Breaking Barriers Baseline Survey

STOP. If you have participated in 2023 Breaking Barriers you do not need to complete the below. If you are a new program, please respond to the below questions.

If you are new to participating in the 2024 Breaking Barriers QI project, you must provide retrospective data for 6 weeks to look at the no-show visits by January 31, 2024.
Include:
• All patients receiving between 15-45 fractions between the ages of 18-99 scheduled for radiation
therapy treatment in the given time period in up to 3 disease sites (eg: lung, head and neck, breast,
prostate, rectum)
• Only non-palliative radiation therapy patients
Exclude:
• SBRT and ultra-fractionation regimen patients (1-14 treatments)
• Cancelled appointments due to office systems (machine is down, short staffed, clinic closing early)
• Cancelled appointments due to environmental factors (hazardous weather, natural disasters, etc)

Numerator: Number of patients who completed all scheduled visits in [the time period]
Numerator: Number of patients who missed 3 or more scheduled visits in the time period
Denominator: All number of patients with scheduled appointments in [the time period]

Primary Contact (First name, Last name):

_____

Email:

_____

Phone number:

_____

Role of Primary Contact (select role that most closely reflects your position)

- ◯ Surgeon
- ◯ Radiation Oncologist
- ◯ Other Physician
- ◯ NP, PA
- ◯ RN, LPN
- ◯ Medical Assistant
- ◯ Nurse Navigator
- ◯ Social worker or behavioral health clinician
- ◯ Quality Coordinator/Manager/Director
- ◯ Accreditation Coordinator/Manager/Director
- ◯ Program Coordiantor/Manager/Director

Secondary Contact Name (First name, Last name)

_____

Secondary Contact Email:

_____

Name of Program

_____

Type of Program:

- ◯ Academic Comprehensive Cancer Program (ACAD)
- ◯ Community Cancer Program (CCP)
- ◯ Comprehensive Community Cancer Program (CCCP)
- ◯ Free Standing Cancer Center Program (FCCP)
- ◯ Hospital Associate Cancer Program (HCAP)
- ◯ Integrated Network Cancer Program (INCP)
- ◯ NCI-Designated Comprehensive Cancer Center Program (NCIP)
- ◯ NCI-Designated Network Cancer Program (NCIN)
- ◯ Pediatric Cancer Program (PCP)
- ◯ Veterans Affairs Cancer Program (VAPC)
- ◯ National Accreditation Program for Breast Centers (NAPBC)

Network ID (different than FIN)

_____

FIN or Company ID

_____

This facility is part of an accredited network (INCP)
AND
This facility does NOT provide radiation oncology services.

Note, to answer yes, both must be true.
If you select "Yes", the survey will end.

- ◯ Yes
- ◯ No

Location of program (CITY ONLY)

_____

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State:

- ◯ AL
- ◯ AK
- ◯ AZ
- ◯ AR
- ◯ AS
- ◯ CA
- ◯ CO
- ◯ CT
- ◯ DE
- ◯ DC
- ◯ FL
- ◯ GA
- ◯ GU
- ◯ HI
- ◯ ID
- ◯ IL
- ◯ IN
- ◯ IA
- ◯ KS
- ◯ KY
- ◯ LA
- ◯ ME
- ◯ MD
- ◯ MA
- ◯ MI
- ◯ MN
- ◯ MS
- ◯ MO
- ◯ MT
- ◯ NE
- ◯ NV
- ◯ NH
- ◯ NJ
- ◯ NM
- ◯ NY
- ◯ NC
- ◯ ND
- ◯ MP
- ◯ OH
- ◯ OK
- ◯ OR
- ◯ PA
- ◯ PR
- ◯ RI
- ◯ SC
- ◯ SD
- ◯ TN
- ◯ TX
- ◯ TT
- ◯ UT
- ◯ VA
- ◯ VT
- ◯ VI
- ◯ WA
- ◯ WV
- ◯ WI
- ◯ WY

Is your program participating for CoC OR NAPBC Credit?

- ◯ CoC
- ◯ NAPBC

We will not focus on IT measures in Year 2

We encourage you to look at past webinars on ARIA and Mosaic

Do you currently have a system in place for tracking when patients with scheduled radiation treatment appointments do not show up?	☐ Yes, we call them ☐ Yes, we text them ☐ Yes, we email them ☐ Yes, we send messages through the patient portal ☐ Yes, we send a written letter ☐ No, we do not currently follow up on missed appointments ☐ Other

Other, please explain

_____

Do you currently document efforts/attempts to outreach patients that have missed appointments? (this may include number of times you called a patient, etc)	◯ Yes- we keep a formal log of outreach attempts to patients ◯ No- we outreach but don't keep track of type of outreach or number of times a patient has been contacted ◯ Unknown

A Community Asset Map is a useful tool to help your program understand both your patient needs and resources available within the community. Please view the attached (also found on the website). We encourage you to perform one of these in order to participate in the program.

[Attachment: "community_asset_tool (1).pdf"]

Are you familiar with the concept of a community asset map?	◯ Yes ◯ No

Have you performed one?	◯ Yes ◯ No

Regardless of your current system for outreach to patients, consider the following statements as a team and rate below

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Outreach to patients often takes too much time	◯	◯	◯	◯	◯
Leadership does not think it is important to reach out to patients who have missed appointments	◯	◯	◯	◯	◯
Staff do not think it is important to reach out to patients who have missed appointments	◯	◯	◯	◯	◯

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	Not implementing	Pre-Implementation	Active Implementation	Full Implementation
It is unclear who is responsible for reaching out to patients that have missed an appointment	○	○	○	○	○
We do not have a written/formalized policy or guidance from leadership as to indicate when a reach out attempt is warranted	○	○	○	○	○
We have difficulty reaching patients when we try to contact them	○	○	○	○	○
If a patient speaks a different language we are unable to communicate with them, and therefore do not reach out	○	○	○	○	○

Consider the below strategies and determine the current stage of implementation for your organization.
Note: Please consider resources needed (i.e. equipment, IT, personnel)

	Not implementing (not feasible or no interest to implement)	Pre-Implementation (we can consider/discuss implementing this)	Active Implementation (currently doing this)	Full Implementation or sustainment (we already do this/have this)
Develop a written policy and procedure for outreach to patients	○	○	○	○
Identify a physician and/or staff champion for this work	○	○	○	○
Add/train additional staff to outreach	○	○	○	○
Develop a standardized written script/letter/text for outreach	○	○	○	○
Modify scheduling software or EHR to identify patients missing appointments	○	○	○	○
Develop or enhance a reminder system, such as a patient portal, to alert patients of upcoming appointments	○	○	○	○
Develop a custom tracking system/custom report	○	○	○	○
Engage leadership and staff in outreach efforts	○	○	○	○

Identify patient level social related health needs (through a formal screen)	○	○	○	○
Support patients through ride share services (Uber/Lyft/Taxi)	○	○	○	○
Develop patient education material to help patients understand the importance of appointment attendance	○	○	○	○
Provide financial assistance/counseling to address patient financial barriers	○	○	○	○
Schedule in-person language interpreters	○	○	○	○
Provide on-site psychosocial support services, support groups or similar	○	○	○	○
Provide support for housing (referral to Hope Lodges, Hotel agreements, etc) for patients travelling long distances	○	○	○	○

Please describe any other strategies not referenced in the above question.

_____

Do you (radiation clinic staff) currently screen or assess for any of the below social related health needs? (Check all that apply)

☐ Transportation
☐ Housing
☐ Food insecurity
☐ Mental health
☐ Substance abuse/misuse
☐ Financial strain
☐ Employment
☐ Domestic Violence
☐ Social Support
☐ Other
☐ We do not use any screener or assessment tool for social related health needs

Other: please explain and list the name of screeners used

_____

Quality Improvement Team Readiness:

Please answer the below questions using a 1-5 scale. (1 disagree; 5 agree)

	1- Disagree	2- Somewhat Disagree	3-Neither Agree or Disagree	4- Somewhat Agree	5- Agree

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Our quality team needs guidance in setting specific goals for implementing Breaking Barriers interventions	○	○	○	○	○
Our quality team needs guidance in assigning or clarifying team roles	○	○	○	○	○
Our quality team needs guidance in engaging IT assistance	○	○	○	○	○
Our quality team needs guidance in engaging data abstractors/registrar support	○	○	○	○	○
Our quality team has the mandate and authority to make necessary changes for Breaking Barriers intervention implementation at our institution	○	○	○	○	○
Hospital or Departmental leadership is engaged and familiar with Breaking Barriers	○	○	○	○	○
The Breaking Barriers quality improvement initiatives is directly aligned with the organizations key strategic goals	○	○	○	○	○
Our quality team is sufficiently staffed with decision makers to avoid lengthy external administrative and policy-related approval delays	○	○	○	○	○

Cancer Committee Readiness:
Please answer the below questions using a 1-5 scale. (1 disagree; 5 agree)

	1- Disagree	2- Somewhat Disagree	3-Neither Agree or Disagree	4- Somewhat Agree	5- Agree
My colleagues believe Breaking Barriers will allow us to provide better care for our patients.	○	○	○	○	○
My colleagues think that the Breaking Barriers is a good idea for patient care.	○	○	○	○	○
My colleagues have a strong desire to implement Breaking Barriers.	○	○	○	○	○

We have formal leaders who are committed to successful implementation.	○	○	○	○	○
My colleagues feel confident that the organization can get people invested in implementing this change.	○	○	○	○	○
My colleagues feel confident that the organization can support people as they adjust to this change.	○	○	○	○	○
My colleagues are able to adapt quickly when they have to make changes to the way they work.	○	○	○	○	○
We have mechanisms in place to share concerns my colleagues have about Breaking Barriers.	○	○	○	○	○
My colleagues have formal and informal communication channels that work well.	○	○	○	○	○
We use data to learn about our systems and processes of care, and to guide and monitor our efforts to improve our systems.	○	○	○	○	○
My colleagues feel confident that they can keep track of progress in implementing this change.	○	○	○	○	○
My colleagues feel confident that they can coordinate tasks so that implementation goes smoothly.	○	○	○	○	○
My colleagues feel confident that they can keep the momentum going in implementing this change.	○	○	○	○	○
My colleagues feel confident that they can handle the challenges that might arise in implementing this change.	○	○	○	○	○

This project requires you have a dedicated QI team. Please include the members serving each of the roles below, along with their email address.

Note, more that one person may serve in different roles. If you have not filled a role, please leave this blank. Use NA if you do not have a dedicated person in this role.

Teams should include:
1. Physician Champion
2. Project leader
3. Radiation Oncology Team member:
4. Data analyst/data support:
5. Nurse navigator, social worker, or community outreach
6. Patient Advisor

All others are welcome to participate

_____

This project requires a letter of support from the radiation oncology team at your hospital. Will you be able to provide this letter of support (note, sample templates can be found on the Breaking Barriers project website)

○ Yes
○ No