Improving Oral Oncolytic Documentation and Teaching in a Safety-Net Outpatient Oncology Practice

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Coach: Pelin Cinar MD

September 2020
Institutional Overview: ZSFG

Zuckerberg San Francisco General Hospital and Trauma Center is a community hospital and Level 1 trauma center with teaching affiliation to UCSF.

SF Health Network provides primary care for all ages, specialty care, dentistry, emergency and trauma care, and acute care for the people of SF.
Institutional Overview: ZSFG

• We are dedicated to excellence in learning, teaching and providing comprehensive, compassionate care to patients with cancer and blood disorders. We embrace diversity, and we respect and value each patient, family and team member.

• 630 - 700 new oncology cases per year

• Services:
  • Hematology & Oncology Clinics
  • Breast Clinic
  • Sickle Cell Clinic
  • Palliative Care
  • Gynecologic Oncology
  • Cancer Navigation Program
  • Lymphedema Program
  • Genetic Counseling
  • Patient Support & Education Program
<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Job Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Sponsor#</td>
<td>Terence Friedlander</td>
<td>Division Chief of Hematology-Oncology</td>
</tr>
<tr>
<td>Team Leader+</td>
<td>Ana Velazquez</td>
<td>Oncology Fellow</td>
</tr>
<tr>
<td>Core Team Member*</td>
<td>Niharika Dixit</td>
<td>Oncology Attending physician</td>
</tr>
<tr>
<td>Core Team Member*</td>
<td>Katherine Pang</td>
<td>Oncology Pharmacist</td>
</tr>
<tr>
<td>Core Team Member*</td>
<td>Piera Wong</td>
<td>Oncology RN Specialist</td>
</tr>
<tr>
<td>Other Team Member^</td>
<td>Lisa Trueblood</td>
<td>Oncology RN</td>
</tr>
<tr>
<td>Other Team Member^</td>
<td>Wan-Lan Tay</td>
<td>Hematology RN</td>
</tr>
<tr>
<td>Other Team Member^</td>
<td>Cuimin Jiang</td>
<td>Oncology RN</td>
</tr>
<tr>
<td>Other Team Member^</td>
<td>Renee McNally</td>
<td>Oncology RN</td>
</tr>
<tr>
<td>Other Team Member^</td>
<td>Alena Maunder</td>
<td>Nurse Manager/Supervisor</td>
</tr>
<tr>
<td>QTP Improvement Coach</td>
<td>Pelin Cinar</td>
<td>Provides remote support to the team regarding the science of QI and participation in the QTP.</td>
</tr>
</tbody>
</table>
Between September and December 2019, none of the patients who started on oral oncolytics at ZSFG hematology-oncology clinics had complete documentation of oral oncolytic education and a complete documented care plan. An average of 6 out of 15 components as per QOPI and ASCO-ONS standards were documented in the EHR.

This results in potential increased risk of toxicity, increased patient non-adherence to therapy, and poor adherence to follow-up schedule for lab monitoring, dose adjustment, and toxicity assessment.
## Outcome Measure

### Baseline Data Summary

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measure:</strong></td>
<td>Total number of components of oral oncolytics care plan documented</td>
</tr>
<tr>
<td><strong>Patient population:</strong></td>
<td>All patients on NEW oral oncolytics seen at ZSFG’s hematology-oncology outpatient clinics from September to December 2019 - Patient only receiving hormonal therapy were excluded</td>
</tr>
</tbody>
</table>
| **Calculation methodology:**                   | **Numerator:** number of components of oral oncolytics documentation in medical record prior to start  
Denominator: 15 (total number of components of oral oncolytics care plan documentation)                                                                                              |
| **Data source:**                               | EMR (Epic): progress notes, telephone encounters, and orders                                                                                                                                                                    |
| **Data collection frequency:**                 | Baseline and bi-weekly                                                                                                                                                                                                             |
| **Data limitations:**                          | Accuracy and completeness of documentation  
Accuracy of capture of patients on oral oncolytics                                                                                                                                                                                      |
Outcome Measure

Baseline Data

Documentation of Components of Oral Oncolytics Care Plan

Consecutive patients starting new oral oncolytics from September to December, 2019

Mean 6
Aim Statement

By September 2020, the percentage of completed components of an oral oncolytic education and care plan that are documented in the EHR per QOPI and ASCO-ONS standards prior to new oral oncolytic initiation will increase from 40% to 60%.
Summary of learning:
23-step process with wide variability based on patient and staff member involved in the process. Specific-challenges based on patient population demographics and SES.
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23-step process with wide variability based on patient and staff member involved in the process. Specific-challenges based on patient population demographics and SES.
### Countermeasures

#### Ease of Implementation

<table>
<thead>
<tr>
<th>High Impact</th>
<th>Low Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy</td>
<td>Difficult</td>
</tr>
</tbody>
</table>

#### Define & clarify staff roles

- Define complete/standard oral oncolytic education & documentation
- Develop language concordant patient education materials
- Streamline communication between RN & MD
- Define & clarify staff roles

#### Integrate oncolytic education template in EHR

- Data & compliance monitoring in EHR
- Refill monitoring in EHR

#### Integrate lab monitoring & follow up into EHR

#### Data & compliance monitoring in EHR

#### Refill monitoring in EHR
### Process Measure

#### Diagnostic Data Summary

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measure:</strong></td>
<td>EMR documentation of patient education</td>
</tr>
<tr>
<td><strong>Patient population:</strong></td>
<td>All patients on NEW oral oncolytics seen at ZSFG’s hematology-oncology outpatient clinics -Patients receiving only hormonal therapy were excluded</td>
</tr>
</tbody>
</table>
| **Calculation methodology:**             | **Numerator:** number of patients with documentation of patient education in EMR  
**Denominator:** number of patients who started a new oral oncolytics |
| **Data source:**                          | EMR                                                                         |
| **Data collection frequency:**            | Baseline and bi-weekly                                                      |
| **Data limitations:**                    | Accuracy and completeness of documentation  
Accuracy of capture of patients on oral oncolytics |
Process Measure

Diagnostic Data

Percentage of Patients with Documented Oral Oncolytic Education from September to December 2019

- No: 45%
- Yes: 55%

Oral oncolytic patient education documented in EMR
### Process Measure

#### Diagnostic Data Summary

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measure:</strong></td>
<td>Missing components of oral oncolytic care plan</td>
</tr>
</tbody>
</table>
| **Patient population:** (Exclusions, if any) | All patients on NEW oral oncolytics seen at ZSFG’s hematology-oncology outpatient clinics with documented education in EMR
- Patients receiving only hormonal therapy were excluded |
| **Calculation methodology:** (i.e. numerator & denominator) |  
**Numerator:** number of components missing from patient education documented in EMR  
**Denominator:** 15 (total number of components of oral oncolytics care plan documentation) |
| **Data source:**                          | EMR                                                                                              |
| **Data collection frequency:**            | Baseline and bi-weekly                                                                           |
| **Data limitations:** (if applicable)     | Accuracy and completeness of documentation  
Accuracy of capture of patients on oral oncolytics                                             |
Missing components of oral oncolytic care plan among documented patient education from September to December 2019
Missing components of oral oncolytic care plan among documented patient education from September to December, 2019
## Test of Change
### PDSA Plan

<table>
<thead>
<tr>
<th>Date</th>
<th>PDSA Description</th>
<th>Result</th>
</tr>
</thead>
</table>
| 3/10/20 – 6/07/20 | - Defined RNs role as staff in charge of oral oncolytic prior-auth, coordination, and education process.  
- Reinforced communication of providers with RN.  
- Defined components of oral oncolytic education and care plan that meets QOPI & ASCO-ONS standards. | - We identified the need for clinic space.  
- We discussed RN time commitment with managers.  
- Need for EHR tool.  
- Increase education documentation. |
| 6/08/20 – | - EHR worksheet to document oral oncolytic education  
- In-person RN teaching  
- Printed education materials, pill box, and thermometer  
- 1-week follow up calls  
- Infographics in clinic workspaces | - Increase in documentation  
- Challenges with follow up lab monitoring orders and completion |
Materials Created

Document a Telephone Oral Chemo Education

Follow the instructions below to document patient oral chemotherapy education during a telephone encounter.

Intended users: Beacon providers and Hem/Onc Clinic nurses.

Try It Out
1. Upon logging in to Hyperspace, click on Telephone Call to create a telephone encounter for a patient.

2. Click on Take Action activity to locate Oral Chemo Education.

3. Click on Oral Chemo tab to start document.

- Chart Review
- Communications
- Call Intake
- Take Action

- Oral Chemotherapy Education:
  - Oncology Treatment Plan

For ODM training purposes only, discussion may be subject to privacy laws under the act.

Continued on next page.
Materials Created

Hematology-Oncology Clinics

New Oral Oncolytic Start Workflow

A 5-STEP PROCESS

1. MD DISCUSSES NEW ORAL ONCOLYTIC WITH PATIENT & DOCUMENTS ORALCHEMO
2. MD DISCUSSES NEW ORAL ONCOLYTIC START WITH RN & SENDS PRESCRIPTION TO PHARMACY
3. RN OBTAINS PRIOR AUTH & HELPS ARRANGE DRUG DELIVERY LOGISTICS
4. RN OFFERS PATIENT OPTION FOR IN-PERSON VS. TELEPHONE-BASED ORAL ONCOLYTIC EDUCATION
5. RN DOCUMENTS EDUCATION & START DATE IN ORAL CHEMO FLOWSHEET
Outcome Measure

Change Data

Documentation of Components of Oral Oncolytics Care Plan

Consecutive Patients Starting Oral Oncolytic from September 2019 to August 2020

Mean 36.7%
PDSA 1 Starts
Mean 54.1%
PDSA 2 Starts
Mean 81.9%
Goal 60%
Change Data

Documentation of Oral Oncolytics Education

*Process Measure*

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>PDSA 1</th>
<th>PDSA 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent with any documentation of education</td>
<td>45.45%</td>
<td>54.55%</td>
<td>83.33%</td>
</tr>
<tr>
<td>No</td>
<td>33.33%</td>
<td></td>
<td>16.67%</td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td>66.67%</td>
<td></td>
</tr>
</tbody>
</table>
Follow-up Symptom Check Call at 1-week

Percentage of patients with 1-week follow-up call

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>22.22</td>
<td>86.36</td>
</tr>
<tr>
<td>PDSA 2</td>
<td>13.64</td>
<td>77.78</td>
</tr>
</tbody>
</table>
## Next steps

### Sustainability Plan

<table>
<thead>
<tr>
<th>Next Steps</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor progress and provide performance feedback</td>
<td></td>
</tr>
<tr>
<td>Create standardized EHR reporting</td>
<td></td>
</tr>
<tr>
<td>Create provider dot-phrase</td>
<td></td>
</tr>
<tr>
<td>Identify ways in which to track toxicity and compliance monitoring</td>
<td></td>
</tr>
<tr>
<td>Review process formally through QOPI</td>
<td></td>
</tr>
</tbody>
</table>
Conclusion

- Over a 6-month period, we improved oral oncolytic education and documentation by meeting our goal of increasing the number of documented components from 40% to 82%.

- Review of processes with stakeholders is imperative to practice improvement.

- Implementation of an EHR tool is an easy way to improve documentation.
Improving Oral Oncolytic Documentation and Teaching in a Safety-Net Outpatient Oncology Practice

**AIM:** By September 2020, the percentage or rate of completed components of an oral oncolytic education and care plan that are documented in the EHR per QOPI and ASCO-ONS standards prior to new oral oncolytic initiation will increase from 40% to 60%.

**TEAM:**
- Department of Medicine: Ana Velazquez, Niharika Dixit
- Department of Nursing: Piera Wong, Cuimin Jiang, Lisa Trueblood, Wan-Lan Tay
- Department of Pharmacy: Katherine Pang

**INTERVENTION:**
**PDSA 1:** We defined RNs role as staff in charge of oral oncolytic prior-auth, coordination, and education process. We reinforced direct communication of providers with RNs. We defined components of oral oncolytic education and care plan that meets QOPI & ASCO-ONS standard and developed an EHR worksheet.

**PDSA 2:** We implemented the EHR worksheet to document oral oncolytic education. We encouraged in-person RN teaching. Provided patients with printed education materials, pill box, and thermometer. We implemented 1-week follow up calls for symptom check. We placed Infographics in clinic workspaces.

**RESULTS:**
- The average number of components of the oral oncolytic education and Care plan, documented increase from 40% (6/15) to 82% (12.3/15).
- Overall, documentation increased from 54% to 83%.

**CONCLUSIONS:**
- Over a 6-month period, we improved oral oncolytic education and documentation by meeting our goal of increasing the number of documented components from 40% to 82%.
- Review of processes with stakeholders is imperative to practice improvement.
- Implementation of an EHR tool is an easy way to improve documentation.

**NEXT STEPS:**
- Present to department and staff
- Provide monthly performance feedback to staff
- Toxicity & compliance monitoring
- Create provider specific dot-phrases to ease documentation & communication.
Thank you!

Niharika Dixit
Katherine Pang
Piera Wong
Courtney Myers
Terence Friedlander
Pelin Cinar