

ASCO's Quality Training Program

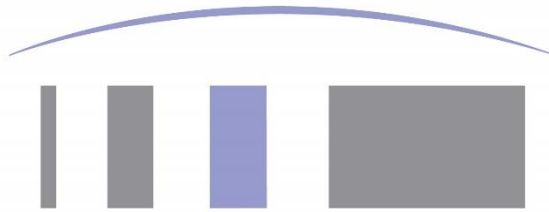
Redesign the Triage workflow to align with the RN role by redirecting non-triage calls

Kathryn Chan, MD

Sue McDonald, Practice Administrator

New Mexico Cancer Care/CHRISTUS St Vincent Regional Cancer Center

Date: October 8, 2015



NEW MEXICO CANCER CARE ASSOCIATES, PC

New Mexico Cancer Care is a private practice Medical Oncology group in Santa Fe, New Mexico.

Patients are cared for in two Outreach Clinics in Taos, NM and Las Vegas, NM

The practice consists of 6 Medical Oncologists and 2 Nurse Practitioners.



Over 20 years of Cancer Care Excellence in Northern New Mexico

New Mexico Cancer Care has a Management Services Agreement with CHRISTUS St Vincent Regional Medical Center to manage their Cancer Center. The majority of the patients are treated at this location.

The Cancer Center provides:

- Medical Oncology
- Chemotherapy
- Radiation Oncology
- Onsite Lab
- Social Worker
- Nutritionist

Problem Statement

- In a five week period between June 22, 2015 and July 24, 2015 Triage received **2149** calls.
- Data review indicates that **950 (44%)** of these calls were unrelated to symptom management and the patient's treatment plan.
- We must redirect the calls to the appropriate area/staff members, and reassign the medication refills, so the RNs can focus their efforts on managing patient care and related issues.

Team Members

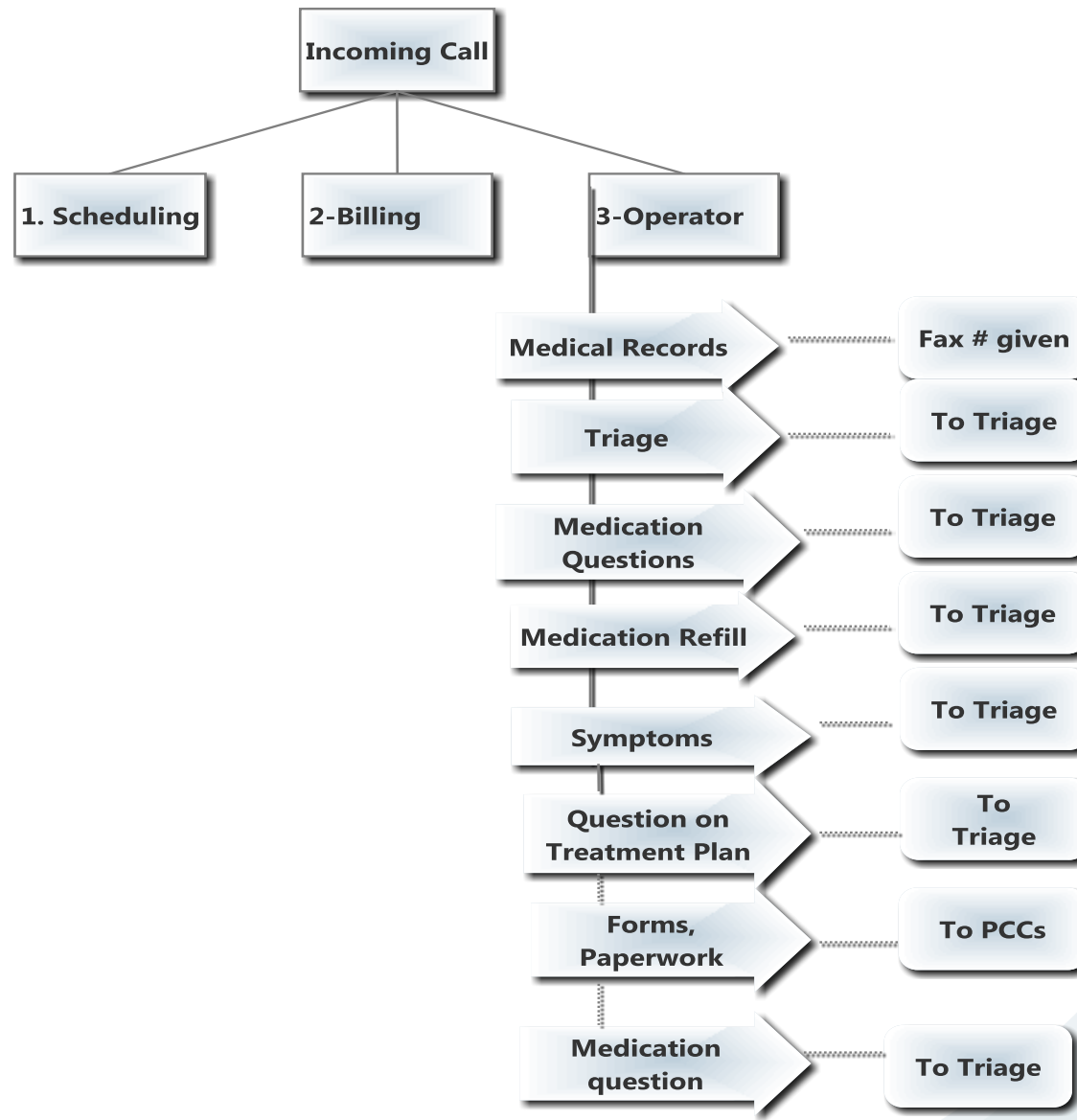
Project Team Members and Roles

Role	Name	Job Function
Project Sponsor	1. New Mexico Cancer Care Associates 2. Christus St Vincent Regional Cancer Center	
Team Leader	Kathryn Chan, MD	Physician
Core Team Member	Sue McDonald	Practice Administrator
Facilitator	Sue McDonald	
Team Member	Beth Carlozzi, RN, MSN, OCN	Clinical Manager
Team Member	Christina Romero, RN, OCN	Triage Nurse/Chemo RN
Team Member	Cindy Narayan, RN, OCN	Triage Nurse
Team Member	Joyce Rubinfeld, RN, OCN	Chemo Education RN

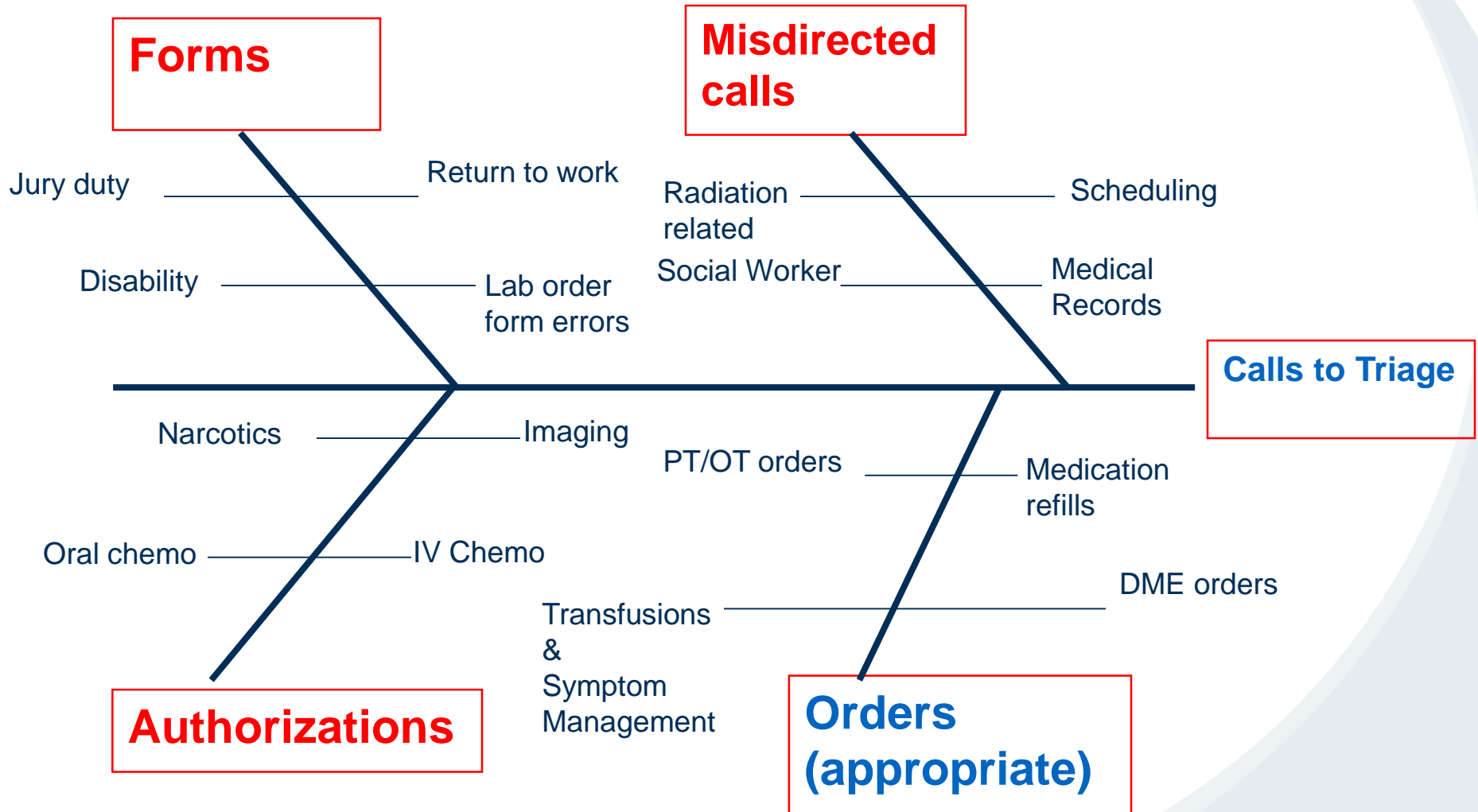
Process Map

- Original Phone Tree
 - outlines routing of calls
 - applicable only to calls made to main clinic phone number
- Many calls misdirected to the Triage nurses
- All chemo patients have the direct line to the Triage nurse – resulting in many calls not related to symptoms or medications
- Excessive time spent re-routing calls to correct department, and performing duties that should be covered elsewhere in the clinic

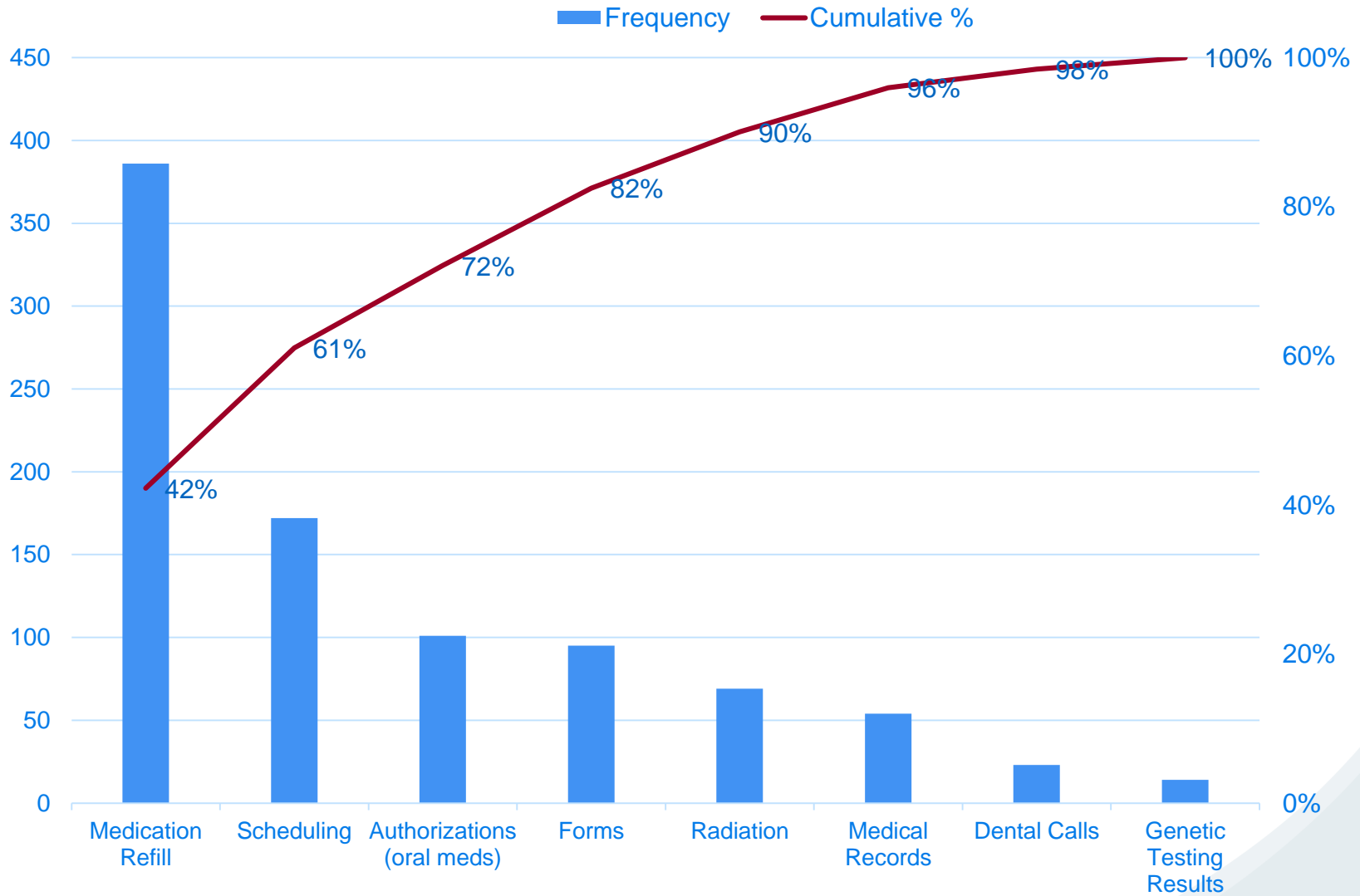
Original Phone Tree



Cause & Effect Diagram



Triage calls unrelated to symptom management and treatment plan 6/22/15-7/24/15



Aim Statement

- By September 2015 our goal is to reduce the number of Triage calls unrelated to symptom management and the patient's treatment plan by **50%**.

Measures

- Measure: # of calls to Triage
- Patient population: All patients, new and return, calling the Triage department
- Calculation methodology:
$$\frac{\text{Inappropriate calls}}{\text{Total \# of calls to Triage}}$$
- Data source: Triage call logs
- Data collection frequency: Daily
- Data quality: Moderate. Collecting adequate data on a busy day is a challenge. Staff misunderstanding data items. Data collection not reliable unless the two main Triage nurses are in attendance.

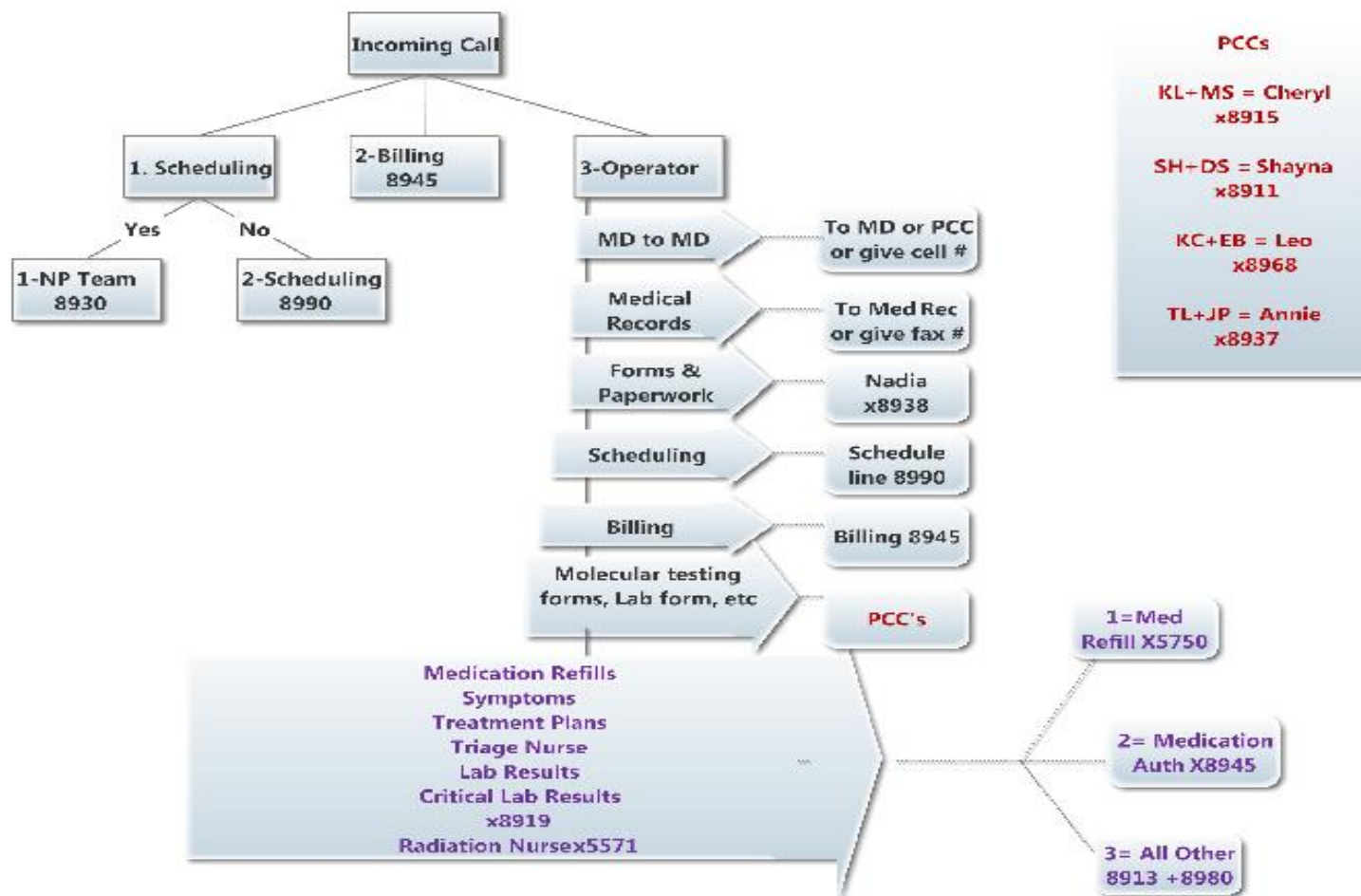
Prioritized List of Changes (Priority/Pay-Off Matrix)

Impact	High	<ol style="list-style-type: none"> 1. Route call to appropriate area (new phone tree) 2. Retrain operator on routing calls (provide call grid) 	<ol style="list-style-type: none"> 1. Retrain patients to call appropriate number when not calling about symptoms or their treatment plan, medication 2. Retrain MDs on outside ordering 3. Retrain schedulers on how to handle incoming forms
	Low	<ol style="list-style-type: none"> 1. Retrain PCCs on completing outside lab orders, DME and supplies 2. Design more templates for outside ordering 3. Route faxed in prescription requests to correct provider fax # (providers not in cancer center) 	Redesign Chemo Education booklet with more detailed directions on who to call and when
		Easy	Difficult
		Ease of Implementation	

PDSA Plan (Tests of Change)

Date of PDSA cycle	Description of intervention	Results	Action steps
7/27/15	Change phone tree and retraining of main operator	<ol style="list-style-type: none"> 1. Reduction of misdirected calls to triage 2. Medication refills routed to a dedicated Rx refill line handled by a Pharm Tech 	Request additional hours for Pharm Tech or an equivalent staff
7/27/15	Visual cues for medical refills placed in exam rooms	Reduction of calls related to medication refill	
9/08/15	<p>Developed a process to handle forms brought in by patients</p> <p>Train PCCs in proper completion of outside lab requisitions and DME requests</p>	PCC's slow to adapt to new task, needed additional training	Triage nurse mentoring PCCs on forms completion

Intervention: New Phone Tree



Intervention: Forms Routing

CHRISTUS St Vincent Regional Cancer Center

INTERNAL FORMS ROUTING SLIP

1. Patient name _____ DOB _____
2. Date form dropped off _____ Provider _____
3. Instructions: will pick up call when ready () - send out
4. Received by _____ Date _____
5. Routed to PCC _____ Date _____
6. Date to Provider _____

NOTES TO PROVIDER

The attached form requires your input:

- Signature only required
- Input needed on areas indicated

Please return form to _____ when completed.

- scanned date _____ by _____
- called for pick up date _____ by _____

Intervention: Visual Cues

DO YOU NEED A
PRESCRIPTION REFILL?



TELL YOUR DOCTOR
TODAY!

NEED A REFILL?
CHECK YOUR BOTTLE BEFORE YOU
CALL!
YOU MAY ALREADY HAVE REFILLS
AUTHORIZED.



ALWAYS CALL YOUR PHARMACY FIRST.

Intervention: Patient Info Cards

Need a Prescription Refilled?



Conclusions

- In the first 5 week post-intervention, total calls to triage were reduced by **18%** and total inappropriate calls were reduced by **35%**
- After 10 weeks post intervention the total calls to Triage were reduced by **14%** and inappropriate calls reduced by **30%**

Conclusions

Calls to Triage in some categories continue to decrease:

- Genetic testing
- Forms
- Medical Records
- Palliative Care
- New Patients
- Scheduling

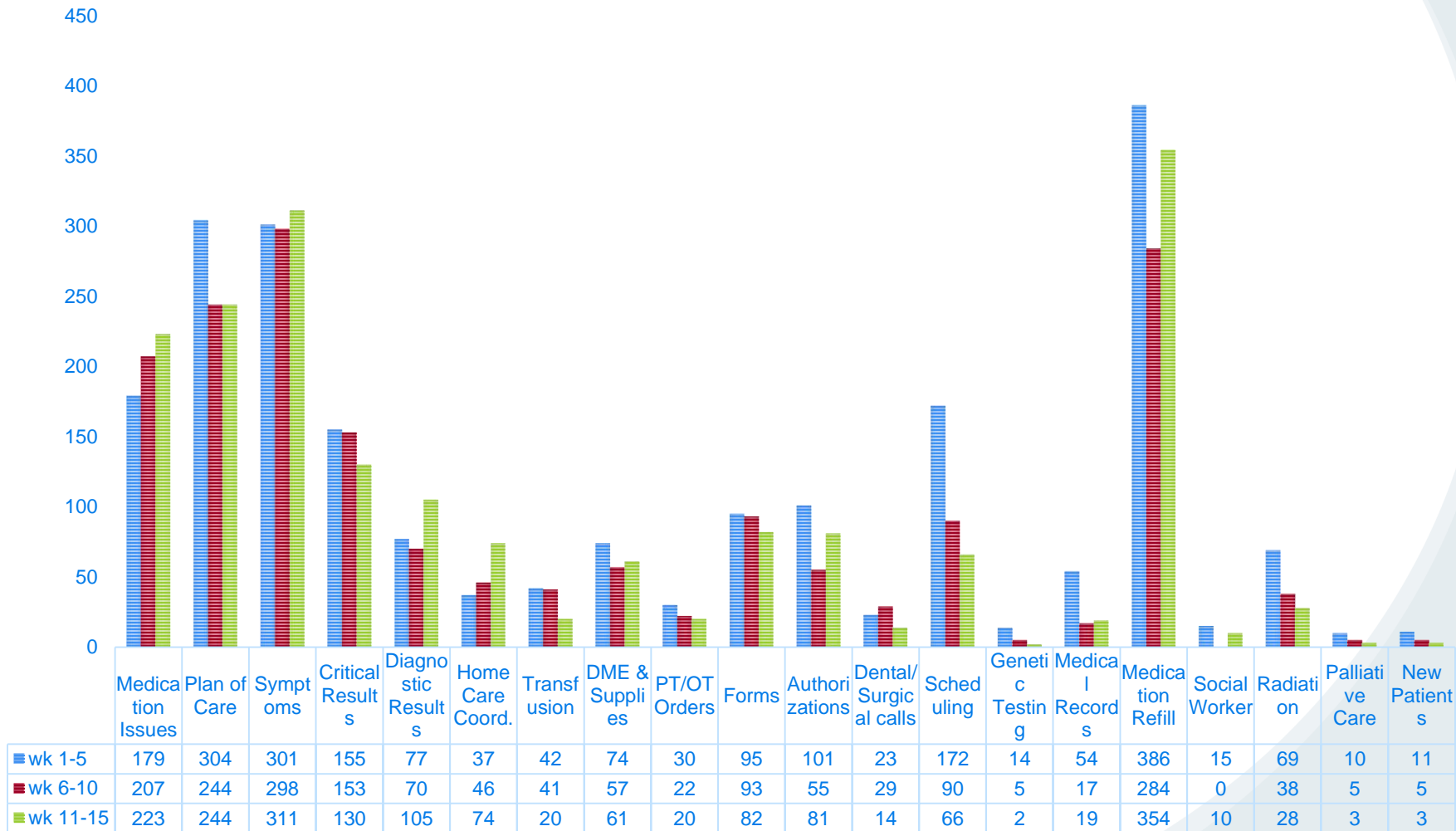
Conclusions

Categories that did not decrease consistently continue to be a work in progress

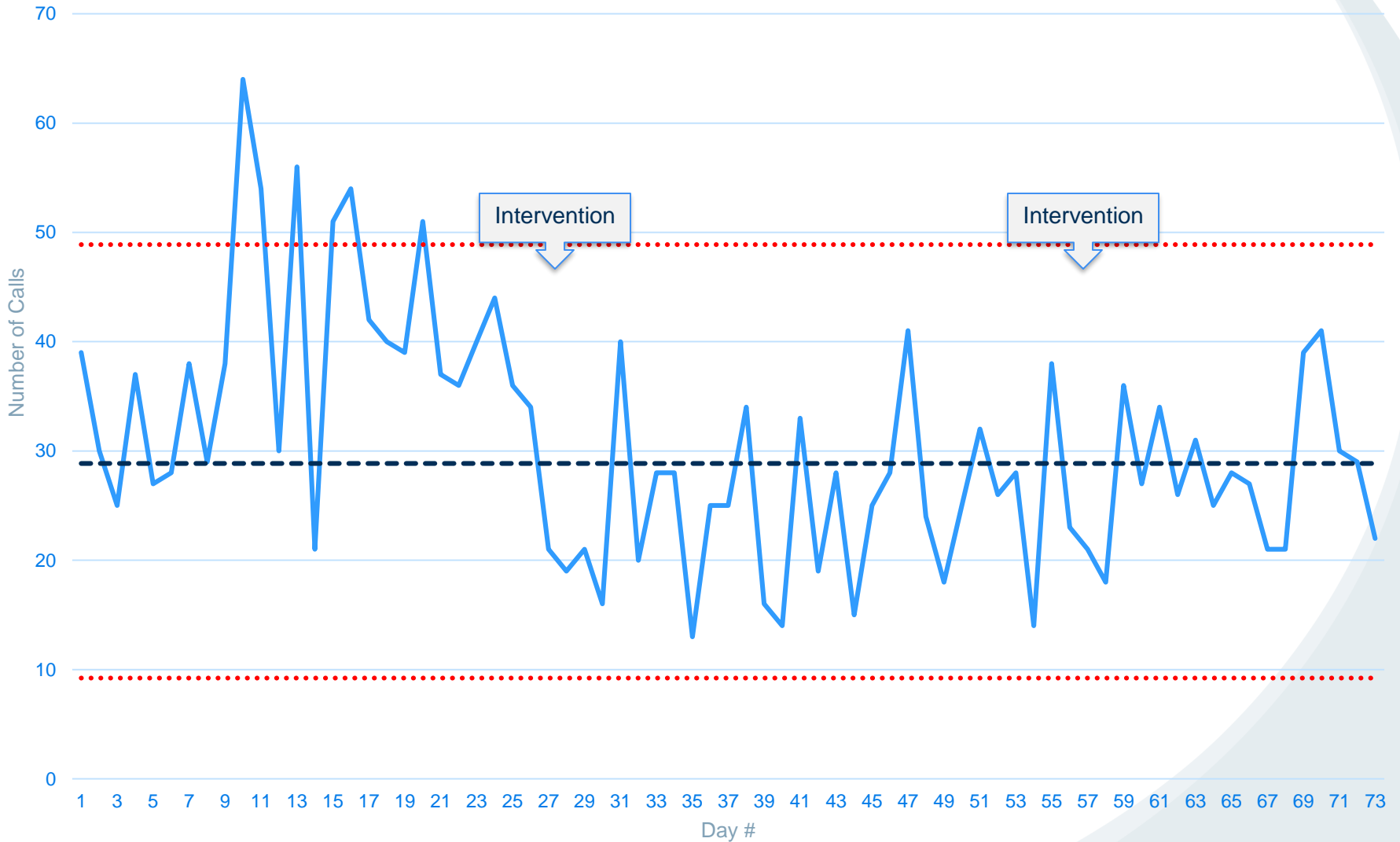
- Medication Refills
- Authorizations

TRIAGE CALLS AT 5 WEEK INTERVALS INTERVENTION STARTED WEEK 6

■ wk 1-5 ■ wk 6-10 ■ wk 11-15



Inappropriate Calls to Triage Day 1 to Day 73



Conclusions

- With the exception of Medication Refills, the inappropriate calls to Triage have greatly decreased.
- There was very little impact on RN Triage hours
- Triage RN job satisfaction has improved
- Consistent assistance from a Pharmacy Tech would decrease the # of Medication Refills calls for the Triage RN's.

Triage RN Testimonials

“Implementing the changes to our triage system that resulted from our committee meetings has resulted in a very definite improvement in Triage. Now that the majority of calls that we are getting are appropriate to Triage, I find that I now have the time that I need to devote to each call, especially the symptom based calls.” *Cindy Narayan, RN*

“I am proud to be a part of this improvement project. By participating, I feel as though my esteem has been boosted because my thoughts and suggestions were listened to and taken into consideration. Since we have put the interventions in place the Triage calls have decreased, allowing me to spend more quality nursing time with patients discussing their concerns. I am also able to place more follow up phone calls to patients to check in and reassess or evaluate interventions and recommendations.”

Christina Romero, RN

Next Steps/Plan for Sustainability

- Obtained approval for .5 FTE Pharmacy Technician. Job description in progress and job opening to be posted.
- Continued mentoring of PCC's by Triage Nurse for forms completion and tracking.
- Added 1 FTE to the Authorization Team.
- Plan follow up data collection after 60 days.