

## PERFORMANCE IMPROVEMENT ACTIVITIES REPORT

<b>Department:</b>	The Cancer Institute of New Jersey at Cooper
<b>Clinical Department / Committee / Team Name</b>	PI Oncology Group
<b>Date:</b>	2006; 2nd Quarter (April - June)

Topic/Description	Plan (Data collection, comparison, best practice, conclusions)	Do (Interventions, guidelines, test sample before broad implementation, etc.)	Check (Review the test, analyze the results and identify opportunities)	Act (Follow up results, evaluation, if not effective go through same steps with new plan)
<b><i>Oncology Nurse Coordinators</i></b>				
Nurse coordinators will contact newly identified patients within 5 working days to facilitate treatment plan	New patients were identified among 6 nurse coordinators. Patients were seen, or were contacted via telephone within 5 working days Goal is 95%; compliance is ____%.	NC track and trend reasons when patients are missed. Discussed in NC group meeting to identify opportunities for improvement and strategies for same.	<ul style="list-style-type: none"> <li>• Discharged from inpatient before being seen; should be removed from denominator</li> <li>• Patients at multiple locations simultaneously</li> <li>• Not aware of patient's consult</li> <li>• Prolonged hospitalization prior to referral to outpatient clinics</li> </ul>	1) Significantly improved compliance from previous quarter; reflects additional nurse coordinators 2) Regular contact with multidisciplinary departments to identify appropriate NC to encourage notification of impending new consult 3) Initiative to contact patients via telephone especially as soon as they are discharged from inpatient unit rather than waiting for them to come to outpatient clinic 4) GU/H&N area revised into 2 areas affective 3 <sup>rd</sup> quarter 2006
<b><i>Social Work – Outpatient</i></b>				
Psychosocial assessment of new oncology patients to be completed by their 3 <sup>rd</sup> office visit.	____% of assessments were completed per indicator by Social Workers during 2 <sup>nd</sup> quarter (N/D). This represents a ____% increase in the timeliness of assessments for the department. These improvements are a direct result of the new social work staff being fully trained and independently assessing patients	Ongoing training with new social work staff to ensure continuity of care across all units. Social Work services now provided weekly at Willingboro Hem/Onc office.	Expect continued increase in compliance for 3 <sup>rd</sup> quarter due to: <ul style="list-style-type: none"> <li>• Full SW staff with completed orientation</li> <li>• Increased familiarity with SW processes</li> <li>• Social workers will be better able to cover all units, limit some of the patients missed by having to travel between units, and become more focused upon their clinic responsibilities</li> </ul>	Expect increased numbers of new patients in Hem/Onc Willingboro office, once new office space is available. Working with Willingboro staff to accurately account for all new patients.

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<b>Oncology Dietitian – Outpatient</b>				
Timeliness of consults – patient will be contacted in person or via phone within 48 hours. <i>(1Q06 report)</i>	Goal remains at 98% for 2006 Trending upwards, due to more phone contact with patients.	General nutrition information will be added to all new patient packets. Continue to encourage staff (nurses, social workers) to provide dietician’s business cards and make consults as needed – remind satellite offices of services, new patient packets.	<ul style="list-style-type: none"> <li>• Will attempt to increase initial contact by phone</li> <li>• Adding nutritional information to patient packets, allows consistency at all sites</li> <li>• As the center continues to grow, consider additional dietary staff for satellite offices, both SOM and BMA</li> </ul>	Review patient volume for annual year 2005. Continue to monitor through 2006.
Patient Education	Increased opportunities to reach more patients through new lecture series & other community programs.	Developing and performing the lectures on a biweekly basis during Spring/Summer 2006. Participation in support groups & other programs.	Does my lecture series impact overall patient productivity?	Monitor 2 <sup>nd</sup> and 3 <sup>rd</sup> quarter volume and timeliness of individual assessments. Develop measurement tool to assess participant satisfaction.
<b>Hem/Onc Clinic -Voorhees</b>				
Medicare infusion patients need to be seen by physician while receiving treatment in the infusion area when not having a “formal” visit .	Out of ___ Medicare patients that received chemo in the infusion area during the 2nd quarter of 2006, ___ of them were seen by a physician.	We have readjusted our goal to a number more realistic in keeping with the confines of our practice. Considering the use of designated visit area to accomplish this goal.	We experienced an ___% increase in the number of Medicare patients seen in the infusion area	We are continuing to alert the physicians re: patients being seen in the infusion area; appropriate forms are readily available to assist them in documenting the visit .
Receiving corrected transcription drafts back from physician within 3 working days	Out of ___ dictations that were transcribed in the 2 <sup>nd</sup> quarter 2006, ___of them were corrected and sent back to the transcription coordinator within 3 working days	New initiative; continue to identify process issues, i.e., multiple office locations and dictation staff available. Commenced putting a clearly marked dictation draft in patients’ charts Continue to identify better methods of getting drafts to physicians and completing in a timely manner, i.e., electronic delivery and signatures.	Daily dictation drafts are being tracked for the date they are sent to the physician and the date they are received back to the transcription coordinator.	Currently looking into another dictation service that would enable us to put all our drafts into a shared folder, thereby giving the physicians and other team members who dictate the ability to view and possibly correct on their own. As we plan for the new budget, we hope to be able to add another transcriptionist into the mix and locate that person at the 2 <sup>nd</sup> busiest site; this would greatly increase our efficiency.
<b>Gyn/Onc – Outpatient Chemotherapy</b>				
Keep active chemotherapy charts up to date: including medication, anti-nausea, tumor measurement, & past chemo sheets. <i>(1Q06 report)</i>	Infusion nurses to assess, document and report on each patient with every chemotherapy treatment, via phone communication between chemo treatments and during pre-chemo office visits for chemo side effects and medication changes.	Infusion nurses to update chart upon each cycle of chemotherapy or with any medication changes done via phone or office visit. This will be communicated to physicians and any staff involved with chemo chart.	<ul style="list-style-type: none"> <li>• Nurse manager to monitor chemo charts with each office visit and chemo treatment</li> <li>• More frequent chart reviews will be done if necessary, due to complications from</li> </ul>	Will continue to monitor.

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			treatment or multiple changes between treatments.	
<b>9<sup>TH</sup> Floor Nursing</b>				
Oncology certification for staff nurses.	Six nurses pre registered. The goal is to have 4 certified.	Staff did a group registration. Potential candidates are participating in a group study.	Continue to monitor class progress.	Continue with plan. Provide group with resident experts as needed to enhance learning experience.
To increase Press Ganey scores on the 9 <sup>th</sup> floor.	Corporate goals have been set up based on the Jackson survey. Two specific questions have been designated for nursing focus. Baseline scores for the first quarter were for the south side: ____ for anticipating your needs and ____ for the overall quality of care. Baseline scores for the north side: ____ for anticipating your needs and ____ for the overall quality of care.	Staff meetings to go over the moments of truth, voice of the patient. Focus on anticipating the patient's needs, (focusing on noise level), and enforcing the comfort closet, focus on offering to the patient if they may or may not need assistance setting up note cards for nursing/physician rounding (improve communication). Reinforce hourly rounding. Start the "take five" initiative. Welcome letter for the patients. Continue with discharge phone calls, making sure the patient understands their discharge instructions.	Results pending for the second quarter.	Plan will remain unchanged until the Jackson Survey results are in.
Medication Variances	There were ____ medication variances for the past quarter.	Continue to reinforce the 5 "R's" with staff. Discuss issues with individual staff.	Continue to track and trend variances to better direct educational efforts as to issues and staff involved.	Continue with plan.
Patient Falls	There were ____ falls/____ patient days, which is ____ patient days.	Continue to educate staff to properly document for patient fall evaluation and institute fall precautions when applicable. Educate staff on bed alarms and enforce use.	Incident reports are being reviewed in a timely manner to determine problem areas. Continue to track and trend variances to better direct educational efforts as to issues and staff involved.	Continue with plan.
Pain Management	____ charts were reviewed; of these charts we had a slight improvement with some of the documentation and some declining.	Continue to reinforce pain management initiatives. Reeducate staff on proper documentation.	<ul style="list-style-type: none"> <li>Continue with reviewing charts, and rounds to make sure the patients make sure the patient's pain is properly managed.</li> <li>Reinforce education re: pain management.</li> </ul>	Continue with plan.

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<b>Cancer Registry</b>				
Cancer Registry AJCC Staging by Physicians	AJCC staging form is placed on medical record and completed by managing physician.	Follow HIM Policy & Procedure Section: Analysis Code 4.8 rev. 1/05	Monthly Audit and statistics	<ol style="list-style-type: none"> <li>1. Monthly QA will take place within a week of the generation of the RAS Report</li> <li>2. Review ____ charts per month</li> <li>3. Monitor for compliance with indicator</li> <li>4. Identify lapses in process</li> <li>5. Collaborate with HIM department and physicians to maintain best practice</li> </ol>
<b>Research Department</b>				
Serious Adverse Events (SAE) are reported to IRB within 24 hours of identifying same.	Newly added to PI plan to monitor patient safety and improve quality	Developing guidelines and an SOP during this quarter for identifying and reporting Serious Adverse Events (SAE) to IRB. Once approved, education will take place in September at Research meeting and Oncology Working Group meetings. Tracking tool will be developed by in 9/06. Data collection during 4Q06		
<b>Behavioral Medicine</b>				
BM patients will demonstrate a psychological distress rating scale of = 4 at: <ul style="list-style-type: none"> <li>• Session 4</li> <li>• Termination of therapy</li> </ul>	Newly added to PI plan to monitor patient progress and improve quality	<ol style="list-style-type: none"> <li>1) Patients will complete a psychological distress rating scale at first session which will provide a numerical representation of level of distress</li> <li>2) Scale will be repeated at Session 4 &amp; then again at end of therapy</li> <li>3) Goal: 50% of patients will report a level of = 4 at each session</li> <li>4) Manager will be developing a patient sat survey; recommend to start in 2007</li> </ol>		