NAPBC
Best Practices Webinar Series:
Quality in Action
Innovations in Patients Care
February 9, 2021

Webinar Series Chair:
Colette Salm-Schmid, MD, FACS
Moderator:
Richard Reitherman, MD
Webinar Logistics

- All participants are muted during the webinar
- Questions – including technical issues you may be experiencing – should be submitted through the question pane
- Questions will be answered as time permits; additional questions and answers will be posted on the website
- Please complete the post-webinar evaluation you will receive via email
- Recorded content will be available through the ACS Learning Management System
CONTINUING MEDICAL EDUCATION CREDIT INFORMATION

Accreditation
The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA PRA Category 1 Credits™
The American College of Surgeons designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
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**Commercial Interest:** The ACCME defines a “commercial interest” as any entity producing, marketing, re-selling, or distributing health care goods or services used on or consumed by patients. Providers of clinical services directly to patients are NOT included in this definition.

**Financial Relationships:** Relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

**Conflict of Interest:** Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

The ACCME also requires that ACS manage any reported conflict and eliminate the potential for bias during the educational activity.

- Any conflicts noted below have been managed to our satisfaction.
- The disclosure information is intended to identify any commercial relationships and allow learners to form their own judgments.
- However, if you perceive a bias during the educational activity, please report it on the evaluation.
## Disclosure Information

**Innovations in Patients Care - Disclosures Reported**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Role(s) in Activity (i.e. speaker, moderator, author, etc.)</th>
<th>Has Financial Relationship w/Commercial Interest* (Yes/No) - If yes, complete columns E-G</th>
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<tr>
<td>Richard</td>
<td>Reitherman</td>
<td>Moderator</td>
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<td>Jeanna</td>
<td>Knoble</td>
<td>Speaker</td>
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<td>Emily</td>
<td>Monteleone</td>
<td>Speaker</td>
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<td>Stephanie</td>
<td>Nelson</td>
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Program Objectives

This activity is designed for:

✓ Cancer committee members
✓ Navigators
✓ Nurses
✓ Physicians
✓ Program leadership (cancer program administrators, breast program directors, breast program leaders)
✓ Registrars

Learning Objectives

• Describe the current needs of patients with breast cancer that were not addressed by the existing center organization or processes.
• Discuss successful methods used to develop and implement the innovations including support from the center physicians and staff.
• Compare and contrast innovation and enhancements options to successfully improve the patient care experiences in a variety of health care settings and apply these methods to improve the care and processes in their own NAPBC-accredited center.
Introducing Our Moderator

Richard Reitherman MD, PhD
Medical Director Breast Imaging
National Consortium of Breast Centers
Newport Beach, California
Introducing Our Presenters

Jeanna L. Knoble, MD
Co-Medical Director, Breast Program
Mount Carmel Health System
Columbus, Ohio

Stephanie Nelson, MS RDN CD CSO
Oncology Dietitian
HSHS St. Vincent Regional Cancer Center
Green Bay, Wisconsin
Introducing Our Presenters

Emily Monteleone MBA
Cancer Program Manager
Comprehensive Breast Cancer Program
Cleveland Clinic's Taussig Cancer Center
Cleveland, Ohio
Innovations in Patient Care

Safety Story

Jeanna L. Knoble, MD – Co-Medical Director, Breast Program Mount Carmel Health System
Columbus, Ohio
Mount Carmel Health Breast Cancer Program

NAPBC accredited since 2012

CoC accredited since 1964

CoC program category: Integrated Network Cancer Program

Analytic breast cancers 2019: 596

Satellites/clinics: ***
Best Practice

• At the beginning of each meeting, we start with a safety story, defined as a “good catch” or an instance where harm did reach a patient, by opening the floor to anyone who wants to share, thereby empowering colleagues to voice their concerns, build a culture where it is safe to speak up, and keep the patient at the center of everything we do.

• Innovations in Patient Care
Rationale

• Through the Zero Harm framework, every colleague is trained on what it means to put safety first.
• We wanted to find everyday situations where safety can be improved by sharing observations and experiences from all members of our team.
• Our rationale was to create an opportunity to recognize how we can improve our processes and to acknowledge those that have made great changes in our organization. The story sets the tone for the group, promoting discussion, allowing praise, and constructive criticism, where indicated.)
Implementation

• This task has been an easy implementation as it is built into the agenda. After the introductions are completed, the next item is to discuss a safety story.

• On all administrative meetings across Mount Carmel, this is an agenda item, which means if multiple meetings are attended in one day, a person is witness to many safety stories across our system.
Value Added

• Benefits – increase in VOICE reporting system, decrease in Serious Safety Events
• Do you monitor the progress? Yes, reporting system
• Have you tweaked the practice? No Is it still relevant? YES!
• What did you learn doing this project? There are opportunities to improve safety at ALL levels with ALL members of PACT, independent of job description. ALL are encouraged to share which allows us to ALL learn from one another and value each member of our team
Planting Seeds for the Future

- What was the ease of implementation on a scale of 1-10? 1 (very easy)
- Can this be applied to other programs? Yes!
- Why would another program want to implement this practice? Puts safety first, no matter what meeting, no matter what the topic.
- What can we all learn from this? Involves all types of colleagues, clinical and nonclinical, at any level of administration, allowing a hospital system comprehensively to put safety at the forefront.
Contact Information

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Innovations in Patient Care

Harvesting Hope

A Taste of Community

Stephanie Nelson, MS RDN CD CSO, Breast Cancer Care Team Dietitian
HSHS St. Vincent Regional Cancer Center

- NAPBC accredited since 2010
- CoC accredited since 1956
- CoC Category: Comprehensive Community Cancer Program
- Breast cancers 2019: 192
- Satellites/hospitals: 2

Green Bay, Wisconsin
Best Practice

• Utilizing a vegetable garden to promote the benefits of plant-based eating (PBE), specifically in terms of reducing cancer risk or re-occurrence for cancer patients and the local community.

• Category of best practice: Innovation
Rationale

• Plant-based eating has been linked to reduction of cancer risk & mortality.
• The first program in NE WI to provide PBE education, gardening exposure & community support for area food pantries with a minimal ecological footprint.
• Current local programs focus on agriculture instead of chronic disease risk.
  – Invested own resources through hospital Green Team, contracted food service, and local dietetic intern
Implementation

• Who?
  – *HSHS Green Team, RD/intern, chef*

• How?
  – *2018 approval from OLC; planning meetings with team; marketing*

• Overcoming barriers
  – *clinic support; garden maintenance; program awareness*

• Engagement
  – *visual presence; internal/external media; food 😊*
Value Added

• Benefits
  – Use of underutilized green space, talking points with our patients/community

• Monitoring
  – Monthly team meetings

• Tweaks
  – Time/days; addition of food; collaboration with local botanical garden

• Still relevant!

• Takeaways
Planting Seeds for the Future

- Ease of implementation on a scale of 1-10? 7
- Applicable to other programs with vacant green space
- Why try?
  - Engagement of patients/community with applicable education from trusted nutrition source without additional staff training/personnel
- How can you repackage your message?
Contact Information

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Innovations in Patient Care

Daily Breast Cancer Patient Huddles
Emily Monteleone, MBA
Breast Cancer Program Manager
Cleveland Clinic Breast Center

NAPBC accredited since: 2012

CoC accredited since: 2012

CoC category: NCI Designated Comprehensive Cancer Center

Breast cancers 2019: 815
Best Practice

• Breast cancer multidisciplinary team launched provider based huddles focused on reducing time to treatment (TTT)
• Innovation in patient care
Rationale

- Time from a new cancer diagnosis to initiation of treatment (time to treatment, TTT) was increasing nationally
  - Our TTT was similar to the national average
- Studies have shown that this delay in TTT is potentially detrimental to survival\(^1\)
- This is a time of anxiety and distress for our newly diagnosed cancer patients
- Optimizing TTT is the right thing to do for patients

Implementation

• Breast Cancer Patient Liaison tracks all newly diagnosed patients
• Our liaison’s data feeds a visual dashboard which enables each breast surgeon’s team to huddle weekly
• Huddles include review of patients who are pending treatment, as well as OR and clinic capacity for that provider
• Any barriers or improvement opportunities identified are worked through as a team using the Cleveland Clinic Improvement Model (ccf.org/improve)
Value Added

• Our breast cancer median TTT was reduced by 30% (10 days total)
• Teams continue to be engaged in these multidisciplinary, cross functional huddles
• Standing agendas and the dashboards have been adjusted to continue to support engagement
• Additional Medical Oncology team huddle was started – Focusing on access to multidisciplinary clinic appointments and time to neoadjuvant treatment
Planting Seeds for the Future

• Ease of implementation: 5
• This can be applied to other programs:
  – Come together (virtually even)
  – Talk about patients in real time
  – Remove barriers
  – Assure time to treatment is focus
• Prioritizing TTT is the right thing to do

“Our motto became ‘treat our patients as we would our family.’ Wouldn’t you want your family member to be treated as soon as possible?” - Jame Abraham, MD, FACP, Chairman of Department Hematology Oncology at Cleveland Clinic and Brian J. Bolwell, MD, FACP Chairman of Taussig Cancer Institute at Cleveland Clinic
Example of early Tableau dashboard
- Each circle represents a patient
- Each column of circles is an individual surgeons’ group of patients
Resources

Articles of published information about our efforts:


Contact Information

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*Emily recently moved into a new role, Amanda is now the current Breast Cancer Program Manager for Cleveland Clinic’s Breast Cancer Program and will be the best contact for questions moving forward.

CC Breast Cancer Program webpage: clevelandclinic.org/breast
Contact Information

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Questions
NAPBC Best Practices Webinar Series: Quality in Action

- Program Activities – Optimizing Time and Talent – February 16, 2021

All webinars are 12:00 noon–1:00 pm Central time.
Cancer Program Webinar Series

• Better Data; Better Quality; Better Outcomes Webinar Series – 8 webinars

• Cancer Research Program (CRP) Educational Series – 5 webinars

To view and register for the webinars go to: https://www.facs.org/quality-programs/cancer/events
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*GoToWebinar emails, sometimes goes into a junk or spam folder.*
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3. All courses are in the ‘course catalog’ tab.
4. Access the course after you have successfully registered for the course.