

Cancer Program Quality Update 2016

Vision: Develop the MedStar Montgomery Cancer Program by providing comprehensive cancer services in the community settings with access to seamless quality care.

In 2016, MedStar Montgomery Medical Center (MMMC) Cancer Program's team of physicians and associates participated in quality studies and quality improvements. The team, led by Dr. Luther Ampey, reviewed the results of the following studies.

1. Assessment of Evaluation and Treatment Planning:

a. Pancreatic Cancer

- i. Dr. Asma Dilawari performed a retrospective chart review to study how often providers diagnosing patients with pancreatic cancer followed the National Comprehensive Cancer Network (NCCN) guidelines for diagnoses and treatment. Dr. Dilawari reviewed patient records for 16 pancreatic cancer analytic cases receiving diagnosis and/or part of their treatment at MMMC. This type of cancer is one of the top 5 diagnoses treated in 2015.
- ii. Of the 16 patient charts reviewed, 12 patients had non-metastatic; the remainder were stage IV diagnoses. All patients received CT imaging in concordance with the guidelines. Of the 12 non-metastatic cases, all received recommendations for adjuvant chemotherapy and radiation when appropriate; 8 received chemo and radiation, three received chemotherapy only, and one declined all recommendations and enrolled in hospice.
- iii. Of the 4 patients with metastatic diseases, three received chemotherapy and one patient elected to enroll in hospice without treatment.
- iv. Conclusion: 100% of patients had recommended treatment plans in concordance with NCCN guidelines.

2. Studies of Quality:

a. Advanced Directives(AD):

- i. The Inpatient Oncology nursing leadership team conducted a study to determine the percentage of inpatients with a cancer diagnosis that have advanced directives completed upon admission.
- ii. The Nurse leaders reviewed 147 charts of patients admitted to 3West with a cancer diagnosis between the dates of January 1, 2016 – March 31, 2016. These records included Clinician View admission history and scanned medical records. They performed a chart review and noted that only 63 patients (42.8%) had advanced directives documented.
- iii. An article in the Journal of Palliative Medicine found that 13% of patients admitted had Advanced Directives documented. A second study published in the American Journal of Public Health, noted that_ 33% of patients have advance directives documented upon admission.
- iv. Although no benchmark was available, our team discussed ways to increase the percentage of patients with completed AD. Education and training of staff will be completed to increase knowledge to assist patients with information.
- v. The palliative team, lead by Dr. Lowery will provide consultation and information as needed. The palliative team will begin AD information classes quarterly beginning in January 2017.

b. Breast Cancer:

- i. Breast cancer patients gain weight after diagnosis and chemotherapy for their disease. It has been reported that breast cancer patients gain between 1-5kg following treatment (Makari-Johnson et al. World J. of Clin Onc, 2014)
- ii. Obesity and weight gain can negatively impact their outcomes from breast cancer (Cheng et al. Cancer Epidemiology, Biomarkers and Prevention 2015)
- iii. Dr. Asma Dilawari performed a retrospective chart review of breast cancer patients treated in the Georgetown Oncology Practice in 2015. Weight was recorded from first visit and after completion of chemotherapy for patients receiving chemotherapy. Final weight was assessed after last cycle of chemotherapy was completed.
- iv. Weight change was measured for 11 patients.
- v. Four patients (37%) gained weight during treatment, ranging from 2.5 -7.3kg. The results were consistent with the reported outcomes, but not exhibited in the majority of this small sample of patients.
- vi. Our team will focus on prevention of weight gain during chemotherapy by referral to exercise program and nutrition consultations. We will begin a clinical trial on our campus addressing exercise, diet and nutrition during chemotherapy for Breast Cancer patients.

3. Quality Improvements

a. Chemo Education:

- i. In 2015, the infusion center staffed reported that patients are less stressed and more prepared at the beginning of chemotherapy when they attended an orientation, met key support staff and completed a tour of the infusion center prior to the start of chemotherapy. In 2015, a group class was offered but only approximately 30% of patients attended. The goal for 2016 was to implement a chemotherapy education process that will improve the patient attendance and increase compliance with education delivery prior to chemotherapy cycle one.
- ii. In 2016, the medical oncologist, social worker, navigator and infusion nurses met with the Outpatient Patient and Family Council, to discuss and receive feedback on what the patients would prefer for orientation. The group reviewed other processes and tools used for teaching. The group recommended individual orientation.
- iii. The team developed a process for new patients to attend chemo orientation. The team developed the curriculum and trained staff to teach the class.
- iv. The new program pilot began in the summer of 2016. Data from July-November demonstrates that 62% of eligible patients attended, an increase from 30% in 2015.

b. Chemotherapy Time to Treatment:

- i. Prolonged time to initiation of treatment impacts chair utilization and patient satisfaction of treatment experience. During an eight month observational period the time from patient arrival to start of chemotherapy was an average of 106 minutes. The goal is to reduce time to treatment by 15% or to an average of 90 minutes
- ii. The following actions were implemented:
 1. The team updated the scheduling rules, so that the pharmacist and nurses could manage patient flow and responsiveness of the pharmacy.

- The physician clinic refrains from scheduling chemo patients back to back.
2. Volunteer calls patient 2 days in advance (vs. current process of 1 day) and checks to see if patient has completed labs. Patients are encouraged to complete labs before treatment visit. The staff created and provided patient education on when and where to have their labs done.
 3. After implementation of the aforementioned changes 5 weeks of data was collected. The average time to chemotherapy start for all patients was 98 minutes. This was an 8% improvement but it did not reach our target goal of 15% or 90 minutes. Time to treatment for patients with no same day clinic appointment but same day lab was prolonged from 123 minutes to 136 minutes. All other patient scenarios resulted in 12% or greater improvement in treatment starts. *Having no same day clinic appointment and no same day lab draws resulted in most efficient turn-around time of 79 minutes.* This scenario was encountered in about 50% of the patients. Increasing the ratio of patients with lab draws in advance of treatment day will aid us reaching the 90 minute goal.

Clinical Trials

- Clinical Trials: Our target for Commission on Cancer accreditation is to enroll 2% of analytic cases: 6 patients.
 - Actual accrual for CY 2016: 7 patients , plus two in followup.
 - Analytic cases for CY 2015: 300 patients
 - This will reflect commendation status for this standard.
- For more information about Clinical Trials, contact Andrecia Cunningham, RN , Clinical Trials Coordinator at 301-774-8545

If you have any questions or would like more information contact Phyllis Gray at 301-774-8733 or by email at pgray@medstarmontgomery.org

Advance Directives and Do-Not-Resuscitate Orders in Patients with Cancer with Metastatic Spinal Cord Compression: Advanced Care Planning Implications Ying Guo, M.D., J. Lynn Palmer, Ph.D., Josephine Bianty, R.N., Benedict Konzen, M.D., Ki Shin, M.D., and Eduardo Bruera, M.D. *J Palliat Med.* 2010 May; 13(5): 513-517.

End-of-Life Care Issues: A Personal, Economic, Public Policy, and Public Health Crisis Dan K. Morhaim, MD; Keshia M. Pollack, PhD, MPH *Am J Public Health.* 2013; 103(6):e8-e10.