Blue Ridge Cancer Care
Reducing Nurse Navigator Variation

Elaine Bryant, RN
Nurse Navigator
Institutional Overview

Blue Ridge Cancer Care offers advanced treatment technologies in a community-based setting, providing care to patients close to their homes and within their local communities.

- 9 locations throughout Southwest Virginia
  - Urban and Rural Setting
- 25 Physicians
- 19 Advanced Practice Providers

Specialties
- Medical Oncology
- Radiation Oncology
- Hematology
- Palliative Care

Services
- Clinical Trials & Research
  - Phases I, II, III, IV
- Genetic Counseling
- Nurse Navigation
- Social Work
- Nutrition Counseling
- Support Groups
## Team members

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elaine Bryant, Nurse Navigator</td>
<td>Team Lead</td>
</tr>
<tr>
<td>Susan Mayhew, Nurse Supervisor</td>
<td>Team Member</td>
</tr>
<tr>
<td>Tim Collie, LCSW</td>
<td>Team Member</td>
</tr>
<tr>
<td>Ann Sweeney, Sr. Director Quality Programs</td>
<td>Sponsor</td>
</tr>
<tr>
<td>Matthew Skelton, MD</td>
<td>Sponsor</td>
</tr>
</tbody>
</table>
Problem Statement

Between January and March 2021, an average of **54%** of all new cancer patients starting IV chemotherapy at all clinic locations did not have a Nurse Navigator (NN) introduction and initial assessment (NN I/IA) completed within one month after his/her initial consult visit.

- The components we are tracking for completion: NN I/IA, Re/Education, Resources/Barriers, Psychosocial Needs.
- This variation leads to gaps in consistent care, increased frustration/burnout/inefficient use of NN time, and impacts patient outcomes.
# Outcome Measure
## Baseline data summary

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measure:</strong></td>
<td>Percent of new IV chemotherapy patients that <strong>do not have</strong> the NN introduction and initial assessments (NN I/IA) <strong>within one month of initial consult</strong>.</td>
</tr>
</tbody>
</table>
| **Patient population:** (Exclusions, if any) | • New IV chemotherapy patients enrolled in a VBC program between January-March 2022  
• All clinics, all cancer types, all physicians  
• Random sample pulled representing 10% (126 patients) of new IV chemotherapy patients enrolled in a VBC program |
| **Calculation methodology:** (i.e. numerator & denominator) | Numerator = Missing NN I/IA/Data Elements completed within 1 month of initial consult  
Denominator = All patients defined in patient population |
| **Data source:** | Value-based Care program enrollment file, Electronic Medical Record, Navigating Care |
| **Data collection frequency:** | Baseline: one time data pull patient sample size from 1 quarter (Jan-March 2022) |
| **Data limitations:** (if applicable) | Self-reported data: consistency or accuracy of chart documentation |
Aim Statement

Reduce missed Nurse Navigator introduction and initial assessment (NN I/IA) by 34% for all new patients starting IV chemotherapy at all clinic locations by December 31, 2022.
Nurse Navigation – New IV Chemotherapy Patient Workflow

Phase I
- Start
- Initial Consult Visit
- Dx & Tx Plan
- Chemo Education

Phase II
- NN Baseline Assessments
  - NN Intro & Initial Assessment
  - Re/Education
  - Resource & Barriers
  - Psychosocial Needs

Treatment Starts
- Set Risk Level

Low-Risk/Survivorship
- Re/Education
- Transitions of Care/Referrals
- Reassess NN Acuity
- Reassess Barriers

High-Risk/Palliative/Hospice
- Re/Education
- Transitions of Care/Referrals
- Reassess NN Acuity
- Reassess Barriers
- Schedule follow-up calls
- Weekly Care Team Huddle

Treatment Continues

Set Risk Level

Schedule Survivorship

End

Enroll in Hospice
Cause and Effect diagram

**Technology (machine, methods)**
- Pt. utilization of technology, education materials
- Pt. access to technology, Pt. portal
- NN utilization, understanding of NC, G2
- NN utilization, understanding of DC lists
- Different communication methods (G2, in person)
- NN not using consistent notes in G2/NC (4 ways to doc, moving 1)

**Policy/Procedure/Workflow (measurement, materials)**
- NN, physician APP interpretation of priorities (survey)
- Pt. volumes too high (APEX very/high/med, hospital report, Rad/Chemo)
- Variation of care team huddle goals
- No defined NN program goals
- No consistent training for new NN, onboarding/orientation, timelines
- Inconsistent high risk definition
- Unclear scope for the role; scope creep

**Environment**
- COVID
- Frustration
- Burnout
- Lack of or variations of support for NN services
- Significantly increasing pt. volumes
- Implemented new VBC/quality programs
- Staff turnover (NN, SW, Director, all staff support NN)

**People**
- Pt. needs
- Physician requests, needs
- No defined NN program goals (survey done)
- Inconsistent interpretation of job description
- Pt volumes are too high for consistency and effectiveness
- Variation in training of new team members
- Program/leadership allowed and supported variation (write up with Trish)

**Problem Statement**
Between January and March 2021, 54% of all new cancer patients starting IV chemotherapy at all clinic locations did not have a Nurse Navigator (NN) introduction and initial assessment (NN 1/1A) completed within one month after his/her initial consult visit.
Cause and Effect Outcome

Survey Results: Variation
12 physicians, 4 NN (16)

- 10 variations of what NN goals should be, but common themes on top 5
- 8 definition on high-risk patients
- 75% agreed on priorities for NN team
- Shared results and all 16 agreed on established NN goals and priorities

48%
Increase in VBC Program enrollment July 2021 to March 2022

VBC Program Enrollment March 2022
- ASCO
- OCM
- VP

55% 39% 6%
## Process Measure – Add to FBD narrative

### Diagnostic Data

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measure:</strong></td>
<td>Missing NN documentation elements: NN I/IA, Re/Education, Resources/Barriers, Psychosocial Needs; within one month of initial consult.</td>
</tr>
</tbody>
</table>
| **Patient population:** *(Exclusions, if any)* | • New IV chemotherapy patients enrolled in a VBC program between January-March 2022  
• All clinics, all cancer types, all physicians  
• Random sample pulled representing 10% (126 patients) of new IV chemotherapy patients enrolled in a VBC program |
| **Calculation methodology:** *(i.e. numerator & denominator)* | Count of Missing Data Elements in NN Note  
1. NN introduction and initial assessments (NN I/IA)  
2. TAP/TPF/Symptom Reeducation  
3. Resources/Barriers  
4. Psychosocial Needs |
| **Data source:** | Nurse Navigator Notes |
| **Data collection frequency:** | Baseline: one time data pull patient sample size from 1 quarter (Jan-March 2022) |
| **Data limitations:** | Self-reported data: consistency or accuracy of chart documentation |
Process Measure
Diagnostic Data

Missing Elements from NN Notes

<table>
<thead>
<tr>
<th>ELEMENT TYPE</th>
<th>COUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources/Barriers</td>
<td>90</td>
</tr>
<tr>
<td>NN Introduction/Initial Assessment</td>
<td>60</td>
</tr>
<tr>
<td>TAP/TPF/Symptom Reeducation</td>
<td>30</td>
</tr>
<tr>
<td>Psychosocial Needs</td>
<td>10</td>
</tr>
</tbody>
</table>

CUMLATIVE PERCENTAGE

0%  10%  20%  30%  40%  50%  60%  70%  80%  90%  100%

COUNT vs. ELEMENT TYPE
## Priority / Pay-off Matrix

### Countermeasures

<table>
<thead>
<tr>
<th>Impact</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy</td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Medium</td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Difficult</td>
<td>Hire more NN</td>
<td>Improve turnover</td>
<td>Address burnout, Reduce quality/VBC programs</td>
</tr>
<tr>
<td>Low</td>
<td>Improve team onboarding/training</td>
<td>Explore patient expectations</td>
<td>Reduce NN patient case loads</td>
</tr>
</tbody>
</table>

### LEGEND

- **Interventions implemented**
- **Addressed in near future**
- **Explored at a practice level; beyond project scope**
- **Solutions not feasible but contribute to the problem**
## Test of Change
### PDSA Plan

<table>
<thead>
<tr>
<th>Date</th>
<th>PDSA Description</th>
<th>Result</th>
</tr>
</thead>
</table>
| August 1-12, 2022  | • Evaluate NN and physician expectations  
                      • Redefine NN program goals                                                     | • Timing of NN initial assessment and identifying barriers to care; developing a consistent approach and documentation standards  
                      • Open discussions via meetings and surveys                                      | • Improved collaboration and trust; reduced frustration                                    |
| September 1-21, 2022 | • Develop a consistent method to screen for barriers of care  
                       • Create a consistent documentation standard                                        | • Assess all new cancer dx within 30 days of initial consult at a rate of 80% compliance to determine barriers to care  
                       • Implemented NCCN DT and additional note template in EMR                            | • Provide consistent quality care meeting health equity strategy standards                |
| October 5 – present | • Improve team communication                                                     | • Conduct weekly project status meetings                                                          |                                                                                          |
|                    | • Communicate completion rates and assessment results weekly  
                       • Resolve different interpretations on assessment triggers and timelines            |                                                                                                |                                                                                          |
Outcome Measure
Post Countermeasure

Blue Ridge Cancer Care
(% of Completed Nurse Navigator Initial Assessments)

- P Chart: measured discrete Y/N data
- Baseline = week 1-14
- TOC = week 14 to week 28
  - The process is under control because all data points are within the control limits
  - Process mean = 72%
  - Suspected special cause variation on week 19
  - Difference in control limits = change in sample size
  - Variation improved: center line/mean shifted up and control limits are narrower
- Next Steps: confirm week 19 special cause variation, 8 weeks of data indicate a ‘shift’
<table>
<thead>
<tr>
<th>Next Steps</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete measurement period (30 days after 12/21/31) and share results with all stakeholders</td>
<td>ASCO QTP Team</td>
</tr>
<tr>
<td>Add NCCN completion rates to quality scorecard that are reviewed with teams, managers, and physicians monthly; monitor performance, address gaps, collect feedback on process and make improvements based on collective experiences and determine role responsibility; add to quality communication strategy to share performance and any changes with all stakeholders Add dates</td>
<td>Quality Team</td>
</tr>
<tr>
<td><strong>PHASE II</strong></td>
<td></td>
</tr>
<tr>
<td>Determine NCCN reassessment criteria</td>
<td>Quality Director; Navigation and Social Worker teams, Clinical Director, Physician Champions</td>
</tr>
<tr>
<td>Improve follow-up discussions based on results</td>
<td>Navigation and Social Worker teams</td>
</tr>
<tr>
<td>Track/trend NCCN results by needs and patient demographics to determine vulnerable population</td>
<td>Quality Team</td>
</tr>
<tr>
<td>Learn how to work around gaps in community resources</td>
<td>Navigation and Social Worker teams</td>
</tr>
<tr>
<td>Continuing to strengthen community partnerships</td>
<td>Quality Director; Navigation and Social Worker teams, Clinical Director, Physician Champions</td>
</tr>
<tr>
<td>Conduct ongoing staff trainings on social determinants/health related social needs and diversity/inclusion</td>
<td>Quality Team</td>
</tr>
</tbody>
</table>
Conclusion

• What did we learn?
  ▪ Patient outcomes will improve
  ▪ Better team collaboration
  ▪ Positive feedback on NCCN tool utilization/outcomes

• Continue…
  ▪ On to phase II of the project
  ▪ To revise approach, continue to be agile
  ▪ To celebrate wins