Bringing the Fight to Cancer.

2016 Annual Report

BaylorScott&White
ALL SAINTS MEDICAL CENTER
FORT WORTH

Quality Study

Improving Responsiveness of Staff for the Oncology Patient

Problem Statement

Patients in the hospital are often in pain, uncomfortable and do not have the ability to perform simple tasks they may normally do independently, such as using the bathroom or changing positions. Unfamiliar with hospital routines and how to get their needs met, patients access the primary mechanism at their disposal: the nurse call button. Nurses' responsiveness to the patient call button is crucial to both patient experience and patient safety. As a result, responsiveness of staff to our patients is a key priority in the care and service we deliver to our patients and families. Our oncology patients are cared for on three different nursing units (A7, B3N and AWH GYN). Each unit has its own approach to optimizing staff responsiveness to patients and families.

Criteria Used to Study Problem

In February 2016, Baylor Scott & White All Saints Medical Center – Fort Worth pulled our CY 2015 Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores in Press Ganey®. We then performed a gap analysis to identify which domain/section had the most opportunity for improvement. This analysis revealed a high level of disparity on this measure existed across the oncology units at Baylor Scott & White – Fort Worth. The "Top-Box" score for the responsiveness domain for A7 was 56.3 percent, which resulted in a second percentile ranking Other unit "Top Box" scores included: B3S – 66.7 percent (48th percentile ranking) and AWH 2N – 75.6 percent, which was a 99th percentile ranking.

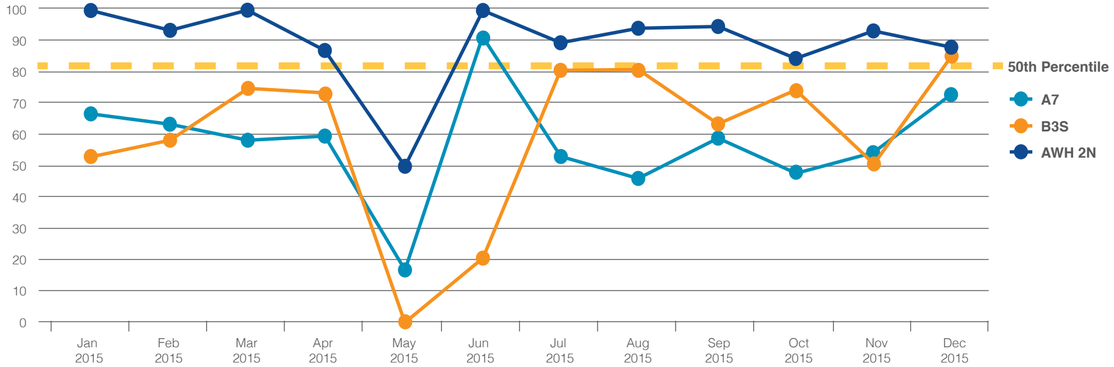
Findings

Data review of the information from the period of February 2016 – June 2016 revealed the following:

Specific Findings:

- Each unit has its own approach to optimizing staff responsiveness to patients and families
- Patient communication boards are different between nursing units
- Nurse call system is different between nursing units
- ASCOM phone availability and utilization varies among nursing units
- Patients cannot reach their phone or call button
- Inconsistent process of posting nurse ASCOM number on communication board

2015 Identification of Disparity of Responsiveness Across Oncology Units at Baylor Scott & White – Fort Worth



- Inconsistent process for hourly rounding
- May not have a unit secretary to answer the nurse call system
- Nurse may be busy in another patient's room
- Patients report that they don't want to call the nurse because they don't want to be a burden
- Patients report that they don't want to call the nurse because response took too long the last time they pressed the nurse call light

National Benchmark

National benchmark used comes from the Press Ganey® database, which includes more than 1,000 acute care hospitals. The national average is 66.7 percent for all hospitals. For similar sized hospitals (hospitals with 450–599 beds) the 50th percentile is 63.4 percent. For Magnet® accredited hospitals, the 50th percentile is 66.2 percent.

Action Taken at Completion of Study

The results of the study reflected that current responsiveness scores vary across the three units. Baylor Scott & White – Fort Worth has one unit not meeting the national benchmark, one at the benchmark and one outperforming the benchmark:

1. The study outcome was presented to the Cancer Committee and facility administration. All concluded that immediate action was required.

2. A Quality Improvement Team was developed to identify specific root causes that could be potential reasons for the variation in the responsiveness scores across the three units.

3. The team presented the following as possible initiatives for resolution/implementation:

› PDCA Cycle 1

- **Plan:** Opportunities identified among all hospital staff regarding use of the service bundle and need for refresher.
- **Do:** Service Skills Fair held in the spring and mandatory for all employees covering the elements of the service bundle, including return demonstration.
- **Check:** This initiative contributed to improved patient satisfaction scores month after month.
- **Act:** Validated need and usefulness of Service Skills Fair, the hospital will be hosting one annually.

› PDCA Cycle 2

- **Plan:** Assessed patient information boards among the three nursing units and noted variation.
- **Do:** AWH GYN was using smaller boards only for staff to write their names and ASCOM numbers on. Updated patient information boards were purchased and installed.
- **Check:** AWH GYN noted an improvement in its responsiveness scores.
- **Act:** Work to hardwire updating ALL information on the boards at change of shift.

› PDCA Cycle 3

- **Plan:** Nursing units identified with different nurse call systems and lack of bed functionality based on the type of call system.
- **Do:** Nursing call system modifier boxes developed and installed with standardized bed cords to make the nurse call functionality on the patient beds alarm to the nurse's station.
- **Check:** Nursing staff improved satisfaction, still working to help staff understand modifications made.
- **Act:** Continue to monitor staff feedback and responsiveness scores for additional improvements or adjustments.

Cancer Screenings

Baylor Scott & White Medical Center – Fort Worth 2016

SCREENING TYPE	NUMBER OF 2016 SCREENINGS	NUMBER AT RISK
Colon	1,170	NA
Skin	202	30
Low-Dose CT Lung	19	2

Cancer Registry

	NCDB Target	CoC State of Texas Performance Rate	CoC Census Region (West) Performance Rate	All CoC Programs Performance Rate	Baylor Scott & White – Fort Worth Performance Rate		
Breast Cancer	2015 Forward	Diagnosis Year 2014 (CoC)			2013*	2014*	2015**
BCS: Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer	NA	54.0%	57.0%	64.0%	38.0%	35.0%	20.0%
NbX: Image or palpation-guided needle biopsy (core or FNA) is performed for the treatment of breast cancer (Quality Improvement Measure - Released Spring 2014)	80.0%	88.8%	87.5%	87.3%	93.0%	95.0%	89.0%
HT: Adjuvant hormonal therapy: Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cNoMo, or Stage II or III hormone receptor positive breast cancer (Accountability Measure - Released Fall 2008)	90.0%	90.5%	90.4%	93.2%	98.0%	93.0%	91.0%
MASTRT: Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis for women with >= 4 positive lymph nodes (Accountability Measure)	90.0%	82.0%	83.3%	87.8%	94.0%	92.0%	100.0%
BCRST: Post breast conserving surgery irradiation: Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 and receiving breast conserving surgery for breast cancer (Accountability Measure - Released Fall 2008)	90.0%	86.8%	88.6%	91.8%	96.0%	96.0%	93.0%
MAC: Adjuvant chemotherapy: Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cNoMo, or Stage II or III hormone receptor negative breast cancer (Accountability Measure - Released Fall 2008)	NA	92.9%	92.1%	93.5%	96.0%	100.0%	94.0%
Colorectal Cancer							
ACT: Adjuvant chemotherapy: Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis to patients under age 80 with AJCC III (lymph node positive) colon cancer (Accountability Measure - Released Fall 2008)	NA	90.0%	97.7%	93.0%	100.0%	100.0%	100.0%
12 RLN: Surgical resection includes at least 12 lymph nodes: At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement - Released Fall 2008)	85.0%	90.5%	89.1%	87.8%	97.0%	97.0%	93.0%
Rectal Cancer							
RECRCT: Pre-operative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is considered; for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement - Released Spring 2015)	85.0%	86.1%	84.9%	84.6%	100.0%	100.0%	100.0%

	NCDB Target	CoC State of Texas Performance Rate	CoC Census Region (West) Performance Rate	All CoC Programs Performance Rate	Baylor Scott & White – Fort Worth Performance Rate		
Gastric	2015 Forward	Diagnosis Year 2014 (CoC)			2013*	2014*	2015**
G15RLN: At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement - Released Fall 2014)	80.0%	87.3%	88.9%	89.4%	33.0%	0.0%	NA
Non-Small Cell Lung							
10RLN: At least 10 regional lymph nodes are removed and pathologically examined for AJCC Stage 1A, 1B, IIA, and IIB resected NSCLC (Surveillance Measure - Released Fall 2014)	NA	39.4%	37.1%	38.9%	NA	0.0%	0.0%
LNoSurg: Surgery is not first course of treatment for cN2, M0 cases (Quality Improvement)	85.0%	90.2%	91.2%	90.6%	100.0%	NA	100.0%
LCT: Systemic chemotherapy is considered or administered within 4 months to the day pre-operatively or day of surgery to 6 months postoperatively or surgically resected cases with pathologic lymph node positive (pN1) and (pN2) NSCLC (Quality Improvement - Released Fall 2014)	85.0%	80.5%	84.7%	87.8%	NA	NA	100.0%
Cervix							
CBRRT: Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer (Surveillance Measure - Released Spring 2015)	NA	74.2%	69.8%	72.1%	NA	NA	NA
CERRT: Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer (Surveillance Measure - Released Spring 2015)	NA	79.6%	78.6%	77.9%	NA	NA	NA
CERCT: Chemotherapy administered to cervical cancer patients who received radiation for Stages IB2-IV cancer (Group 1) or with positive pelvic nodes, positive surgical margin, and/or positive parametrium (Group 2) (Surveillance Measure - Released Spring 2015)	NA	88.7%	86.7%	86.6%	NA	NA	NA
Endometrium							
ENDLRC: Endoscopic, laparoscopic, or robotic performed for all endometrial cancer (excluding sarcoma and lymphoma), for all stages except Stage IV (Surveillance Measure- Released Fall 2015)	NA	54.9%	54.6%	60.6%	81.0%	45.0%	66.0%
ENDCTRT: Chemotherapy and/or radiation administered to patients with Stage IIIC or IV endometrial cancer (Surveillance Measure - Released Fall 2015)	NA	74.8%	72.6%	77.8%	50.0%	40.0%	0.0%
Ovary							
OVSAL: Salpingo-oophorectomy with omentectmy, debulking/cytoreductive surgery, or pelvic exteneration in Stages I-IIIC ovarian cancer (Surveillance Measure - Released Fall 2015)	NA	63.9%	64.0%	71.2%	64.0%	71.0%	83.0%
Bladder							
BL2RLN: At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy (Surveillance Measure - Released Spring 2016)	NA	87.3%	88.9%	89.4%	NA	NA	100.0%

*Source: Data is pending results by the Rapid Quality Reporting Process via the National Cancer Data Base.

**The facility did not have data to measure these metrics.