] cycles.</td>
</tr>
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</table>
• Electronic form for the bi-weekly review of the inputted data from the developed Word-based first time visit template.
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Change Data (PDSA 1 & 2)

Percentage of QOPI compliance for the 13 metrics in every newly diagnosed/treated patient
(August-November 2018)

Baseline (n=20)  August (n=5)  September (n=12)  October (n=12)  November (n=5)

0%  40%  50%  83%  100%
Conclusions

- Over a 6-month period, we are now meeting 53 of the 84 QOPI metrics.
- This resulted in an increase from 47% to 63% compliance of the 84 QOPI metrics.
Plan for Sustainability

- Develop monthly review sessions to maintain our new standard in QOPI-compliance.
- PDSA 3 – Develop process for the next 31 QOPI-metrics

31/84
37%
Not done / Not documented
QOPI certification process

NDA agreement signed (ASCO-QOPI)
Update of personal data transfer policy (ongoing)
Access to QOPI database (pending)

Aug 2018  Nov 2018  -