Improving Communication between Outpatient and Inpatient Oncologists

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The Problem

In March 2012, oncology fellows and faculty participated in a survey to evaluate the possible communication gap between the outpatient and inpatient care of oncology patients.

- 86% of the faculty (n=21) and 91% of the fellows (n=11) stated that the communication between the outpatient and the inpatient oncology teams could be improved.
- When asked whether a template submitted at the time of admission would improve patient care, 86% of the faculty (n=21) and 100% of the fellows (n=10) stated that the template would improve patient care.
- 91% of the fellows (n=11) reported that they learned about an admission from the charge nurse rather than the patient’s primary oncologist or their practice nurses.
- 59% of the faculty (n=22) reported that the implementation of a template with details regarding the patient’s hospitalization at the time of discharge would improve patient care.

Figure 1. Frequency at which the inpatient team contacted outpatient oncologists as reported by faculty (n=19).

Project Plan

By implementation of templates at the time of admission and discharge, the team of physicians taking care of the patient will have accurate information regarding the treatment plan, any changes to the previous regimen and if there were any complications during the hospitalization.

Discharge Template

- With feedback obtained from fellows and faculty, a discharge template was created as a .dot phrase in APEX.
- Fellows were provided with detailed instructions on how to populate their progress note with the template by using the .dot phrase.
- When patients complete each cycle of chemotherapy, the fellows on the inpatient service complete a discharge template detailing the oncology-specific hospitalization.

Figure 2. Snapshot of a Progress Note in APEX with the discharge template.

- The outpatient oncologists can access this note when the patient is seen in clinic post-hospitalization.
- Inpatient team caring for the patient during future hospitalizations will be able to identify prior complications.

How Progress was Measured

- Surveys were distributed to the fellows in October 2012, January 2013 and April 2013 to determine how many fellows reported completing the discharge templates.
- During randomly selected weeks, patient charts were audited by the QI Project leaders.
- Between August 2012 and January 2013, two random weeks were selected for the audits. Subsequently, 4 random weeks were selected for patient chart audits to account for variability.

Results / Progress to Date

Figure 3. Frequency of discharge template completion as reported by the fellows.

<table>
<thead>
<tr>
<th>Date</th>
<th>10/12 charts</th>
<th>1/13 charts</th>
<th>4/13 charts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductory email to the fellows.</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Completion rate of discharge templates (random audit, 1-week)</td>
<td>8%</td>
<td>6%</td>
<td>0%</td>
</tr>
<tr>
<td>Initiation of monthly reminders via email &amp; Roundtable Meetings</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Completion rate of discharge templates (random audit, 1-week)</td>
<td>8%</td>
<td>6%</td>
<td>0%</td>
</tr>
<tr>
<td>Increased frequency of chart audits (because fellows reported completion of templates)</td>
<td>86.7% (10/12 charts)</td>
<td>80% (10/13 charts)</td>
<td>93.3% (10/12 charts)</td>
</tr>
</tbody>
</table>

Lessons Learned & Next Steps

Lessons Learned:
- For a successful project, it is essential that all of the involved parties are motivated and excited about the project.
- Fellows are busy and monthly reminders via email and Roundtable meetings allowed for increased compliance with the rate of discharge template completion.
- Auditing charts more frequently allowed us to account for the variability in the patient census on the consult service and how busy the fellows were in a particular week.

Next Steps:
- We have implemented pre-admission templates in APEX that are being completed by the outpatient oncologists prior to each patient’s planned chemotherapy admission. A future project will analyze the data regarding the frequency of pre-admission template completion by the outpatient oncologists.
- Practice assistants have started emailing the inpatient fellows with a list of patients who are tentatively scheduled for elective chemotherapy admission.
- We are working with representatives from APEX to determine if a specific note-type can be created with pre-populated templates for pre-admission and discharge. This will allow the outpatient oncologists and the inpatient team to find the appropriate notes more effectively and efficiently.