

ASCO's Quality Training Program

Project Title:

**Integrated Post-Surgical Colon Cancer Care Planning
at the Rutgers Cancer Institute of New Jersey and the
Robert Wood Johnson University Hospital**

Presenter's Name:

Nell Maloney Patel

**Institution: Rutgers Cancer Institute of New Jersey and
Rutgers Robert Wood Johnson Medical School**

Date:

October 8th, 2015

Institutional Overview

- Rutgers Cancer Institute of New Jersey (CINJ) is the state's only NCI-designated Cancer Center.
- CINJ is affiliated with Robert Wood Johnson University Hospital (RWJUH) and the Rutgers Robert Wood Johnson Medical School (RWJMS).
- The hospital is staffed by full-time faculty in every department, along with a large group of private faculty, and serves as the clinical campus of RWJMS.
- There are numerous faculty, private and general surgeons with privileges at RWJUH who may be performing colon cancer surgeries.
 - 10 colorectal surgeons unaffiliated with CINJ
 - 1 unaffiliated Surgical Oncologists
 - 8 General Surgeons/ACS surgeons who do colon surgery
- There are almost 20 medical oncologists with privileges at the hospital who are not affiliated with CINJ.
- Pathology services are unified in one RWJMS department.

Problem Statement

- The time to adjuvant chemotherapy (TTAC) in stage III colon cancer has been shown to have an effect on overall and disease-free survival.
- *At present, there is no integrated post-surgical colon cancer care planning for patients who have surgery at RWJUH.*
- Poor understanding on the part of patients and ancillary providers regarding appropriate follow up may cause delay in TTAC.

Team Members

Team Leaders:

Rebecca Moss, MD *GI Oncologist*

Nell Maloney Patel, MD *Colorectal Surgeon*

Team Members:

Teresa Brown, DO *Medicine Resident*

Sondra Patella, APN, *Oncology NP*

Kristen Donohue, MD *Surgical Resident*

Neil Newman, *Medical Student*

Improvement Coach:

David Bivens

Statistician

Viktor Dombrovskiy, PhD

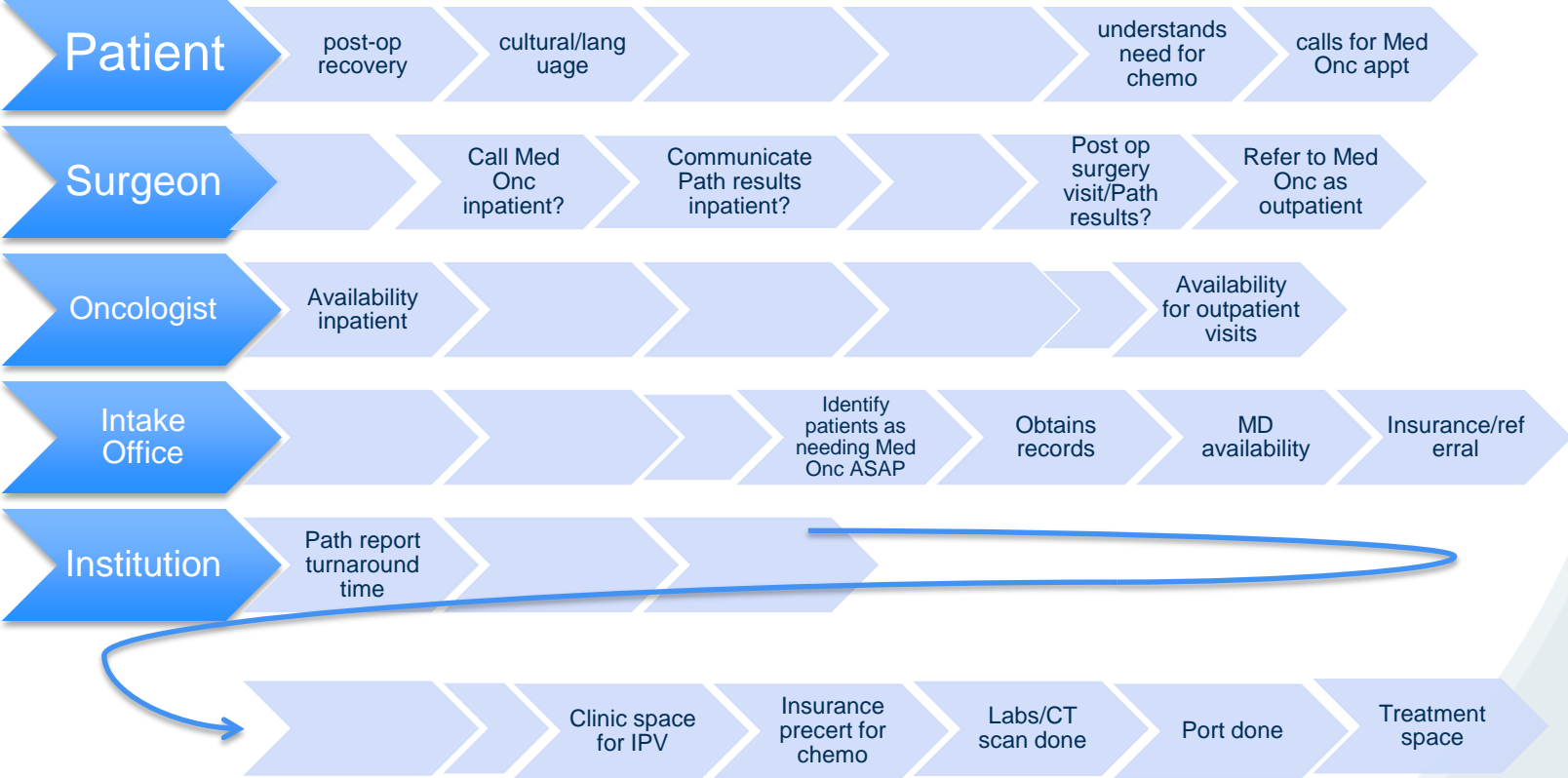
Project Sponsor:

Howard Kaufman, MD, *Professor of Surgery,*

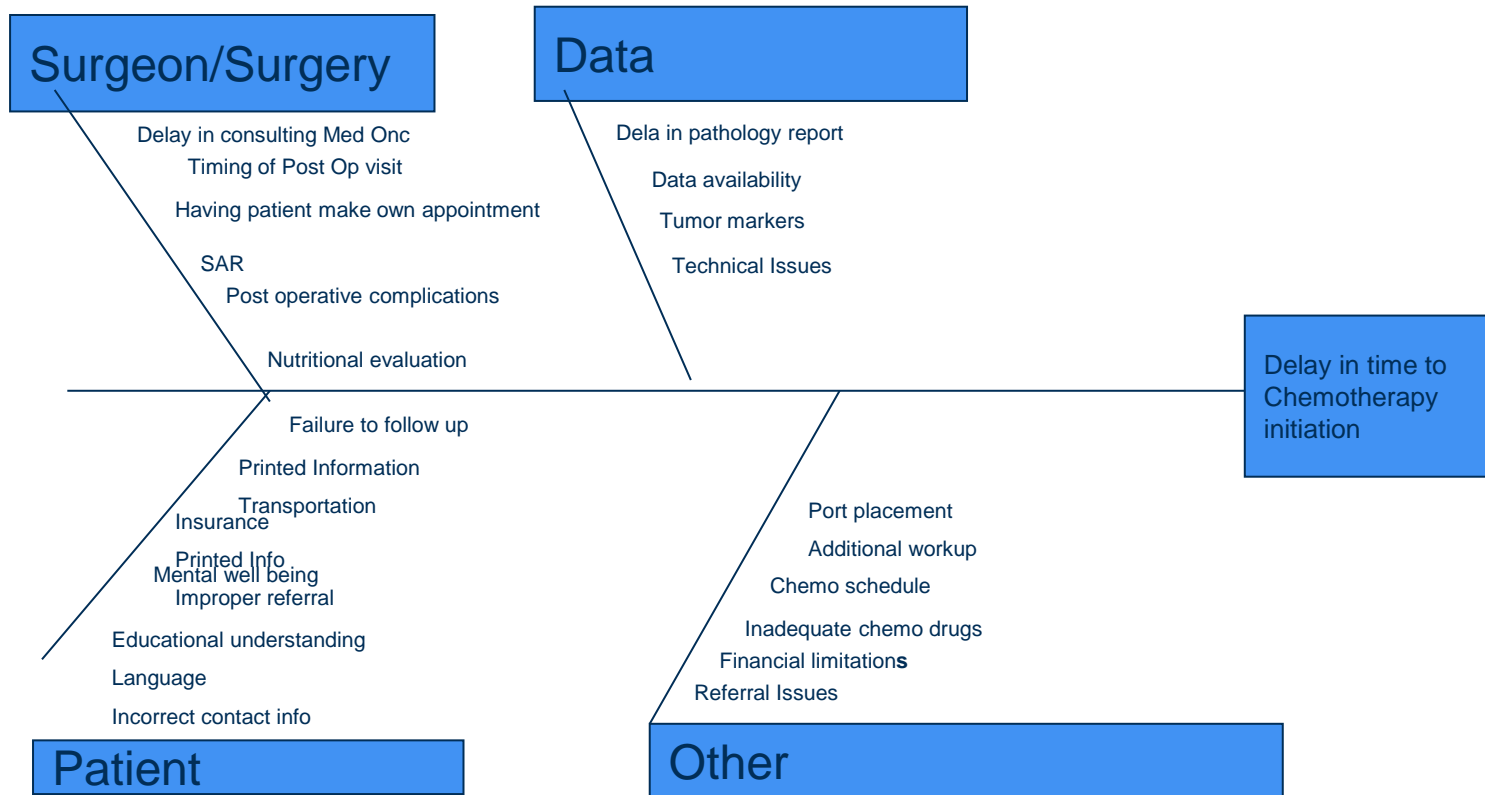
Associate Director of Clinical Sciences

Surgery

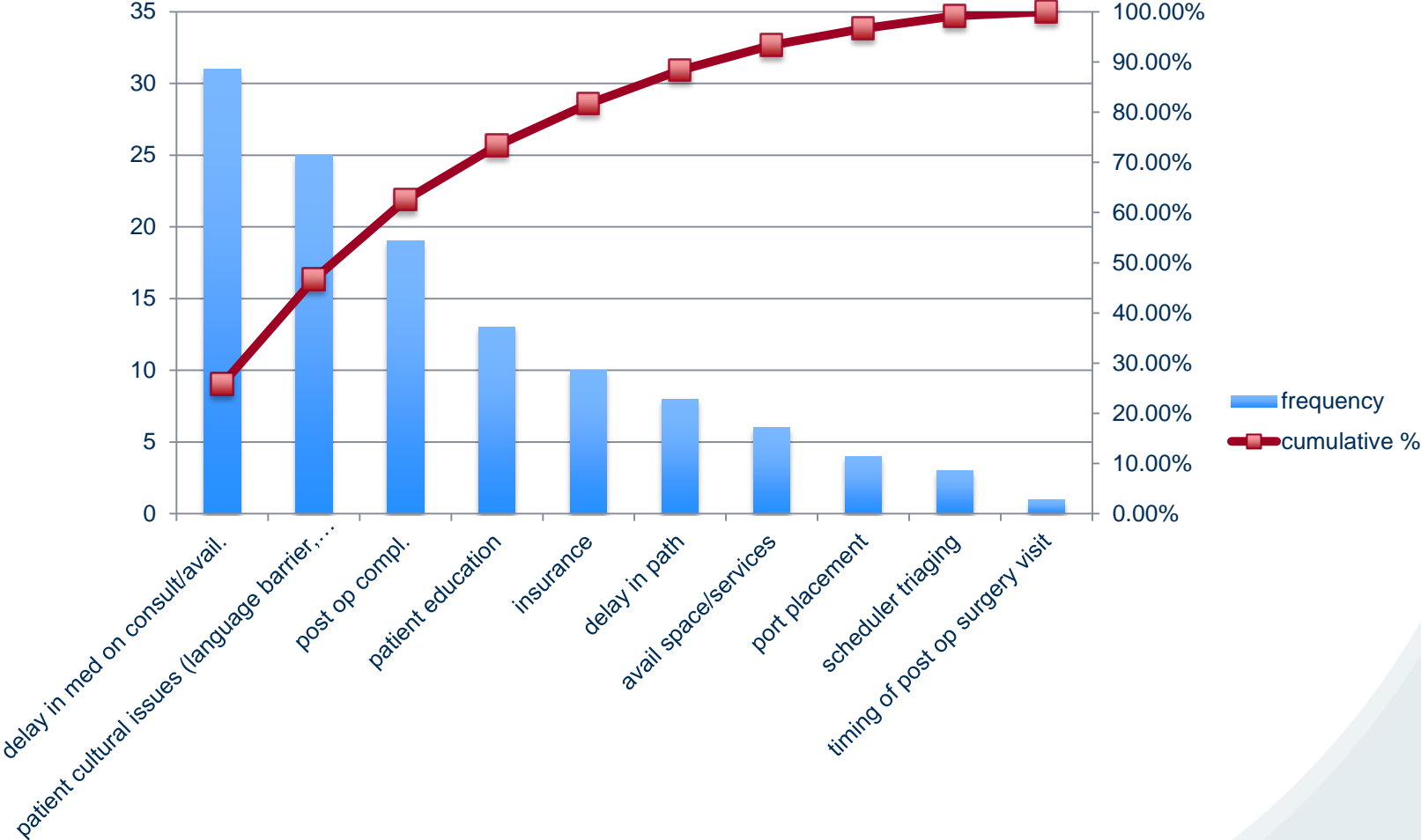
Adjuvant Chemo



Cause & Effect Diagram



Pareto Physician & Staff Group



Aim Statement

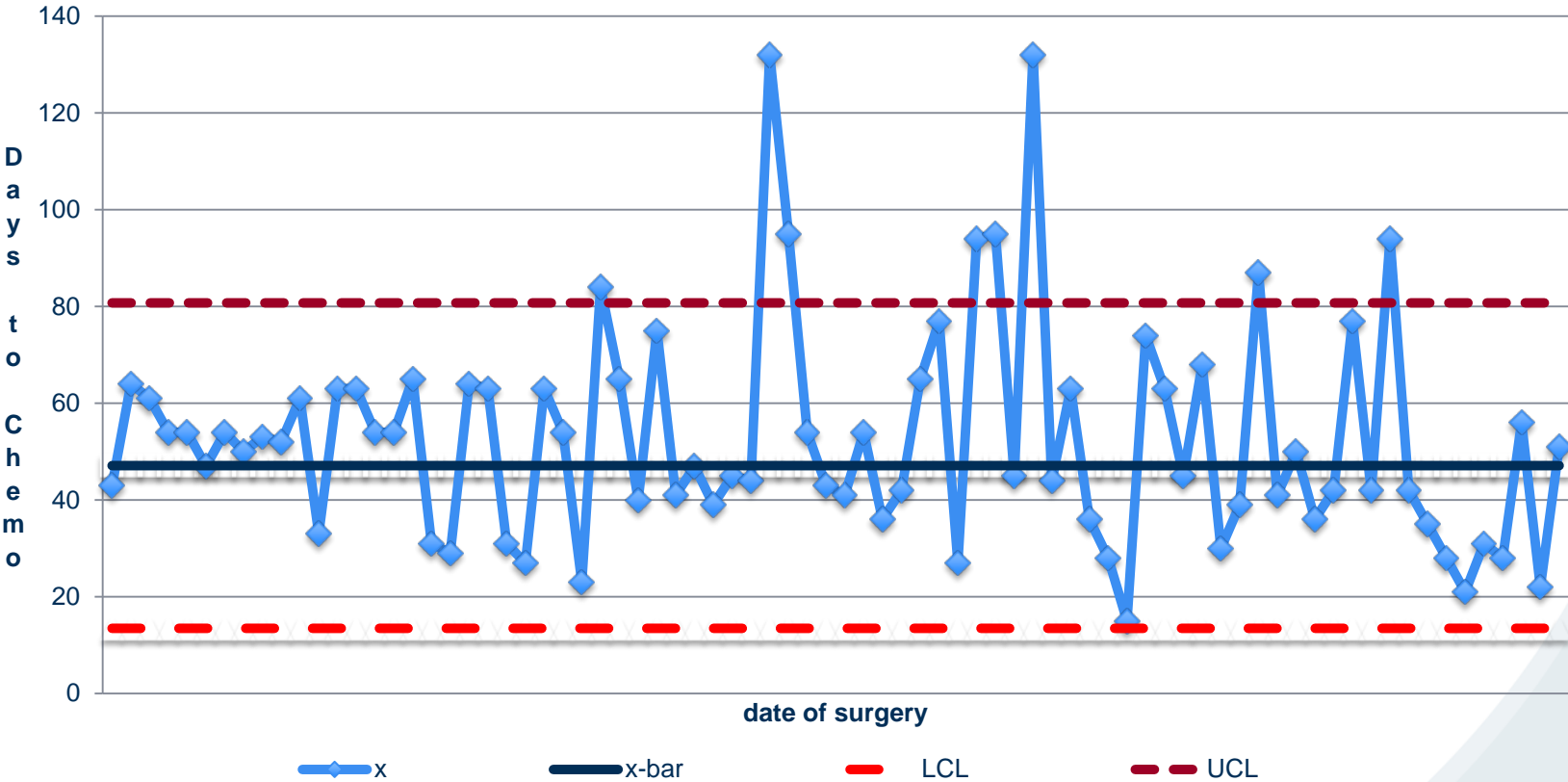
- To decrease the wait time to Time to Adjuvant Chemotherapy (TTAC) to 6 weeks for 80% of patients within a 2 year time period

Measures

- Measure: TTAC
- Patient population: Stage 3 colon cancer patients who have surgery at RWJUH
- Calculation methodology: time from surgery to first dose chemotherapy
- Data source: Tumor Registry and chart review
- Data collection frequency: monthly
- Data quality (any limitations): limited access to private medical oncology practices

Baseline Data

TTAC prior to intervention over time



Results: time from surgery to

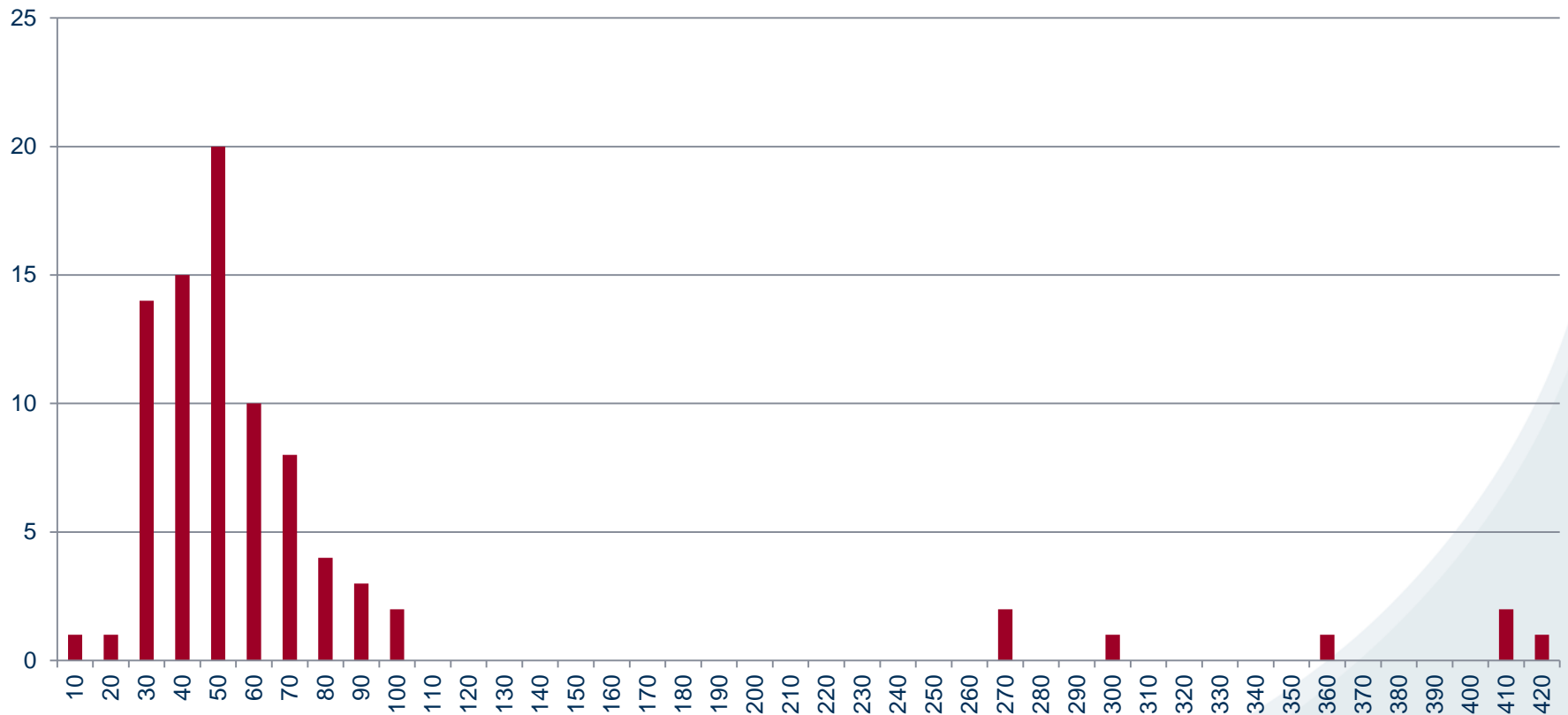
Variable	N	Mean	Std Dev	Minimum	Maximum	Median	Lower quartile
Chemo	79	49.6	20	15	132	46	36
Path	70	4.92	2	2	15	5	4
Central access	49	40	16.7	8	96	39	29
Outpatient Med Onc apt	38	30	15	-7	74	27	18

Effect of variables on time to chemotherapy

variable	Intraop complications	postop complications	Surg onc vs colorectal	Surg onc vs general surgeon	Colorectal vs general surgeon	inpatient medical oncology consult	Academic vs private practice Med Onc
T-TEST	0.059	0.0155	0.45	0.86	0.67	0.64	0.27
Pr>Chi-Square	0.21	0.007	0.38	0.61	0.93	0.49	0.212

Histogram with outliers

Histogram: TTAC - Days
(not incl. the 1169 day outlier)



Prioritized List of Changes (Priority/Pay-Off Matrix)

Impact	High	Nursing education Inpatient Med Onc consult	Path results prior to d/c Early post-op Surgery visit Hire another oncologist Make more space in clinic
	Low	Patient education "Passport" with timeline	
		Easy	Difficult

Ease of Implementation

PDSA Plan (Tests of Change)

Date of PDSA cycle	Description of intervention	Results	Action steps
9/1/15	Creation of Pamphlet	Pamphlet printed	Present to Hospital committees for final approval
9/21/15	Focus Group meeting with nursing staff and leadership to begin to use clinical setting	Education with staff nurses completed	
11/1/15	Go live with pamphlet. Hand out POD 2, review prior to D/C by residents or APN.	Will measure monthly through tumor board.	Pending approvals.
4/2016	Revise Pamphlet and translate to Spanish		Pending approvals
1/2016	IRB approval for Private Practice Oncology Group		

Passport to Colon Cancer Care

CHEMOTHERAPY *			
* BASED ON YOUR PATHOLOGY REPORT, YOU MAY OR MAY NOT REQUIRE CHEMOTHERAPY			
Chemotherapy Class			
Date		Time	
First Chemotherapy Session			
Date	Time	Lab	Test
Chemotherapy Medications			

NCCN guidelines for post chemotherapy follow up
 Includes Blood Tests and Scans:
 Every 3 months for first 2 years, then Every 6 months until 5 years



Passport to Colon Cancer Care

In Collaboration with
 Rutgers Cancer Institute of New Jersey
 Robert Wood Johnson University Hospital
 Fight Colorectal Cancer

Passport to Colon Cancer Care

PATIENT INFORMATION

PATIENT NAME:
 STREET:
 CITY, STATE, ZIP:
 CELL PHONE:
 HOME PHONE:
 WORK PHONE:
 EMERGENCY CONTACT:
 PRIMARY INSURANCE:
 SECONDARY INSURANCE:
 PRIMARY CARE PHYSICIAN:
 SURGEON:
 ONCOLOGIST:
 RADIATION ONCOLOGIST:
 ONCOLOGY NURSE:
 PATIENT MEDICAL HISTORY:
 PAST SURGICAL HISTORY:
 ALLERGIES:

DIAGNOSIS

STAGE: T N M

PRE-CHEMOTHERAPY CHECK LIST*

* BASED ON YOUR PATHOLOGY REPORT, YOU MAY OR MAY NOT REQUIRE CHEMOTHERAPY

- 1. Surgery Date:
- 2. Pathology Report
Usually available within 7 days of surgery
Call Surgeon if not available when discharged
- 3. Medical Oncology Appointment
Call for appointment **immediately** upon receipt of
Pathology results as instructed by your Surgeon
Date Time
- 4. Surgery Follow up
Date Time
- 5. Port Placement
Date Time

DAILY MEDICATIONS:

Challenges to Implementation

- Site Specific
- Team structure changes
- IRB

Conclusions

- TTAC is an area for quality improvement
- Engaging the patient may help decrease TTAC

Next Steps/Plan for Sustainability

- Roll out Patient Passport in Hospital Setting
- Work on Education with Physicians and supporting staff