

# ASCO's Quality Training Program

Project Title: Improving distress in breast cancer patients

Presenter's Name: Puja Arora

Institution: University of Virginia

Date: 10/18/17

# Team Members

- Puja Arora, Heme/Onc Fellow, team leader/owner
- Christiana Brenin, breast oncology attending, Team Sponsor
- Joanne Phillips, breast oncology nurse navigator
- Brenda Griswold, infusion nurse
- Jennifer Kim Penberthy, clinical psychiatrist
- Christina Sheffield, cancer center distress coordinator
- Pooja Mehra, PGY-4, Oncology hospitalist,
- Ms. Schenk, patient
- Mike Keng, QI Mentor
- Amy Guthrie, QI Mentor

# Institutional Overview

- Located in Charlottesville, Virginia and serves a mostly rural population across a large geographical area. This includes Northern Virginia, central Virginia, the western part of Virginia as well as eastern portions of West Virginia and Tennessee.



# Institutional Overview

- Academic, NCI-designated cancer center and a tertiary referral center.
- Patient volume of 350-400 patients a week
- Group of 20 oncologists sub-specializing in hematological malignancies, GI, breast, lung, GU, head and neck, and skin cancers



# Baseline Measures

- Measure: The screening and documentation of distress
- Patient population: Breast cancer patients who present as a second visit
- Calculation methodology:
  - Numerator: Number of breast cancer patients who are screened by the electronic screening tool and proper documentation by RN is completed
  - Denominator: Total number of breast cancer patient presenting for a second visit
- Data source: Cancer center RN manager provided access to program that allows you to see all second visits by clinic-  
[http://hstsbissrst/HSCSDS\\_SSRS/Pages/ReportViewer.aspx?%2fTom+-+Testing%2fCancer+Center+Second+Visits&rs:Command=Render](http://hstsbissrst/HSCSDS_SSRS/Pages/ReportViewer.aspx?%2fTom+-+Testing%2fCancer+Center+Second+Visits&rs:Command=Render)
- Data collection frequency: once a week
- Data quality(any limitations): Cannot capture those whom survey was offered but lost, those who refused to fill survey

# Baseline Data

- 36 second visit breast cancer patients were identified from February 1st- March 31<sup>st</sup>
- 3 patients had a distress thermometer scanned into epic
- 0 had a documented note
- 0 Required a referral to be placed
- 0 Referral was placed
- 0 Appointments were made after referral placed
- Appointments took place and intervention provided

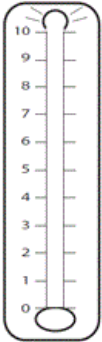
**NCCN** National Comprehensive Cancer Network®

## NCCN Distress Thermometer for Patients

**SCREENING TOOLS FOR MEASURING DISTRESS**

Instructions: First please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.

Extreme distress



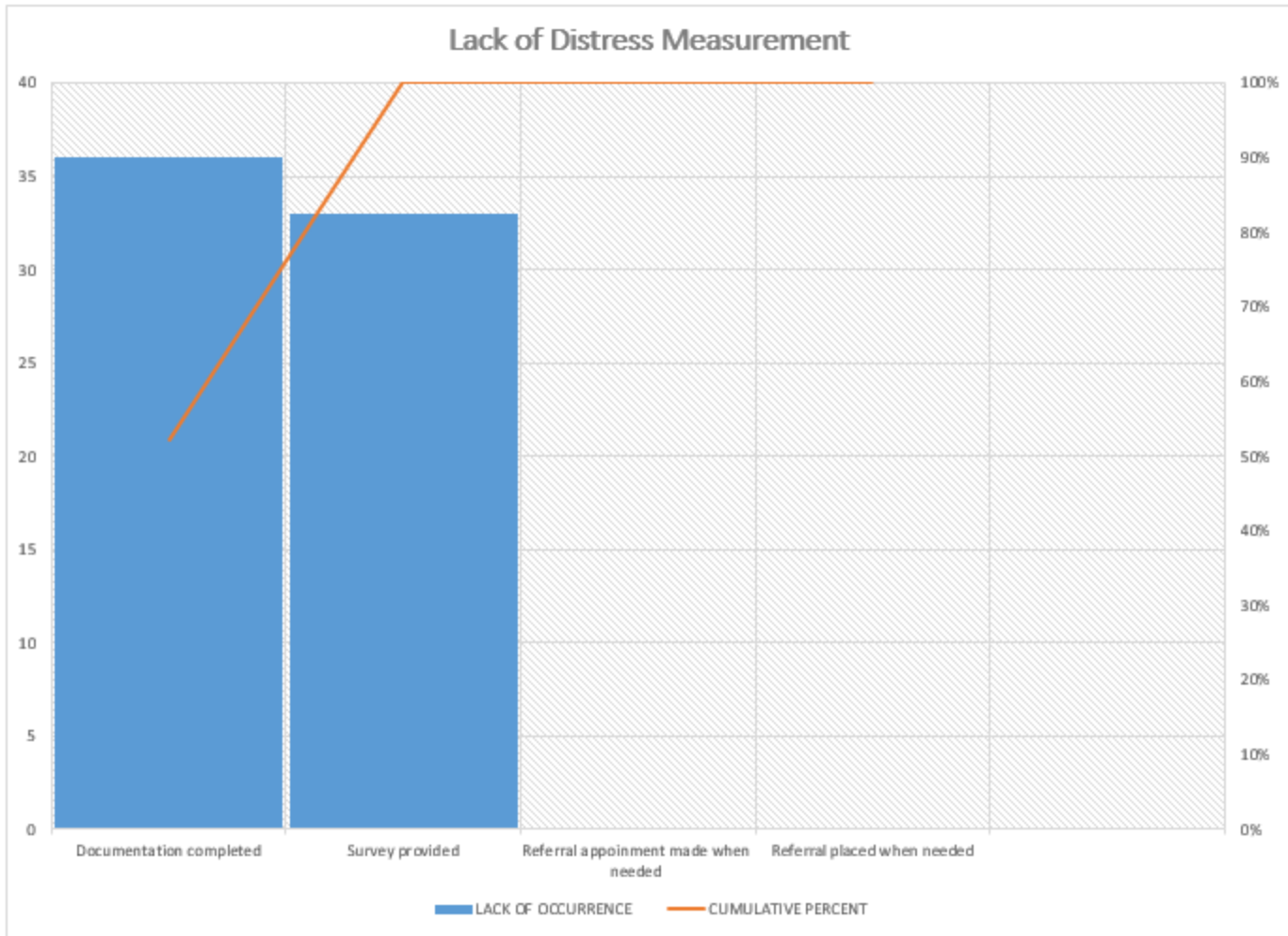
No distress

Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

YES	NO	Practical Problems	YES	NO	Physical Problems
<input type="checkbox"/>	<input type="checkbox"/>	Child care	<input type="checkbox"/>	<input type="checkbox"/>	Appearance
<input type="checkbox"/>	<input type="checkbox"/>	Housing	<input type="checkbox"/>	<input type="checkbox"/>	Bathing/dressing
<input type="checkbox"/>	<input type="checkbox"/>	Insurance/financial	<input type="checkbox"/>	<input type="checkbox"/>	Breathing
<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	Changes in urination
<input type="checkbox"/>	<input type="checkbox"/>	Work/school	<input type="checkbox"/>	<input type="checkbox"/>	Constipation
<input type="checkbox"/>	<input type="checkbox"/>	Treatment decisions	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea
			<input type="checkbox"/>	<input type="checkbox"/>	Eating
			<input type="checkbox"/>	<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	<input type="checkbox"/>	Family Problems	<input type="checkbox"/>	<input type="checkbox"/>	Feeling Swollen
<input type="checkbox"/>	<input type="checkbox"/>	Dealing with children	<input type="checkbox"/>	<input type="checkbox"/>	Fevers
<input type="checkbox"/>	<input type="checkbox"/>	Dealing with partner	<input type="checkbox"/>	<input type="checkbox"/>	Getting around
<input type="checkbox"/>	<input type="checkbox"/>	Ability to have children	<input type="checkbox"/>	<input type="checkbox"/>	Indigestion
<input type="checkbox"/>	<input type="checkbox"/>	Family health issues	<input type="checkbox"/>	<input type="checkbox"/>	Memory/concentration
			<input type="checkbox"/>	<input type="checkbox"/>	Mouth sores
<input type="checkbox"/>	<input type="checkbox"/>	Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>	Nausea
<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>	Nose dry/congested
<input type="checkbox"/>	<input type="checkbox"/>	Fears	<input type="checkbox"/>	<input type="checkbox"/>	Pain
<input type="checkbox"/>	<input type="checkbox"/>	Nervousness	<input type="checkbox"/>	<input type="checkbox"/>	Sexual
<input type="checkbox"/>	<input type="checkbox"/>	Sadness	<input type="checkbox"/>	<input type="checkbox"/>	Skin dry/itchy
<input type="checkbox"/>	<input type="checkbox"/>	Worry	<input type="checkbox"/>	<input type="checkbox"/>	Sleep
<input type="checkbox"/>	<input type="checkbox"/>	Loss of interest in usual activities	<input type="checkbox"/>	<input type="checkbox"/>	Substance abuse
<input type="checkbox"/>	<input type="checkbox"/>	Spiritual/religious concerns	<input type="checkbox"/>	<input type="checkbox"/>	Tingling in hands/feet

Other Problems: \_\_\_\_\_

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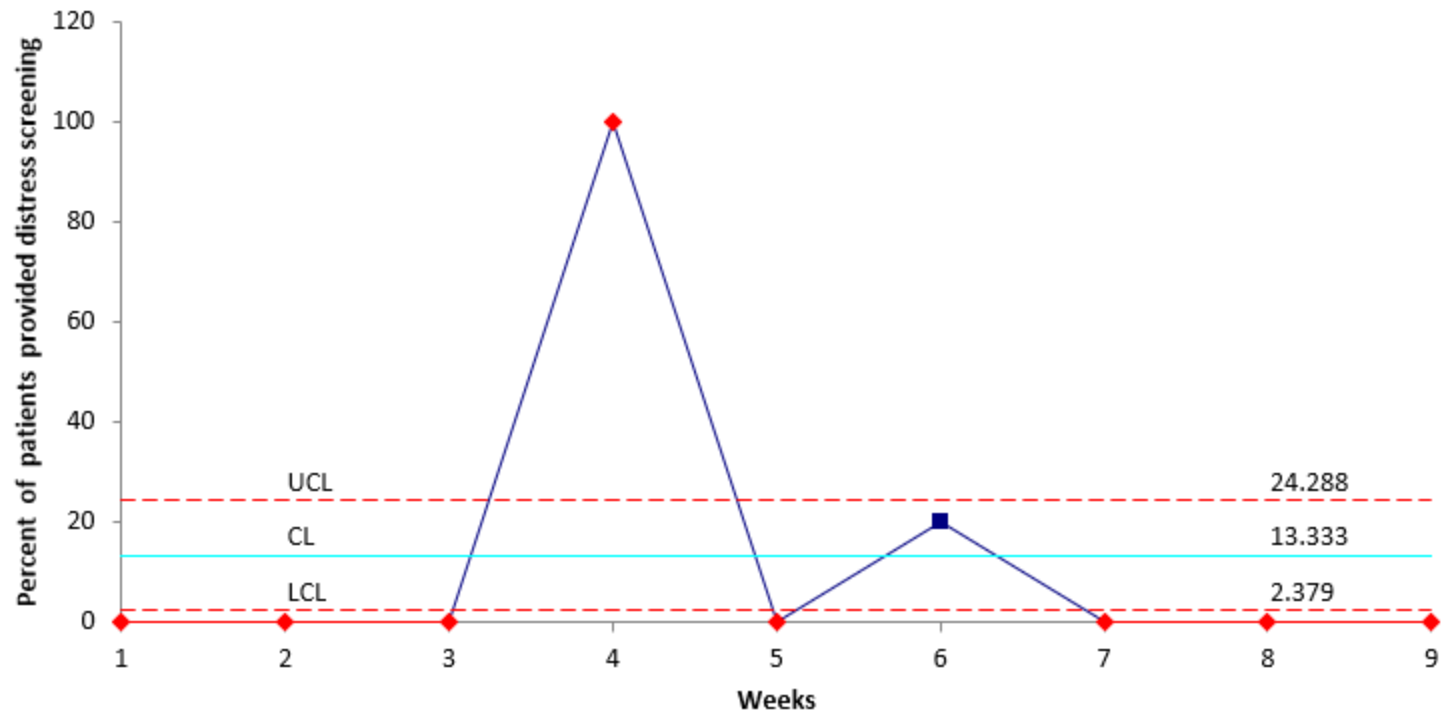
#### PROBLEM DATA

PROBLEM AREA	LACK OF OCCURREN	PERCENT	CUMULATIVE PERCENT
Documentation completed	36	52.17%	52.17%
Survey provided	33	47.83%	100.00%
Referral appointment made wt	0	0.00%	100.00%
Referral placed when needed	0	0.00%	100.00%



# Baseline Data

**Distress Measurement in Breast Cancer Patients,  
February 1st-March 31st 2017**

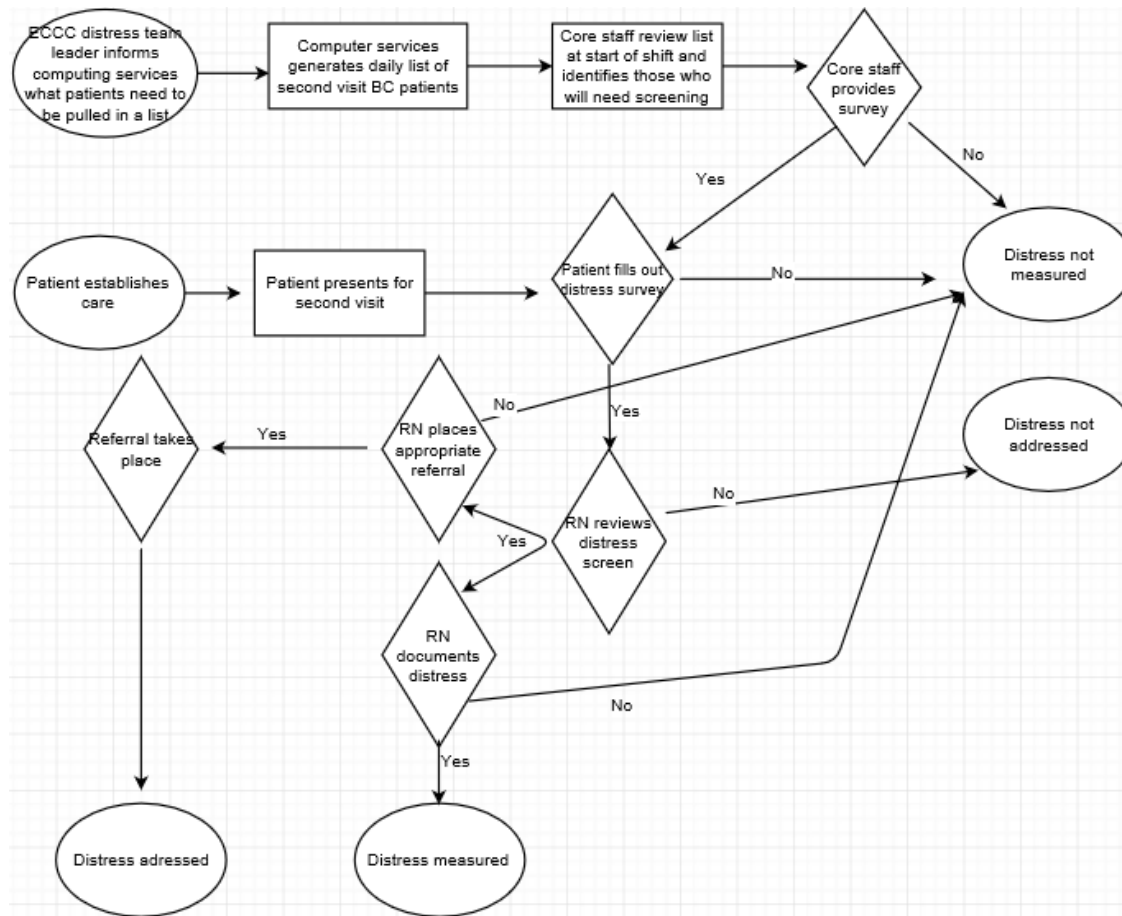




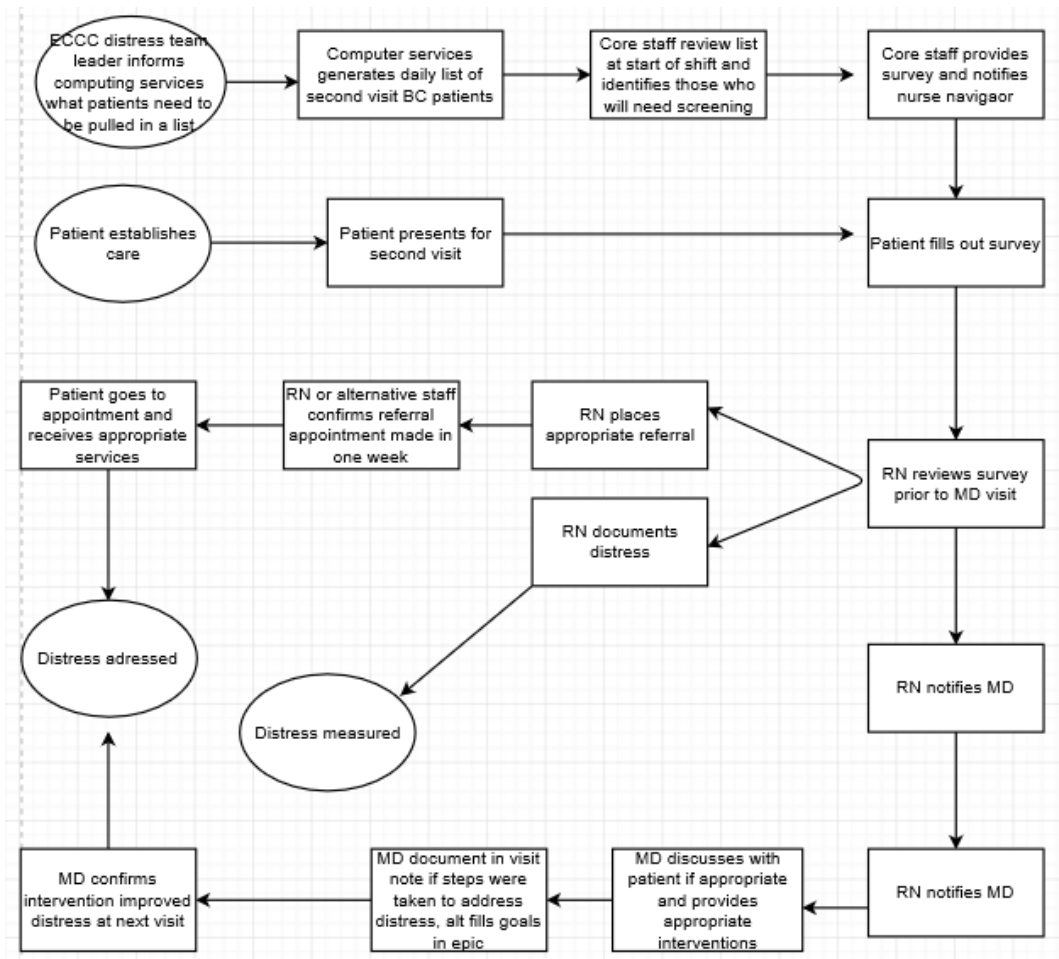
# Problem Statement

- From February 1st to March 31st 2017, the UVA Cancer Center assessed distress in just 13% of their breast cancer patients seen on their second visit, leading to a lack of timely communication and intervention with patients in distress along with not meeting of the Commission on Cancer's accreditation requirements.

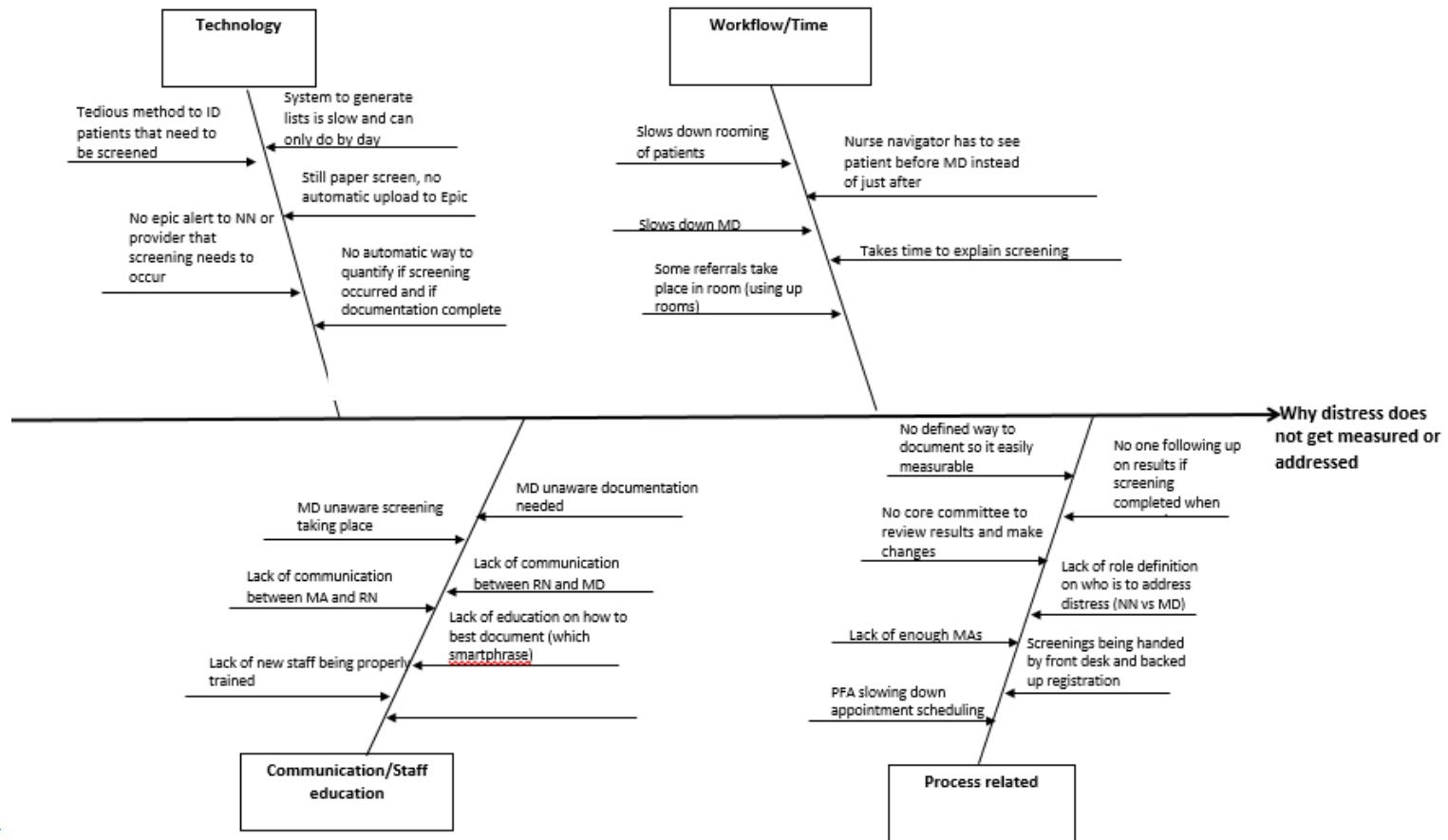
# Process Map- Current



# Process Map- Ideal



# Cause & Effect Diagram



# Aim Statement

By October 2017, increase the measurement of distress in breast cancer patients to 90%.

# Priority Matrix

Impact	High	<ul style="list-style-type: none"><li>• Dot Phrases for documentation</li><li>• Creating distress committee with leader</li></ul>	<ul style="list-style-type: none"><li>• Electronic survey</li><li>• PFA scheduling</li><li>• Epic Pop-up</li><li>• Increasing core staff</li></ul>
	Low	<ul style="list-style-type: none"><li>• Creating CBL for staff</li></ul>	<ul style="list-style-type: none"><li>• Staff training</li></ul>
		Easy	Difficult

Ease of Implantation

# Priority Matrix

Impact	High	<ul style="list-style-type: none"><li>• Dot Phrases for documentation</li><li>• Creating distress committee with leader</li></ul>	<ul style="list-style-type: none"><li>• Electronic survey</li><li>• PFA scheduling</li><li>• Epic Pop-up</li><li>• Increasing core staff</li></ul>
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Ease of Implantation

# PDSA Plan

Date of PDSA cycle	Description of intervention	Results	Action Steps
April- May 2017	<ul style="list-style-type: none"><li>• Created a distress committee with point person who was going to look at the data week to week</li><li>• Create a dot phrase in epic to be used by all nurse coordinators to document distress findings</li></ul>		

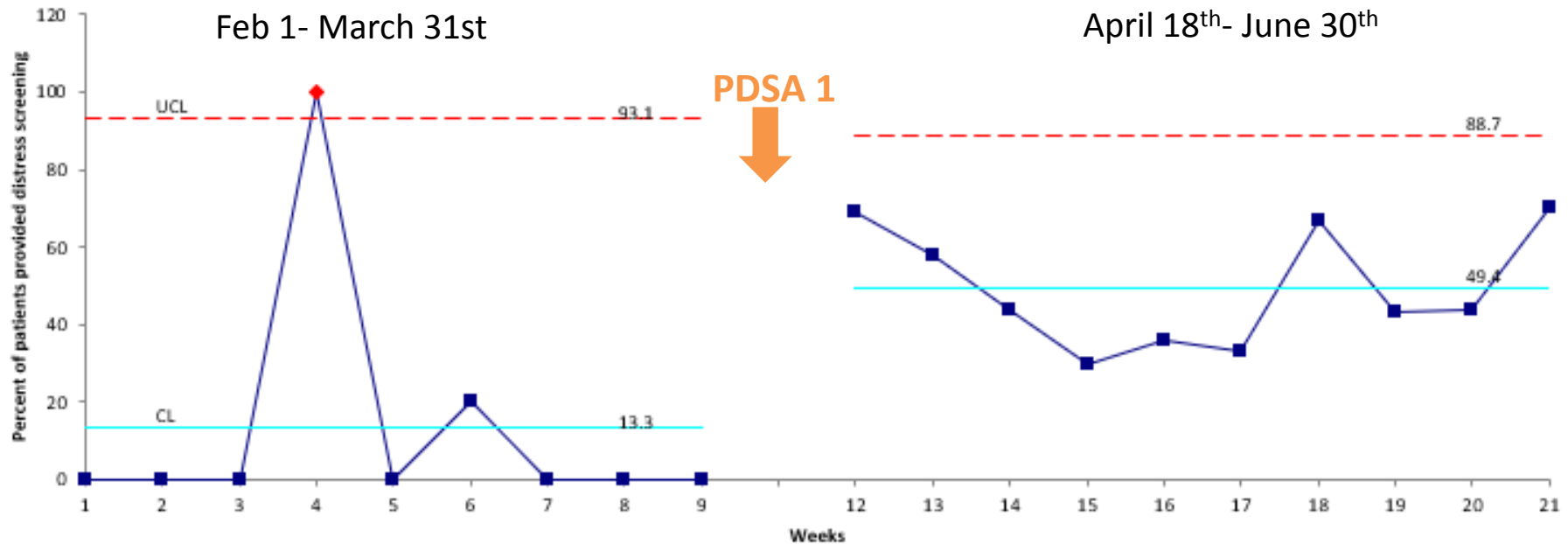


# Data from PDSA Cycle 1

- 112 second visit breast cancer patients were identified from April 18<sup>th</sup>- June 30<sup>th</sup>
- 59 had a distress thermometer scanned into epic
- 40 had a documented note
- 13 Required a referral to be placed
- 12 Referral was placed
- 9 Appointments were made after referral placed
- 4 Appointments took place and intervention provided

# PDSA Cycle 1-

## Cancer Distress Measurement in Breast Cancer Patients



# PDSA Plan

Date of PDSA cycle	Description of intervention	Results	Action Steps
April- June 2017	<ul style="list-style-type: none"> <li>Created a distress committee with point person who was going to look at the data week to week</li> <li>Create a dot phrase in epic to be used by all nurse coordinators to document distress findings</li> </ul>	<ul style="list-style-type: none"> <li>Improvement from 13% to 49% of patients screened</li> <li>Improvement in documentation from 0 to 36%</li> </ul>	<ul style="list-style-type: none"> <li>Will continue with committee and leader</li> <li>Continue dot phrases but will provide further teaching on how to use</li> </ul>

# Priority Matrix

Impact	High	<ul style="list-style-type: none"><li>• Dot Phrases for documentation</li><li>• Creating distress committee with leader</li></ul>	<ul style="list-style-type: none"><li>• Electronic survey</li><li>• PFA scheduling</li><li>• Epic Pop-up</li><li>• Increasing core staff</li></ul>
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Ease of Implantation

# Priority Matrix

Impact	High	<ul style="list-style-type: none"><li>• Dot Phrases for documentation</li><li>• Creating distress committee with leader</li></ul>	<ul style="list-style-type: none"><li>• Electronic survey</li><li>• PFA scheduling</li><li>• Epic Pop-up</li><li>• Increasing core staff</li></ul>
	Low	<ul style="list-style-type: none"><li>• Creating CBL for staff</li></ul>	<ul style="list-style-type: none"><li>• Staff training</li></ul>
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Ease of Implantation

# PDSA Plan

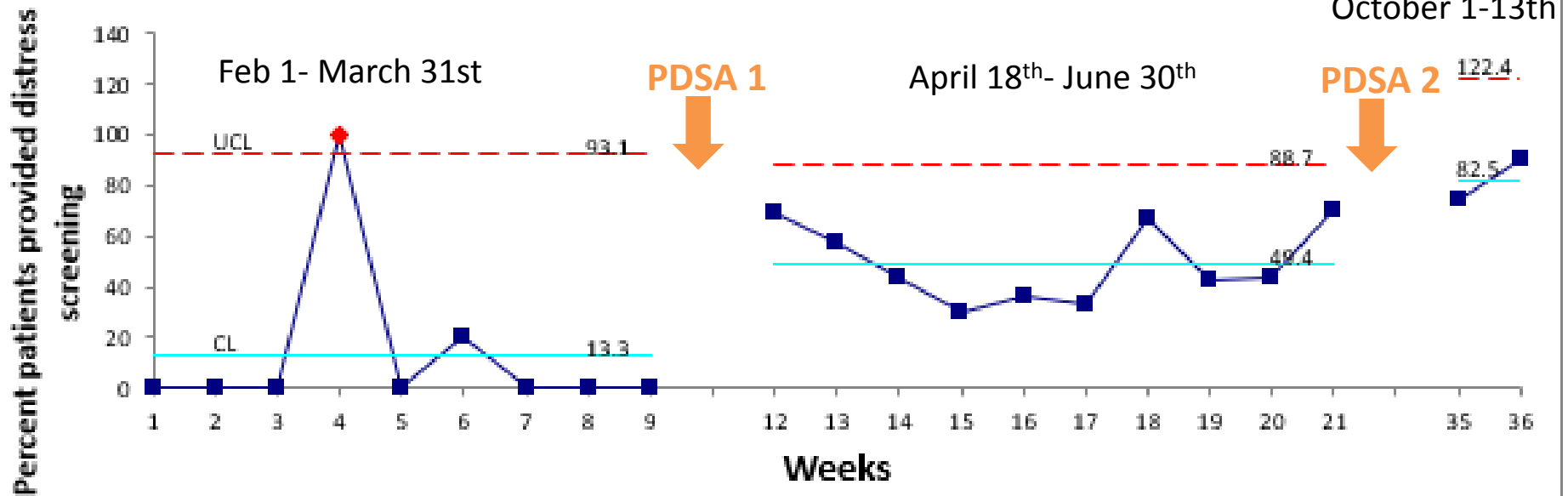
Date of PDSA cycle	Description of intervention	Results	Action Steps
April- June 2017	<ul style="list-style-type: none"> <li>Created a distress committee with point person who was going to look at the data week to week</li> <li>Create a dot phrase in epic to be used by all nurse coordinators to document distress findings</li> </ul>	<ul style="list-style-type: none"> <li>Improvement from 13% to 49% of patients screened</li> <li>Improvement in documentation from 0 to 36%</li> </ul>	<ul style="list-style-type: none"> <li>Will continue with committee and leader</li> <li>Continue dot phrases but will provide further teaching on how to use</li> </ul>
September - October 2017	<ul style="list-style-type: none"> <li>Implement electronic surveys via ipads which allow for automatic upload to EMR for all to see</li> <li>Electronic survey is more comprehensive</li> </ul>		

# Data from PDSA Cycle 2

- 14 second visit breast cancer patients were identified from October 1st- October 13<sup>th</sup>
- 12 had a distress thermometer scanned into epic
- 10 had a documented note
- 3 Required a referral to be placed
- 3 Referral was placed
- 1 Appointments were made after referral placed
- 0 Appointments took place and intervention provided

# PDSA Cycle 2-

## Cancer Distress Measurement in Breast Cancer Patients April 18th- October 13th





# PDSA Plan

Date of PDSA cycle	Description of intervention	Results	Action Steps
April- June 2017	<ul style="list-style-type: none"> <li>Created a distress committee with point person who was going to look at the data week to week</li> <li>Create a dot phrase in epic to be used by all nurse coordinators to document distress findings</li> </ul>	<ul style="list-style-type: none"> <li>Improvement from 13% to 49% of patients screened</li> <li>Improvement in documentation from 0 to 36%</li> </ul>	<ul style="list-style-type: none"> <li>Will continue with committee and leader</li> <li>Continue dot phrases but will provide further teaching on how to use</li> </ul>
September - October 2017	<ul style="list-style-type: none"> <li>Implement electronic surveys via ipads which allow for automatic upload to EMR for all to see</li> <li>Electronic survey is more comprehensive</li> </ul>	<ul style="list-style-type: none"> <li>Improvement from 49% to 83% of patients screened</li> <li>Improvement in documentation from 36% to 71%</li> </ul>	<ul style="list-style-type: none"> <li>Continue use of ipads</li> </ul>

# Conclusions

- Measurement of distress improved with a team leader driving the initiative and making the process more automatic with incorporation of the electronic surveys via ipads
- Continued education on why distress is being measured and how to best incorporate into the work-flow is needed
- Did not meet aim of 90%, but close

# Future Measures

## **Outcome Measures:**

- Percentage of patients receiving distress screening
- Percentage of patients with distress screening documentation
- Number of referrals placed to address distress

## **Process Measures:**

- How often data is being analyzed when collected
- How many cases are monitored weekly
- Wait time for ipads
- How long it takes for second visits to be identified and provided to core staff

## **Operational Measures:**

- Length of patient visits
- Length of time to room patients
- Delay in clinic schedules
- Patient satisfaction with survey

# Sustainability

- RN manager who has distress screening as one of his/her job descriptors
- Every 3 month check-ins with core staff and nurse navigators
- Incorporating MDs once work flow established

# Thank You

## Core Team Members:

Christy Sheffield, RN  
Christiana Brenin, MD  
Joanne Phillips, RN  
Brenda Griswold, RN  
Jennifer Kim Penberthy, MD

## UVA:

Michael Williams, MD,  
ScM  
Mitchell Rosner, MD  
Reid Adams, MD  
Jody Reyes, RN, MSH  
Jeffrey Ware

## QI Mentors:

Michael Keng, MD  
Amy Guthrie, RN, MSN,  
CPHQ

And our  
patients!

## ASCO Quality Training Program:

Barbara Corning-Davis, MS,  
CPHQ  
Gene Cunningham, MS  
Carole Dalby, RN, MBA, OCN  
Timothy Gilligan, MD  
Elaine Holton  
Joe Jacobson, MD, MSc