Innovation in CARE




Baylor Scott & White
MEDICAL CENTER
MCKINNEY

2017 Annual Report

QUALITY

Outpatient Supportive and Palliative Care Clinic Study

Baylor Scott & White Medical Center – McKinney

Problem Statement

Baylor Scott & White – McKinney observed increased oncology readmissions due to end-of-life and medical complexity in CY17. This was the result of a review of 30-day oncology readmissions between July 2016 and June 2017. More specifically, 6 of 19 unplanned readmissions were the result of end-of-life, and 9 of 19 readmissions were the result of medical complexity. This revealed a problem. As of Sept. 14, 2017, Baylor Scott & White – McKinney and the Supportive and Palliative Care Team launched an Outpatient Supportive and Palliative Care Clinic. This study is to verify whether the clinic was effective in reducing end-of-life and medical complexity-related readmissions.

Criteria Used to Study Problem

- Unplanned 30-day oncology readmissions were tracked by a system-level analyst between July 1, 2016, and June 30, 2017.
- Chart reviews were conducted by the comprehensive care management director on each of the oncology readmissions identified. Reasons for each readmission were logged.
- Upon initiation of the Outpatient Supportive and Palliative Care Clinic, visits and readmission avoidances were tracked by the Supportive and Palliative Care Team – Jennifer Robertson, MD, and Stacy Tackett, NP – between Oct. 1, 2017, and Dec. 31, 2017.

Findings

Nineteen unplanned 30-day readmissions were identified between July 2016 and June 2017 (medical complexity readmissions = 9, end-of-life readmissions = 6, treatment related = 2 and coordination of care = 2). The first- and second-leading causes of readmissions were due to medical complexity and end-of-life issues, totaling 79 percent of all observed readmissions.

In parallel to this analysis, the Supportive and Palliative Care Team was planning to launch an Outpatient Supportive and Palliative Care Clinic on the campus. Studies have shown that supportive and palliative care interventions have been successful in reducing readmissions. The Outpatient Supportive and Palliative Care Clinic went live on Sept. 14, 2017. As a result, the Supportive and Palliative Care Team began tracking visits and avoidances in order to verify whether the clinic was successful in reducing readmissions.

Between Oct. 1, 2017, and Dec. 31, 2017, the Outpatient Supportive and Palliative Care Clinic had 37 visits. Of those visits, 10 avoided readmissions were identified.

National Benchmark

Rabow Michael, Kvale Elizabeth, Barbour Lisa, Cassel J. Brian, Cohen Susan, Jackson Vicki, Luhrs Carol, Nguyen Vincent, Rinaldi Simone, Stevens Donna, Spragens Lynn, and Weissman David. *Journal of Palliative Medicine.* December 2013, 16(12): 1540-1549. http://online.liebertpub.com/doi/abs/10.1089/jpm.2013.0153

Youens David and Moorin Rachael. *Journal of Palliative Medicine.* July 2017, 20(7): 736-744. http://online.liebertpub.com/doi/pdfplus/10.1089/jpm.2016.0417

Palliative care utilization in oncology patients with 30-day hospital readmission.

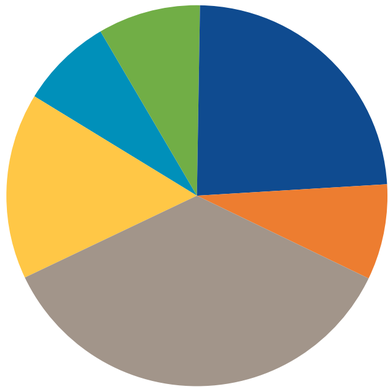
Chintan Pandya, Gradon Nielsen, John Hu, Jodi Ram, Cheryl Rozario, Danielle Wallace, Lauren M. Hamel, and David W. Dougherty. *Journal of Clinical Oncology 2017* 35:31_suppl, 110-110. http://ascopubs.org/doi/abs/10.1200/JCO.2017.35.31_suppl.110

Action Taken at Completion of Study

Upon review of readmission data, it was determined that Baylor Scott & White – McKinney had 19 unplanned oncology readmissions between July 2016 and June 2017. Of these readmissions, 79 percent were due to medical complexity and end-of-life, demonstrating a problem. Given the benefits of supportive and palliative care interventions for oncology patients, this study sought to show reduced readmissions as the result of the Outpatient Supportive and Palliative Care Clinic. The following actions were taken.

- Unplanned 30-day readmissions data collected between July 1, 2016, and June 30, 2017, was reviewed and presented to the Cancer Committee and facility administration. All concluded that this was a problem and should be further analyzed.
- A resulting chart review was conducted for each qualifying readmission by the comprehensive care management director. Reasons for readmissions were documented.
- Of the 19 readmissions, 79 percent were due to medical complexity and end-of-life. These results were then presented to the Cancer Committee. The committee was in support of studying the effects of the Outpatient Supportive and Palliative Care Clinic on readmissions.
- The Outpatient Supportive and Palliative Care Clinic was opened on Sept. 14, 2017. The Supportive and Palliative Care Team began tracking visits and readmission avoidances between Oct. 1, 2017, and Dec. 31, 2017. Of 37 visits, 10 avoided readmissions were identified, demonstrating a successful reduction in unplanned readmissions.
- The Supportive and Palliative Care Team will continue to track visits and avoidances given the success of this study.

FY17 Oncology Readmission Reasons



Outpatient Supportive and Palliative Care Clinic

Baylor Scott & White – McKinney

Aim Statement (Plan)

Baylor Scott & White – McKinney, via the Supportive and Palliative Care Clinic Study, observed 19 unplanned 30-day oncology readmissions between the period of July 1, 2016, and June 30, 2017. Of these 19 readmissions, 79 percent were the result of end of life and medical complexity. It is the recommendation of Baylor Scott & White – McKinney's Cancer Committee that the Supportive and Palliative Care Team continue with plans to implement an outpatient clinic. The Baylor Scott & White – McKinney Outpatient Supportive and Palliative Care Clinic should launch no later than September 2017 and metrics should be tracked in order to demonstrate a successful reduction in unplanned readmissions.

Action Plan (Do)

- The Supportive and Palliative Care Team will work with administration in order to identify proper space for the Outpatient Supportive and Palliative Care Clinic.
- The Supportive and Palliative Care Team, in conjunction with nursing and service line leadership, will work with oncology practices in order to develop an optimal schedule for the clinic.
- The Supportive and Palliative Care Team will develop a standardized intake process for patients and communicate to key stakeholders.
- The clinic will launch no later than September 2017.
- Upon opening, the Supportive and Palliative Care Team will begin to track visits and readmission avoidances, reporting back to Cancer Committee as deemed necessary.

Evaluation (Check)

- Space was identified for the Outpatient Supportive and Palliative Care Clinic in Suite 1500 of POB I. This is directly across from the Texas Oncology practice.
- The Supportive and Palliative Care Team successfully worked with oncology practices in order to develop an optimal schedule for the clinic.
- A standardized intake process was developed and was communicated to all key stakeholders.
- The clinic launched on Sept. 14, 2017.
- The Supportive and Palliative Care Team began tracking visits and readmission avoidances as of Oct. 1, 2017.
- Between Oct. 1, 2017, and Dec. 31, 2017, the clinic had 37 visits and 10 readmission avoidances, demonstrating a positive impact on oncology readmissions.

Follow Up Actions (Act)

- The Outpatient Supportive and Palliative Care Clinic will continue operations given its positive impact on patient care.
- The Supportive and Palliative Care Team will continue to track outcomes and report back to Cancer Committee as needed.

Cancer Registry

	CoC Benchmark	CoC State of Texas Performance Rate	My CoC Program Type (CCP)	CoC Census Region (West South Central) Performance Rate	All CoC Programs Performance Rate	Baylor Scott & White – McKinney Performance Rate		
Breast Cancer	2016 Forward	Diagnosis Year 2015 (CoC)				2014*	2015*	2016**
BCS: Breast Conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer (Surveillance Measure)	NA	58.1%	70.3%	59.1%	66.2%	76.7%	72.0%	59.7%
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%	92.1%	91.3%	91.2%	91.8%	90.3%	96.9%	80.0%
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%	82.7%	90.8%	84.4%	92.1%	94.1%	93.3%	90.2%
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%	78.3%	86.1%	79.6%	88.2%	100.0%	100.0%	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%	84.9%	89.7%	86.5%	91.7%	97.4%	91.4%	100.0%
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	87.7%	93.1%	89.8%	93.0%	100.0%	100.0%	90.0%
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	75.3%	88.1%	78.8%	88.2%	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%	92.5%	89.4%	91.8%	92.1%	95.0%	95.5%	100.0%
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%	86.8%	88.1%	85.7%	87.7%	90.9%	100.0%	100.0%
Gastric								
G15RLN: At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement - Released Fall 2014)	80.0%	62.3%	45.1%	60.5%	61.5%	100.0%	No Data Available	No Data Available

	CoC Benchmark	CoC State of Texas Performance Rate	My CoC Program Type (CCP)	CoC Census Region (West South Central) Performance Rate	All CoC Programs Performance Rate	Baylor Scott & White – McKinney Performance Rate		
Non-Small Cell Lung	2016 Forward	Diagnosis Year 2015 (CoC)				2014*	2015*	2016**
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	47.1%	38.3%	47.4%	47.7%	0.0%	0.0%	50.0%
LNoSurg: Surgery is not first course of treatment for cN2, M0 cases (Quality Improvement)	85.0%	91.3%	93.8%	92.3%	92.3%	100.0%	100.0%	No Data Available
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%	81.8%	89.0%	84.4%	90.8%	0.0%	No Data Available	33.3%
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	61.2%	55.1%	65.9%	69.7%	No Data Available	No Data Available	No Data Available
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	82.5%	76.8%	80.9%	79.7%	No Data Available	No Data Available	No Data Available
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	94.9%	93.2%	92.9%	89.7%	No Data Available	No Data Available	No Data Available
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	67.1%	68.1%	69.2%	77.2%	No Data Available	0.0%	100.0%
ENDCTRT: Chemotherapy and/or radiation administered to patients with Stage IIIC or IV endometrial cancer (Surveillance Measure - Released Fall 2015)	NA	71.0%	77.8%	75.1%	83.3%	No Data Available	No Data Available	No Data Available
Ovary								
OVSAL: Salpingo-oophorectomy with omentectmy, debulking/cytoreductive surgery, or pelvic exteneration in Stages I-IIIC ovarian cancer (Surveillance Measure - Released Fall 2015)	NA	62.3%	51.6%	64.0%	70.2%	No Data Available	No Data Available	No Data Available
Bladder								
BL2RLN: At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy (Surveillance Measure - Released Spring 2016)	NA	91.3%	81.4%	93.5%	92.7%	No Data Available	No Data Available	No Data Available
ABLCSTRI: Radical or partial cystectomy; or tri-modality therapy (local tumor destruction/excision with chemotherapy and radiation) for clinical T234N0M0 patients with urothelial carcinoma of the bladder, first treatment within 90 days of diagnosis (Surveillance Measure)	NA	50.3%	45.7%	55.1%	59.5%	No Data Available	No Data Available	No Data Available
BLCT: Neo-adjuvant or adjuvant chemotherapy recommended or administered for patients with muscle invasive cancer undergoing radical cystectomy (Surveillance Measure)	NA	57.3%	66.7%	54.8%	66.2%	No Data Available	No Data Available	No Data Available
Kidney								
PD1RLN: At least 1 regional lymph node is removed and pathologically examined for primarily resected unilateral nephroblastoma (Surveillance Measure)	NA	No Data	No Data	No Data	95.2%	No Data Available	No Data Available	No Data Available

*Data Source: Data results released by the Commission on Cancer National Cancer Data Base

**Data Source: Baylor Scott & White – North Texas Cancer Registry. Data results pending release by the Commission on Cancer National Cancer Data Base.

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