Project Title: Improving Access to the UCSF Cancer Acute Care Clinic

Presenter’s Name: Justice Dahle

Institution: University of California San Francisco

Date: 12/10/2021
From its opening in September 2019 through August 2021, a total of 413 patients were evaluated at UCSF’s Cancer Acute Care Clinic (CACC), which is an average of 17 patients per month. This represents an approximate 90% under-utilization of available resources at the CACC and resulted in patients being seen in the ED for care.
Process Map

- Number of steps: 7
- Number of hand-offs: 3
- Number of roles involved in the process: 8
- Number of decision points: 3
Clinical Decision Tree for Cancer Acute Care Center (CACC) Referrals

On intake: CACC RN using .CACCVIDSCREEN Does the patient have any of the following new/worsening symptoms in the past 14 days:
1. Fever (100 or greater, or subjective) or chills*
2. Cough
3. Shortness of breath
4. Muscle aches
5. Sore throat
6. URI: sinus congestion, runny nose
7. GI: diarrhea, nausea, vomiting
8. ENY: loss of taste or smell
9. Eye: conjunctivitis
10. Older adults: Altered mentation: weakness, confusion, dizziness, falls may be the only signs of Covid-19
11. Was the pt diagnosed with COVID 19 in the past 20 days?
12. Does the patient have history of high risk travel or exposure to a COVID positive person in past 14 days?

Patient reports new/worsening symptoms that has been initially triaged by provider/clinic RN by phone and requires same day in person work up.

Referral is called into CACC from Provider/Clinic

Find out if patient is on-site or remote

CACC RN: Does referral meet inclusion criteria for CACC? (see criteria below)

Yes

Referral is immediately triaged

If patient is off-site, go to the next criteria

Referral is immediately triaged

If patient is on-site, go to the next criteria

If referral meets inclusion criteria, CACC will schedule the patient for and the patient will be seen by a CACC RN on the next available time slot

If referral does not meet inclusion criteria, the patient will be referred back to the referring provider or clinic

Is it immediately threatening or does the patient have an immediate need for additional care?

Yes

Direct patient to WALL or call 911

No

If patient is on-site, use Passport to RSC

If patient is off-site, use Passport to RSC

Once COVID ruled out, Clin to schedule CACC appointment

Note: This workflow is only for patients who have been triaged the practice/provider first:

- If your patient is OFF SITE/REMOTE, and only needs to rule out Covid, please refer to RSC using the ambulatory referral for COVID testing - REF778 and pick "in-person provider visit". If the oncology provider has completed patient evaluation, and only needs COVID testing, pick "COVID swab only" and place a COVID PCR order along with the ambulatory referral.
- If your patient is ON SITE, and only needs to rule out Covid, Passport to RSC. It does not require a referral order.
- If your patient needs a work up & eval for new/worsening disease or treatment related symptoms, please follow this workflow (ON SITE & REMOTE pts) for CACC referral. Covid work up will be performed as part of dx differential if appropriate.

Note: The RSC’s ability to provide supportive care for oncology patients is limited, if patient needs add-on supportive care (infusion) or work up (CACC) please reach out to Infusion charge RN.
Institutional Overview

- UCSF Helen Diller Comprehensive Cancer Center (HDCCC) is an NCI-designated comprehensive cancer center providing care at six sites in the San Francisco Bay Area.
- The UCSF HDCCC Cancer Acute Care Clinic (CACC) offers same-day oncology and hematology supportive services to adult cancer patients experiencing treatment related side-effects and complications.
- Services are provided in dedicated 3 bed ambulatory unit within the infusion center at the Mission Bay campus and is staffed by a NP, RN and MA team.
- Referral to CACC is made by patient’s UCSF provider and his/her care team.
- CACC opened in September of 2019 with goal of seeing 4-10 patients per day.
Above: UCSF Bakar Precision Cancer Medicine Building (PCMB)

Right: Infusion Bay at PCMB

CACC Provider Team Members
Team Members

QTP Participants
- Wesley Kidder – GI Oncologist
- Cherie Adrian - Nurse Manager, GI Medical Oncology
- Justice Dahle - Senior Business Analyst
- Param Kaur - Quality & Safety Program Manager

Infusion Team
- Hope Rugo – Breast Oncologist and Director of Infusion Services
- Marisa Quinn - Nurse Manager, Adult Infusion Center
- Emely Alfaro - Clinical Nurse Specialist, Adult Oncology
- Tammy Baltic - APP Supervisor, Adult Infusion Center
- Mairead Shaw - RN, Adult Infusion Center
- Erin Wiley - RN, Adult Infusion Center

Informatics/Data Analytics
- Jenn Wild - RN, GI Medical Oncology
- Amy Lin - GU Oncologist and Medical Director of Clinical informatics and Data Analytics
- Diana Lu – MA Supervisor

Nursing Leadership
- Teresa Melville - Director of Clinical Operations
- Kara Merski - Clinical Nurse Educator
- Emmika Elkin - Clinical Nurse Educator

Cancer Center Leadership Project Champions
- Laura Crocitto - VP/CMO Cancer Services
- Laurel Bray-Hanin - VP/COO Cancer Services

Coach
- Pelin Cinar - Quality Improvement Coach
Cause & Effect Diagram

CAPACITY

- Providers don't know when CACC is at full capacity

STAFFING

- New staff
- APPs cross-covering with other infusion centers

Unknown referral turn-around time

No standard documentation for referral to CACC

Lack of written documentation

Unsure if patients with COVID related symptoms are appropriate for CACC

Providers are unsure of patient criteria that is appropriate for CACC

Provider preference to be involved is highly varied and can interrupt care

Patients are unaware of the plan and refuses to come to CACC

COMMUNICATION

Under-utilization of CACC
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure:</td>
<td>Use of the referral triage smart-phrase</td>
</tr>
<tr>
<td>Patient population: (Exclusions, if any)</td>
<td>Cancer Center patients with solid tumors</td>
</tr>
<tr>
<td>Calculation methodology: (i.e. numerator &amp; denominator)</td>
<td>Number of referrals to CACC with completed triage smart-phrase / Total number of referrals to CACC</td>
</tr>
<tr>
<td>Data source:</td>
<td>EPIC</td>
</tr>
<tr>
<td>Data collection frequency:</td>
<td>Weekly</td>
</tr>
<tr>
<td>Data limitations: (if applicable)</td>
<td>Misuse or incomplete use of smart-phrase</td>
</tr>
</tbody>
</table>
Process Measure
Diagnostic Data

Reasons for under-utilization of CACC

- Communication: 64%, 7
- Capacity: 2
- Staffing: 2

Cumulative %

Count

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

0 1 2 3 4 5 6 7 8
By December 2021, our goal is to increase the number of patients with solid tumors evaluated at the UCSF Cancer Acute Care Clinic from an average of 17 to 21 patients per month which represents a 25% increase.
### Measures

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measure:</strong></td>
<td>Volume of patients seen at CACC (total number of patients)</td>
</tr>
<tr>
<td><strong>Patient population:</strong></td>
<td>Cancer Center patients with solid tumors</td>
</tr>
<tr>
<td><strong>Calculation methodology:</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Data source:</strong></td>
<td>EPIC</td>
</tr>
<tr>
<td><strong>Data collection frequency:</strong></td>
<td>Weekly, Monthly, and Yearly</td>
</tr>
<tr>
<td><strong>Data limitations:</strong></td>
<td>N/A</td>
</tr>
</tbody>
</table>
Count of CACC Encounters for each Appointment Date Month broken down by Appointment Date Year.
## Prioritized List of Changes (Priority/Pay Off Matrix)

<table>
<thead>
<tr>
<th>High Impact</th>
<th>Easy</th>
<th>Difficult</th>
</tr>
</thead>
</table>
| Communication – No standard documentation  
Providers are unaware of patient criteria that is appropriate for CACC | Staffing - APPs cross covering with other infusion, new staff |

<table>
<thead>
<tr>
<th>Low Impact</th>
<th>Easy</th>
<th>Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication – Referral turn-around time</td>
<td>Communication – Providers’ preference to be involved</td>
<td></td>
</tr>
</tbody>
</table>
# PDSA Plan (Test of Change)

<table>
<thead>
<tr>
<th>Date of PDSA Cycle</th>
<th>Description of Intervention</th>
<th>Results</th>
<th>Action Steps</th>
</tr>
</thead>
</table>
| 10/20/21*          | Implementation of the newly developed referral triage smart-phrase |         | o  Development of EPIC referral  
|                    |                             |         | o  Provider education          |
| 1/17/22            | Develop and implement EPIC referral to CCAC |         |              |

* Details of interventions within this PDSA cycle is outlined in the next slide.
# PDSA Actions

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/04/2021</td>
<td>Cherie presented smartphrase PDSA to <strong>nurse managers</strong></td>
</tr>
<tr>
<td>10/14/2021</td>
<td>Cherie presented smartphrase PDSA to <strong>all Cancer Center nurses</strong></td>
</tr>
<tr>
<td>10/18/2021</td>
<td>Cherie presented smartphrase PDSA to <strong>nurse managers a second time</strong></td>
</tr>
<tr>
<td>10/18/2021</td>
<td>Email sent by Theresa Melville (Director of Nursing) to nurses about smartphrase</td>
</tr>
<tr>
<td>10/20/2021</td>
<td>Email reminder sent by Theresa Melville (Director of Nursing) to nurses about smartphrase</td>
</tr>
<tr>
<td>10/20/2021</td>
<td>* PDSA Go-Live *</td>
</tr>
<tr>
<td>10/25/2021</td>
<td>Nurse educator sent another reminder to use smartphrase when referring to CACC</td>
</tr>
<tr>
<td>10/25/2021</td>
<td>Cherie presented smartphrase PDSA to <strong>nurse managers</strong> a third time</td>
</tr>
<tr>
<td>10/28/2021</td>
<td>Cherie started attending <strong>weekly CACC huddles</strong></td>
</tr>
<tr>
<td>11/04/2021</td>
<td>Updated <strong>tipsheet</strong> to reflect updated CACC hours</td>
</tr>
<tr>
<td>11/08/2021</td>
<td>Emmika sent <strong>email</strong> on how to add yourself to smartphrase</td>
</tr>
<tr>
<td>11/08/2021</td>
<td>Meeting with <strong>Leadership</strong> RE: CACC referral process</td>
</tr>
<tr>
<td>11/23/2021</td>
<td>Cherie, Emmika, and Kara send <strong>reminder email</strong> RE: smartphrase use</td>
</tr>
</tbody>
</table>
Materials Developed (optional)

• Smart-phrase
• Tip-sheet
• Audit tool
Referrals to the CACC

The CACC at the Precision Cancer Medicine Building is a same-day evaluation center for patients under the care of a UCSF Cancer Center clinician. It is staffed by oncology-trained advanced practice providers, registered nurses, and medical assistants.

Purpose

The purpose of the CACC is to facilitate urgent appointments for oncology patients who develop new symptoms related to their cancer, cancer treatment, or concurrent conditions that they are unable to manage at home.

The CACC is not a replacement for the level of care provided in an emergency department, hospital unit, or clinic visit. It may be necessary to escalate the patient’s level of care after evaluation in the CACC.

CACC Department Info

Hours of operations Monday-Friday, 8:00am-5pm, last appointment at 4:30pm
Hours of referral Monday-Friday, 8:00am-5pm (658) 583-1533
Contact: 415-358-3135 or 415-607-5715 (cell)
Location: PCMB4 Infusion Center, 1815 4th St, San Francisco (Mission Bay Campus)

Inclusion/Exclusion Criteria

There are important criteria that must be met for patients referred to the CACC. A complete and updated criteria list, including a Clinical Decision Tree, can be found at https://cancer.ucsf.edu/cancer-care-clinic-cacc.

Important – The patient MUST:
• Be established with a UCSF Cancer Center clinician
• Be flagged by the designated clinician
• Be willing and able to attend the CACC

The referring clinic should not make a referral to the CACC without speaking to the patient first or without the patient’s agreement to refer.

Mild symptoms that can be managed at home or via a non-urgent appointment to clinic or to the infusion center are not appropriate for the CACC.

The CACC cannot accommodate urgent MRI but can facilitate certain imaging such as x-ray, CT, and ultrasound.

How to Refer to the CACC

Step 1.
Review inclusion criteria and clinical decision tree document referenced above.

Step 2.
The primary clinical team (provider or RN) calls the patient to urge the referral. Open a Telephone Encounter and indicate the reason for call as REFERRAL. Document a note in the Telephone Encounter using the SmartPhrase ONCREFCACC. The SmartPhrase is built with SmartLists to guide you and produce hand-offs when inclusion criteria have not been met. It may be helpful to go through the SmartPhrase live as you urge your patient over the phone.

Step 3.
If all inclusion criteria are met and the patient requires neither upgraded nor downgraded level of care with the ED or the clinic respectively, then the provider or practice RN calls the CACC at ext. 28123 (502-8123) or 415-607-7745 (cell) to alert them of the referral. The referring clinical team signs their documentation to allow the CACC triage team to review the note.

Step 4.
The CACC team will review the referral for appropriateness. If the patient is accepted, the CACC will contact the patient to confirm an appointment at the CACC. If they are not accepted, the CACC team will contact the referring team to explain the rationale.

How to Use the SmartPhrase

Begin a new documentation note in your telephone encounter. Type ONCREFCACC and press enter. Then press F2 on your keyboard or right-click each SmartList individually. Note that some SmartLists allow multiple selections (example below). Note that three asterisks (*** indicates a required field for free-text information.)
# Referrals Documentation to the Cancer Acute Care Clinic (CACC)

A guide for clinicians in the ambulatory oncology practices

## Example

### CANCER CENTER ACUTE CARE CLINIC REFERRAL

<table>
<thead>
<tr>
<th>Reference: UCSF CACC</th>
<th>Referral Type</th>
<th>Inclusion/Exclusion Criteria</th>
</tr>
</thead>
</table>

**Instructions:** Please enter all fields where applicable. Press F2 (or right-click) or right-click through all required fields noted with asterisks. When applicable, select all that apply.

### BACKGROUND INFO

**Cancer diagnosis and stage:** Colon cancer, stage IV

**Current treatment:** FOLFOX

**Date of last treatment:** 08/29/21

**Date of next infusion appointment (if applicable):** 10/12/21

**Established UCSF patient with known UCSF oncology provider?** Yes: Attending MD, Wesley Rocker

### REFERRAL INFO

**Reason for referral (select all that apply):** Fever, Dehydration and Infection (non-life-threatening)

**Summary of issue, including prior management by clinic team:** Work-up performed by clinic

**Work-up requested:** ID work up with blood cultures, urine culture, and any other tests deemed appropriate by CACC/APP. Request IV hydration per patient, who reports he “feels sick.”

**Is the patient:**

1. Aware of the referral to CACC.
2. Expressed willingness to present for appointment if made.
3. Can arrive to CACC before last appointment time of the day at 4:45pm?

**Urgency/Timing:** TODAY

### CLINIC/CACC COMMUNICATION

I have reviewed the inclusion and exclusion criteria for CACC and believe this patient is appropriate for CACC. Yes.

I have called CACC at ext. 251265 (802-9151) to notify them of this referral. Yes. Spoke with CACC RN named: Florence RN.

**Referring oncology clinic team requests call back during CACC evaluation?** Yes.

**Name and role of clinic team member:** Jennifer L Wild, RN, TuqExt: 57973

*Jennifer L Wild, RN*
How to Add Yourself to a SmartPhrase in Epic for the ambulatory practice office setting

Step 1: Open SmartPhrase Manager

Click on the Epic dropdown menu from the top left corner of the screen. Hover the cursor over Tools, and then select SmartPhrase Manager.

Note the Star: You can also pin it to the top of the menu for faster access in future.
Week 2
Tip sheet updated to reflect CACC’s new hours, messaging sent to nurses.

Week 3
Email sent to nurses on how to add smart phrase to personal list of smart phrases.
Conclusions

• Following the implementation of the smart phrase on October 20\textsuperscript{th}, we achieved an average of 46\% utilization of the smartphrase during the referral process.

• We saw an increase in monthly CACC volume to 40 patients within a 4-week period, achieving our goal of evaluating 21 patients monthly.

• A multi-disciplinary effort is key to project success.
Next Steps/Plan for Sustainability

• Create referral forms within EPIC

• Develop Tableau Dashboard - data on volume, referring practice, diagnoses evaluated and disposition plan

• Continue weekly CACC team huddle and communication with multidisciplinary team