

## The Power of Productivity Spreadsheet Analysis for Streamlined Cancer Care

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In 2011, Spectrum Health's Reed City campus moved forward with plans for our cancer treatment center, the Susan P. Wheatlake Regional Cancer Center. The center, which serves 15 counties in Western Michigan, saw 266 new analytic cases in the past year and saw around 380 new patients for radiation and/or chemotherapy.

### The Problem

Part of the planning for this new facility included survivorship and navigation services for our cancer patients. Though software solutions like OncoNav and OncoLog were and are being used at larger Spectrum Health sites to extract information for survivorship care plans and treatment summaries, the Susan P. Wheatlake Regional Cancer Center found itself in a different position. As a regional outlier in an underserved community, the cancer program lacked the infrastructure and funding to implement such systems. Still, as a critical access regional center, we needed to be able to assess how we could meet needs, procure service affiliations, and facilitate access to those widespread geographic services in a fiscally responsible manner.

We also needed to determine who would champion this navigation process: a registered nurse (RN) or a nurse practitioner (NP). My experience as an NP provides a wider and deeper scope of practice knowledge, enabling me to meet multilevel patient and family needs, work through systems processes, and reduce staff time and overall effort to meet care planning and treatment needs. However, finances were a

barrier to using an NP in this navigator position. Nurse practitioners are more expensive than an RN. The health system had no clear way to validate my effectiveness in the position, so there was no way to justify the expense of using an NP in a navigator role.

### The Solution

To address this issue, I came up with a simple spreadsheet to document every contact I had with patients (see Table 1). Spreadsheets are an inexpensive way to do time studies and look at resource allocation,

staff productivity, and process efficiency. They can be graphed out or grouped and presented easily to supervisors and regional managers. Sheets can be individualized to correlate specific treatment side effects, medicines, and social cues needed to maintain rapport with patients and families.

I knew some of the specific needs that I would need to follow on the spreadsheet, and every new need identified was added to the service key. Breast cancer patients are followed for 5 years or more on this spreadsheet. All other clients are added each year upon each point of contact. For some



Lyni Nowak, FNP-c, CBCN, OCN, BCIM, at work.

**Table 1. Categories (Columns) in the Excel Spreadsheet**

Patient name and phone numbers
New or continuing patient
Notes (e.g., G-tube, home sleep test [HST], specific drugs if important, name patients prefer to be called, partner's name, certain social factors that may impact care, breast hormone status, narcotic holds, chemo holiday, etc.)
DOB and medical record numbers
Medical and radiation oncologist
PCP
Closure reason <ul style="list-style-type: none"> <li>Expired</li> <li>Left healthcare system</li> <li>Refused</li> <li>Seeking treatment elsewhere</li> <li>Transition to other level of care</li> <li>Lost to follow-up</li> </ul>
Date of contact
Type of contact (e.g., direct, phone, letter, administrative; for example, renewals of medications, hydration for CTs, signatures for services, etc.)
Length of contact in 15-minute increments (generally, sick calls take about 30 minutes, radiation teaching about 30 minutes, chemo teaching between 30 and 90 minutes, advance care planning about 90 minutes)
Additional information on specific issues, such as HST or G-tubes, that can identify details from extrapolated information

patients, these points of contact are to help them manage symptoms; for others, they are about educating patients on proper treatment or equipment procedure(s). Keeping track of these contacts allows for increased coordination of care.

An administrative assistant then collates these spreadsheets and makes hard data and graph reports of the contact information. These reports are made monthly, quarterly, and annually for leadership and cancer services overview.

**The Benefits**

The cancer center saw several benefits from this tracking process. First, the cancer center was able to justify the use of an NP as a navigator. Whereas RN navigators typically manage 200 to 300 patients, I was tasked with managing about 350 patients at any




The Susan P. Wheatlake Regional Cancer Center, Reed City, Mich.

given time. I could educate patients, intervene, refer them to physicians, and manage their symptoms and needs in one call or visit. Table 2 shows the full list of navigation services offered.

Additionally, program development needs and additional sources of revenue were identified as we continued analysis. By looking at the data and identifying patient concerns, we validated the need for a dedicated social worker and a dietitian. Eventually we brought financial counselors on board who found funding for our patients and the healthcare system through patient assistance programs offered by payers, drug manufacturers, and local pharmacies. We also identified a need for an onsite gastrostomy tube program; the NP is able to bill for these symptom management services to help offset the cost of this program.

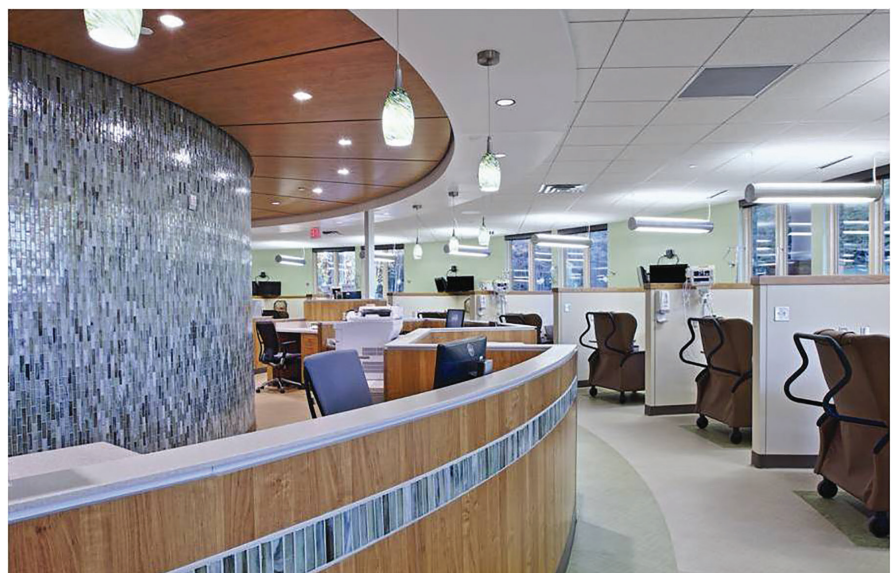
Finally, the implementation of this productivity tool has had a significant impact on cancer center staff. Before, multiple staff members were being called by patients to solve the same problems without knowing that others had been contacted. By directing all calls to me and by having a careful record of all patient interactions, we reduced the number of phone calls to staff and limited disruptions to active patient care.

Six years since the implementation of this homegrown tool, I am still using it to identify patient needs, find new areas of revenue based on those needs, and improve the coordination of care at the cancer center. Though it may not be as high-tech a solution as navigation software, a simple spreadsheet can be a powerful tool in the navigation process. 

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**Table 2. Navigation Service Key**

Advocacy	Tobacco cessation/marijuana
Community resource referral	Pain control
Coordination of care	G-tubes/ostomy/wounds
Disease/symptom management	Blood/hydration/antibiotics
Education of patient/family	Lab management/results
Financial assistance	Wellness referral
Healthcare provider consult	ER/direct admit to hospital
Legal/ethical assistance	Hospice
Support group referral	Survivor care plan
Removal of barriers to care	Administration
Spectrum Health Cancer Service Program referral	Survivor care plan
Research	Genetics
Spiritual support	Rehabilitation referral
Prescription assistance	Oral chemo/blood thinners/HST
Social work	Dental issues
Dietary consultation/referral	Radiation/follow-up
Integrative/acupuncture	Advance care planning/advance directives
Lymphedema support	Intrathecal chemo/intraperitoneal chemo
Port teaching/issues	



Infusion center at the Susan P. Wheatlake Regional Cancer Center.