

Benefits of a Multidisciplinary Clinic Operations Workgroup as a forum for Navigator Coordinators and Quality Improvement .

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Published In/Presented At

Pauls, A. Smith, C. Sevedge, K. Beaupre, L. Chicas, M. Heffeman, C. Kenna, J. Miller, A. Roman-Rosado, R. Zubia, J. (2017, November). *Benefits of a Multidisciplinary Clinic Operations Workgroup as a forum for Navigator Coordinators and Quality Improvement*. Poster Presented at: 8th Annual Navigation and Survivorship Conference. Orlando, FL.

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Benefits of a Multidisciplinary Clinic Operations Workgroup as a Forum for Navigator Coordinators and Quality Improvement

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BACKGROUND

Multidisciplinary Care is recognized as a sign of quality cancer care according to several organizations including the American Society of Clinical Oncology, Institute of Medicine, National Cancer Institute Community Cancer Centers Program (NCCCP) and the Oncology Roundtable. Navigators are identified as an effective strategy for promoting care coordination. The NCCCP developed an assessment tool to measure maturation and quality improvement of multidisciplinary care. This tool was used for measuring baseline and improvement in developing multidisciplinary clinics (MDC's) at Lehigh Valley Health Network (LVHN). Assessment areas associated with nurse navigators include case planning, treatment team integration, integration of care coordinators, clinical trials and quality improvement. In 2011, LVHN implemented nurse navigator-coordinated MDC's utilizing the NCCCP Assessment Tool. Navigators provide individualized needs assessment and ancillary service referrals for all MDC patients, which promotes quality care coordination (Friedman et al 2014.). Presently, we have disease-specific MDC's for patients with thoracic, gastrointestinal, skin/soft tissue, breast, and genitourinary cancers. The need was recognized for an MDC workgroup to identify and discuss operational challenges for MDC's and implement process improvements.

OBJECTIVES: Workgroup objectives include identifying MDC operational challenges, tracking referrals, volumes, clinical trial accrual, patient out-migration, and implementing and evaluating process improvements.

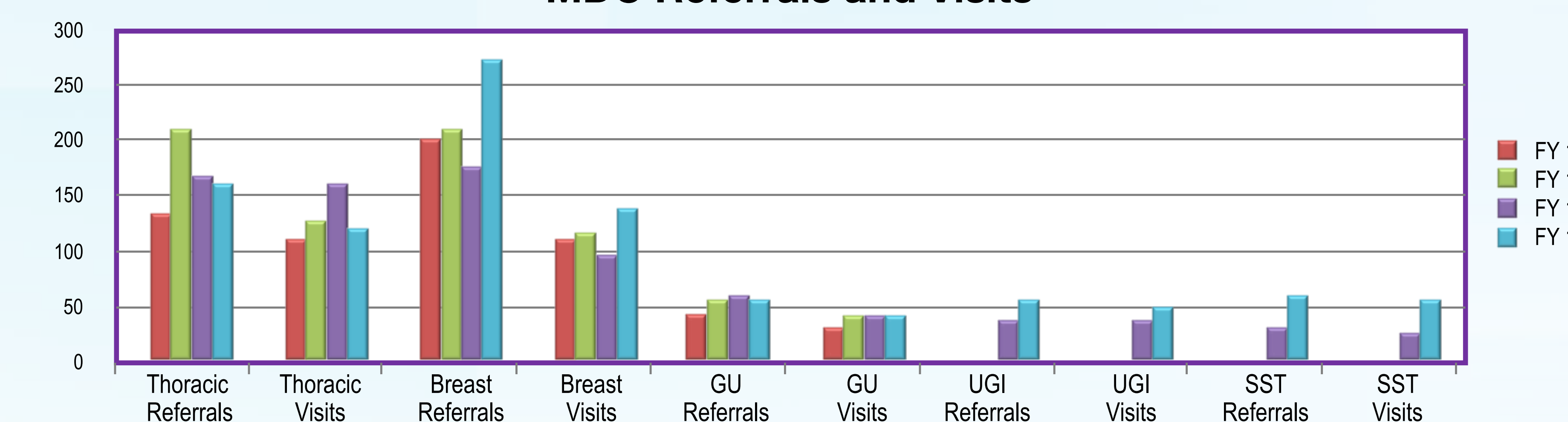
METHODS: Monthly meetings are attended by navigators, a physician champion, cancer center leadership, oncology practice managers and schedulers. An Excel spreadsheet is used to track MDC data. The navigators enter and report the data for each respective MDC including number of referrals, total number of visits, and target referral volumes. Reasons for discrepancies between referral target volumes and actual visits are discussed. Trends in referral volumes help determine the need for and frequency of MDC's and optimal patient volumes. Operational challenges encountered within the MDC's are discussed, as are reasons for patient out-migration. Navigator referrals for patients with head and neck cancer are tracked in anticipation of the development of an MDC for this population.

MDC Worksheet													
	Jul 16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-18	Apr-17	May-17	Jun-17	Total
MDC													
THORACIC													
Referrals	14	16	13	10	10	14	16	16	8	16	12	16	161
Visit New	14	16	11	7	9	13	13	8	5	10	8	7	121
Visit follow up	0	0	1	0	0	1	0	0	0	0	2	0	4
Reviewed Pts.	8	8	4	6	7	11	3	7	7	11	4	8	84
High Risk CT screen review	3	0	0	1	0	0	0	0	1	1	0	3	9
Total Patient Visits	14	16	12	7	9	14	13	8	5	10	10	7	125
Lung Screenings	27	17	23	23	33	37	23	30	50	44	41	47	395
BREAST													
Referrals	26	18	15	32	19	17	22	25	21	24	29	23	271
Total Patient Visits	13	12	11	12	8	8	12	11	14	12	12	13	138
UPPER GI													
Referrals	7	4	5	4	4	5	7	7	2	5	6	3	59
Visit New	7	4	5	4	4	5	7	7	1	4	6	3	57
Visit Follow up	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Patient Visits	4	4	5	4	4	5	7	7	1	4	6	3	54
MELANOMA													
Referrals	5	4	6	10	4	4	3	4	6	4	7	4	61
Muhlenberg Visits	5	3	2	7	4	0	2	3	1	1	5	3	36
Cedar Crest Visits	0	1	3	1	0	4	1	0	5	3	2	1	21
Total Patient Visits	5	4	5	8	4	4	3	3	6	4	7	4	57
HEAD & NECK COOR APPTS.													
Referrals								7	11	6	4	8	36
Muhlenberg Visits	0	0	0	0	0	0	0	0	1	0	0	2	3
Cedar Crest Visits	4	0	0	1	3	1	3	4	4	2	1	3	26
Visits	4	0	0	1	3	1	3	4	5	2	1	5	29
MDC TOTAL ELIGIBLE BY SITE													
CLINICAL TRIALS													
Thoracic	1	0	0	0	2	0	0	0	0	0	0	1	4
Breast	4	0	1	1	0	0	0	1	0	1	0	0	8
Prostate	0	0	0	0	0	0	0	0	0	0	0	0	0
GI	0	0	0	0	0	0	0	0	0	0	0	0	0
Melanoma	1	0	0	1	1	0	0	0	0	2	0	1	6
TOTAL ELIGIBLE	6	0	1	2	3	0	0	1	0	3	0	2	18
MDC TOTAL ACCRUED BY SITE													
CLINICAL TRIALS													
Thoracic	1	0	0	0	2	0	0	0	0	0	0	1	4
Breast	0	4	0	1	3	1	0	3	1	0	1	0	14
Prostate	0	0	0	0	0	0	0	0	0	0	0	0	0
GI	0	0	0	0	2	0	0	0	0	0	1	0	3
Melanoma	1	0	0	1	1	0	0	0	0	2	0	1	6
TOTAL ACCR	2	4	0	2	8	1	2	4	3	8	8	12	27
SECOND OPINION													
IN-MIGRATION													
Thoracic	0	1	0	0	0	0	1	1	0	2	0	0	5
Breast	1	0	0	0	0	0	0	0	0	0	0	0	1
Prostate	1	1	0	0	0	0	0	2	0	0	0	0	4
GI	0	0	0	0	0	0	0	0	0	0	1	0	1
Melanoma	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	2	2	0	0	0	0	1	3	0	2	1	0	11

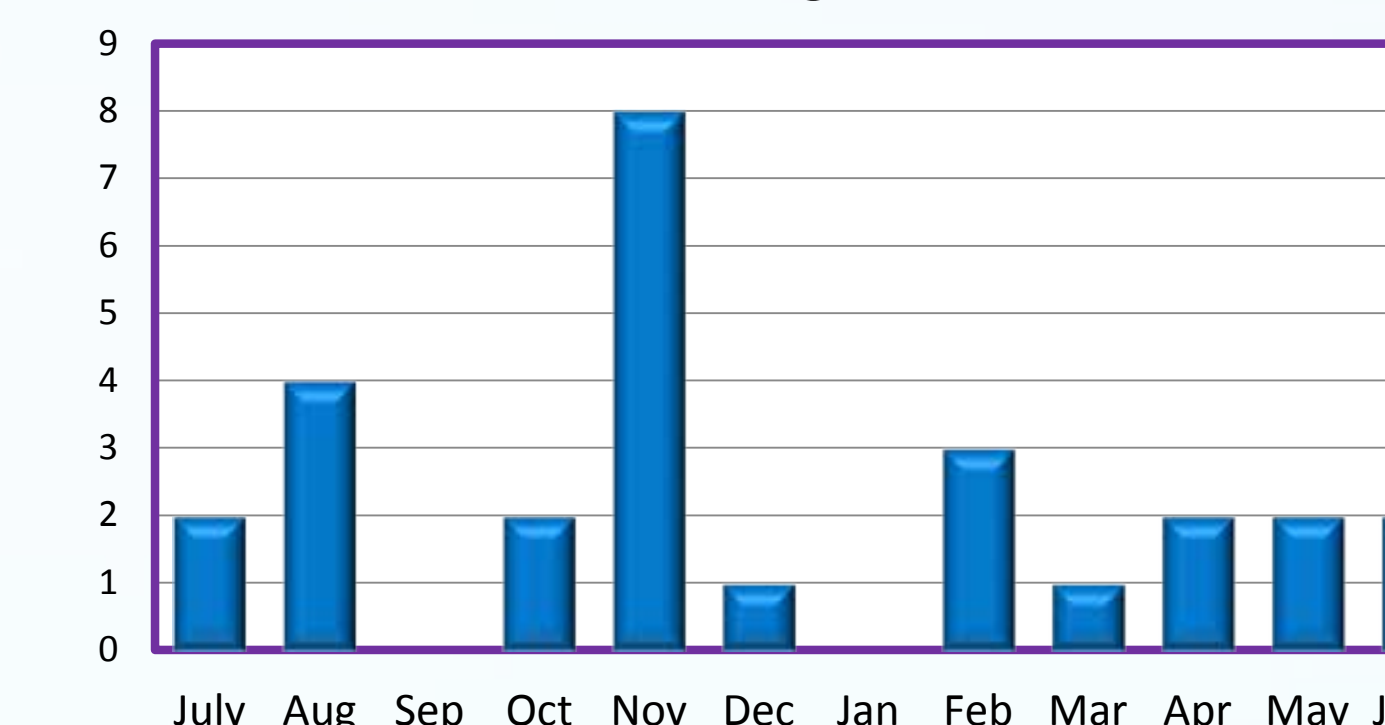
RESULTS

All MDC's have increased from a baseline score of Level 1 to Level 5 based on the NCCCP Assessment tool for the areas associated with the navigator role. 100% of MDC patients are screened for clinical trials with an average annual accrual of 25 patients. Referrals increased from 379 in FY14 to 608 in FY17. Visits increased from 260 FY14 to 412 in FY16. Operational process improvement included designation of physician back-up to avoid cancellations due to lack of physician availability. Annual review of skin/soft tissue volume data has resulted in decreasing the number of appointment slots by one appointment per MDC. Improvement in timely scheduling of patients for post-MDC appointments has occurred through increased involvement of navigators in identifying and facilitating appointments. Head and neck cancer patient referrals support development of an MDC for this population and planning is underway.

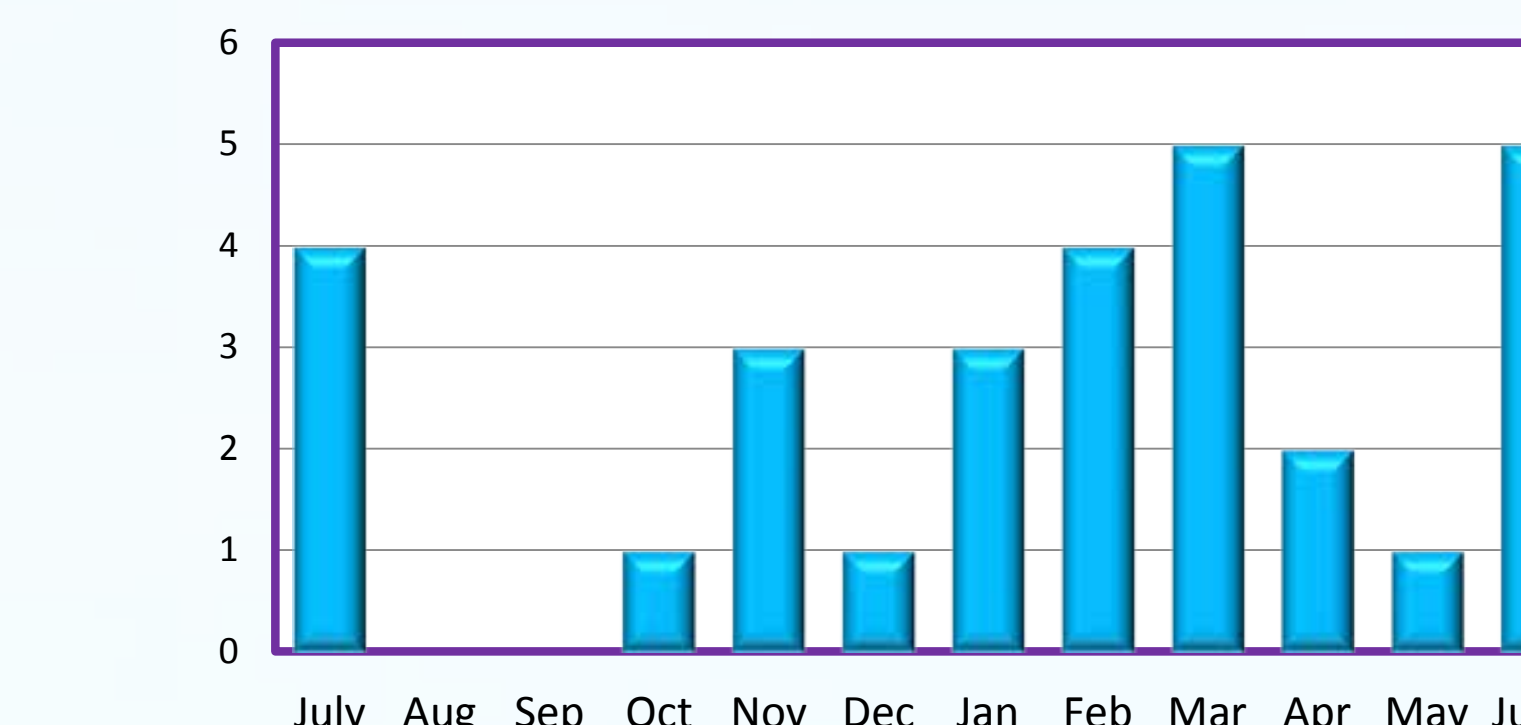
MDC Referrals and Visits



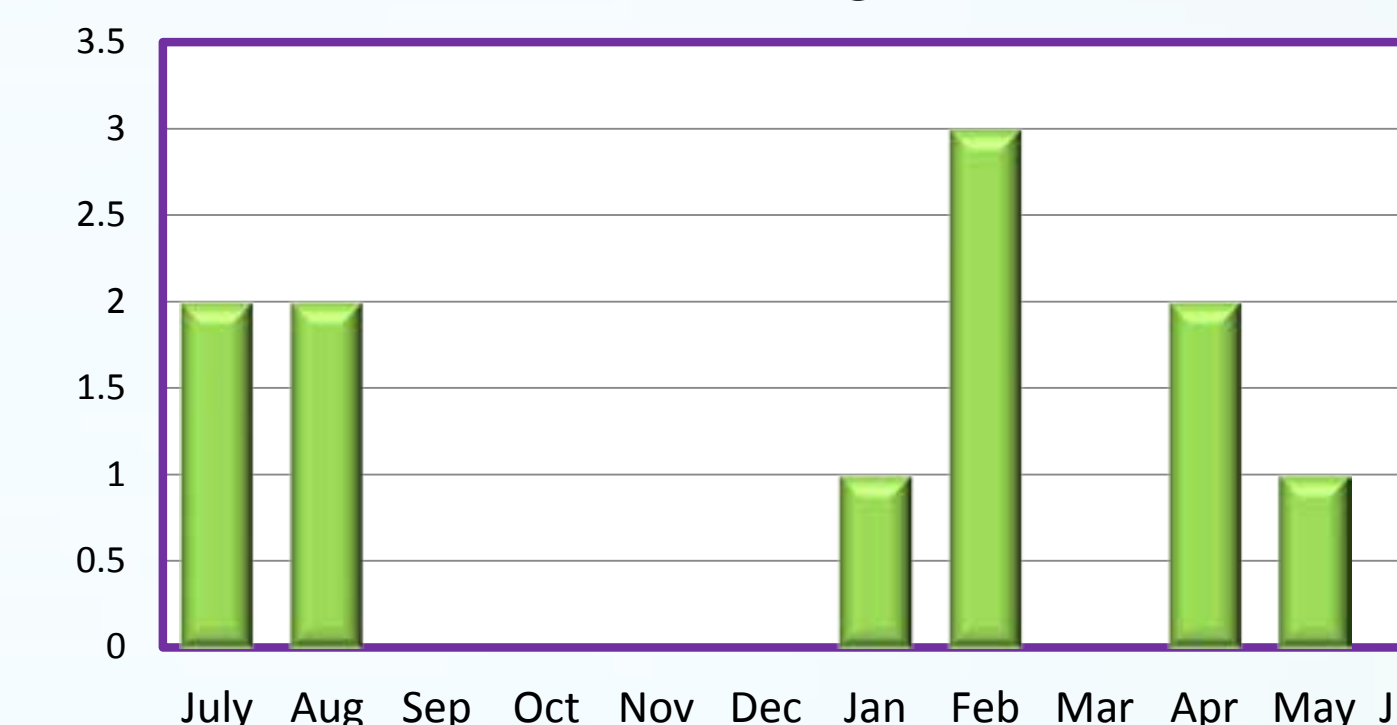
Clinical Trials Accrued FY 2017



Head & Neck Coordinated Apts. FY 2017



Second Opinion In-migration FY 2017



CONCLUSIONS

The navigator-coordinated MDC workgroup provides a forum for process improvement. Utilizing the NCCCP Assessment Tool provides a baseline and pathway for MDC improvement. Out-migration data collected in FY17 will serve as a baseline as we focus on patient retention in FY18.