Bringing the Fight to Cancer.

2016 Annual Report
Improving the Experiences of Cancer Patients Receiving Pre-Meds Before Chemotherapy Within a Timely Manner at Baylor Scott & White Medical Center – Waxahachie Cancer Center

Quality Study

Within Baylor Scott & White Health’s values, innovation is listed. “Innovation is discovering new concepts and opportunities to advance our mission.” At Baylor Scott & White – Waxahachie Cancer Center, we want to lead the health system in innovative practices. One of those is delivering pre-medications to our chemotherapy patients within a timely manner prior to their treatment. We also want to deliver chemotherapy timely once pre-meds are administered. This innovative change in practice carries a risk of side effects.

Some chemotherapy patients might notice only slight waves of nausea, while others describe their nausea as debilitating. According to Cancer.net, “Chemotherapy is a drug treatment that uses powerful chemicals to kill fast-growing cells in your body ... Though chemotherapy is an effective way to treat many types of cancer, chemotherapy treatment also comes with many other bothersome effects like nausea.”

In January and February 2016 for a patient to receive his or her chemotherapy, the average time noted was 60 minutes. The goal is 95 percent within 30 minutes.

**PDCA Cycle 1**

**Plan:** To improve the chemotherapy patient population times of being pre-medicated to receiving chemotherapy within a 30 minute window.

**Do:** The team reviewed previous months and the time it took from pre-medication to the patient receiving his or her chemotherapy treatment. The team saw a need for improvement based on patients’ feedback and previous data. The team began an education process to increase awareness about the goal of chemotherapy administration needing to be within a 30 minute window from the time the patient received his or her pre-medication. This information was communicated in huddles and unit meetings.

**Check:** At the beginning of March 2016, the team was able to review January and February 2016 times from the patient being pre-medicated to receiving his or her chemotherapy. Data was unavailable in February because the cancer center medical director was on vacation. Patients that were typically scheduled Monday through Friday were being scheduled Monday through Wednesday instead. This caused orders to be batched. Since these patients were being scheduled Monday through Wednesday, we also want to receive the most relief from chemotherapy side effects like nausea.

**Action Taken**

This project included a Plan/Do/Check/Act (PDCA) approach to improve times related to patients receiving their chemotherapy within a timely manner of being pre-medicated for side effects. This improvement initiative was implemented because there was a delay in outpatient chemotherapy patients receiving their chemotherapy after administration of pre-meds. The average time noted in December 2015 for a patient to receive his or her chemotherapy after pre-meds was 60 minutes. The goal is 95 percent within 30 minutes.

**PDCA Cycle 2**

**Plan:** To improve the chemotherapy patient population times of being pre-medicated to receiving chemotherapy within a 30 minute window.

**Do:** The team reviewed previous months and the time it took from pre-medication to the patient receiving his or her chemotherapy treatment. The team saw a need for improvement based on patients’ feedback and previous data. The team began an education process to increase awareness about the goal of chemotherapy administration needing to be within a 30 minute window from the time the patient received his or her pre-medication. This information was communicated in huddles and unit meetings.

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**PDCA Cycle 3**

**Plan:** To improve the chemotherapy patient population times of being pre-medicated to receiving chemotherapy within a 30 minute window.

**Do:** The team reviewed previous months and the time it took from pre-medication to the patient receiving his or her chemotherapy treatment. The team saw a need for improvement based on patients’ feedback and previous data. The team began an education process to increase awareness about the goal of chemotherapy administration needing to be within a 30 minute window from the time the patient received his or her pre-medication. This information was communicated in huddles and unit meetings.

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2 FIGHTERS WANTED: 2016 ANNUAL REPORT | BAYLOR SCOTT & WHITE MEDICAL CENTER – WAXAHACHIE
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PCDA Cycle 2
Plan:
To increase the percentage of chemotherapy patients receiving chemotherapy within 30 minutes of receiving pre-medication.

Do:
On March 29, 2016, the Cancer Quality Subcommittee agreed to stocking chemotherapy pre-medications within the cancer center’s Omnicell. Having the medications in this location allowed the staff to easily obtain the medications. Not only did this allow staff to give the medications within a timely manner, it streamlined the need to call pharmacy to send the medications, freeing up the pharmacy technician to focus on preparing the chemotherapy treatments.

Check:
The Cancer Quality Subcommittee continued to monitor the average time from patient being pre-medicated to receiving his/her chemotherapy from March 2016 until September 2016. Even with increasing patient volume, the cancer center saw improvement in average times from March 2016 until September 2016, the team was able to achieve its goal of 95 percent of chemotherapy patients receiving chemotherapy within 30 minutes of being pre-medicated. Not only did the team achieve its goal, most months the goal was surpassed. In August 2016, the team achieved an all-time high of 99.6 percent of chemotherapy patients receiving their chemotherapy within 30 minutes of being pre-medicated.

Act:
Determine where opportunities for improvement are present.

Outcomes and Takeaways
After education was completed with staff and patients and daily rounding on patients was done to assess their chemotherapy side-effects, the cancer center saw an improvement in mean time averages of pre-medication to chemotherapy.

Not only were patients happier about the reduced possibility of side effects from their treatment, the staff was happy that the necessity of re-medicating patients continuously during and after treatment was significantly reduced. During the last meeting in October 2016, it was noted that in the entire month of September, only one patient case was delayed in time from pre-medication to treatment.

Next Steps and Lessons Learned
The project used an interdisciplinary focus, but the core of this team was led by nursing. The nurses realized that involving pharmacy early on in the process helped to create a collaborative approach in ensuring pre-med and chemo were administered timely.

We recognized communication between nursing and pharmacy is vital to ensure we are all working toward the same goal.

<table>
<thead>
<tr>
<th>SCREENING TYPE</th>
<th>NUMBER OF 2016 SCREENINGS</th>
<th>ABNORMAL RESULTS</th>
<th>CANCER DIAGNOSIS</th>
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<tbody>
<tr>
<td>Breast</td>
<td>4,367</td>
<td>440</td>
<td>20</td>
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<tr>
<td>Colon</td>
<td>1,893</td>
<td>26</td>
<td>4</td>
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<tr>
<td>Skin</td>
<td>118</td>
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<td>3</td>
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<tr>
<td>Low-Dose CT Lung</td>
<td>51</td>
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References
Cancer Registry

Breast Cancer

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<th>NCQA Target</th>
<th>2016*</th>
<th>2017*</th>
<th>2018*</th>
<th>2019*</th>
<th>2020**</th>
</tr>
</thead>
<tbody>
<tr>
<td>C02: Breast cancer treatment cost</td>
<td>54.0%</td>
<td>57.0%</td>
<td>64.0%</td>
<td>47.0%</td>
<td>62.0%</td>
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</tbody>
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NCQA Target | 2016* | 2017* | 2018* | 2019* | 2020** |
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<tbody>
<tr>
<td>C02: Breast cancer treatment cost</td>
<td>NA</td>
<td>90.0%</td>
<td>97.7%</td>
<td>93.0%</td>
<td>100.0%</td>
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Bladder

<table>
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<tr>
<th>NCQA Target</th>
<th>2016*</th>
<th>2017*</th>
<th>2018*</th>
<th>2019*</th>
<th>2020**</th>
</tr>
</thead>
<tbody>
<tr>
<td>C13: Pre-operative cystoscopy</td>
<td>92.9%</td>
<td>92.1%</td>
<td>93.5%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

40.0% 54.0% 57.0% 64.0% 47.0% 62.0% 58.0%
Photography may include models or actors and may not represent actual patients. Physicians provide clinical services as members of the medical staff at one of Baylor Scott & White Health’s subsidiary, community or affiliated medical centers and do not provide clinical services as employees or agents of those medical centers.