“Improving the African-American Experience at Taussig- a Quality Improvement Initiative through the ASCO Quality Training Program”

Presenters: Tiffany Onger & Kimberly Sanders
June 18, 2021
Taussig Cancer Center

The Cleveland Clinic is a member of the Case Comprehensive Cancer Center, an NCCN and NCI-designated partnership organization located in Cleveland, Ohio.
Taussig Cancer Center

- Houses Medical Oncology, Hematology, Radiation Oncology & Palliative Medicine
- Has over 400 actively enrolling clinical trials
- 22,000 new cancer visits annually
Outpatient Survey Results

1/1/19-9/30/20 enterprise d/c | ^ PG Ntl specialty rank | * % top box

Slides adapted from Kevin Phipps
# The Justice League

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<td>ASCO QTP Coach</td>
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<tr>
<td>Gayle Deadwyler</td>
<td>Patient Family Member</td>
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<tr>
<td>Timothy Gilligan</td>
<td>Staff Physician</td>
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<tr>
<td>Nicole Jackson</td>
<td>Licensed Practical Nurse</td>
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<td>Continuous Improvement Coach</td>
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<td>Ambulatory Nurse Manager</td>
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<td>Tiffany Onger*</td>
<td>Quality Improvement Fellow</td>
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<tr>
<td>Kimberly Page</td>
<td>Institute Nursing Director</td>
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<td>Christa Poole</td>
<td>Social Worker</td>
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<tr>
<td>Kimberly Sanders*</td>
<td>Director of Community Outreach</td>
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<td>Aqeel Seals</td>
<td>Program Manager</td>
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*Co-Lead
“At Taussig Cancer Center, from 1/1/19-9/30/20, Black patients reported worse satisfaction with regards to communication and teamwork as compared to White patients in the outpatient setting, which could be contributing to poorer health outcomes.”
Causes

Likely to Recommend = (Dr communication, Nurse curtsey and respect, Teamwork)
Theme: Physical Environment/The way we do things
- Intimidating environment
- White walls
- White providers/providers are racially discordant
- Fancy/expensive building
- Not having multicultural representation when it comes to the physical environment, such as the artwork
- We don't meet our patients in the waiting room, rather wait for them to come to our room
- We do not have a process to get high quality feedback from this population
- Difficulty with parking (our first encounter)
- Perception of shouting

Theme: Other
- Feeling Rushed
- Distrust of the doctors having the patient's best interest at heart
  - "Would you recommend this doctor for yourself or family member?"
  - "Is this a safe place to get care?"
- Distrust/mistrust of CCF or healthcare in general, given historic abuses
- Feeling of being "pushed" into treatment plans
- Patient's socioeconomic status making it difficult to afford prescriptions and treatment
- There is a cost of time as well (needing childcare, rides, etc)

Theme: Reputation of CCF in the Community
- People come in not expecting a good experience, then something confirms that paradigm
- People come in with exceptionally high expectations, and they are not met.
- Not having fully recognized the history impact of the clinic in the community. "This area was nothing before the clinic" Yes it was, people lived here and there were business.

Theme: Communication (or maybe cultural competency)
- Communication styles (too "professional"/stiff/distant)
- Warmth of greeting preferences
- Patient did not feel as though they had enough explanation of their disease
- "What are you doing here?" making patients feel unwelcome
- We don't go out of our way to be especially warm and welcoming to each patient.
- How to address patients based on their age and personal preferences. "Ma'am" vs overly familiar/casual. Ideas of respect in how they're addressed.
- Not addressing patients by their name when the name is provided on the sheet.
- Asking a question while waking, requiting the patient to answer the back of the staff's head.

Theme: Unconscious Bias
- Seeing some patients being treated very warmly and themselves not being treated as warmly
- Feeling that some patients are given more time with the doc than they are getting
- Feeling the visit was rushed
- Patient feels that docs didn't examine them
- I'm from X and I find out my patient is from X and I feel close to them faster, and maybe the patient who are not from X may feel as an outsider
- We may not be as intentional about treating everyone warmly.
- Treating patients who are dressed better may be experiencing better care / more respect
- Racial and cultural stereotypes may be playing a role
- Not having education around unconscious bias

Decreased Satisfaction
**Cause & Effect Diagram**

**Theme: Physical Environment/The way we do things**
- Intimidating environment
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**Decreased Satisfaction**
Dear Valued Patient,

At Cleveland Clinic Cancer Center, we hope to create an environment where every patient feels heard and valued. Our team is seeking to improve the experience of patients at Cleveland Clinic Cancer Center. Your participation is voluntary and will not affect your treatment in any way. We commit to you that we will use the results of this survey to help make our Cancer Center the best place to receive care.

Thank you for your time and your trust.

Sincerely,

Team leaders, Tiffany Onger, MD, & Kimberly Sanders

1. Did our Cancer Center employees address you in the way you prefer (please check one)? (For example: Mrs. Brown, Ms. Alice, Gloria):
   - All employees
   - Most of the employees
   - Some of the employees
   - A few of the employees
   - None of the employees

2. The nurse made me feel welcomed as an individual (please check one):
   - Agree
   - Somewhat agree
   - Somewhat disagree
   - Disagree

3. The nurse explained things to me in a way that I understood (please check one):
   - Agree
   - Somewhat agree
   - Somewhat disagree
   - Disagree

4. The nurse listened to me (please check one):
   - Agree
   - Somewhat agree
   - Somewhat disagree
   - Disagree

5. The doctor made me feel welcomed as an individual (please check one):
   - Agree
   - Somewhat agree
   - Somewhat disagree
   - Disagree

6. The doctor explained things to me in a way that I understood (please check one):
   - Agree
   - Somewhat agree
   - Somewhat disagree
   - Disagree

7. The doctor listened to me (please check one):
   - Agree
   - Somewhat agree
   - Somewhat disagree
   - Disagree

8. How do you identify? (check all that apply)
   - American Indian/Alaska Native
   - Asian
   - Black/African American
   - White
   - Declined
   - Other

9. Is there any other feedback you would like to share with us about your visit? (Use backside for more space)

Thank you!

Optional: May we contact you for additional information?

Yes (please provide information)

No

Printed name:

Email or phone number:

Dr. Tiffany Onger  Ms. Kimberly Sanders

ASCO Quality Training Program Team Leads
Dear Valued Patient,

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   - □ Black/African American
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   - □ Other

9. Is there any other feedback you would like to share with us about your visit? (Use backside for more space)

   __________________________________________
   __________________________________________
   __________________________________________

Thank you!
In-Person Flowchart

Bird’s Eye

Vehicle is parked

No

Yes

Patient likely arrived by one of the following:

- dropped off by personal vehicle
- facility transportation
- bus
- valet

Walk or ride the skyway golfcart or shuttle

Arrive at TCI COVID screening*

Pass

flagged

COVID sx related?

Yes

No

Admin on-call is paged

Screener walks patient to triage on 1st floor. MD is paged to place COVID swab order & patient is tested

COVID test result

Positive

Negative

Patient reaches front desk* or red coat

Sit in Lobby

Rooming nurse calls

First name last Initial Rooming nurse takes Ht and weight

Patient brought to exam room

Remaining vitals taken (BP and pulse), screening questions asked

MD Visit

Multiple Appointments

No

Yes

Lab Needed?

No

Yes

Go to lab

Patient desires to see scheduling

No

Go to scheduling

Yes

Rx to pick up?

No

Go to pharmacy

Yes

Valet

No

Go to valet*

Yes

Leave TCI

2) Patient arrives to MC
In-Person Flowchart

*Bird’s Eye*

1. Vehicle is parked

2. Patient likely arrived by one of the following:
   - dropped off by personal vehicle
   - facility transportation
   - bus
   - valet

3. Walk or ride the skyway golfcart or shuttle

4. Arrive at TCI COVID screening*

5. Pass or flag:
   - COVID sx related?
   - No
   - Yes

6. Admin on-call is paged

7. Screener walks patient to triage on 1st floor. MD is paged to place COVID swab order & patient is tested

8. COVID test result
   - Positive
   - Negative

9. Patient reaches front desk* or red coat

10. Sit in Lobby

11. Rooming nurse calls First name last Initial

12. Rooming nurse takes Ht and weight

13. Patient brought to exam room

14. Remaining vitals (BP and pulse), screening questions asked

15. MD Visit

16. Multiple Appointments
   - No
   - Yes

17. Labs Needed?
   - No
   - Go to lab

18. Patient desires to see scheduling
   - No
   - Go to scheduling

19. Rx to pick up?
   - No
   - Go to pharmacy

20. Valet
   - No
   - Go to valet*

21. Leave TCI

22. Patient arrives to MC
Patient Outpatient Scheduling Flowchart

Vehicle is parked

No

Yes

Patient likely arrived by one of the following:
- dropped off by personal vehicle
- facility transportation
- bus
- valet

Walk or ride the skyway golfcart or shuttle

Arrive at TCI COVID screening

*COVID screening

Flagged

Positive

Negative

COVID sx related?

Yes

No

Admin on-call is paged

Screener walks patient to triage on 1st floor. MD is paged to place COVID swab order & patient is tested

COVID test result

Patient reaches front desk* or red coat

Sit in Lobby

Rooming nurse calls First name last Initial

Rooming nurse takes Ht and weight

Patient brought to exam room

Remaining vitals taken (BP and pulse), screening questions asked

MD Visit

Multiple Appointments

No

Yes

Abs Needed?

No

Go to lab

Yes

Patient desires to see scheduling

No

Go to scheduling

Yes

Rx to pick up?

No

Go to pharmacy

Yes

Valet

No

Go to valet*

Yes

Leave TCI

2) Patient arrives to MC
In-Person Flowchart

Bird’s Eye

1. Vehicle is parked
2. Patient arrives via vehicle
3. Patient is walked to triage
4. COVID screening
5. Admin on-call is paged
6. Screener walks patient to triage on 1st floor
7. MD is paged to place COVID swab order
8. Patient is tested
9. COVID test result
10. Positive
11. Negative
12. Patient reaches front desk or red coat
13. Sit in lobby
14. Rooming nurse calls patient by name
15. Rooming nurse takes Ht and weight
16. Patient brought to exam room
17. Remaining vitals taken (BP and pulse), screening questions asked
18. MD Visit
19. Multiple Appointments
20. No
21. Yes
22. Labs Needed?
23. No
24. Go to lab
25. Yes
26. Patient desires to see scheduling
27. No
28. Go to scheduling
29. Yes
30. Rx to pick up?
31. No
32. Go to pharmacy
33. Yes
34. Valet
35. No
36. Go to valet
37. Yes
38. Leave TCI
Process Map

- Patients identified weekly
Process

- Patients identified weekly
- Staff notified via email
- Team Member is **physically present** to remind staff before and after patient visit
- *Warm handoff:* “Mrs Jones, I wanted to share with you that I am working with a fellow/social worker today who is on a team to help improve the patient experience here at Taussig. Would you be willing to chat with her briefly? I don’t expect the conversation to last longer than 10 minutes.”
- Survey administered OR patient goes home.
- Survey data is stored in RedCap
- Goal number of initial surveys = 30
1) Cancer answer line operator receives referral

Cancer answer line scheduler receives patient information & records

Is case complex? No

Yes

Cancer answer line care coordinator gets more information

Are all records available? (reviewed by Dr. RN CC & CAL) No

Yes

Patient is offered appointment by CAL CC

Patient agrees to appointment No

Yes

RNCC or Rooming staff calls the patient

Appt reminder is sent

Key
CALL CC = cancer answer line care coordinator
RNCC = Registered Nurse care coordinator
In-Person Flowchart

Bird’s Eye

Patient Outpatient Scheduling Flowchart

Vehicle is parked
No
Yes

Patient likely arrived by one of the following:
- dropped off by personal vehicle
- facility transportation
- bus
- valet

Walk or ride the skyway golf cart or shuttle

Arrive at TCI COVID screening

* flag

COVID sx related?
Yes
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COVID test result
Positive
Negative

Patient reaches front desk or red coat
Sit in Lobby
Rooming nurse calls first name last Initial
Rooming nurse takes Ht and weight
Patient brought to exam room
Remaining vitals (BP and pulse) taken, screening questions asked

MD Visit
Multiple Appointments
No
Yes

Lab needed?
No
Yes

Go to lab

Patient desires to see scheduling
No
Yes

Go to scheduling

Rx to pick up?
No
Yes

Go to pharmacy

Valet
No
Yes

Go to valet*

Leave TCI

2) Patient arrives to MC
2) Patient arrives to MC

Vehicle is parked

No

Yes

Patient likely arrived by one of the following:
- dropped off by personal vehicle
- facility transportation
- bus
- valet

Walk or ride the skyway golf cart or shuttle

Arrive at TCI

COVID screening*

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Multiple Appointments

No

Yes

Lab Needed?

No

Go to lab

Yes

Go to scheduling

Rx to pick up?

No

Yes

Go to pharmacy

Valet

No

Go to valet*

Leave TCI

Patient reaches front desk* or red coat
In-Person Flowchart
COVID Screen → MD Visit

COVID screening*

Patient reaches front desk* or red coat

Sit in Lobby

Rooming nurse calls First name last Initial

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Go to lab

No

Go to scheduling

Yes

Rx to pick up?

No

Go to pharmacy

Yes

Valet

No

Go to valet*

Yes

Leave TCI

2) Patient arrives to MC
In-Person Flowchart

MD Visit → Leave TCI

1. MD Visit
   - Multiple Appointments
     - No → Labs Needed?
       - Yes → Go to lab
       - No → Patient desires to see scheduling
         - Yes → Go to scheduling
         - No → Rx to pick up?
           - Yes → Go to pharmacy
           - No → Valet
             - Yes → Go to valet*
             - No → Leave TCI
   - Yes → Leave TCI
Diagnostic Data-Qualitative

- “It felt cold”
- “Treated like a drug-addict”
- “If it weren’t for my doctor, I would have left”
- “Didn’t explain things to me”
- “No one asked me how to pronounce my name”
- “I was called by my first name”
Aim Statement

AIM Statement: TBD
Outcome measure vs Process measure
Measures

• Measure: Percentage of patients who state that they are addressed the way that they prefer by every employee at our cancer center.

• Patient Population: Oncology patients in breast and GI clinics who have “Black/African-American” listed as their race in the EMR

• Calculation Methodology: percentage

• Data Source: Survey

• Data Collection Frequency: Initially, 2-3 times weekly for a whole day
Measures – Data Quality

• Survey responses may trend towards positive answers depending on the oncologist or the clinic.

• Survey responses may trend towards positive answers when administered via surveyor (vs in private).

• Open-ended question may or may not be fully utilized depending on the surveyor.

• Open-ended question may or may not be fully utilized when surveys are conducted independently.
Baseline Data

Surveys are yet being conducted...
Lessons Learned

- An ID team is key to diversity of thought
- Patient representation is invaluable and will provide insight that is missed by those “on the inside”
- Confer early with champions and leadership
- Partner with a strong co-leader to share the responsibility
- Remember the difference between research and QI (eg: control groups, IRB approval, etc)
Cleveland Clinic
Every life deserves world class care.