

CLINICAL PATHWAY

Cancer Care



Supportive Care Of Oncology Patients (SCOOP)



CHRISTIANA CARE
HEALTH SYSTEM

Supportive Care Of Oncology Patients (SCOOP)

Table of Contents (tap to jump to page)

INTRODUCTION	1
Scope of this Pathway	1
Pathway Contacts	1
CLINICAL PATHWAY	3
PATHWAY ALGORITHMS	10
HEALTH EQUITY CONSIDERATIONS	13
PATIENT EDUCATION MATERIALS	14
CLINICAL EDUCATION MATERIALS	15
REFERENCES	16
ACKNOWLEDGEMENTS	17

INTRODUCTION

To integrate supportive care in the management of cancer patients receiving combined modality treatment in the definitive setting. All patient fulfilling entry criteria will be systematically identified and navigated through a standardized pathway.

Scope of this Pathway

Patients who are:

1. Identified in the Head and Neck, Rectal and Thoracic Multidisciplinary Centers (MDCs)
2. Treated with chemotherapy and radiation at the same time
3. Followed from identification in the MDC until 30 days post completion of initial course of treatment

Pathway Contacts

The content of this pathway is developed and maintained by the Cancer Care Service Line of Christiana Care Health System. Questions or feedback about the content may be directed to:



Administrative Lead: Tammy Brown, RN, MSN, Clinical Director Cancer Care Management

phone: 302-623-4710

e-mail: tbrown@christianacare.org

Physician Lead: Christopher Koprowski, MD, MBA, Associate Cancer Service Line Leader

phone: 302-623-4800

e-mail: ckoprowski@christianacare.org

Any physician can refer an inpatient or outpatient to the Multidisciplinary Centers at the Helen F. Graham Cancer Center & Research Institute for a treatment/diagnostic plan or for a second opinion. Patients may also self-refer by calling 302-623-4500.



CLINICAL PATHWAY

Background

It is estimated that 20-40% of patients receive combined modality treatment in the radiation oncology department. This group often has multiple intercurrent medical problems and, even in their absence, is at especially high risk for admission due to inanition, lack of control of diabetes or COPD and pain management issues. Admission and readmissions are unpleasant for the patient and family and have been shown unequivocally to increase the cost of population health care. In addition, health disparities can lead to an unequal experience.

At the Helen F. Graham Cancer Center, there has been no clear cut integration of primary/supportive care and patients undergoing acute treatment, nor have there been clear cut communication guidelines for patients who have been admitted during treatment and are then discharged for further treatment.

Pathway Population

This pathway will include patients in the radiation oncology department receiving combined modality treatment for cancer. Head and neck, rectal and thoracic cancer patients would be the majority and would be the target for intervention.

The Problem

There can be an increase in Emergency Department visits, hospital admission and readmissions for combined modality patients. This can occur during initial treatment or subsequent treatments. This can often lead to a poor patient experience and outcomes.



Causal Factors Addressed

The lack of social support, access to supportive care, non-compliance, poor communication, and co-morbid medical conditions can exacerbate the patients receiving combined modality treatment.

System Issues Addressed

The ability for SCOOP Pathway patients to navigate the system is important. This pathway address the patients non adherence to clinical guidelines, inconsistent navigation, poor access to primary care, inadequate Inpatient to Outpatient handoff, and physician compliance with clinical guidelines.

Key SCOOP Pathway Interventions

1. Pathway patients will be identified at their Multidisciplinary Clinic appointment.
2. Nurse Navigators will use the new Supportive Care Of Oncology Patients Pathway Aerial Checklist to ensure coordination of care. The Navigator will opt in or out of consultation with ancillary services. These include, but are not limited to: behavioral health, nutrition, social work, supportive and palliative care, dental services, speech and swallowing services, physical and occupational therapy, genetics and smoking cessation
3. Nurse Navigators will provide a uniform patient experience by using checklists, information technology, frequent prescribed communication with the patient and identifying patient needs to optimize their satisfaction.
4. The implementation of the new Inpatient to Outpatient Hand Off Protocol for patients that are discharged from the hospital but are still undergoing acute treatment.



5. Prospective education of pathway patients regarding the management of acute medical problems that may occur during their combined modality treatment.
6. Recommend consultation with Supportive and Palliative Care for pathway patients
7. Education of Staff (Inpatient and Outpatient) and Patients of the SCOOP pathway
8. Track patients using Aerial software to ensure that treatment dates, appointments, ED visits and admission are all captured and appropriate intervention effected.
9. Use new Aerial reporting tool to measure pathway metrics including compliance.

Challenges for this Pathway

1. Health Literacy disparities
2. Lack of social support
3. Inconsistent navigation
4. Comorbidities
5. Compliance
6. Lack of Primary Care
7. Lack of supportive care embedded in the Cancer Center
8. Insufficient IT resources
9. Insufficient communication between the ED, inpatient service and outpatient services
10. Lack of coordination between inpatient and outpatient supportive care



Nurse Navigator Supportive Care Management Using New Aerial Combined Modality Treatment (CMT) Tool.

A new "Combined Modality Treatment" tool is now available in Aerial. The Aerial Care Management (ACM) software was adapted to support a standard and automated workflow for managing patients who met the criteria for the SCOOP pathway during their MDC visit. The patients will receive Combined Modality Treatment CMT (both Chemotherapy and Radiation Therapy modalities).

The Nurse Navigator will identify the new pathway patient during the MDC visit.

Member Details

- Overall request status: None
- Request Details ✓
- Custom Fields ✓
- Providers ✓
- Diagnoses ✓
- Services**

Coding scheme: HCPCS - ICD-9

Service selection dropdown:

- Choose service from quicklist --
- Choose service from quicklist --
- Clinical Pathway - Combined Modality Treatment** CMTCLI

Code: < [] >

Description: []

SEARCH SERVICES

ADD Service

Pick "Clinical Pathway - CMT" from drop down

Member Details

- Overall request status: None
- Request Details ✓
- Custom Fields ✓
- Providers ✓
- Diagnoses ✓
- Services ✓
- CMTCLINPAT - Clinical Pathway - Combined Modality**

Treatment setting: Outpatient Hospital

Treatment type: **Cancer Treatment**

Start date: 09/22/2016

Notified date: 09/22/2016 Time: 10:23 AM

Requested units: 1

Frequency: [] time(s) per []

Duration: []

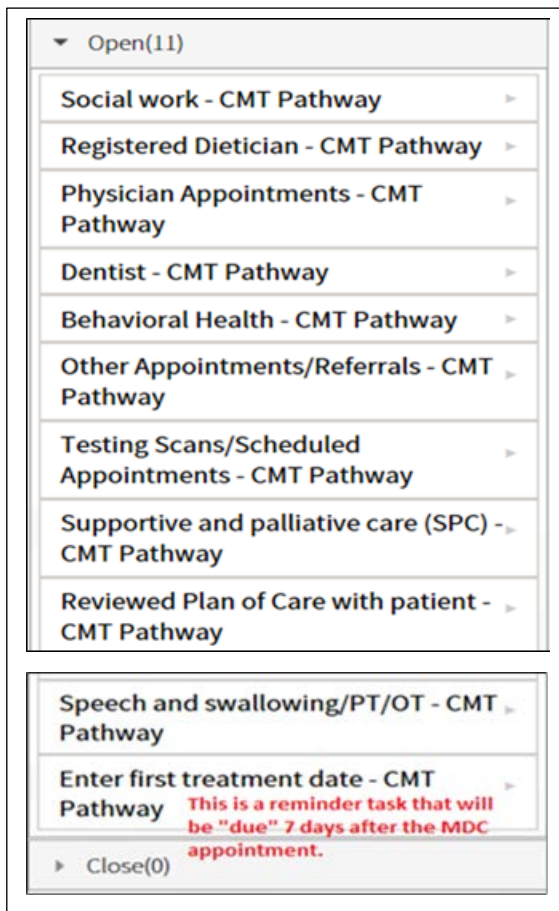
SAVE & EXIT

VIEW AUDIT HISTORY



Aerial will allow the Nurse Navigator to view a series of potential referral/appointment tasks. The workflow /tasks are based on the individualized plan of care that was established during the MDC appointment.

The referrals/appointments within the department (Behavioral Health, Dietician, Social Work, Genetic Counseling) and forward tasks and/or follow current departmental processes are listed.



The standardize workflow allows the Nurse Navigator to track all applicable referrals/appointments, take appropriate action to facilitate the referral/appointment and then close the task with outcome as COMPLETED

All non-applicable referrals/appointment will be automatically close and identified as "inappropriate ". This will improve efficiency and allow the Nurse Navigator to track appropriate tasks.



Once the date of first treatment is known, the Nurse Navigator can begin follow-up with the patient. This will ensure that the patient has completed a treatment or an appointment.

The screenshot displays the 'Comprehensive Member View' interface. On the left, the 'Member Details' sidebar includes sections for Profile, Primary Enrollment, and Primary Address. The main area shows 'Programs' (09/22/2016 - Head and Neck Cancer) and 'Requests' (09/22/2016 - CMTCLINPAT Clinical...). A red box highlights the 'Follow up:' field in the 'Treatment' section, which is set to 10/01/2016. A red callout box above it states: 'IMPORTANT! Enter Date of First Treatment Date in the "Follow up" field on the Request pane.' Below this, the 'MDC - Clinical Pathway' form is visible, with 'Cancer Type' set to 'Head/Neck'. The 'Date of first treatment' is entered as 10/01/2016, and the 'Date of last treatment' is empty. A red box highlights the 'Custom Fields' section in the left sidebar. At the bottom, there are 'SAVE & EXIT' and 'VIEW AUDIT HISTORY' buttons.

The Nurse Navigator will be able to track all tasks and progress of the pathway patient.

The screenshot shows a list of tasks for a patient on the CMT Pathway. Each task includes a description and a due date relative to the first treatment date:

- Task: Contact patient - confirm 1 week of treatment - CMT Pathway. Due: "Due" 7 days after date of first treatment.
- Task: Contact patient - 2nd week of treatment - assess needs - CMT Pathway. Due: "Due" 14 days after date of first treatment.
- Task: Contact patient - Review chart for final treatment date - CMT Pathway. Due: "Due" 30 days after date of first treatment.



The Nurse Navigator will be able to enter the date of the last treatment. This can be either Chemotherapy , Radiation or surgery and can be revised as needed.

Overall request status: None

Request Details ✓

Custom Fields ✓

Providers ✓

Diagnoses ✓

Services ✓

CMTCLINPAT - Clinical Pathway - Combined Modality

SAVE & EXIT VIEW AUDIT HISTORY

MDC - Clinical Pathway

Cancer Type: Head/Neck

Date of first treatment: 10/01/2016 (MM/DD/YYYY)

Date of last treatment: **11/01/2016** (MM/DD/YYYY) Enter date of last treatment

The Nurse Navigator will then note the end of the pathway which is 30 days after the last treatment date.

Member Details

Profile EDIT

Primary Enrollment

Client Code

LOB

Plan

Group ID

Group Name

Effective 03/03/1993

Discharge Request

Discharge Date: 12/01/2016

Disposition: End CMT Pathway - 30 days post last treatment date - CMT Pathway

Cancel DISCHARGE REQUEST

Finally, the new Aerial tool will be able to track how long each patient was on the pathway.

Comprehensive Member View

new regulatory request

UNITS Approved: 0 Pended: 0 Denied: 0

Show/Hide All ADD NEW ITEM

All Items

Programs

09/23/2016 - Head and Neck Cancer

Requests

09/23/2016 - 12/01/2016 CMTCLINPAT Clinical...

Reflects date patient enters into Pathway and date Pathway concludes

Request Detail

VIEW AUDIT HISTORY

Treatment Setting: Outpatient Hospital

Follow up: 11/01/2016

Start Date: 09/23/2016

Discharge/End Date: 12/01/2016

Due Date/Time:

Disposition: End CMT Pathway - 30 days post last treatment date - CMT Pathway

Servicing Provider: MDC

Source System: AERIAL

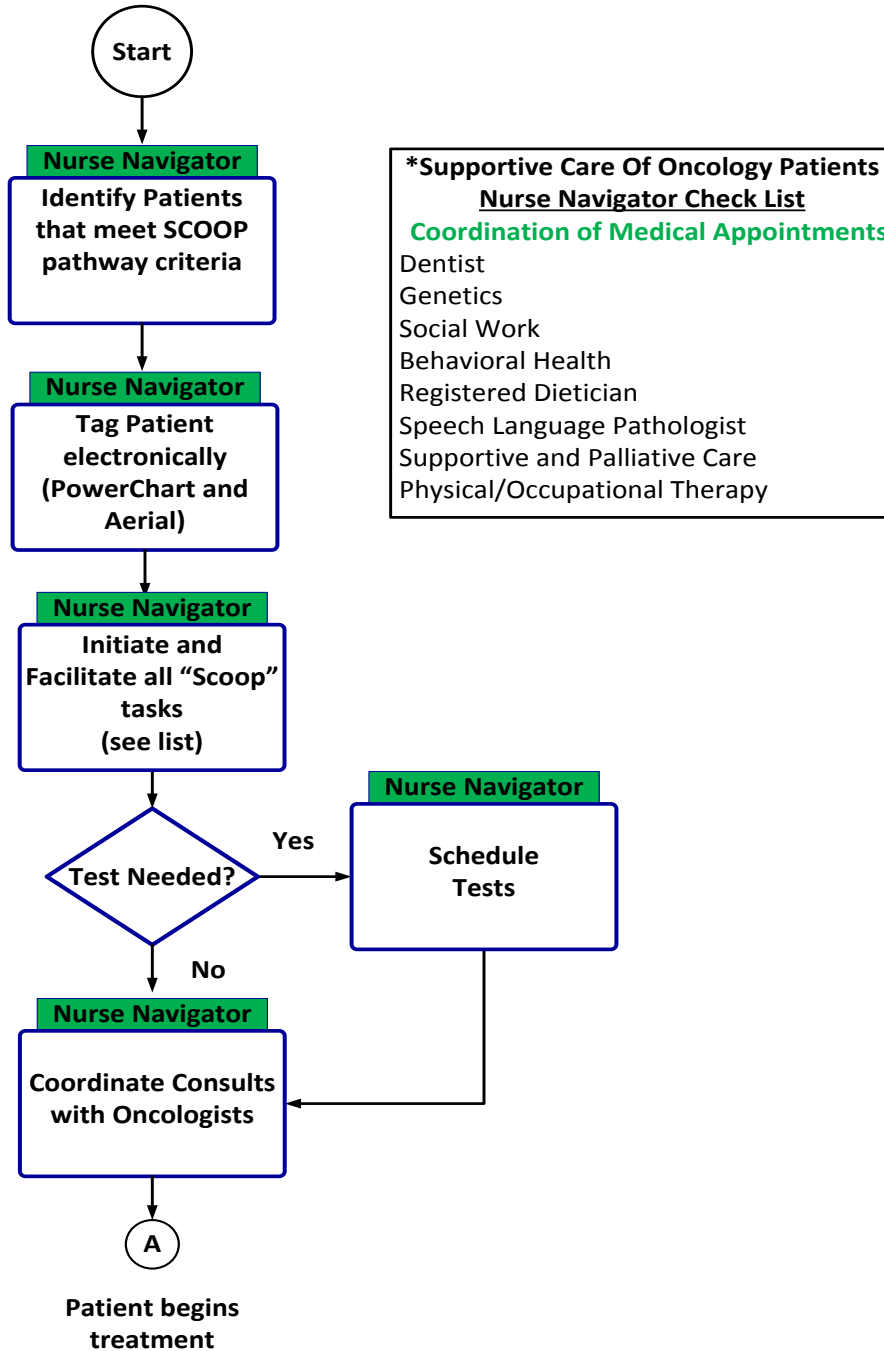
Claim Number:



PATHWAY ALGORITHMS

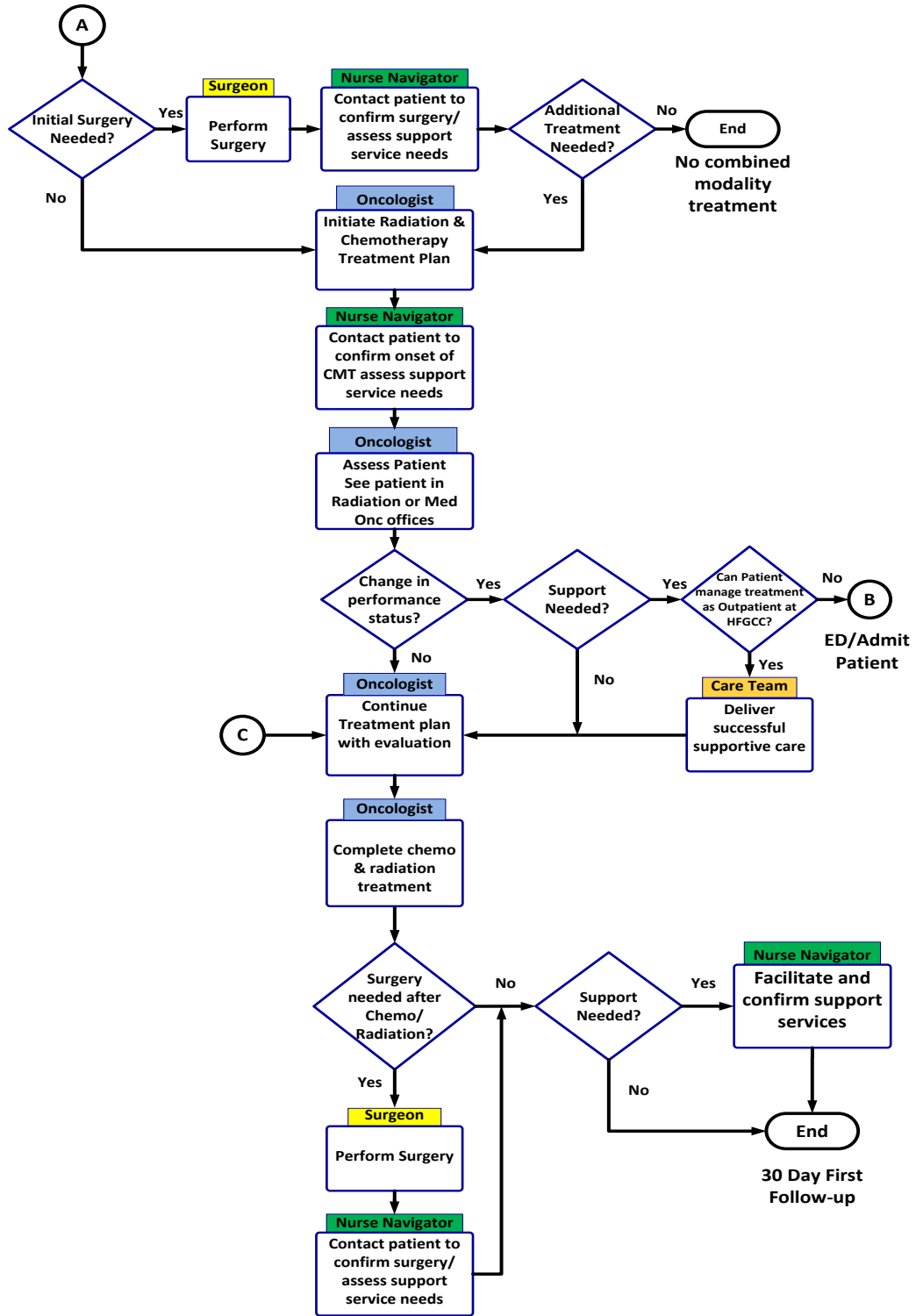
ALGORITHM1

Multidisciplinary Clinic

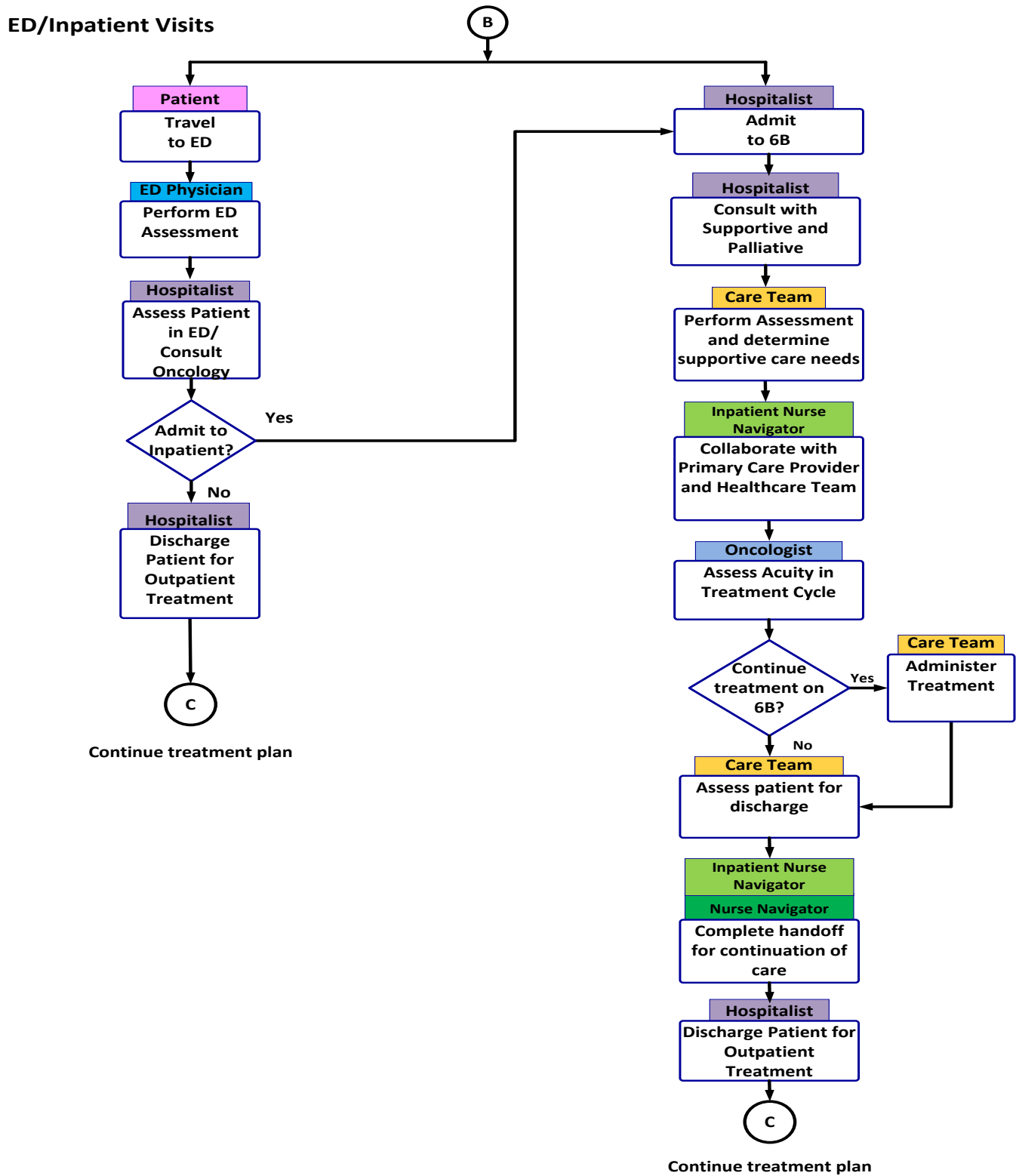


ALGORITHM 2

Therapy



ALGORITHM 3



HEALTH EQUITY CONSIDERATIONS

SCOOP pathway patients will have access to a screening tool to assess health literacy. The goal is to ensure that patients are fully aware of their diagnosis and treatment options, and treatment plan.

The Health Equity team will track and monitor SCOOP pathway patient demographics. The results will be analyzed for patient access. The team will make recommendations to improve access as deemed appropriate.

The Health Equity team will ensure that interpreters are available to support SCOOP pathway patients.

Contact Information:

Jacqueline Ortiz

Director, Cultural Competence and Language Services

(302) 733-3113

Claudia Angelica Reyes-Hull

Manager, Language Services

(302) 733-1417



PATIENT EDUCATION MATERIALS

There is a new patient education tool that was created specifically for SCOOP pathway patient. The guide is comprehensive and may be used by the patient to capture appointment information.

[Your Treatment Guide](#)



CLINICAL EDUCATION MATERIALS

[National Cancer Institute](#)

[Clinical Trials information](#)

[National Comprehensive Cancer Network](#)



REFERENCES

NEJM article

<http://www.journalofclinicalpathways.com/palliative-care-consultations-reduce-costs-advanced-cancer-patients#sthash.cydR6H3w>



ACKNOWLEDGEMENTS

CLINICAL LEADER: Christopher Koprowski, MD, MBAP

PROJECT MANAGER: E. J. Johnson, PhD, MBA, MS, LSSMBB

TEAM MEMBERS/PARTICIPANTS

Karen Sites, BSN, RN, OCN

Tammy Brown, RN, MSN, OCN, NEA-BC

Nicole Duffy, PhD

Danny Hamm, RN

David Biggs, MD

Nancy Lambert, RN

Kenneth Trzepakowski, MD

Leslie Verucci, RN

Shirley Brogley, ACHPN, ANP-BC

Ann-Marie Baker, MSN, RN-BC

Keri Monteleone, PhD

Betty Brady, RN

Kimberly Taylor

Carmen Pal, RN, MSN, MBA, PCCN

Scott Siegel, PhD

Jacqueline Ortiz



THE CHRISTIANA CARE WAY

We serve our neighbors as respectful, expert, caring partners in their health. We do this by creating innovative, effective, affordable systems of care that our neighbors value.



CHRISTIANA CARE
HEALTH SYSTEM

This work is licensed under the Creative Commons Attribution-Non Commercial-ShareAlike 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-sa/4.0/> or send a letter to Creative Commons, PO Box 1866, Mountain View, CA 94042, USA.