

2018 Public Reporting of Outcomes Annual Report (Standard 1.12)

Each year the Cancer Committee at CHRISTUS Spohn develops and disseminates a report on program outcomes to the public as required by the American College of Surgeons (ACOS) Commission on Cancer (CoC) standards. The content of the report includes outcome information on one or more of the Patient Outcomes standards.

Studies of Quality Standard 4.7

Scheduling Blood Transfusions

The need for a blood transfusion is a prominent clinical problem affecting the many cancer patients. The most common use of blood transfusion in cancer patients is to treat anemia. Anemia is a reduction in the number of red blood cells in the body, and is common for cancer patients to develop. Anemia can be an effect of the cancer itself, or can be caused by different types of treatments such as chemotherapy and radiation.

Referring physicians had noted the inability of the infusion department to get patients in for necessary/medically appropriate blood transfusions in a timely manner (up to one week for them to be put on the treatment schedule), and thus, many patients were being diverted to the ER for their needed blood products, where they experience delays in the ER, and being subjected to many other illnesses by waiting in ER common spaces.

In order to determine the cause of these delays and determine what necessary actions needed to be put into place to correct this issue, a quality study was completed.

Results:

It was necessary to study this and review patient scheduling data to determine what the delays to treatment were. Was it improper documentation, authorizations, not all information needed to schedule, delays in type and crossmatch, lack of staff, etc.

- 10 patients reviewed for Q2 2018
- 8 patients reviewed for Q3 2018
- 18 total patient records reviewed and analyzed
- 10 patients (55%) were scheduled within 48 hours of the written physician orders for a transfusion.
- 8 patients (45%) had various notes delaying scheduling the patient for a transfusion. Issues noted were:
 - CBC was not completed within 3 days (policy states CBC must be within 3 days of the patient receiving transfusion).
 - Type & Cross not within the needed 3-day timeframe.
 - Hemoglobin not less than the 8.0 threshold, and no documentation of if patient is symptomatic.
 - No patient consent form signed by physician and patient
- 2 patients (11%) sent to ER due to delays in scheduling due to no chair or staff available

Other considerations:

- The Christus Spohn Cancer Center Outpatient Infusion hours of operation: M-F 8-5
- A type and cross is only needed for blood transfusions not platelet transfusions.
- It can take a minimum of 2 hours to do a type and cross, longer if there are antibodies present.
- 1 unit of blood runs over 2 hours.
- 1 unit of platelets runs over 1 hour.

Cancer Committee Recommendations:

- Modify infusion scheduling to appropriately accommodate transfusion patients.
- Develop blood transfusion guide that shows the process and needed documentation to schedule a transfusion. Utilize the guide to educate outside referring physicians.
- Put a realistic deadline and timeframe on scheduling transfusions if all documentation is appropriate.
- Create check off form for offices that consistently send orders for transfusions.

Follow-up:

- Once recommended measures in place, continue to monitor scheduling for appropriate timeframes.

Quality Improvements Standard 4.8

Adequate Nutrition for Head and Neck Cancer Patients

Head and neck cancer patients face unique challenges in maintaining adequate nutrition. Both the disease itself, and the treatments (especially surgery and chemo-radiation therapy), have a significant negative impact on upper digestive tract function, and oral intake is often insufficient during and after therapy. Patients undergoing combined chemo/radiation often experience severe mucositis, which can lead to insufficient oral intake resulting in missed appointments, weight loss, dehydration and hospitalization.

Placement of a gastrostomy tube is the most common approach at ensuring safe delivery of adequate nutrition, but the optimal timing for placement remains unclear. Prophylactic (pretreatment) gastrostomy tube placement is commonplace, but there is a lack of evidence to support this practice for all patients.

The Radiation Oncology team took the opportunity to ensure we were meeting the needs of this population of patients by putting measures in place to ensure this subset of patients was well managed by:

- Developing a nutrition screening and referral program to assist in identifying new head-and-neck patients who are at risk of developing or who are currently experiencing malnutrition.
- Developing ongoing nutritional needs questionnaire for documenting about G-tube placement, education on use of g-tube, and dietary consultations. A method for use of questionnaire in patient follow up was also put into place.
- Developing patient education materials to ensure patients have full understanding proper nutrition, side effects, potential weight loss, proper foods, etc.

Follow-up:

- Nutrition intervention will be proactive and frequent and will include intensive symptom management.
- Prophylactic feeding tube insertion will be seriously considered for individuals initially presenting with 1 or more of the following symptoms: significant weight loss (more than 5% in 1 month or more than 10% in 6 months), body mass index below 18.5, dysphagia, anorexia, dehydration, pain, or any other symptom that interferes with the ability to eat.
- The interdisciplinary team will follow these patients weekly during active treatment to ensure adequate provision of nutritional requirements, effective symptom management, and preservation of the swallowing mechanism.