ASCO’s Quality Training Program

Project Title: Reducing the number of unscheduled ETC visits for Breast Oncology patients.

Presenter’s Name: Joanne Mortimer, MD

Institution: City of Hope

Date: March 22nd, 2019
Problem Statement

58% of symptomatic breast cancer patients who present or are directed to the Evaluation and Treatment Center (ETC) during business hours (M-F 8:00am to 5:00pm) are unscheduled. This leads to inappropriate ETC utilization, capacity issues, and longer patient wait times.
Process Map

Evaluation and Treatment Center (ETC) Normal Business Hours Work Flow

ETC Visits:
Business Hours: 163 (45%)
Non Business Hours: 303 (55%)

ETC Visits: Called Triage: 47 (37%)
did not call triage: 110 (83%)

Normal Business Hours

Patient Calls Triage call center agent

E=92

Triage Call: Walk in: 17
Scheduled: 30

No Triage Call: Walk in: 75
Scheduled: 61

Care team direct to ETC from phone call

Call comes through call center or DIRECT
to clinic/provider rather than triage

Patient show up to ETC announced

Patient show up at ETC announced/Admitted

Provider direct to ETC from clinic visit

Patient admittance to ETC unannounced

Send to clinic (IF MD in clinic/clinic has space)

Appropriate for clinic?

E=3571

Triage nurse sees patient and determines if clinic can see/ cant see (can't tell data difference from triage versus admission)

Urgent based on criteria?

Warm transfer to Nurse Triage priority line

CC agent gets info and sends info to nurse triage via Epic

- Nurse triage speaks with patient/caller, documents situation, background, assessment, recommendations, and questions/, provide instruction/disposition, documents in EHR
- Notifies provider via page to get input
- Sends in basket message once encounter is completed

Contact clinician always except for just info/advice
- Pages clinician...30min to 2 hours
- In basket message is whom encounter is completed

Does triage call clinic directly? NO.

Patient admitted to ETC unannounced

Patient show up to ETC unannounced

Is disposition ETC?

N=105

Patient does not follow disposition, presents at ETC unannounced

Patient follows disposition or presents somewhere else

N=3540

Patient presents at ETC, Unannounced

Patient shows up at ETC announcenct

Patient shows up at ETC announced/Admitted

Send to ED

Address by phone or schedule clinic appnt

Is it emergency/need an ER?

N=75

N=41

Is ETC notified?

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes
City of Hope - Duarte, CA

City of Hope is an independent, biomedical research institution and comprehensive cancer center founded in 1913, dedicated to the prevention, treatment and cure of cancer and other life-threatening diseases.

**DUARTE CAMPUS**

- Licensed Beds: 217
- Inpatient Discharges: 6,595
- Exam Rooms: 109
- Patient Visits: ~200,000

**BREAST PROGRAM**

- Patient Visits: ~26,000
- Physicians: 14
- Largest Solid Tumor program
- High proportion of late stage disease patients
Team Leader: Joanne Mortimer, MD (Breast Medical Oncologist)

Team Members:
• Dawn Neuhauser (Director, Ambulatory Nursing)
• Stephen Miller (Sr. Manager, Service Line Operations)
• Kathleen Dorsey (Performance Improvement)

Project Sponsors:
• Vince Jensen (SVP Ambulatory Ops)
• Vijay Trisal, MD (CMO)
Data from Triage Nurse Documentation, and from ETC Visit Documentation

Total Breast ETC visits = 371 (12/2/17-2/22/19)
Business Hours: 163/371 = (44%)

ETC Chief Complaint during Business Hours

Type of Pain

- Pain: 46
- Other: 35
- Fever: 13
- Blank: 12
- Cough: 7
- Diarrhea: 6
- Nausea: 6
- Vomiting: 6
- Dizziness: 5
- Headache: 4
- Rash: 4
- Injection: 3
- Altered Mental Status: 2
- Hypertension: 2
- Rapid Heart Rate: 2
- Vaginal Bleeding: 2

- General Pain: 26
- Abdominal Pain: 10
- Chest Pain: 3
- Breast Pain: 2
- Back Pain: 1
- Leg Pain: 1
- Neck Pain: 1
- Shoulder Pain: 1
- Toe Pain: 1
Data from Triage Nurse Documentation, and from ETC Visit Documentation

Visits during business hours = N=163 (44%)

Scheduled Visits: N=71 (44%)
Chief Complaint- Scheduled visits, business hrs

Unscheduled Visits: N=92 (56%)
Chief Complaint, walk-ins, business hrs

Type of Pain

General Pain
Abdominal Pain
Breast Pain
Chest Pain
Leg Pain

Type of Pain
General Pain
Abdominal Pain
Breast Pain
Neck Pain
Shoulder Pain
Toe Pain
By June 2019, we will reduce the number of unannounced breast cancer patients who present or are directed to the City of Hope ETC to a 20% of total visits or lower, during normal business hours.
Measures

- **Measure:**
  - % of unscheduled breast ETC visits during business hours
  - Numerator: Unscheduled breast ETC visits during business hours
  - Denominator: All breast ETC visits during business hours

- **Patient population:**
  - Breast Patients admitted to ETC during business hours. Breast cancer patient is defined based on primary ICD code

- **Calculation methodology:**
  - Numerator: Unscheduled breast ETC visits during business hours
  - Denominator: All breast ETC visits during business hours

- **Data source:** Triage system, Epic

- **Data collection frequency:** Weekly

- **Data quality (any limitations):**
Baseline Data

Scheduled vs Walk In during Business Hours

- % Walk In
- Historical Walk in %
- Walk in % Target
<table>
<thead>
<tr>
<th>Impact on Measure</th>
<th>Ease of Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Impact</strong></td>
<td>Easy</td>
</tr>
<tr>
<td><em>Patient Education during 1:1 chemo</em></td>
<td><em>AVS SmartPhrases with instructions to call triage (with info on Telephone #, symptoms, logistics, etc.)</em></td>
</tr>
<tr>
<td><em>Include clear for patients (who to call, when to call etc.) in NP Packet &amp; reinforce in clinic</em></td>
<td><em>Short term plan is to accommodate same day visits in current clinic space</em></td>
</tr>
<tr>
<td><em>Proactive management of pain</em></td>
<td><em>Develop same day visit NP? Clinic to see pats. (do we leverage 3D space)</em></td>
</tr>
<tr>
<td><em>Manage/assess pain proactive timely manner &amp; not turf off</em></td>
<td><em>Develop an areas/space where pts. can be sent to be triaged</em></td>
</tr>
<tr>
<td><em>Educate MDs &amp; RNs how to treat pain in clinic (extend algorithms)</em></td>
<td><em>Have ETC triage RN redirect to clinic</em></td>
</tr>
<tr>
<td><em>Clinic education managing patients – protocols?</em></td>
<td><em>Space for injections</em></td>
</tr>
<tr>
<td><em>Triage RN at ETC to contact 1 hr oncologist office re: pt. visit</em></td>
<td><em>Ensure Chemo teaching done days before: Tele-medicine??</em></td>
</tr>
<tr>
<td><em>Explore call pt. call process for high risk breast CA pts. to be done by clinic team</em></td>
<td><em>Have NP support in infusion center to help with pt. accommodation (if can’t be seen in clinic but not to go to ETC).</em></td>
</tr>
<tr>
<td><em>Call back program to include F/U with pt. after same day visit for issues</em></td>
<td></td>
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<tr>
<td><em>Standardize Chemo teach with SmartPhrases with details to call triage</em></td>
<td></td>
</tr>
<tr>
<td><strong>Low Impact</strong></td>
<td>Difficult</td>
</tr>
<tr>
<td><em>Develop SBAR handoff process to be used to communicate between triage-clinic-ETC</em></td>
<td><em>Continue implantation of algorithms for triage – add care advice – Educate clinic staff</em></td>
</tr>
<tr>
<td><em>Feedback to MD &amp; Clinical areas when ETC not notified</em></td>
<td><em>Give triage nurses access to schedule pts. for next day, same day visits (also clinic staff?)</em></td>
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<tr>
<td><em>Add info to AVS..... Triage instructions</em></td>
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**Ease of Implementation**

- **High**
- **Low**

**Impact**

- **High Impact**
- **Low Impact**

**Prioritized List of Changes**

(Priority/Pay –Off Matrix)
## 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>3/1/19-5/31/19-SBAR</td>
<td>Prepared SBAR and developed intervention</td>
<td>Pending- EPIC on hold due to upgrade</td>
<td></td>
</tr>
<tr>
<td>4/15/19-5/1/19-Validate/Edit information</td>
<td>Ensured triage patient education is included in chemo teaching, ERAS teaching, and discharge teaching</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>6/1/19-6/20/19 Communication</td>
<td>Educate ancillary departments on importance of notifying ETC</td>
<td>In process... pending</td>
<td></td>
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Materials Developed (optional)

**New Patient Packet**

**Chemotherapy Teaching Binder**

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**NURSING TRA攻打 CALL CENTER**

**24 HOUR HELP LINE FOR CITY OF HOPE PATIENTS**

Call 626-218-7133

A registered nurse is available 24 hours a day to answer your questions for non-life-threatening health problems. Please have your medical record number (MRN) when you call. The nurse will ask to verify this number each time you call.

**CALL 911 IMMEDIATELY, IF YOU HAVE:**
- A life threatening emergency
- Severe chest pain
- Difficulty breathing
- Poisoning
- Uncontrollable bleeding
- Signs of shock (rapid pulse; cold, pale and clammy skin; confusion; rapid breathing)
- Unconsciousness or nonresponsive
- Serious injuries or burns

**IF SEEN IN A HOSPITAL'S EMERGENCY ROOM (ER):**
1. Identify yourself as a City of Hope patient.
2. Call your City of Hope doctor after discharge.

**OTHER IMPORTANT INFORMATION**

Please DO NOT call the Nursing Triage Call Center for pharmacy refills, to make appointments or to obtain medical records. Listed below are appropriate numbers to call:

<table>
<thead>
<tr>
<th>Prescription Refills</th>
<th>Call 626-301-8304</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHARMACY HOURS:</td>
<td>Monday through Friday, 8:30 a.m. to 6 p.m.</td>
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<tr>
<td></td>
<td>Saturday, 8:30 a.m. to 3:30 p.m.</td>
</tr>
<tr>
<td>CLOSURES:</td>
<td>Sundays and major holidays</td>
</tr>
<tr>
<td></td>
<td>Please allow 72 hours for prescription refills</td>
</tr>
<tr>
<td></td>
<td>If you received your prescriptions at an outside pharmacy, please call them directly.</td>
</tr>
</tbody>
</table>

| Appointments         | 800-626-HOPE (4673) |
| Medical Records      | 626-256-HOPE (4673), ext. 82446 |
| Home Health          | If you receive home health services to manage your symptoms, please contact your home health service provider directly or ask your home health nurse to report directly to your City of Hope doctor. |

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- Severe chest pain
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- Poisoning
- Uncontrollable bleeding
- Signs of shock (rapid pulse; cold, pale and clammy skin; confusion; rapid breathing)
- Unconsciousness or nonresponsive
- Serious injuries or burns

**If seen in a hospital's emergency room (ER):**
1. Identify yourself as a City of Hope patient.
2. Call your City of Hope doctor after discharge.

**Call the Triage Nurse if you have:**
- High fever (100.4°F or higher)
- Nausea, vomiting or diarrhea that is not controlled by your medications
- Uncontrolled pain
- Problems with your VAD (venous access device) or PICC line
- Help with self-care procedures
- Bleeding
- Any other health problem where you were instructed to call City of Hope

Please DO NOT call the Nursing Triage Call Center for pharmacy refills, to make appointments or to obtain medical records.
Change Data- All Diseases

% unscheduled patients to ETC

P-Chart

Change Data- All Diseases

% unscheduled patients to ETC

P-Chart

75% 55% 58% 40% 40% 43% 44% 40% 48% 46% 41% 43% 50% 48% 46% 46% 39% 37%


Validate/Refine
Pt Education

Project Starts

Re-educate Providers

Proportion LCL CL ucl
Conclusions

• We initially anticipated our project to focus on breast-specific interventions, but as we better understood the top drivers of ETC visits, our solutions became more general
• Triage does a great job of directing patients to most appropriate setting for care, we must ensure that patients contact triage rather than walking in to ETC.
• Whereas MDs from clinic normally notify ETC that patient is coming, there is opportunity to provide greater education to ancillary/support departments.
• By increasing the number of time that patients call triage, we will improve predictability of ETC operations by scheduling patients.
Next Steps/Plan for Sustainability

• Go-live with SBAR communication tool and continually monitor ETC metrics.