



ONS Congress 2022

Background

Ordering external lab

Receiving of external labs

ementing remote symptom mo

MD: medical doctor PRN: advanced practice regi nurse PharmD: pharmacy

> MA: medical assistant RN: registered nurse

> > Ordering external la

Receiving of external labs

enting remote symptom m

Note

Epic EHR systems

MD: medical doctor : advanced practice regis nurse PharmD: pharmacy

MA: medical assistant

RN: registered nurse

Oncology patient care managem utilizing oral oncolytic therapy is rapidly growing and requires at l monthly laboratory monitoring for potential toxicities. This process completed in-person prior to the SARS –CoV-2 (COVID-19) pandemic.

The operational processes were somewhat fragmented and becar exacerbated during the pandemic resulting in potential treatment delays and care team dissatisfaction.

Figure 1: Pre-Interve

requisition

Paper Fax

Unavailable

Figure 2: Post - Interventio

electronic requisition with

SmartLink via MyChart Letter

ctronic fax via

email to medical assistant

emote symptom monitoring

ication implemented for patient on oral oncolytics**

Aim

Table 2. Pre-Inte

Q1. What is your

| ement is at least for ss was he | To streamline processes, clearly define job tasks and introduce an innovative remote interactive patient- | Physician – 7 Nurse Practitioner – 5 Pharmacist – 3 Registered Nurse – 12 Medical Assistant – 1 Total – 28 Q2. Do you have patie |
|---|--|--|
| ere ecame emic, it | reported symptom monitoring application to improve patient safety, access, operational productivity, and care team satisfaction. | participate in any form monitoring? Yes – 17 No - 11 Total - 26 Q3 - How would you of External ordering pro Easy – 3 Moderate- 6 Difficult- 6 Not applicable, I don' 11 |
| Variation of RN and I Variation of RN and I Variation and inconstiming of identifying distributing paper fa Competing priorities for checking paper n delivering to MD, AP Multiple (4) fax lines | icks MA responsibilities istencies related to sorting and kes to RN mailbox of designated RN hailbox and RN, PharmD | Total – 26 Q4 - How would you of process of receiving p labs? Easy – 2 Moderate – 9 Difficult – 15 Total - 26 Q5 - Of orders placed percentage of remote receive without comp 0-25% - 13 26-50% - 5 51-75% - 6 76-100% - 0 Total – 24 |
| ention Processes a | nd Outcomes Outcomes • Each provider saved 18 mouse clicks per external lab order • All patients had new option to take the electronic requisition letter to their preferred laboratory • Fostered organizational culture of safety and innovation | Q6 - What member(s) experience the most external labs that hav (can have multiple se Physician – 3 Nurse Practitioner – 1 Pharmacist – 6 |
| Process electronic fax = : Distribute electronic fax APRN =2.7 minutes ng atients Efficiency Clarify roles | B minutes to MD, Electronic fax process saved 110.4 minutes per day Clarified roles and responsibilities to improve efficiency Streamlined workflows for external lab result distribution to care teams Fostered organizational culture of safety and innovation Provided the care team real time symptom alerts Provided patients a symptom tracking tool integrated in EHR Provided the patients reliable and tailored patient education 24/7 | Registered Nurse – 23 Medical Assistant – 5 Total: 52 Q7 - Additional comm above Getting lab orders to message is time const faxed result is frustration come through half the cumbersome and not |

Supported by a grant from Pfizer Inc. Oral Oncolytics: Bridging the Gap and Enhancing Safety in Challenging Times. Remote symptom monitoring application design and implementation supported by Project Ronin. MD Anderson holds an equity stake in Project Ronin.

Starting a New Oral Oncology Agent in the Midst of the Pandemic

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| vention Provider Satisfaction discipline? | Methods | | | |
|---|---|---|--|--|
| er – 5 e – 12 t – 1 patients that currently y form of remote lab | A nurse-led quality improvement project was implemented from Nove - November 2021. Analysis of electronic health record (EHR) processes, staff interviews reviews revealed several variations in provider external lab ordering p (Figure 1). A nursing subcommittee was convened and completed a current-state flow map. (Figure 1) Care team satisfaction surveys were also conducted pre and post inte (Table 2 & Table 3). | | | |
| you describe the current g process for external labs? | Interventions | Limitations | | |
| don't order external labs – | Preexisting EHR functionality was enhanced to deliver electronic orders directly to patients via a MyChart letter (Epic Systems©). | Legal, operational, economic barriers t multiple reviews an impacting service d | | |
| you describe the paper fax ing paper faxes for external | Opgraded the rudimentary paper fax receiving process to a dedicated electron faxing system. Implemented an innovative remote patien reported symptom monitoring application (Project Ronin©). | ic • Inability to collect p satisfaction data du large volume of pat internally focused r | | |
| aced for external labs, what mote labs do you currently complication/delay? | Patient Education sheet created (Table 1) |). priorities. | | |
| per(s) of your team | Results A 78% reduction in mouse clicks to complete correspondence; 23 mouse clicks reduced A 97% decrease in minutes required to property reduced to 5.7 minutes and elimination of | ete lab orders and patient I to 5 mouse clicks. Docess faxed results; 98.5 min manual labor. | | |
| host burden to follow up on t have not been received? le selections) er – 12 | Care team satisfaction surveys (Pre- Intervention N = 28; Post-Intervention N=17) indicated positive results due to enhanced workflows (Table 2 and 3). | Table 1. Patient Education : Care teams the patient Medication Knowledge • Why this medicine • How/where to pick up the medicine | | |
| e – 23 t – 5 | Next Steps Quantification of nursing time savings | How to take medicine How often to take medicine What to restrict: medicines/food/supple Safety | | |
| omments not addressed rs to patient via MyChart consuming and receiving a ustrating because they don't off the time. The process is d not straight forward | Implement daily medication adherence log via remote monitoring application Measure patient barriers and satisfaction related to this new remote monitoring application. | How to document current medicines ta How to document when medicine is tal How to store medicine Any blood work that may be required Side effects Inform side effects to health care team | | |

| | Table 3. Post-Intervention Provider Satisfaction | |
|--|---|------------|
| | Q1. What is your discipline? | |
| Jamantad from Novambar 2020 | Physician – 5 | 1) |
| USUS required from November 2020 | Nurse Practitioner – 6 | ') |
| | Pharmacist – 0 | |
| esses, staff interviews, and chart | Registered Nurse – 5 | |
| external lab ordering practices | Medical Assistant – 1 | |
| | 02 Do you have nationts that currently | |
| a lata da a company atata mua a a a | narticinate in any form of remote lab | |
| ipleted a current-state process | monitoring? | Z) |
| | Yes – 11 | |
| cted pre and post intervention | No - 6 | |
| | Total - 17 | |
| | Q3 - How would you describe the new MyChart | 3) |
| limitationa | Requisition orderable for ordering external | 3) |
| Limitations | labs? | |
| | Easy – 5 | |
| Legal, operational, and | Moderate- 4 | |
| economic barriers that require | Difficult- I Not applicable, I don't order external labs — F | |
| multiple reviews and approvals | Not applicable, I don't order external labs – 5 | |
| impacting service delivery and | Requisition orderable vet - 2 | |
| are team estisfaction | Total – 17 | |
| care team satisfaction. | Q4 - How would you describe the new electronic | |
| Inability to collect patient | fax process of receiving paper faxes for external | |
| satisfaction data due to the | labs? | C |
| large volume of patients and | Easy – 6 | |
| internally focused redesign | Moderate – 7 | Re |
| | Difficult – 2 | ch |
| pronties. | O5 - With the new ordering and receiving | |
| | processes in place, what percentage of remote | |
| | labs do you currently receive without | op |
| | complication/delay? | br |
| orders and patient | 0-25% - 5 | the |
| nouse clicks. | 26-50% - 3 | |
| aved results: 98.5 minutes | 51-75% - 3 | |
| Labor | 76-100% - 3 | fur |
| | Total - 14 | We |
| Patient Education : Care teams' information to | Q6 - What member(s) of your team experience | |
| ent | complete external labs (can have multiple | Sy |
| on Knowledge | selections) | |
| his medicine | Physician – 8 | |
| where to pick up the medicine | , Nurse Practitioner – 9 | CO |
| o take medicine | Pharmacist – 3 | an |
| to restrict: medicines/food/supplements | Registered Nurse – 7 | inr |
| | Medical Assistant – 2 | CU |
| o document current medicines taken | Total: 29 | |
| o document when medicine is taken | Q7 - Additional comments not addressed above | |
| o store medicine | none | sa |
| iood work that may be required | | |
| | \A/ill be any or a low action | |

Will be covered by controls if you define slides

THE UNIVERSITY OF TEXAS MDAnderson **Cancer** Center

Making Cancer History[®]

iscussion

Frontline staff are encouraged to identify inefficiencies and participate in process redesign to minimize waste and maximize productivity. Interdisciplinary care teams can utilize technology to optimize patient access and adherence to oral oncolytic therapy. Cancer care organizations can introduce new approaches to facilitate remote monitoring applications that enhance productivity, create a culture of safety and foster continuous quality improvement.

onclusion

esponding to the multidimensional nallenges presented by COVID-19 d to new electronic processes to otimize patient remote monitoring of reast patients on oral oncolytic erapies.

ransferable EHR redesign, inctionality and associated workflows ere adopted institution-wide for stemic practice change.

ncology nurses can transform oncerns about patient care access nd workflow inefficiency into novative initiatives that promote a ulture of safety, operational roductivity and care team atisfaction.