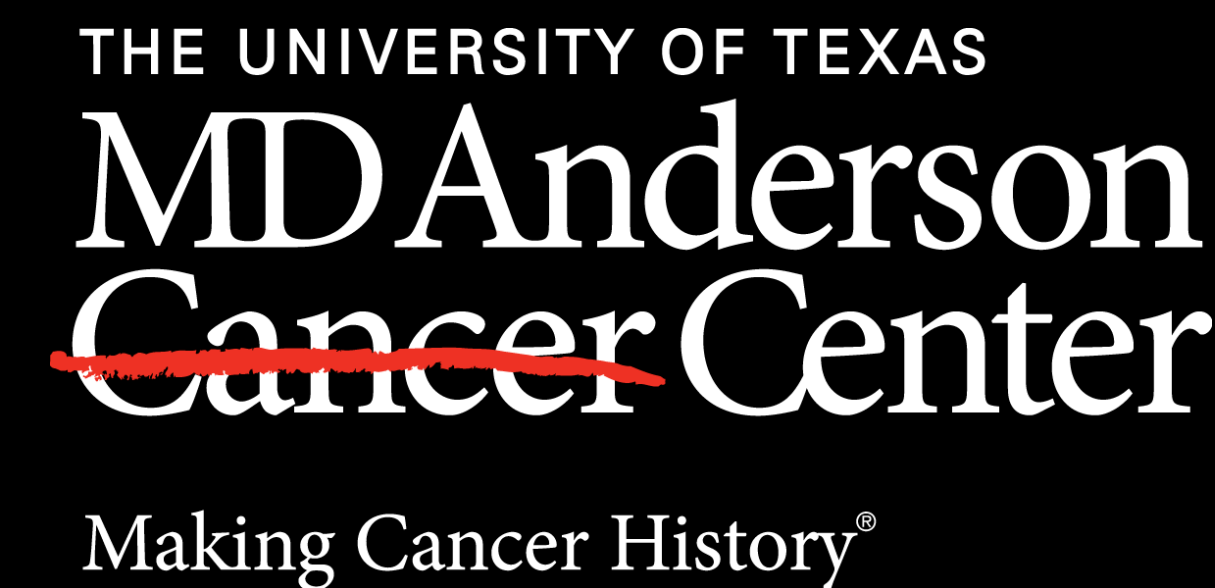# Starting a New Oral Oncology Agent in the Midst of the Pandemic

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Background

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

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

Figure 1: Pre-Intervention Processes

Figure 2: Post - Intervention Processes and Outcomes

Aim

To streamline processes, clearly define job tasks and introduce an innovative remote interactive patient-reported symptom monitoring application to improve patient safety, access, operational productivity, and care team satisfaction.
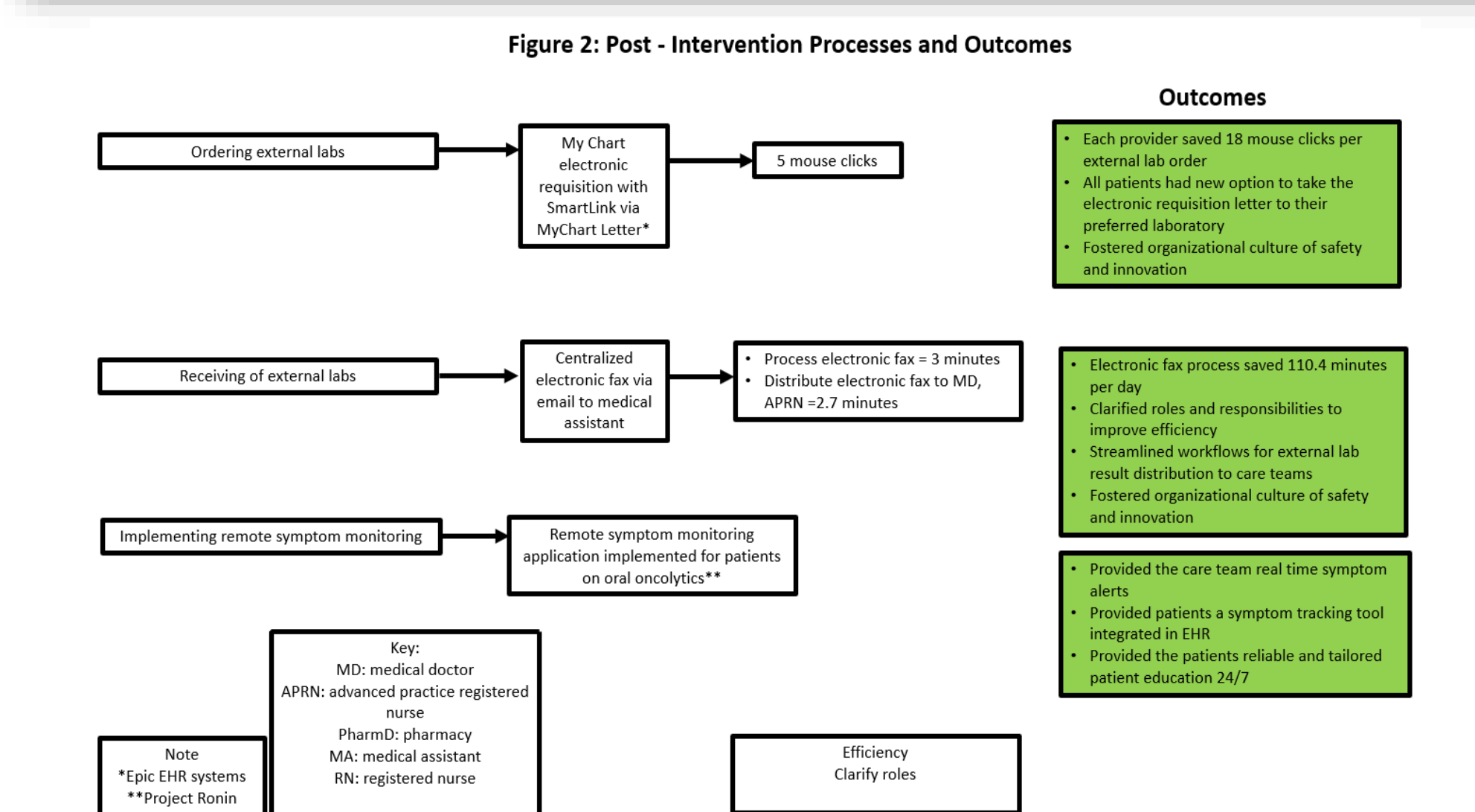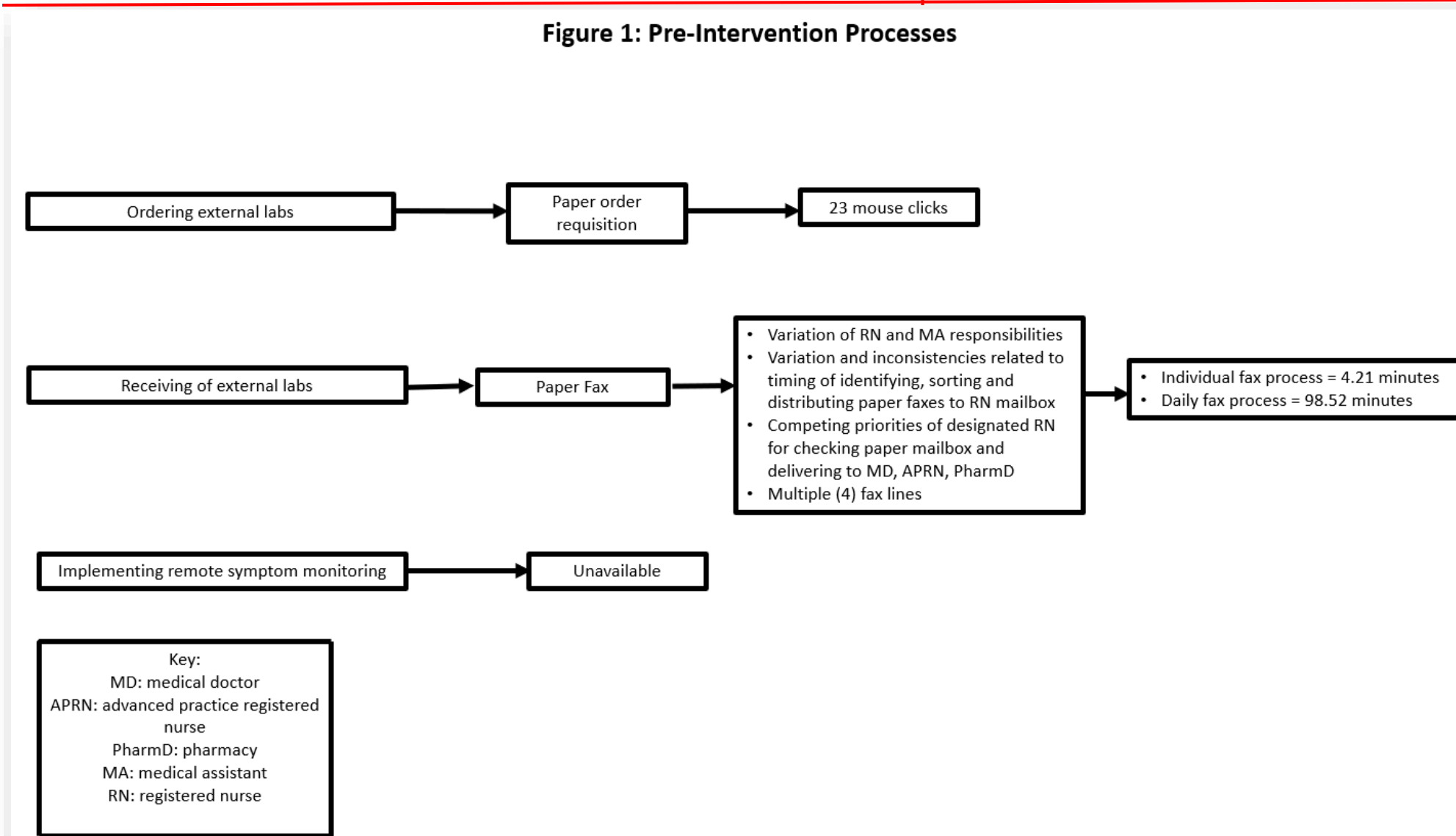
Table 2. Pre-Intervention Provider Satisfaction

Q1. What is your discipline?
Physician – 7
Nurse Practitioner – 5
Pharmacist – 3
Registered Nurse – 12
Medical Assistant – 1
Total – 28

Q2. Do you have patients that currently participate in any form of remote lab monitoring?
Yes – 17
No - 11
Total - 26

Q3 - How would you describe the current External ordering process for external labs?
Easy – 3
Moderate- 6
Difficult- 6
Not applicable, I don't order external labs – 11
Total – 26

Q4 - How would you describe the paper fax process of receiving paper faxes for external labs?
Easy – 2
Moderate – 9
Difficult – 15
Total – 26

Q5 - Of orders placed for external labs, what percentage of remote labs do you currently receive without complication/delay?
0-25% - 13
26-50% - 5
51-75% - 6
76-100% - 0
Total – 24

Q6 - What member(s) of your team experience the most burden to follow up on external labs that have not been received? (can have multiple selections)
Physician – 3
Nurse Practitioner – 12
Pharmacist – 6
Registered Nurse – 23
Medical Assistant – 5
Total: 52

Q7 - Additional comments not addressed above
Getting lab orders to patient via MyChart message is time consuming and receiving a faxed result is frustrating because they don't come through half the time. The process is cumbersome and not straight forward

Methods

- A nurse-led quality improvement project was implemented from November 2020 - November 2021.
- Analysis of electronic health record (EHR) processes, staff interviews, and chart reviews revealed several variations in provider external lab ordering practices (Figure 1).
- A nursing subcommittee was convened and completed a current-state process flow map. (Figure 1)
- Care team satisfaction surveys were also conducted pre and post intervention (Table 2 & Table 3).

Interventions

- Preexisting EHR functionality was enhanced to deliver electronic orders directly to patients via a MyChart letter (Epic Systems©).
- Upgraded the rudimentary paper fax receiving process to a dedicated electronic faxing system.
- Implemented an innovative remote patient-reported symptom monitoring application (Project Ronin©).
- Patient Education sheet created (Table 1).

Limitations

- Legal, operational, and economic barriers that require multiple reviews and approvals, impacting service delivery and care team satisfaction.
- Inability to collect patient satisfaction data due to the large volume of patients and internally focused redesign priorities.

Results

- A 78% reduction in mouse clicks to complete lab orders and patient correspondence; 23 mouse clicks reduced to 5 mouse clicks.
- A 97% decrease in minutes required to process faxed results; 98.5 minutes reduced to 5.7 minutes and elimination of manual labor.
- Care team satisfaction surveys (Pre-Intervention N = 28; Post-Intervention N=17) indicated positive results due to enhanced workflows (Table 2 and 3).

Next Steps

- Quantification of nursing time savings
- Implement daily medication adherence log via remote monitoring application
- Measure patient barriers and satisfaction related to this new remote monitoring application.

Table 1. Patient Education : Care teams' information to the patient

Medication Knowledge
- Why this medicine
- How/where to pick up the medicine
- How to take medicine
- How often to take medicine
- What to restrict: medicines/food/supplements

Safety
- How to document current medicines taken
- How to document when medicine is taken
- 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?
Physician – 5
Nurse Practitioner – 6
Pharmacist – 0
Registered Nurse – 5
Medical Assistant – 1
Total – 17

Q2. Do you have patients that currently participate in any form of remote lab monitoring?
Yes – 11
No - 6
Total - 17

Q3 - How would you describe the new MyChart Requisition orderable for ordering external labs?
Easy – 5
Moderate- 4
Difficult- 1
Not applicable, I don't order external labs – 5
Not applicable, I have not used new MyChart Requisition orderable yet - 2
Total – 17

Q4 - How would you describe the new electronic fax process of receiving paper faxes for external labs?
Easy – 6
Moderate – 7
Difficult – 2
Total - 15

Q5 - With the new ordering and receiving processes in place, what percentage of remote labs do you currently receive without complication/delay?
0-25% - 5
26-50% - 3
51-75% - 3
76-100% - 3
Total – 14

Q6 - What member(s) of your team experience the most positive impact when patients complete external labs (can have multiple selections)
Physician – 8
Nurse Practitioner – 9
Pharmacist – 3
Registered Nurse – 7
Medical Assistant – 2
Total: 29

Q7 - Additional comments not addressed above
none

Discussion

1) Frontline staff are encouraged to identify inefficiencies and participate in process redesign to minimize waste and maximize productivity.
2) Interdisciplinary care teams can utilize technology to optimize patient access and adherence to oral oncolytic therapy.
3) 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.

Conclusion

Responding to the multidimensional challenges presented by COVID-19 led to new electronic processes to optimize patient remote monitoring of breast patients on oral oncolytic therapies.

Transferable EHR redesign, functionality and associated workflows were adopted institution-wide for systemic practice change.

Oncology nurses can transform concerns about patient care access and workflow inefficiency into innovative initiatives that promote a culture of safety, operational productivity and care team satisfaction.

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