2013 Quality Studies and Quality Improvement Project of the Cancer Committee

As per the Cancer Committee Minutes of February 7, 2013, the following studies and quality improvement projects were approved.

**Standard 4.7: Studies of Quality (2)**

Oral chemotherapy: assessment of adherence and compliance
Chemotherapy administered within the last 2 weeks of life (lower score-better)

**Standard 4.8: Quality Improvements (2, 1 from a study)**

Process improvements from oral chemotherapy study regarding adherence and compliance from Standard 4.7 (above).

Lab draws in clinic. This is complete.

Insurance pre-authorization process evaluation, revision. It was noted that this has been a chronic problem area.

In-house dosimetry. Dr. Muff stated that this service has been expensive & less flexible than in-house dosimetry.

It was noted that we are only required to have 2 QI, but the committee agreed to try to accomplish all 4.

<table>
<thead>
<tr>
<th>Topic of Study for Standard 4.7</th>
<th>Oral chemotherapy – Assessment of medication adherence (compliance) following start of therapy</th>
<th>Chemotherapy administered within the last 2 weeks of life (lower score is better).</th>
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<tbody>
<tr>
<td>References for Benchmarking</td>
<td>QOPI Fall 2012: 1284 charts at 187 sites reported a compliance rate of 92%.</td>
<td>QOPI Fall 2011: 5037 sites reported a compliance rate of 11%</td>
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<td>Plan</td>
<td>Audit tools created to include the following yes or no questions: Oral chemotherapy monitored on visit/contact following start of therapy: (a) medication adherence assessed (b) patient compliant with oral chemotherapy orders (Note: It should be noted that the hospital's practice is to ask &amp; document the adherence/compliance on every clinic visit.)</td>
<td>Audit tools created to include the following yes or no question: Chemotherapy Administration within the last 2 week of life.</td>
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<td>Do</td>
<td>Studies determined and created audit tools. The audit will be conducted on the first visit following the start of therapy.</td>
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<td>Check</td>
<td>Compliance rates will be monitored on a monthly basis. Initial compliance rates for this study will be reported at the next committee meeting.</td>
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<tr>
<td>Act</td>
<td>Actions will be determined based on results of the audit. A list of oral chemotherapy agents was compiled. Process Improvements related to the oral chemotherapy audit: 1. An intervention was built into the Oncology Standard of Care to address documenting oral chemotherapy adherence and compliance. 2. All patients on an oral chemotherapy agent now have an orange dot on the outside of their chart as another way to alert staff to fact that patient is taking it. 3. All patients receiving oral chemotherapy now go through the chemotherapy education process with the Nursing Supervisor, or another oncology certified nurse in her absence. In the past the pharmacist had been giving the teaching, but in an effort to standardize chemotherapy education for all patients, and to confirm that all aspects of chemotherapy teaching are covered (not just education on the drug itself) we made this change.</td>
<td>Actions will be determined to improve monthly compliance rates based on results of the audit.</td>
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<td><strong>1Q2013 Report</strong></td>
<td>Committee members met to determine appropriate studies and provided suggestions to the Committee for approval. Audits begin April 1, 2013.</td>
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| **2Q2013 Report**             | April: One patient qualified for the audit. Medication adherence was not assessed. Compliance Rate: 0%  
May: There was one patient to audit with 100% compliance.  
June: Four patients audited, 3 of 4 were non-compliant. | April: There were zero patients qualifying for the study.  
May: No patients qualified for the study.  
June: One patient expired in June. |
| **3Q2013 Report**             | **July:** Three patient's audited. Two out of three were not compliant. One patient did have assessment completed by the physician but not by the nurse as it was not on the patient's medication list until after the physician generated RX later in the day and patient was not able to provide a complete list of medications being taken. Compliance Rate: 33%  
**August:** Audit included four patients. Medication adherence assessed on 100% of the patients and all patients were compliant with the oral chemotherapy orders for a compliance rate of 100%.  
**September:** One patient qualified for the study and was non-compliant with oral chemotherapy orders. Compliance: 0% | **July:** Eight patients expired in July. One received chemotherapy within the last 2 weeks of life.  
**August:** Seven patients expired. One had received chemo therapy (oral) within 2 weeks of end of life.  
**September:** Seven patients expired in September. None had received chemo within 2 weeks of the end of life.  
**Quarterly results:** 2 out of 22 patients received chemotherapy within 2 weeks of end of life. **Quarterly Results:** 9% |
| **4Q2013 Report**             | **October:** There was one oral chemotherapy patient in October. Medication adherence was assessed appropriately and the patient was compliant with oral chemotherapy orders. **100% compliance.**  
**November:** Six patients noted to have orders for oral chemo agents but none had received the treatment prior to the end of November. **Compliance: No qualifying data.** | **October:** Out of the four patients that expired in October, 2 had received chemotherapy within 2 weeks of end of life. **November:** Nine patients expired in November. One received chemotherapy in the last two weeks of life. **YTD Annual results (July through November):** 11% |