

FOSTERING EXCELLENCE IN CARE AND OUTCOMES IN PATIENTS WITH STAGE III/IV NSCLC

Southern Ohio Medical Center Portsmouth, Ohio

Introduction

Southern Ohio Medical Center (SOMC) focuses patient care around five strategic values: safety, quality, service, teamwork, and finance. The SOMC Cancer Center is an American College of Surgeons Commission on Cancer (ACoS), National Accreditation Program for Breast Centers (NAPBC), and American College of Radiology (ACR) Radiation Oncology accredited program. The SOMC Lung Program has been recognized by the GO2 Foundation as both a Screening Center of Excellence and a Care Continuum Center of Excellence.

Problem Statement #1

The process of obtaining and entering NSCLC biomarker test results into the EHR is often inefficient and may lead to delays in treatment for certain patients.

Improvements

- Assign a nurse navigator to track, enter, and communicate positive biomarker test results
- Proactively coordinate appointments for patients who have positive test results so that targeted therapy may begin as soon as possible

Problem Statement #2

There is a need to better understand the causes of potentially preventable emergency department (ED) visits among patients with NSCLC who are undergoing active treatment.

Improvements

- Study which patients are making ED visits, the primary symptom or diagnosis for the visit, and patient risk characteristics
- Explore ways that care coordination and symptom monitoring may prevent certain ED visits

At SOMC, the cancer care team focused their efforts around two main areas: 1) improving the process of tracking and communicating NSCLC biomarker test results; 2) improving care coordination to reduce preventable emergency department (ED) visits. For the first issue, the team reviewed how they were receiving and communicating test results from an outside reference lab.

The multi-page test reports were being scanned into the EHR and were often difficult to differentiate from all the other scanned documents. The team assigned a nurse navigator to access test results from the reference lab portal and enter specific biomarker test results directly into the EHR as discrete data fields. The navigator also notified the medical oncologist about positive test results. By tracking positive results proactively, the care team was able to identify patients who may be eligible for targeted therapy and initiate treatment more promptly. As the team continues to refine their molecular testing processes, they are also exploring how liquid biopsy testing will be integrated into the care of patients with NSCLC.

To address the second issue, members of the cancer care team began by reviewing how often their patients with lung cancer were visiting the ED. Over the course of 3 months, they found that 27% of their patients with lung cancer had made at least one ED visit for a wide range of symptoms ranging from chest pain and dyspnea to headache and dizziness. None of the ED visits led to a hospital admission. This initial information led the cancer team to seek a better understanding of why patients were going to the ED, which symptoms might be effectively managed in the outpatient setting, and how care coordination may be used to prevent certain visits. Simultaneously, the COVID pandemic was causing many patients to avoid hospitals.

As a part of this QI project, members of the cancer center increased their efforts around patient education and communication about COVID, treatment-related symptoms, and the need to contact their care team if certain symptoms developed at home. Clinicians also gave patients I-O wallet cards if they were treated with immunotherapy. These cards instructed patients and ED staff to contact the cancer center so that irAEs may be identified and managed appropriately.

Conclusion

In 2021, the team plans to devote resources to identify and understand which ED visits may be preventable with more care coordination efforts. They have selected this topic as a quality study and have been working with their IT department to generate reports that will track how often patients with cancer who are undergoing active treatment are visiting the ED. They are also exploring ways to improve how they assess patients based on comorbidities, social determinants of health, and other factors that may increase their risk for an ED visit.