Improving Oral Chemotherapy Compliance: Documenting Actual Start Date

TEAM CHARTER:

Leads: _____ **Timeframe:**

Participants: **Start Date:**_____

_____ **End Date:** _____

_____

Instructions: The purpose of this tool is to provide practice leaders with simple steps to conduct a quality improvement initiative. The framework for continuous improvement is the 3 Question Model: Aim-Measure-Change & PDCA: Plan-Do-Check-Act. Improvement model step and description are on the left. The practice-specific improvement plan is developed by filling in the blanks in the boxes in the right column. Additional resources and tips are available at http://MOQC.org and http://MSHO.org.

Initiative Background: Often the healthcare team is not aware that patients face barriers in successfully starting oral chemotherapy and continuing with the prescribed regime including: limited insurance coverage, out of pocket costs, lack of availability of local pharmacies to fill the prescription, etc. Early identification & resolution of these issues improves timely compliance with prescribe regime.

Improvement Model Steps

AIM:

What are you trying to accomplish & by when?

MEASURE:

How will you know if a change is an improvement?

CHANGE:

What changes can we make that will result in improvement?

Practice Improvement Plan:

AIM:
Improve the timely compliance with oral chemotherapy by identifying ACTUAL START DATE of initial prescription by:

_____
(date)

GOAL:
The ACTUAL START DATE of oral chemotherapy will be documented in the medical record
>_____ % of the time by _____
(date)

CHANGES:
(Select change(s) you plan to try)
- ❏ Educate Patient on Need for Good Compliance
- ❏ Utilize Start Date Mailers with 1st Rx
- ❏ Document Actual Start Dates in Medical Record
- ❏ Develop Standard Plan for Patients with Delays
- ❏ Distribute Medication Calendar (or other electronic tool information) with Rx

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Improvement Model Steps   **Practice Improvement Plan:**

PLAN:
DEFINE SCOPE

Who is In or Out?

DEFINE SCOPE
☐ *Patients on the following oral agents will get Mailers & have Start Dates recorded at the time of first Rx:*

_____

_____

_____

PLAN:
DEFINE SCOPE

Are there Special Conditions/ Exceptions?

DEFINE SCOPE
☐ **Special Condition:** *Patients on the following oral agents will receive a RETURN CALL (R/C)* _____ *week(s) after Start Date:*

_____

_____

PLAN:
DEFINE EVALUATION

What will you measure? How often?

DEFINE EVALUATION
6 weeks after implementation & as needed until goal met:

____% Records updated with start date (sample 10)

____% Patients starting medication within _____ days of Rx written

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DO: **IMPLEMENT PROCESS** *How will we standardize the work?*

PREWORK

1.Prepare Mailers
- ❑ Affix practice address labels & stamp to front of card
- ❑ Contact & office number for patient to call if issues:
- ❑ Contact Office in _____ days if issues

Tip: Use different colored cards for ease of sorting returns

Tip: Bifold postcard used meets HIPAA privacy

2. Establish Tracking Systems
- ❑ Determine who will enter data on tracking list at time of card distribution_____
- ❑ Determine who will update list when cards returned_____

Tip: *If EMR in place; check to see availability of data registry function*

3. Unknown Start Date Procedure
- ❑ If Mailer Not Returned in _____ days;
Take following action (e.g. call patient; update record with start date at next visit, etc)
_____

Tip: Be sure to coordinate with the date you asked the patient to call if they were having issues

4. Medical Record Documentation Procedure
- ❑ Start Date will be recorded in the following location:

_____

Tip: *If EMR/ E-Prescribe- post Start Date in the Comments bubble of associated medication*

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DO:
IMPLEMENT PROCESS
How will we standardize the work?

START DATE MAILER PROCEDURE

1. At Time Rx is Written (Initial/ First Time Written Only):

A.   MA /RN complete the following on prepared card (ie return label on front): Pt Name, DOB, Medication, Office Phone Number, When Patient Should Call, Rx Date, R/C (Return Call if indicated) & other special office notes as needed

B.   MA/ RN review mailer process with patient/family, including what date to record, when to call office

C.   Start Date Tracking Log is Updated by_____
    (name)

2.   At Time Mailer Returned:

A.   Tracking Log updated by _____
    (name)
B.   Medical Record updated by _____
    (name)
C.   Notify RN if Return Call (R/C) or other follow up needed

3. MA Reviews Tracking Log Weekly & Follows Unknown Start Date Procedure

A. Flag RN / physician if outstanding issue

CHECK:
Did we get the desired results?

4.   Evaluate Process

A.   Evaluation procedure conducted by _____
    (name)
B.   Share data with lead team
C.   Conduct Root Cause Analysis (WHY are we not meeting our goal)

ACT:

What can we do/change to meet our goal?

5. Adjust Procedure As Needed To Meet Goal

A. What needs to change, by when?
B. Determine if there is a way to automate the process in your office