Quality Improvement Toolkit
Colorectal Cancer Care

April 27, 2011

Logistics

Questions during the LiveMeeting?

- Questions will be answered at the end of the session
- Send questions via LiveMeeting or to cyberseminar@va.gov

Agenda

- Welcome!
- Toolkit Series Overview
- CRC Care Toolkit: Website Tour
- QI in Action: Two CRC tool case studies
- Q&A

Presenters

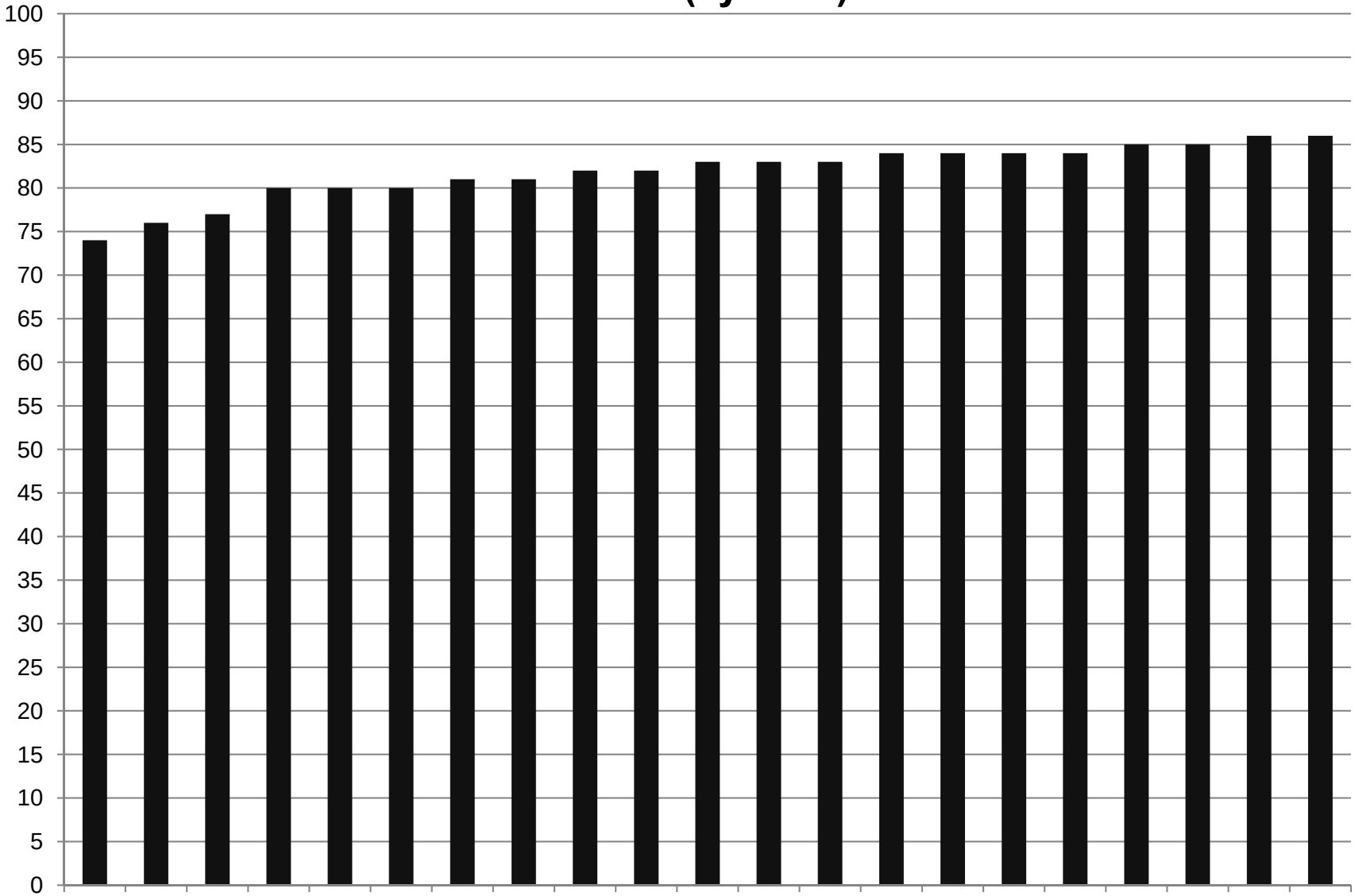
- **Dede Ordin, MD, MPH -** Director, Special Studies, VA Office of Informatics and Analytics
- **Jennifer Malin, MD, PhD -** Division of Hematology Oncology, VA Greater Los Angeles Healthcare System
- **Steve Asch, MD, MPH -** Associate Chief of Staff, HSR&D, VA Greater Los Angeles Healthcare System
- **Joya Golden, MSW -** Evaluation Coordinator, HSR&D, VA Greater Los Angeles Healthcare System
- **Adam Powell, PhD, MBA -** Investigator, VA Center for Chronic Disease Outcomes Research
- **Andrea Leaf, MD -** Assistant Chief, Clinical Oncology, New York Harbor Healthcare System, Brooklyn Campus

Welcome &
Recap: Quality of CRC Care in VA

Dede Ordin, MD, MPH
Director, Special Studies
VA Office of Informatics and Analytics

% of members 50 - 75 years of age who had appropriate CRC screening

YTD FY 2011 (by VISN)



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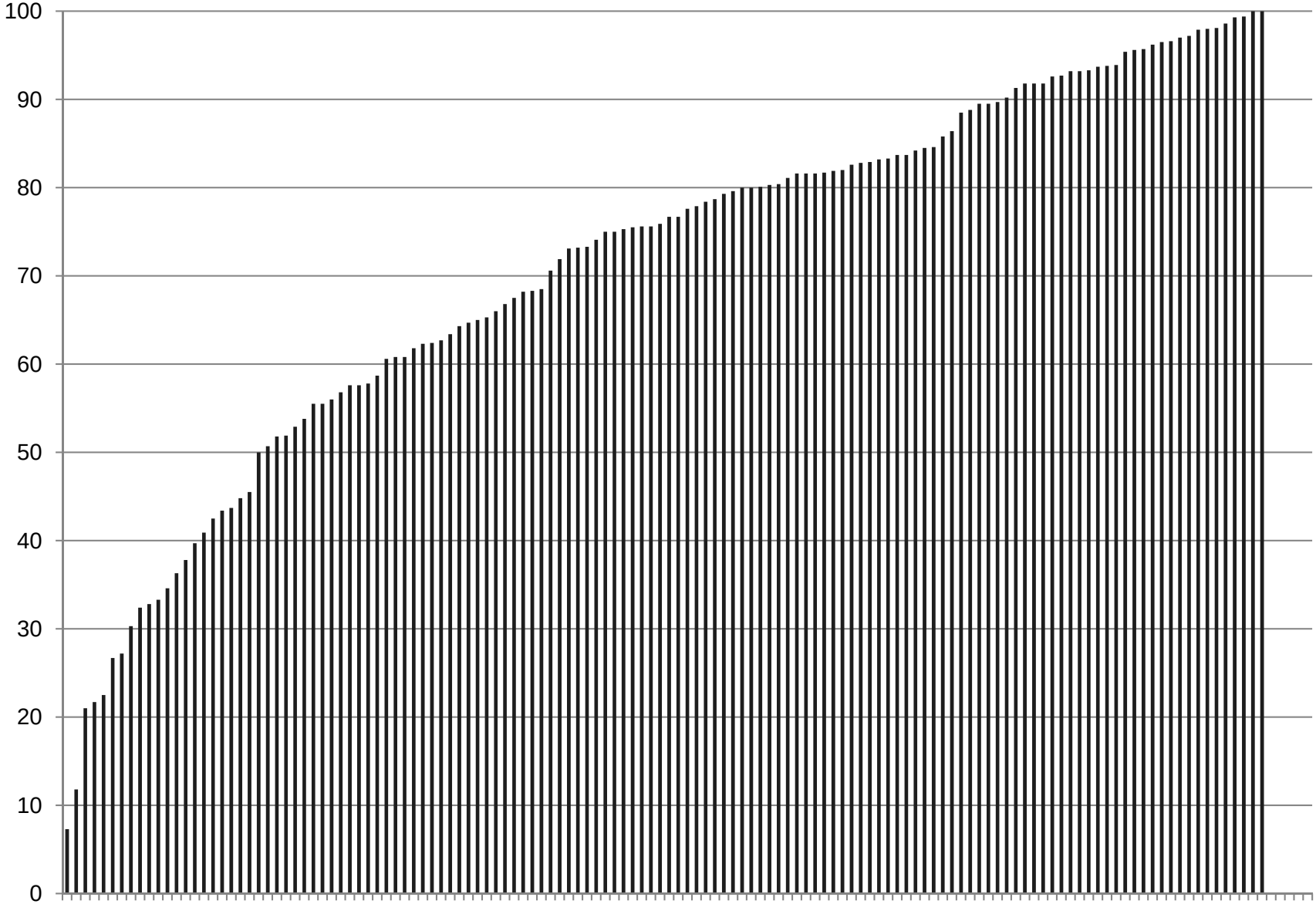
% of patients who underwent colonoscopy ≤ 90 days after the date of the first positive CRC screening FOBT (by facility)

FY 2010



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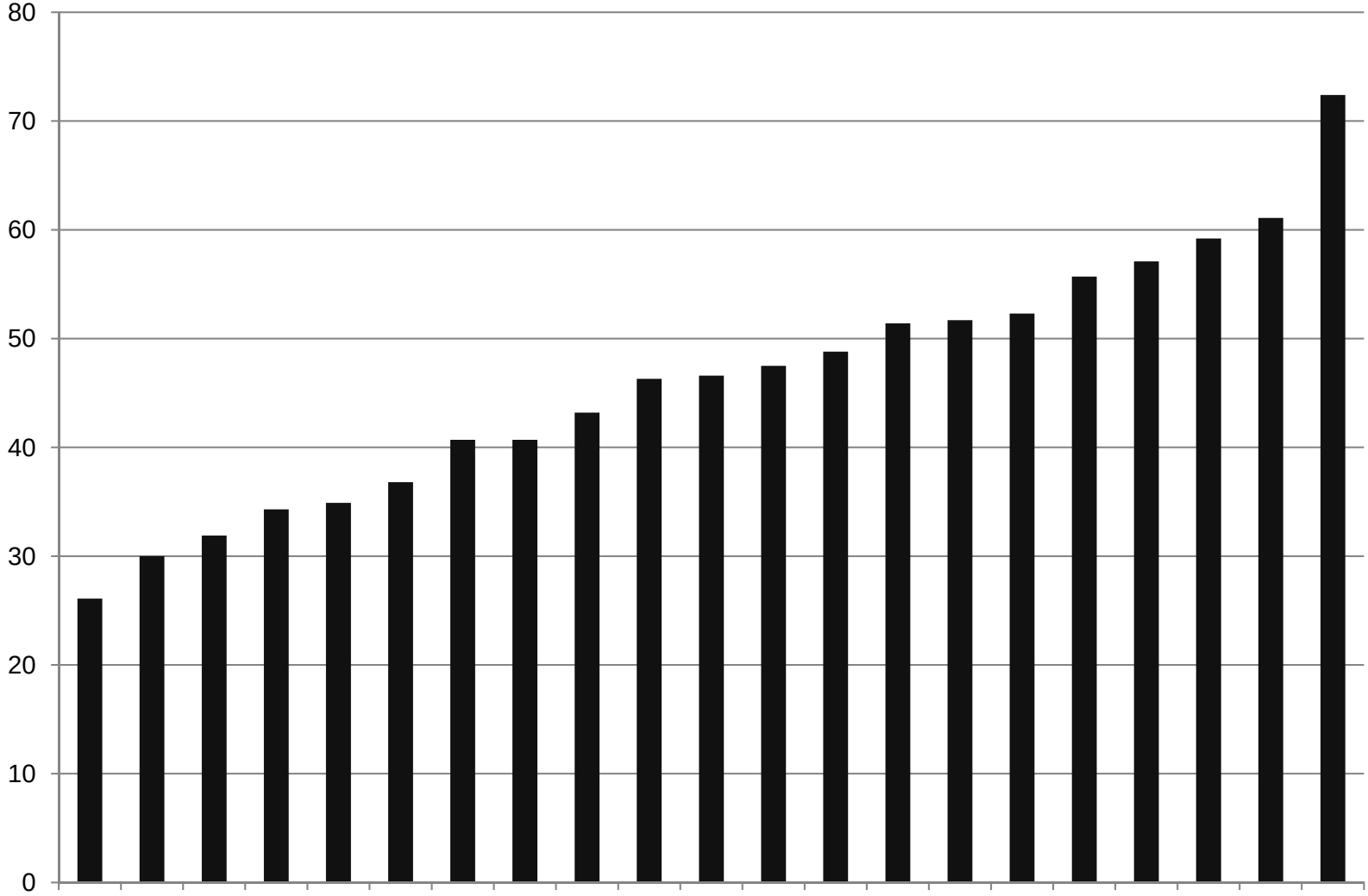
13 or more lymph nodes resected for stage II and III CRC patients undergoing curative-intent surgical resection (VISN level data)

(OQP Special Study on Quality of CRC Care in the VA 2003-2006)



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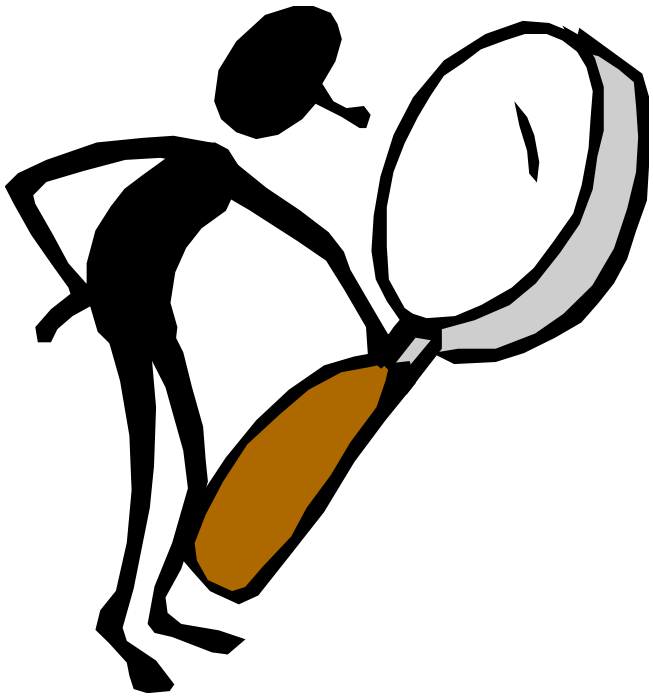
Toolkit Series Overview

Jennifer Malin, MD, PhD
Division of Hematology Oncology
VA Greater Los Angeles Healthcare System

Steve Asch, MD, MPH
Associate Chief of Staff, HSR&D
VA Greater Los Angeles Healthcare System

Imagine a school where performance was graded, but little else was provided to guide performance improvement…



Without the proper tools, performance improvement cannot be evaluated, measured, or improved upon.

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Colorectal Cancer Care Toolkit …. to the rescue!

- Launched March 2011
- Designed to help VA facilities create a feasible QI plan
  - ✓ *each tool linked to 1+ VA quality metrics*
  - ✓ *search for tools by indicator or by name*
- Special thanks to QUERI Colorectal Cancer Care Collaboratives (C4 Treatment and Diagnosis Collaboratives)
- This is your website! (many interactive features)

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CRC Toolkit Website Tour

Joya Golden, MSW

CRC Care Toolkit Tour

- User's Guide to Quality Improvement
- How to find tools for possible adoption
- How to share your experiences and innovations with other Toolkit users

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Toolkit Series Homepage

QUALITY IMPROVEMENT
TOOLKIT Series

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This uniquely interactive site is designed to help your facility improve its performance measures and quality improvement efforts across a variety of high-priority care conditions. It features different Toolkits - each targeting a different clinical condition - that offer ready-to-use, concrete innovations you can implement in your department or facility that may help you improve facility performance on a different quality indicator.

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TOOLKIT FAQ's

USERS GUIDE	TOOLKITS
This guide is a brief, helpful tutorial for Toolkit users who are new to conducting a QI project (team building, setting aims, measuring impact, etc.) using TAMMCS, with examples from each Toolkit topic. **TOOLKIT USERS GUIDE**	**LUNG CANCER** **COLORECTAL CANCER** **PROSTATE CANCER** - ***COMING SOON!*** ***MORE TO COME!***

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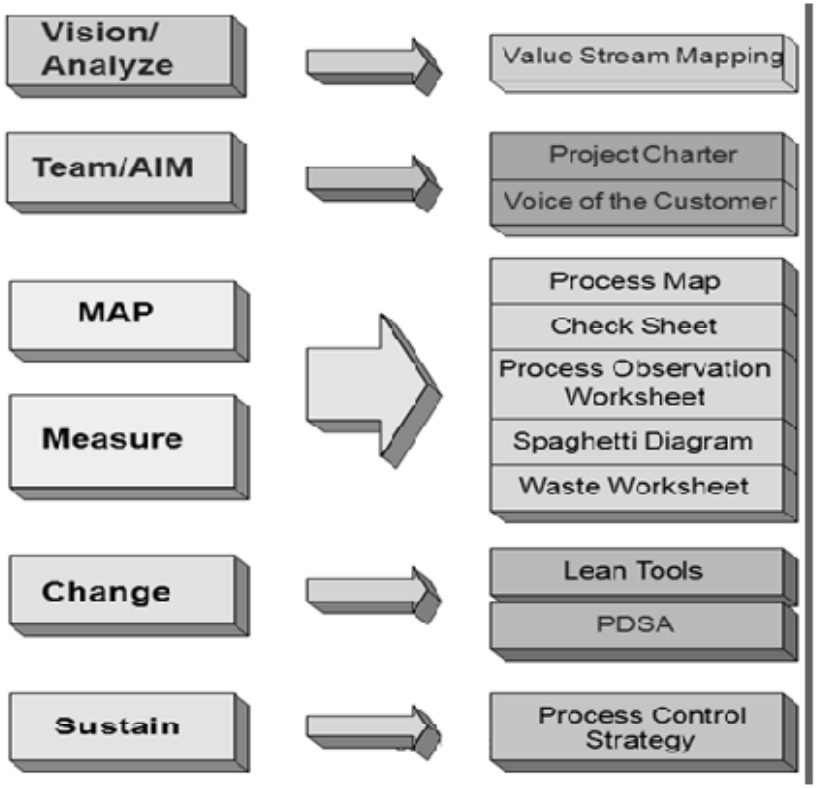
What is VA-TAMMCS?

VA-TAMMCS is the Systems Redesign organizational framework developed by the VA Office of Systems Redesign to improve the care provided to US veterans at VA facilities nationwide. VA-TAMMCS is easy to understand and put into practice. The QI Toolkit Series was developed to share VA-TAMMCS with you, so that your team can design and implement projects that will improve the quality of the care you provide. Once an area for improvement has been identified and leadership support has been established, your team can use the VA-TAMMCS framework for any quality improvement initiative, whether long-term or short-term, large-scale or small-scale. While no framework for improvement is perfect, we do know that adopting and using a consistent framework to organize the improvement process will clarify and facilitate the team's work.

Click on items in the diagram below for further explanation:

Systems Redesign TAMMCS Framework



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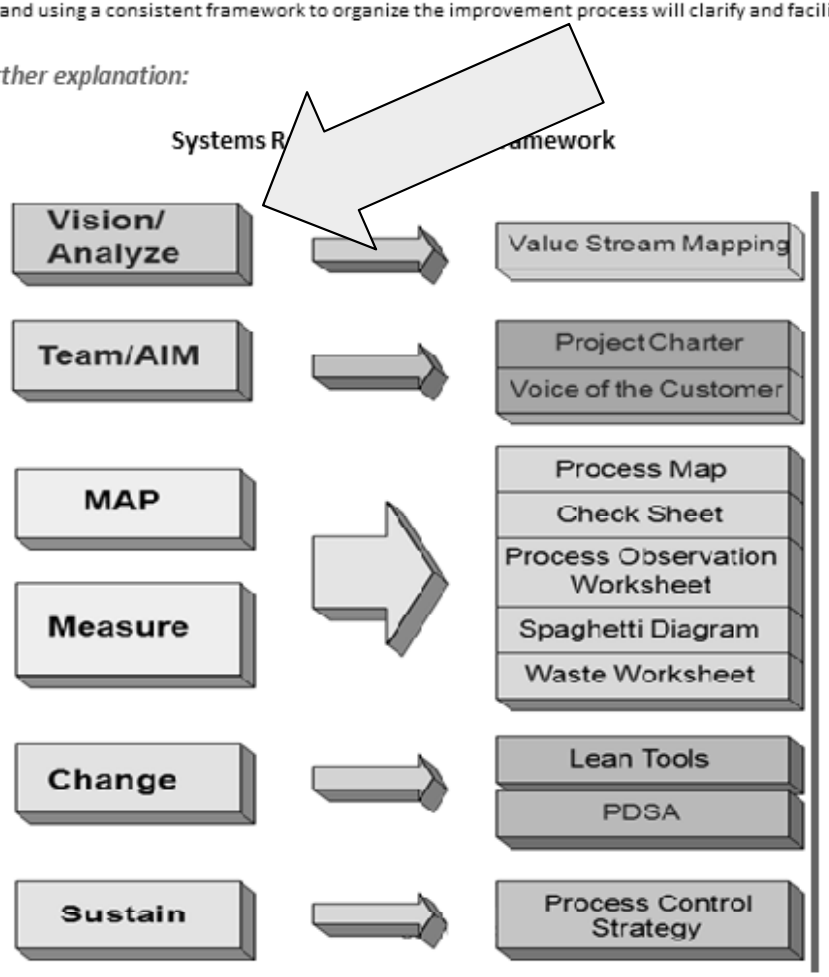

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User's Guide to Quality Improvement

STEP #1: VISION/ANALYZE

The "Vision-Analyze" steps involve mapping how your processes are currently working at a very high ("50,000-foot") level. Continuum of care mapping and the more detailed value stream mapping are done to draw a picture of how care is delivered. You and your staff know what is *supposed* to happen, step by step, from the time a patient receives a certain diagnosis through treatment and support. The "Vision-Analyze" steps show you what *actually* happens.

In VA-TAMMCS steps 3-4 (Map & Measure), you'll go even deeper into individual processes and sub-processes. For now, focus on the big picture!

Continuum of Care Mapping

Understanding the continuum of care is critical to determining what changes are needed to improve care. The medical evaluations that are required to diagnose a disease, its particular characteristics in a given patient as well as the assessment of a patient's overall medical condition are complex. There are many necessary steps that encompass the continuum of care leading to the determination of appropriate treatment.

In order to analyze how well your facility is performing in meeting a quality indicator for s particular condition, you should consider not only the specific element of that indicator but also determine if the processes of care up to that point have been performed in an optimal manner. This assessment includes identifying barriers to reaching a stated goal, which may be categorized as organizational, structural, process, knowledge, etc. During the analysis, opportunities for improving a quality goal may become evident in the form of streamlining processes, assigning responsibility for certain functions, facilitating tasks, and increasing the knowledge base.

Continuum of care mapping is one of the most important Lean and Systems Redesign tools and strategies described in this toolkit that can help you focus your efforts. Other Lean tools can then be used with the continuum of care map to identify operational barriers and sources of variation.

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User's Guide to Quality Improvement

Colorectal Cancer Data Collection Tool

Cancer Type 1= Colon 2= Rectal	Date of Diagnosis (when pathology report is signed by a pathologist)	Preop CT scan of the abdomen and pelvis (or pt refusal) for crc pts undergoing curative-intent surgical resection	Date of staging abdomen CT-scan	Preop CEA determination for stage I/II/III crc pts undergoing curative-intent surgical resection	Pts with preop obstructive lesion	Date of surgical resection	12 or more lymph nodes resected for crc pts underwent curative-intent surgical resection	Clear margins for crc pts underwent curative-intent surgical resection	TNM Staging
TYPE	Q 1	Q 2	Q 3	Q 4	Q5	Q6	Q7	Q8	Q 9
1	1/7/08	N/A	8/12/09	N/A	No	2/13/08	N/A	N/A	Stage I with T2N0M0
1	2/27/08	Unknown	7/20/09	No	Yes		No	Yes	Stage I with T2N0M0
1	2/6/08	Yes	2/28/08	No	No	3/14/08	Yes	Yes	Stage IIIA:T1-T2N1M0
1	2/15/08	Unknown	2/2/09	Yes	No	2/17/08	Unknown	Yes	Stage IIA:T3N0M0
1	4/15/08	Pending		Pending	No	4/16/08	N/A	N/A	Stage IIIB:T3-T4N1M0
1	3/18/08	N/A		N/A	No		N/A	N/A	Stage I with T2N0M0
1	2/28/08	Unknown		Yes	No	7/2/08	Unknown	No	Stage IIIA:T1-T2N1M0
1	2/21/08	N/A		N/A	No		N/A	Yes	Stage I with T2N0M0
2	3/5/08	N/A		N/A	No	5/20/09	No		Stage IIA:T3N0M0
1	3/17/08	N/A		N/A	No		N/A		Stage IIIA:T1-T2N1M0
1	3/25/08	N/A		N/A	No		Yes	Yes	[illegible]age documented
2	4/24/08	N/A		No					
1	12/10/08	Yes	12/23/08	Yes	Unknown	2/4/09	N/A	Yes	
2	1/9/09	N/A		N/A	No		N/A	N/A	
2	12/15/08	No		N/A	No		N/A	N/A	
2	11/19/08	No		Yes	No	1/14/09	No	Yes	
1	11/3/08			No			N/A	N/	
1	10/21/08	No		Yes	Yes		N/A	N	
1	8/18/08						N/A	N	

Instructions | CRC Tool

The Conditional Formatting is used here. The cell will turn **RED** when the surgical resection date is before the diagnosis date, otherwise the date will show up.

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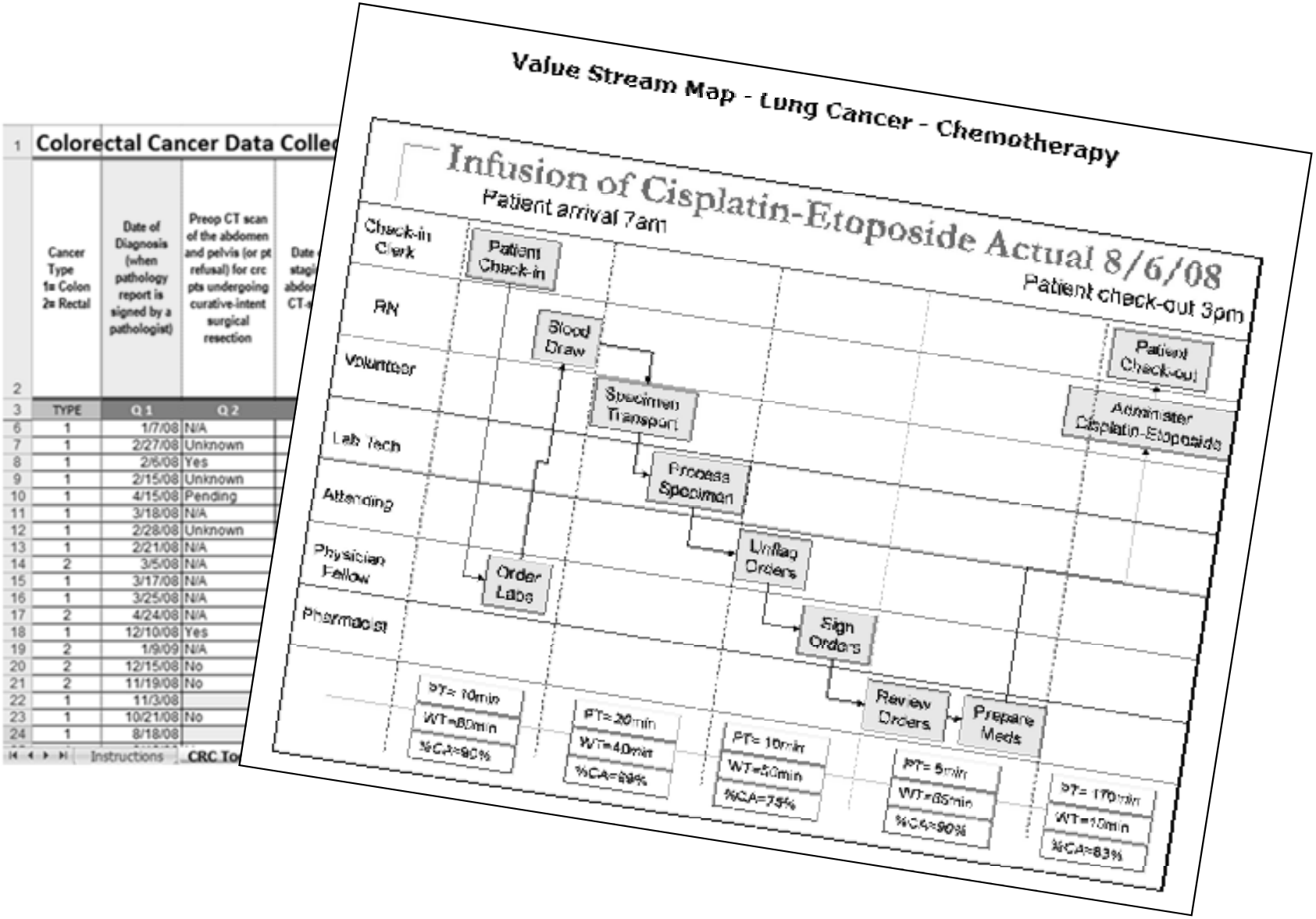
User's Guide to Quality Improvement



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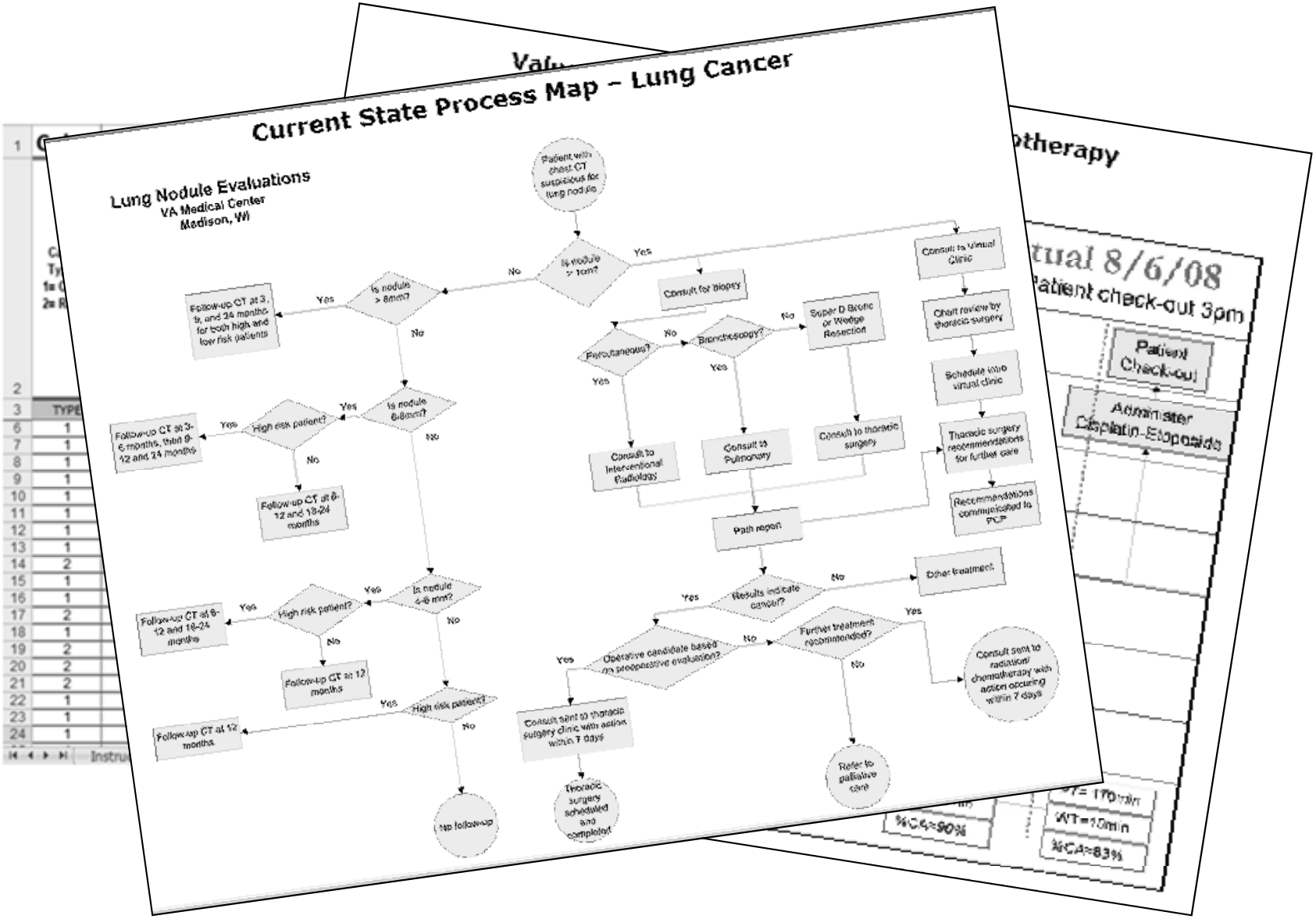

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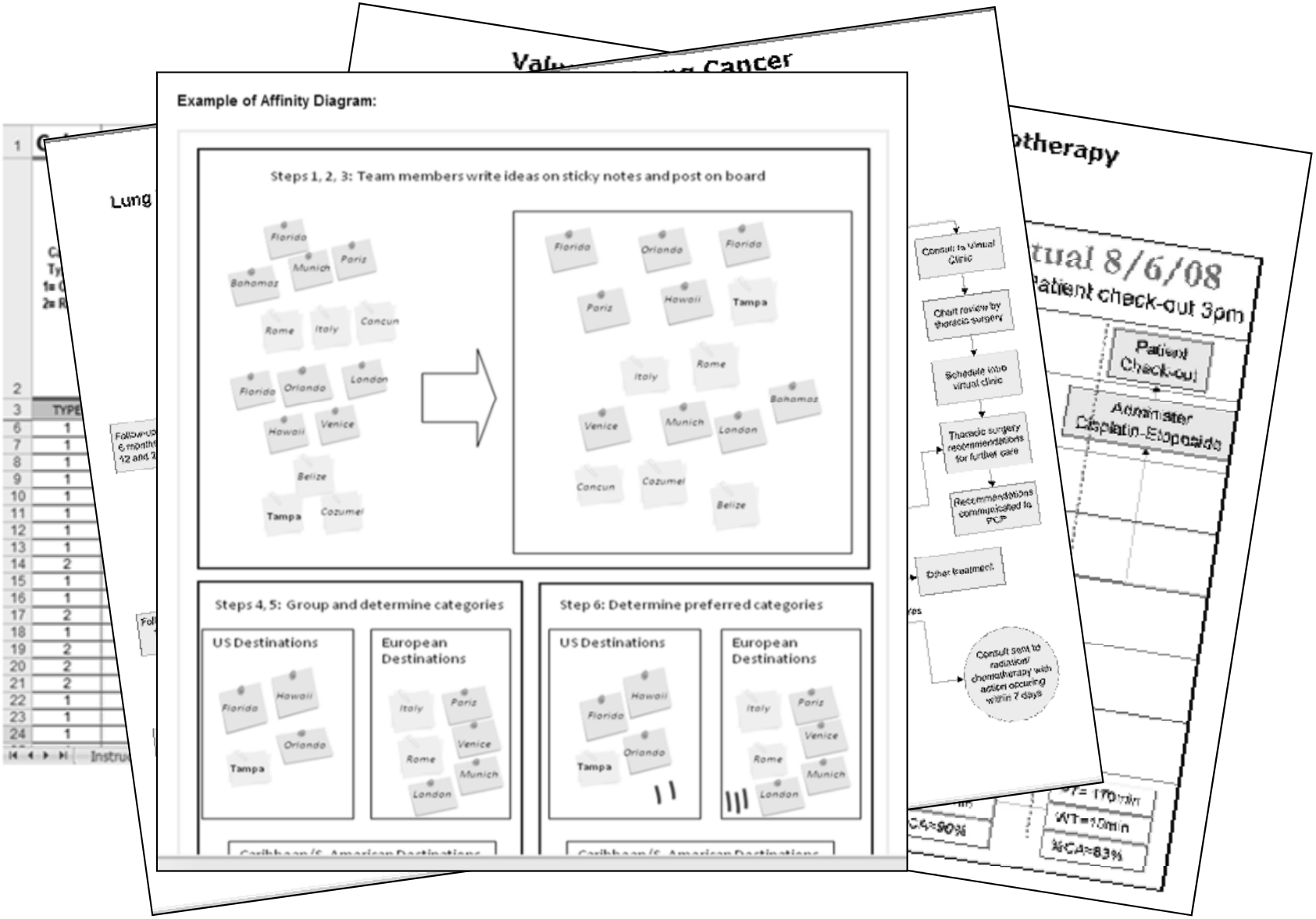

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Toolkit Series Homepage

Toolkit Series Menu

This site offers a centralized compilation and sharing of tools to best target your performance improvement needs according to OQP'S PERFORMANCE INDICATOR SYSTEM.

Each Toolkit has been designed to help you create a feasible quality improvement plan by recommending specific tools and resources already available to better support clinical decision-making and optimize delivery of care. Every Tool has been matched to one or more OQP quality indicators to help you quickly target ways to improve facility performance in specific areas.

Lung Cancer Care

HOW CAN THE LUNG CANCER QUALITY INDICATORS HELP ME
LUNG CANCER CARE TOOLS LIST
LUNG CANCER QUALITY INDICATOR BY TOOL TABLE
LUNG CANCER TOOL BY QUALITY INDICATOR TABLE
UNDERSTANDING THE LUNG CANCER CONTINUUM OF CARE

Colorectal Cancer Care

HOW CAN THE COLORECTAL CANCER QUALITY METRICS HELP ME
COLORECTAL CANCER CARE TOOL LIST
COLORECTAL CANCER QUALITY METRIC BY TOOL TABLE
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Prostate Cancer Care

Coming Soon

Hepatacellular Cancer Care (HCC)

Coming Soon

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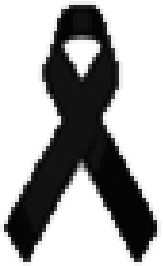
CRC Toolkit

Colorectal Cancer Care



HOW CAN THE COLORECTAL CANCER QUALITY METRICS HELP ME

COLORECTAL CANCER CARE TOOL LIST

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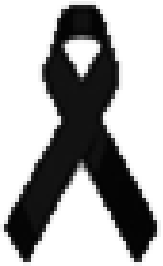

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CRC Toolkit

HOW CAN THE COLORECTAL CANCER QUALITY METRICS HELP ME?

UNDERSTANDING THE OQP COLORECTAL CANCER QUALITY METRICS

OQP regularly evaluates selected aspects of colorectal cancer care. The most mature indicator tracked is colorectal cancer screening which has been regularly reported for all facilities for years using the standard External Peer Review Program (EPRP) process (PM11c). In addition, OQP monitors the rates at which positive fecal blood tests are properly followed up with colonoscopies [PM(A3)].

In FY2007, OQP decided to extend some measurement activities beyond screening. OQP conducted a special study to assess the guideline-adherence and timeliness of colorectal cancer care. The study population consisted of a sample of cases diagnosed between October 1, 2003 and March 31, 2006. The purpose of the study was to identify and prioritize improvement opportunities in CRC care and formed the basis for the Colorectal Cancer Treatment and Surveillance DUSHOM Monitor. This monitor requires that each medical center identify at least one step in their process of CRC treatment and/or surveillance to be targeted for a structured performance improvement project. Beginning in 2010, facilities are required to report performance on the CRC monitors as follows:

> "At the end of each quarter each medical center will enter into the Systems Redesign web site, results from two measures selected from the list [of monitors]. One of the measures must address clinical colorectal cancer treatment and follow-up, and one must address timeliness. The two selected measures must be reported for all four quarters. Additional measure results may also be reported."

This toolkit has been designed to help your team create a feasible quality improvement plan by recommending specific tools to improve performanc on the OQP metrics. Prior monitoring and CRC care collaboratives (e.g., QUERI Colorectal Cancer Care Collaborative, known as C4), have identified strong practices that may be helpful to all facilities in their efforts to improve CRC care quality. We have distilled these strategies into concrete tools,

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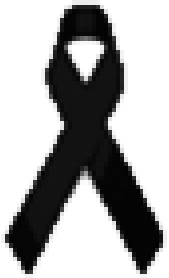

HOW CAN THE COLORECTAL CANCER Q[illegible]TRICS HELP ME

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COLORECTAL CANCER QUALITY METRIC BY TOOL TABLE

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CRC Toolkit

Colorectal Cancer Care Tool List

Particular thanks to the VA Colorectal Cancer Care Collaborative (C4) where many of these tools were developed.

Tool 1 - CPRS link to the 2008 US Preventive Services Task Force clinical recommendation statement

Tool 2 - CPRS clinical reminder for screening

Tool 3 - CPRS reminder for notifying patients of a positive FOBT result

Tool 4 - CPRS referral template for colonoscopy

Tool 5 - CPRS order set to complete diagnostic work-up

Tool 6 - Positive FOBT tracking tool

Tool 7 - CPRS template to assist with documentation of pre-operative CEA

Tool 8 - Cancer care coordinator

Tool 9 - Cancer care coordinator tracker for collecting dashboard data

Tool 10 - Service agreement between Primary Care and Gastroenterology

Tool 11 - Patient reminder to return screening specimen

Tool 12 - Patient letter template for test result notification (FOBT and colonoscopy)

Tool 13 - Patient instructions for colonoscopy preparation and aftercare

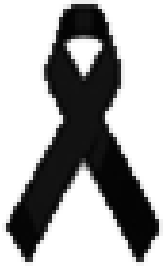
Tool 14 - CPRS template to assist with documentation of AJCC stage

Tool 15 - Pathology report template

https://vaww.visn11.portal.va.gov/sites/Indianapolis/verc/occ/Pages/toolkit_homepage.aspx

CRC Toolkit

Colorectal Cancer Care



HOW CAN THE COLORECTAL CANCER QUALITY METRICS HELP ME

COLORECTAL CANCER CARE TOOL LIST

COLORECTAL CANCER QUALITY METRIC BY TOOL TABLE

COLORECTAL CANCER TOOL BY QUALITY METRIC TABLE

UNDERSTANDING THE COLORECTAL CANCER CONTINUUM OF CARE

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CRC Metric by Tool Table

Colorectal Cancer Quality Metric by Tool Table

OQP COLORECTAL CANCER QUALITY METRIC	RECOMMENDED TOOL(S) TO IMPROVE PERFORMANCE
Diagnosis and Work-Up Indicators	
PM11c: CRC Screening	Tool 1: CPRS link to USPSTF recommendations Tool 2: CPRS screening reminder Tool 10: Service agreement: PCP and Gastroenterology Tool 11: Patient letter: FOBT return reminder
PM(A3): Colonoscopy post FOBT (+)	Tool 3: CPRS patient FOBT notification reminder Tool 4: CPRS colonoscopy referral template Tool 6: Positive FOBT tracking Tool 12: Patient letter: FOBT and colonoscopy test results Tool 13: Patient instructions colonoscopy
CR-1: Pre-op CEA	Tool 5: CPRS diagnostic work-up order set Tool 7: CPRS pre-operative CEA template Tool 14: CPRS AJCC stage documentation template

Local intranet

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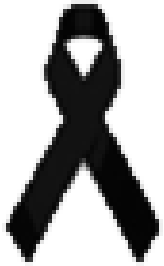
CRC Toolkit

Colorectal Cancer Care



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CRC Tool by Metric Table

Colorectal Cancer Tool by Quality Metric Table

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1	CPRS link to USPSTF recommendations	• PM11c: CRC Screening
2	CPRS screening reminder	• PM11c: CRC Screening
3	CPRS patient FOBT notification reminder	• PM(A3): Colonoscopy post FOBT (+)
4	CPRS colonoscopy referral template	• PM(A3): Colonoscopy post FOBT (+)
5	CPRS diagnostic work-up order set	• CR-1: Pre-op CEA • CR-4: Adjuvant chemotherapy (stage III) • CR-6: Time from diagnosis to treatment (stages I-III) • CR-7: Time from resection to adjuvant chemo (stage III)
6	Positive FOBT tracking tool	• PM(A3): Colonoscopy post FOBT (+)
7	CPRS pre-operative CEA template	• CR-1: Pre-op CEA
8	Cancer care coordinator	• CR-4: Adjuvant chemotherapy (stage III)

Local intranet

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CPRS

CPRS

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.xls

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.ppt

Local intranet

https://vaww.visn11.portal.va.gov/sites/Indianapolis/verc/occ/Pages/toolkit_homepage.aspx

Example: Using a Tool to Address Specific Metric

	Tool 33: CPRS surveillance colonoscopy reminder Tool 34: CPRS post-treatment surveillance reminder
Timeliness Indicators	
CR-6: Time from diagnosis to treatment (stages I-III)	Tool 5: CPRS diagnostic work-up order set Tool 17: VistA chemotherapy ordering Tool 20: VERC patient registry Tool 24: Patient education: chemotherapy Tool 25: Patient education: radiation therapy Tool 26: Website for NCI recommendations Tool 29: CPRS surgery consult template Tool 31: Cancer improvement registry
	Tool 5: CPRS diagnostic work-up order set Tool 17: VistA chemotherapy ordering

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Tool 29: CPRS Surgical Consult

Tool 29 Description - CPRS surgical consult for cancer

Relevant Metric(s):
CR-1: Pre-op CEA
CR-6: Time from diagnosis to treatment (stages I-III)

Issue:

The availability of surgical consultation appointments can present a challenge for a facility. Additionally, the decision to proceed with surgery requires a number of medical evaluations which determine the extent of a patient's cancer as well as their overall medical condition.

Solution:

A CPRS general surgery consult template has been developed by the South Texas Veterans Heath Care System. The template specifies the reason for the surgical consult, prompts the ordering clinician to detail the imaging study findings, and lists the pre-op order requirements (some of which should be completed prior to the surgical consult date in order to provide the surgeon with sufficient information to reach a decision). Using the CPRS surgery consult with the available features will provide for an efficient use of the surgeon's time, improve the patient's progress through the continuum of care, reduce patient anxiety, and thereby increase patient satisfaction.

What You Should Know:

Facilities may need to customize the template to satisfy local order requirements and resource conditions.

A Clinical Applications Coordinator (CAC) is available at the VA Center for Applied Systems Engineering (VA-CASE) to assist your local facility CAC with the transfer and installation of the tool. The decision to install any CPRS tool will require the approval of department leadership.

Return to Colorectal Cancer Care Tool List

Request Tool

Request Tool

View This Tool:
Surgical consult for cancer

Return to Colorectal Cancer Tool by Quality Metric Table

Suggest a tool

Return to Colorectal Cancer Quality Metric by Tool Table

Join the discussion for this tool

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Tool 29: CPRS Surgical Consult

Tool 29 Description - CPRS Surgical Consult for Cancer

Relevant Metric(s):

CR-1: Preoperative CEA determined for patients undergoing curative-intent surgical resection

CR-6: Time from diagnosis to initiation of treatment for stage I, II and III patients who had curative-intent surgery, chemotherapy, and/or radiation therapy

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1 Request Tool

2 *View This Tool:*
Surgical consult for cancer

3 Suggest a tool

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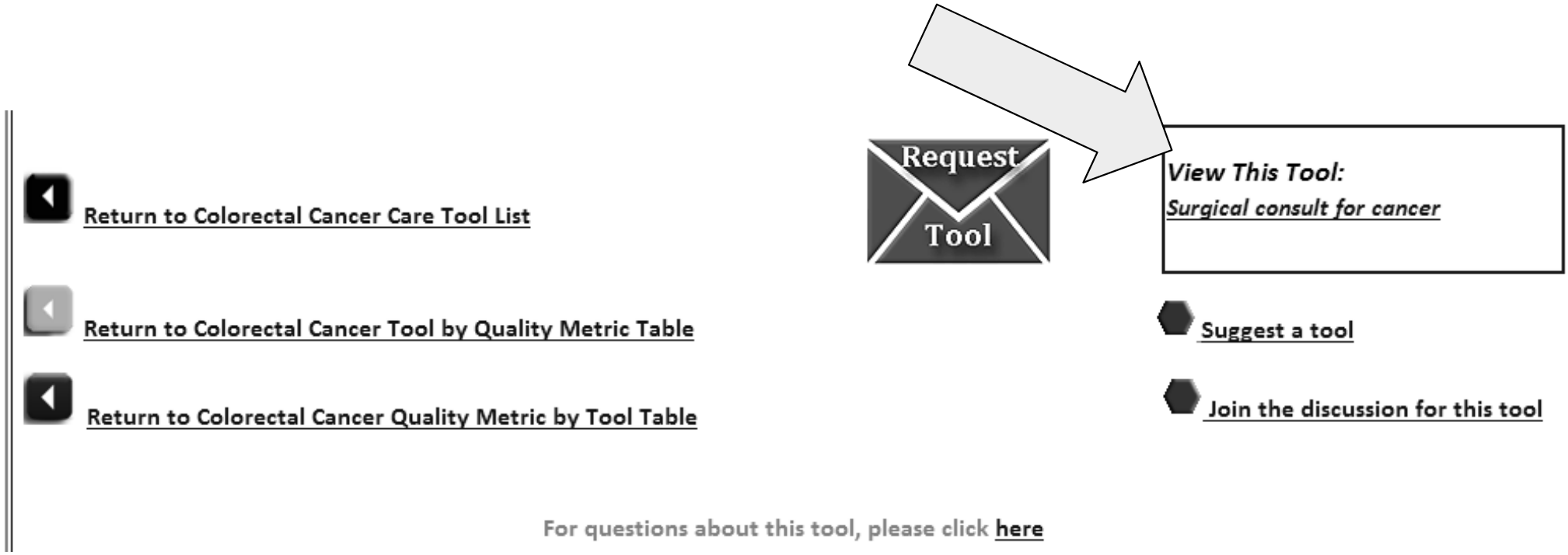

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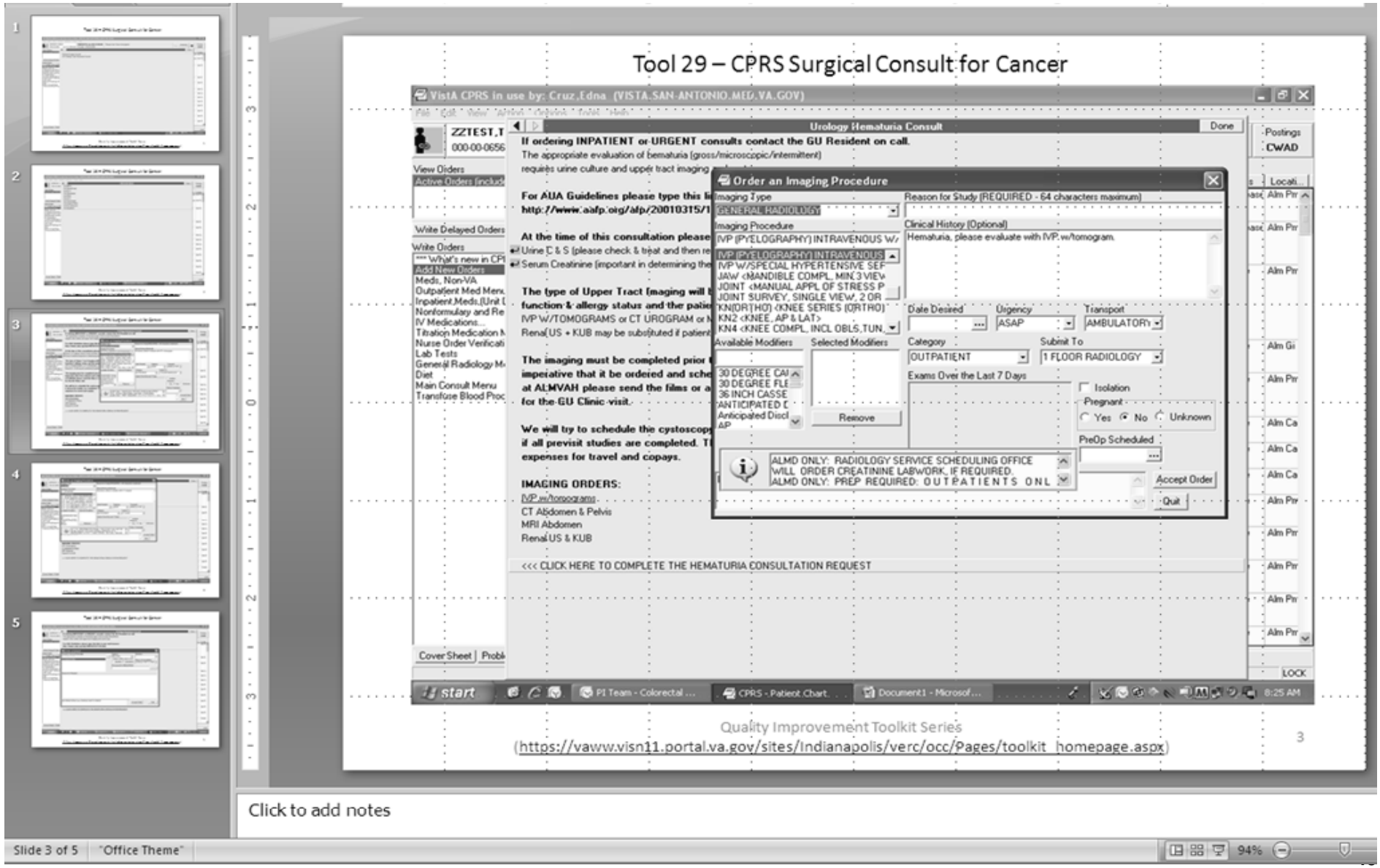

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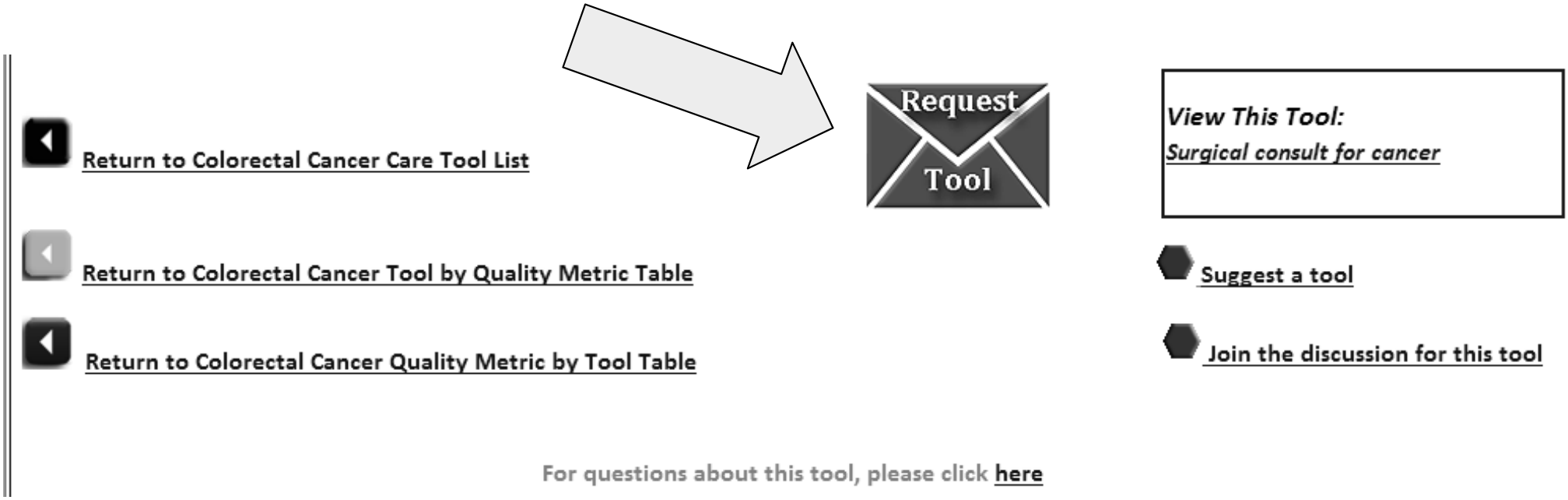

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Tool 29: CPRS Surgical Consult

Attach File | Spelling...

* indicates a required field

Your Name *	
VA Email *	
Facility	
Contact phone number	
Date	
Which tool are you requesting *	

OK Cancel

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Tool 29: CPRS Surgical Consult

Create New Post

Admin Links

- Create a post
- Manage posts
- Manage comments
- All content
- Set blog permissions
- Launch blog program to post

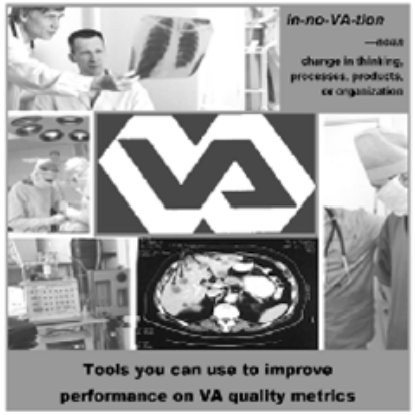
Categories

- Facility Performance / Quality Improvement
- Lung Cancer Care Tools
- Colorectal Cancer Care Tools
- Website Feedback

Add new category

Cancer Care Community > Toolkit Discussion Forum

QUALITY IMPROVEMENT TOOLKIT Series



Welcome to the Quality Improvement Toolkit Series Discussion Forum!

We encourage your participation in this quality improvement social network. Please utilize this forum to communicate your questions, thoughts, or interact with other virtual community members.

Scroll down to review and comment on recent postings or sort postings by category type. Simply click on "Create a Post" to initiate your own discussion thread in this forum.

Disclaimer:
We are not responsible for the content of these posts. We reserve the right to reject or remove posts at our sole discretion and without prior notice.

Posts

3/1/2011

Suggested Tools from site visitors

How quickly are suggested tools from site visitors vetted for toolkit inclusion and posted?

Posted at 17:12 by Golden, Joya F. | Category: Website Feedback | Permalink | Email this Post | Comments (1)

Eliminate manual input of data abstraction?

Are there any tools that are sophisticated enough to help eliminate manual input of data abstraction from CPRS?

Posted at 17:10 by Golden, Joya F. | Category: Facility Performance / Quality Improvement | Permalink | Email this Post | Comments (1)

Done

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Suggest a tool

Return to Colorectal Cancer Quality Metric by Tool Table

Join the discussion for this tool

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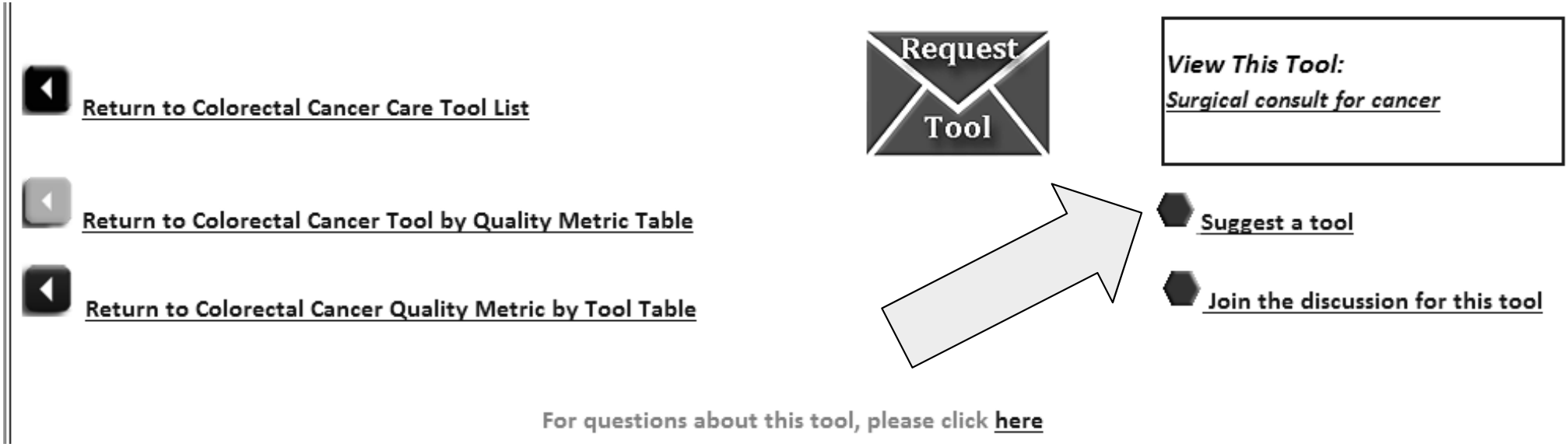
“Suggest a Tool”



https://vaww.visn11.portal.va.gov/sites/Indianapolis/verc/occ/Pages/toolkit_homepage.aspx

“Suggest a Tool”

Suggest a Tool

Please enter your information and the tool information in the fields below and click "OK" to submit. Be sure to remember to attach your document.

Items on this list require content approval. Your submission will not appear in public views until approved by someone with proper rights. More information on content approval.

OK Cancel

Attach File | Spelling... * indicates a required field

Name of Tool	
Tool Type	
Contact Name *	
VA Email *	
Information/Comments About this Tool	
Cancer Type	

OK Cancel

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Toolkit Series Homepage

QUALITY IMPROVEMENT
TOOLKIT Series

QUALITY IMPROVEMENT TOOLKIT SERIES

This uniquely interactive site is designed to help your facility improve its performance measures and quality improvement efforts across a variety of high-priority care conditions. It features different Toolkits - each targeting a different clinical condition - that offer ready-to-use, concrete innovations you can implement in your department or facility that may help you improve facility performance on a different quality indicator.

WHERE SHOULD YOU BEGIN?

New visitors should start by reviewing the **TOOLKIT USERS GUIDE** to Quality Improvement. It explains how you can use the **TAMMCS** framework to improve quality of care in your own department or facility. Then take a look at the Toolkits themselves. Each Toolkit covers a different clinical condition, giving helpful overviews of the continuum of care, as well as a broad collection of specific clinical innovations and ideas you can use to improve your performance on specific quality indicators and performance measures. Return visitors, and users familiar with quality improvement

ABOUT THE QUALITY IMPROVEMENT TOOLKIT SERIES

TOOLKIT FAQ's

USERS GUIDE	TOOLKITS
This guide is a brief, helpful tutorial for Toolkit users who are new to conducting a QI project (team building, setting aims, measuring impact, etc.) using TAMMCS, with examples from each Toolkit topic. **TOOLKIT USERS GUIDE**	**LUNG CANCER** **COLORECTAL CANCER** **PROSTATE CANCER** - ***COMING SOON!*** ***MORE TO COME!***

THIS IS YOUR WEBSITE!

As a virtual community of practice, we encourage your visitation, interaction and collaboration. Please bookmark and contribute to the tools offered, and share your thoughts and questions in our **DISCUSSION FORUM**.

QUESTIONS?

For questions about this or any other toolkit, **CLICK HERE.**

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Visit our website!

https://vaww.visn11.portal.va.gov/sites/Indianapolis/verc/occ/Pages/toolkit_homepage.aspx

QI in Action: CRC Tool Case Study

Adam Powell, PhD, MBA
Investigator, VA Center
for Chronic Disease Outcomes Research &
Assistant Professor, Department of Medicine,
University of Minnesota

discussing

Tool 6: Positive FOBT Tracking Tool

Tool 6: Positive FOBT Tracking Tool

Issues/Challenges

Prior to C4 timely follow-up of +FOBTs was a big problem

- *In FY04 ~70% of VA +FOBTs had no documented follow-up in one year*

You can't improve what you don't measure

Tool 6: Positive FOBT Tracking Tool

Solution

Developed measurement tool during C4 Phase I

Evolved to meet needs of C4 teams and later the needs of the +FOBT monitor

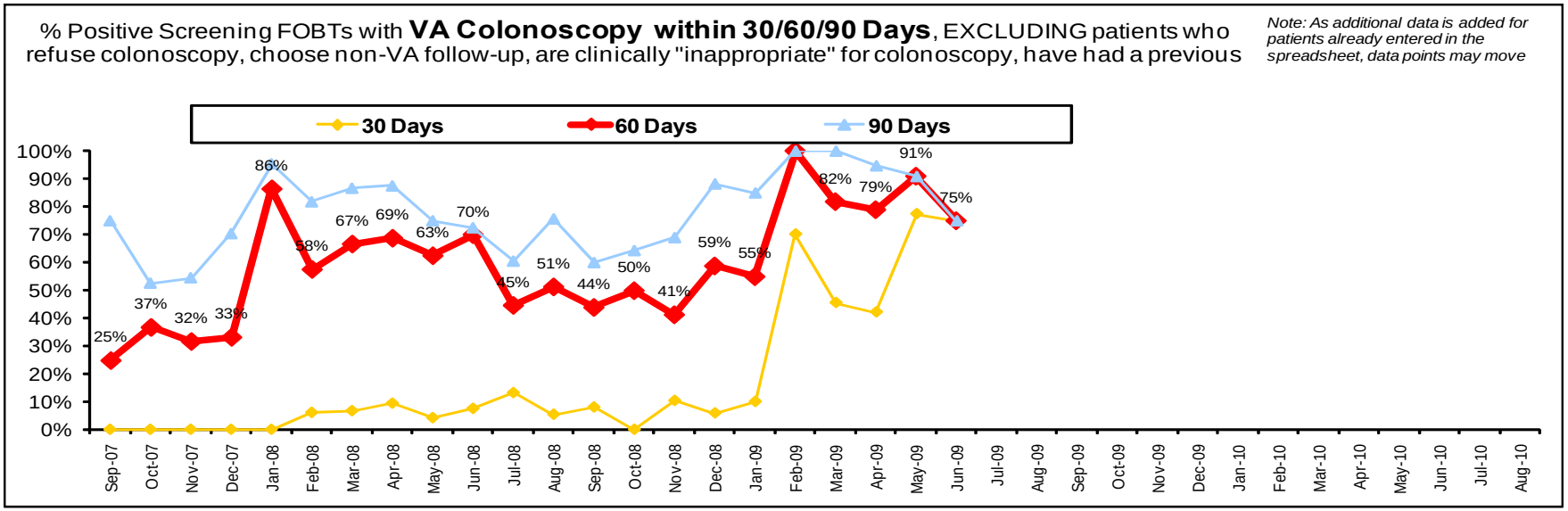
+FOBT Tracking Tool – Data Entry

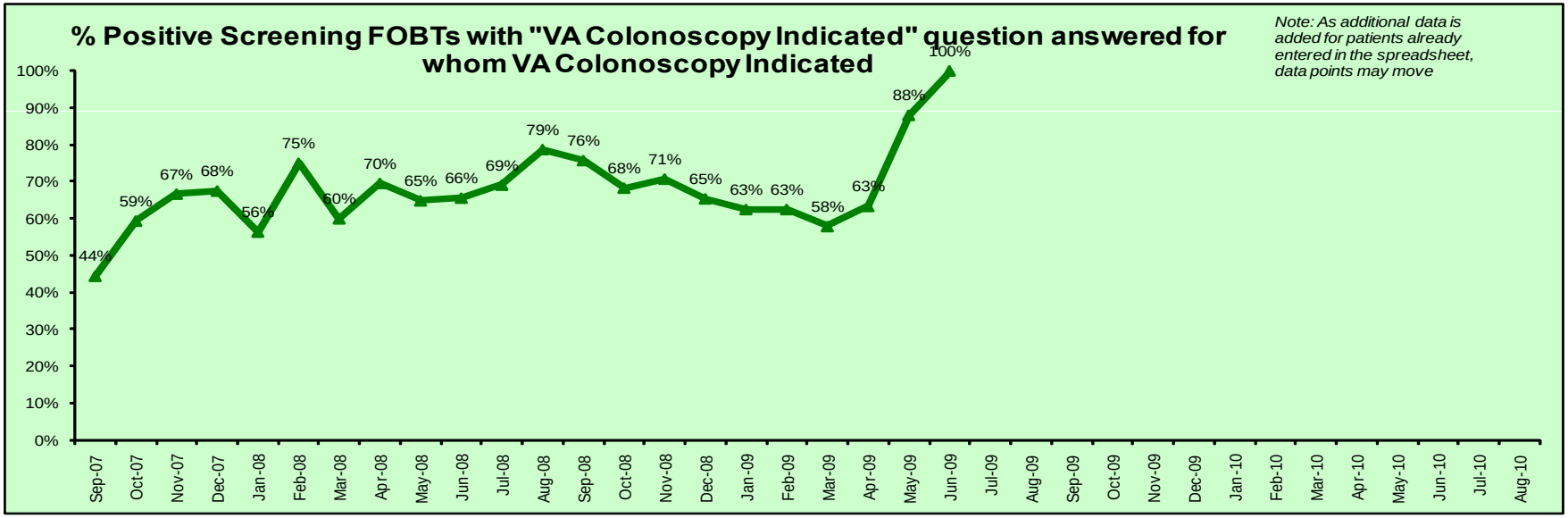
A	B	C	D	E	F	G	H	I	J	K
FOBT-Positive Patient Identifier *REQUIRED*	**Date of Patient's First Lab Report of Positive CRC Screening FOBT in Fiscal Year (MM/DD/YY)** *REQUIRED*	**Was CRC Screening FOBT Indicated? Y,Na - Ng, Ns** (Scroll over cell to see codes)	Comments on CRC Screening FOBT Not Indicated Designation *OPTIONAL*	Is VA Colonoscopy Indicated? (performed or paid for by VA) Y, N1, N2, N3, N4, N5 (Scroll over this cell to see codes) *REQUIRED*	Comments on Colonoscopy Not Indicated Designation ***REQUIRED* if N5 is entered into the previous column**, otherwise *OPTIONAL*	Date of Initial Provider Response to Positive FOBT (MM/DD/YY) *OPTIONAL*	**Colonscopy Completion Date (MM/DD/YY)** ***REQUIRED for VA colonoscopy*** Strongly encouraged for non-VA follow-up	Patient's Desired Colonoscopy Date (MM/DD/YY) *OPTIONAL*	**Days from FOBT+ to Colonoscopy Completion**	**Days from FOBT + to Initial Provider Action**
		If non-screening FOBTs are entered in Column A, Column C should be coded "Ns" and patient will be excluded from all results. Use of other codes is *OPTIONAL*.								
Patient 1	1/24/10	Y		Y	fee based	1/28/10	2/14/10		21	4
Patient 2	1/30/10	Y		N2			2/25/10		-	
Patient 3	1/22/10	Ne	78yr, -cscope 3yrs ago	N4		1/22/10			-	0
Patient 4	1/30/09	Y		y			4/25/09		86	
Patient 5	2/14/10	Nd	76yr, family hx	N2	private sector				-	
Patient 6	2/15/10	y		y		3/3/10	4/3/10		47	16
Patient 7	2/25/10	Y		y	fee base	2/27/10	5/22/10	5/22/10	86	2
Patient 8	2/4/10	Nc	58yr, anemia	N2	private sector	2/15/10			-	11
Patient 9	2/15/10	Nd	FAMILY HX,	y	fee base		4/12/10		56	
Patient 10	2/16/10	Nc	84yr, anemia	y	pacemaker	3/13/10	4/4/10		47	25
Patient 11	2/2/10	y		y	pat refused colonoscopy				>800	
Patient 12	2/11/10	Nc	87yr, anemia	N3					-	
Patient 13	2/11/10	y		y	fee base	2/12/10	5/3/10	5/3/10	81	1
Patient 14	2/11/10	Ne	60yr, prior colonoscopy	y		2/13/10	2/24/10		13	2
Patient 15	2/23/10	y		y					>779	

+FOBT Tracking Tool – Table

FOBT Month	Total Positive Screening FOBTs entered	% Positive Screening FOBTs minus cases classified as VA Colonoscopy not "Indicated" *Calculated from Required data*		**% Positive Screening FOBTs with VA Colonoscopy within 30/60/90 Days,** EXCLUDING patients who refuse colonoscopy, choose non-VA follow-up, are clinically "inappropriate" for colonoscopy, have had a previous positive FOBT in measurement year, or have non-screening FOBT						% Positive Screening FOBTs with "Screening Indicated" question answered for whom **Screening FOBT was Indicated** *Calculated from Optional data*		% Positive Screening FOBTs with "Initial Provider Response" question answered for whom **Initial Provider Response within 14 Days** *Calculated from Optional data*		% +FOBTs (MINUS EXCLUSION CATEGORIES) with Colonoscopy Completed within **60 Days of Lab Report or 14 Days of Patient's Desired Colonoscopy Date** *Calculated from Optional data*	
				≤ 30 Days *Calculated from Required data*		**≤ 60 Days** *Calculated from Required data*		**≤ 90 Days** *Calculated from Optional data*							
				TBD = To Be Determined TBD numbers will be calculated 30/60/90 days after end of measurement month (based on date of positive FOBT).											
Total:	**760**	**513/760**	**68%**	**66/513**	**13%**	**298/513**	**58%**	**391/513**	**76%**	**694/755**	**92%**	**677/737**	**92%**	**298/513**	**58%**
Sep-07	9	4/9	44%	0/4	0%	1/4	**25%**	3/4	75%	7/9	78%	4/7	57%	1/4	25%
Oct-07	32	19/32	59%	0/19	0%	7/19	**37%**	10/19	53%	27/32	84%	26/30	87%	7/19	37%
Nov-07	33	22/33	67%	0/22	0%	7/22	**32%**	12/22	55%	27/33	82%	29/31	94%	7/22	32%
Dec-07	40	27/40	68%	0/27	0%	9/27	**33%**	19/27	70%	37/40	93%	36/39	92%	9/27	33%
Jan-08	39	22/39	56%	0/22	0%	19/22	**86%**	21/22	95%	32/39	82%	36/39	92%	19/22	86%
Feb-08	44	33/44	75%	2/33	6%	19/33	**58%**	27/33	82%	43/44	98%	42/44	95%	19/33	58%
Mar-08	50	30/50	60%	2/30	7%	20/30	**67%**	26/30	87%	43/49	88%	49/50	98%	20/30	67%
Apr-08	46	32/46	70%	3/32	9%	22/32	**69%**	28/32	88%	43/46	93%	46/46	100%	22/32	69%
May-08	37	24/37	65%	1/24	4%	15/24	**63%**	18/24	75%	33/37	89%	34/34	100%	15/24	63%
Jun-08	61	40/61	66%	3/40	8%	28/40	**70%**	29/40	73%	51/61	84%	58/59	98%	28/40	70%
Jul-08	55	38/55	69%	5/38	13%	17/38	**45%**	23/38	61%	54/55	98%	53/55	96%	17/38	45%
Aug-08	47	37/47	79%	2/37	5%	19/37	**51%**	28/37	76%	42/43	98%	32/46	70%	19/37	51%
Sep-08	33	25/33	76%	2/25	8%	11/25	**44%**	15/25	60%	32/33	97%	26/31	84%	11/25	44%
Oct-08	41	28/41	68%	0/28	0%	14/28	**50%**	18/28	64%	40/41	98%	34/38	89%	14/28	50%
Nov-08	41	29/41	71%	3/29	10%	12/29	**41%**	20/29	69%	40/41	98%	34/41	83%	12/29	41%
Dec-08	26	17/26	65%	1/17	6%	10/17	**59%**	15/17	88%	25/26	96%	21/26	81%	10/17	59%
Jan-09	32	20/32	63%	2/20	10%	11/20	**55%**	17/20	85%	29/32	91%	29/32	91%	11/20	55%
Feb-09	16	10/16	63%	7/10	70%	10/10	**100%**	10/10	100%	14/16	88%	16/16	100%	10/10	100%
Mar-09	19	11/19	58%	5/11	45%	9/11	**82%**	11/11	100%	19/19	100%	16/17	94%	9/11	82%

+FOBT Tracking Tool – Run Charts





Tool 6: Positive FOBT Tracking Tool

Points to Consider

- *Who will complete the tool?*
- *How will you obtain the input data?*
  All +FOBTs from lab vs. GI consults
- *How will you review/use the data?*

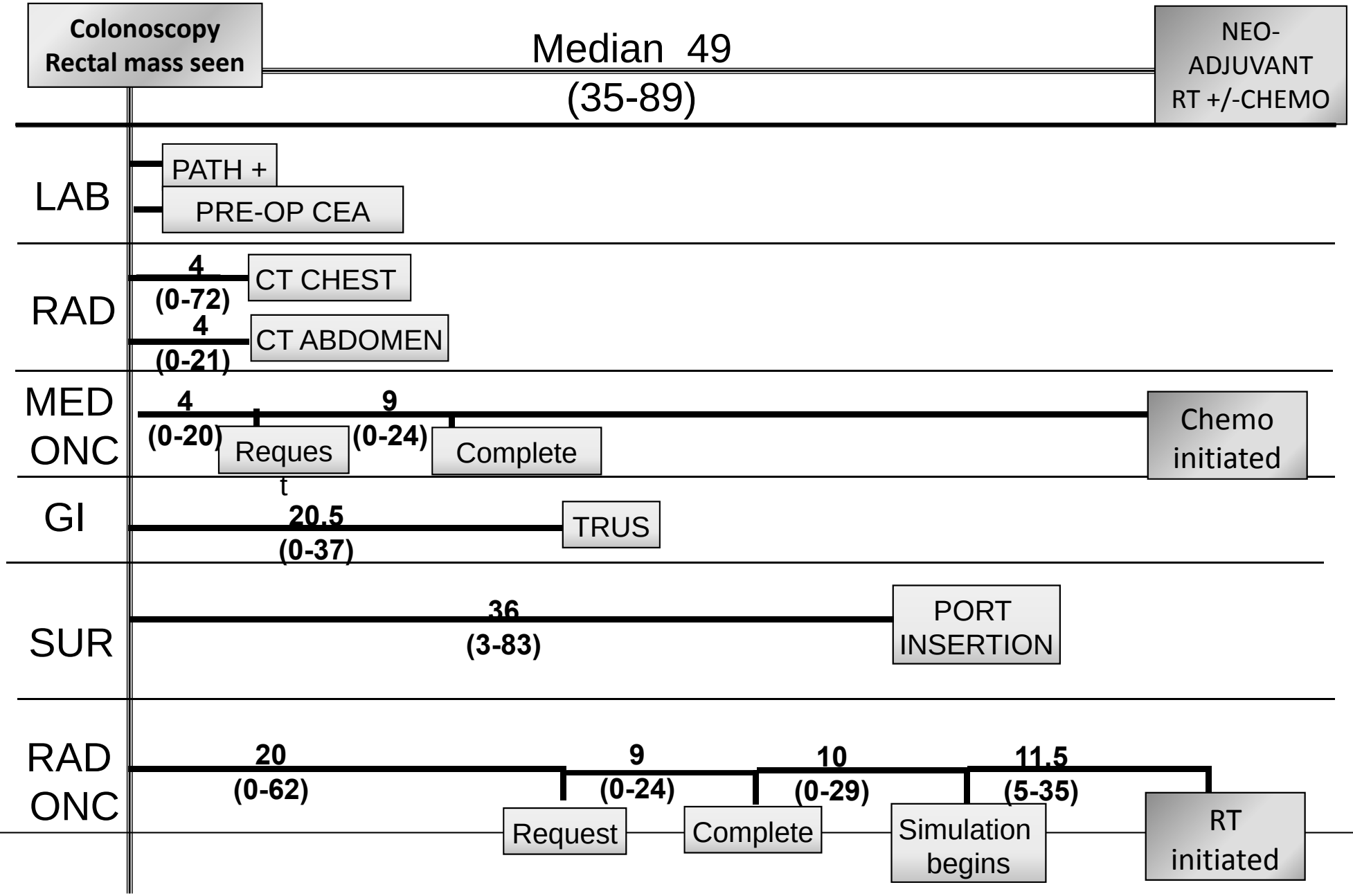
QI in Action: CRC Tool Case Study

Andrea Leaf, MD
Assistant Chief – Clinical Oncology
New York Harbor HCS, Brooklyn Campus

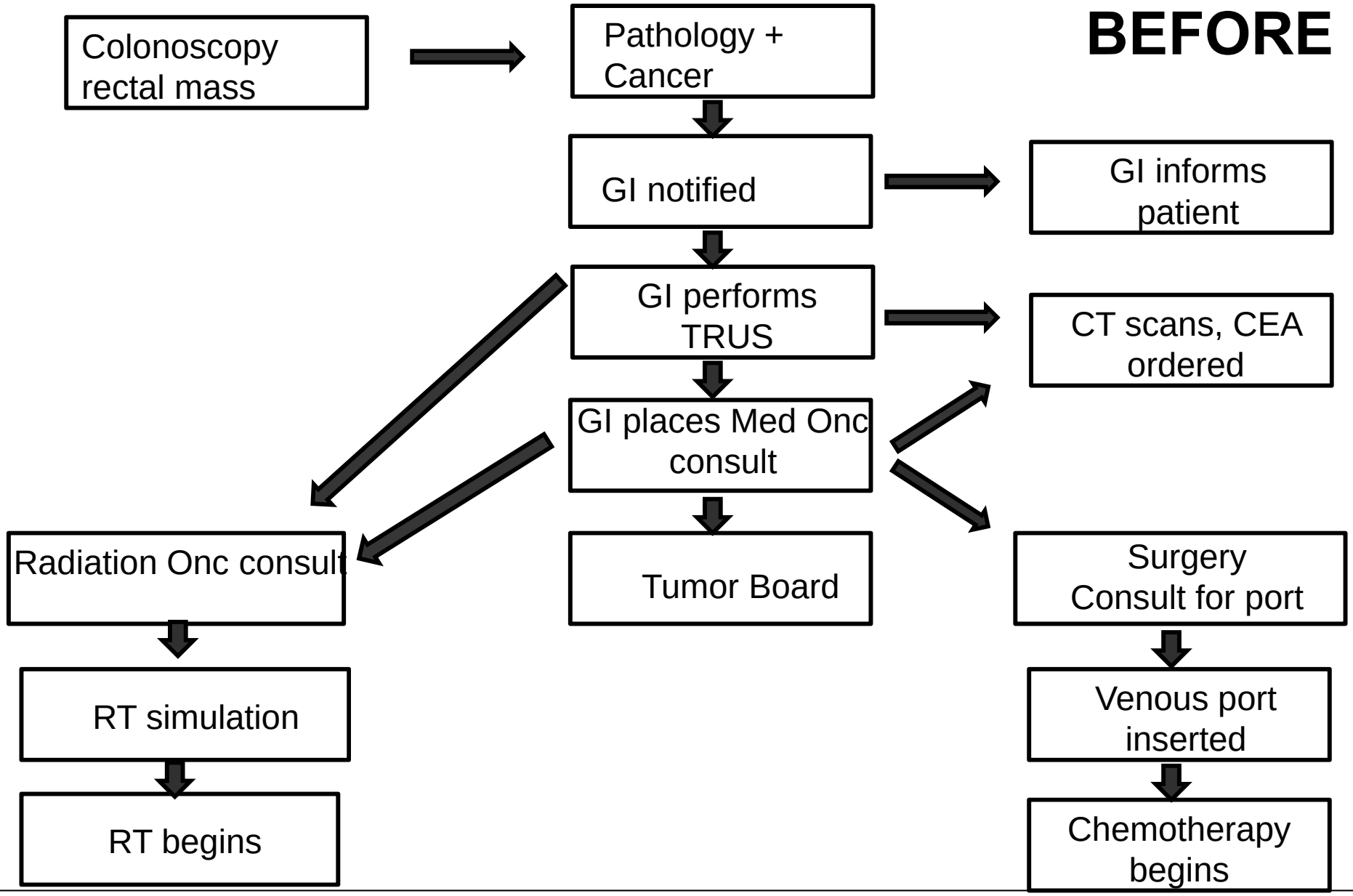
discussing

Tool 5: CPRS Order Set for CRC

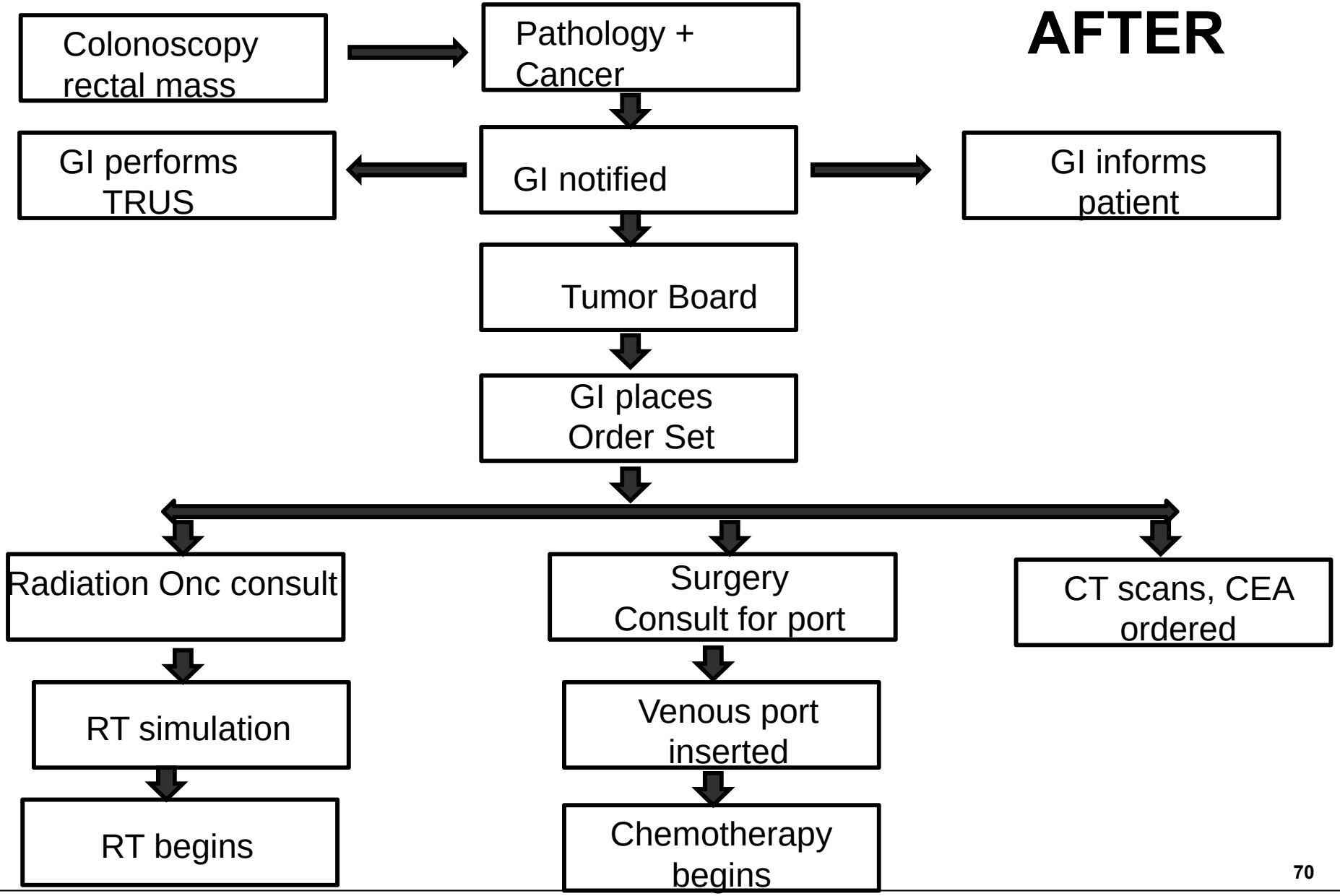
Treatment of Patient with Rectal Cancer, VA-NYHHS (2006-2008)



Tool 5: CPRS Order Set for CRC



Tool 5: CPRS Order Set for CRC



CPRS Order Sets for Colon and Rectal Cancer

Rectal has these orders

ORDER SET COMPONENTS:

10	Q.LRZ COMPREHENSIVE OPT
20	Q.LRZ CBC OPT
30	LRZBK CEA
40	Q.RAZ CT ABD W CONTRAST BK
50	LRZ CREATININE W/EGFR
60	GO-NURS INSERT HEPLOCK
70	Q.CT CHEST W CONTRAST
80	QO-CONS BK-GENERAL SURGERY OUTPT
90	ORZ RADIATION ONCOLOGY
100	QO-CONS BK-ONCOLOGY OUTPT

Colon has

ORDER SET COMPONENTS:

10	Q.LRZ COMPREHENSIVE OPT
20	Q.LRZ CBC OPT
30	LRZBK CEA
40	Q.RAZ CT ABD W CONTRAST BK
50	LRZ CREATININE W/EGFR
60	GO-NURS INSERT HEPLOCK
70	Q.CT CHEST W CONTRAST
80	QO-CONS BK-GENERAL SURGERY OUTPT

Tool 5: CPRS Order Set for CRC

VistA CPRS in use by: Dunn,Jan (vista.brook
vhanynts1

File Edit View Action Options Tools Help

ZZTEST,THREE
000-00-3330 Mar 08,1949 (60)

1 Mar 03,10 10:42
Provider: DUNN,JAN

Primary Care Team Unassigned

View Orders
Active Orders (includes

Active Orders (includes Pending & Recent Activity) - ALL SERVICES

Write Delayed Orders

Write Orders
ADM/TRANS/DC...
ALLERGIES
CONSULT REQUESTS
DIET ORDERS...
DNR ORDERS...
EKG/PROCEDURES/E
ER ORDERS
****
IMAGING
****
INFLUENZA TRIAGE F
****
LAB,BLOOD BANK
LAB: INI
LAB: INI
LAB: OU
****
MEDS:II
MEDS:C
MEDS:M
MEDS:N
MEDS:II
NURSIN
NURSIN
****
ORDER
PROSTI
RESPIR
RESTRA
****
IRM USE ONLY (DO N

BK CRC ENDO
- COMPREHENSIV
- CBC
- CEA
- CT ABD w CONT
- Creatinine w/Egfr
- INSERT HEPLOC
- CHEST CT
- BK GENERAL SU

Stop Order Set

ORDER SETS
Done

1 PRIMARY CARE ORDER SET 31 INTERVENT RADIOLOGY NURSI 50 OSTEOPOROSIS STUDY
2 CLD P
4 CARDI
5 CARDI
6 DIABE
8 HIV OF
10 ALOCH
11 METHA
12 BK-15
14 FLEX S
15 COLON
16 COLON
17 COLON
18 COLON
20 EGD P
22 FLEX Sig PRE PROCEDURE ORI 33 COLONOSCOPY AND/OR EGD

COLON CA
BK RECTAL CA

HOME BASED PRIMARY CARE
HBPC ORDER

METHADONE ORAL SOLN
(for Methadone Clinic Use ONLY)

Order a Lab Test

Available Lab Tests
COMPREHENSIVE METABOLIC
COMPREHENSIVE METABOL
CONJUGATED BILIRUBIN <
COOMBS <COOMBS
COOMBS DIRECT/INDIRECT
COOMBS, DIRECT (NON-TRA
COOMBS, DIRECT/INDIRECT
COOMBS, INDIRECT (NON-TF
COPPER

COMPREHENSIVE METABOLIC PANEL
Collect Sample: BLOOD (SST/F
Specimen: SERUM
Urgency: ROUTINE

Collection Type: Send Patient to Lab
Collection Date/Time: TODAY
How Often?: ONE TIME
How Long?:

COMPREHENSIVE METABOLIC PANEL BLOOD SERUM SP

Accept Order
Quit

Tool 5: CPRS Order Set for CRC

Reason for Request: CT ABDOMEN W/CONT vhanynts1

```
**Please order a serum creatinine/eGFR w/in 90 days of desired exam date**

Requestor's *( ) pager ( ) extension  *
Service:CHIEF OF STAFF (COS)     Title:Clinical Applications Coordinator
Responsible Attending:  *

     Patient weight: 150 lb [68.2 kg] (07/18/2003 09:00)
     Date of birth:MAR 8,1949
     SERUM CREATININE - NONE FOUND
     SERUM UREA NITROGEN - NONE FOUND
     EGFR:   No data available for EGFR

- If serum creatinine >1.5 mg/dL, please state 'benefit outweighs
  risk of receiving IV Contrast' in the comment section below.

- If EGFR <1.5 mg/dL, you must contact Radiology.

  COMMENT:

If Patient is taking Metformin, Metformin must be withheld the day of the exam and
for 48 hours after the exam.  Metformin may be restarted by clinican after obtaining
AND reviewing renal function labs.
++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++
```

Tool 5: CPRS Order Set for CRC

Template: RADIATION ONCOLOGY (V03 BROU

vhanynts1

PATIENT NAME:ZZTEST,THREE
PATIENT AGE: 60
PATIENT DATE OF BIRTH: MAR 8,1949

PATHOLOGY REPORTS:
AVAILABLE:* Yes No
COMMENTS:

RADIOLOGY REPORTS:
AVAILABLE:* Yes No
COMMENTS:

BLOOD TEST REPORTS:
AVAILABLE:* Yes No
COMMENTS:

REASON FOR REQUEST:

Tool 5: CPRS Order Set for CRC

VistA CPRS in use by: Dunn,Jan (vista.brook vhanynts1

File Edit View Action Options Tools Help

ZZTEST,THREE | 1 Mar 03,10 10:42 | Primary Care Team Unassigned | Flag | VistaWeb | Remote Data | Postings

000-00-3330 Mar 08,1949 (60) | Provider: DUNN,JAN

View Orders

Active Orders (includes

Write Delayed Orders

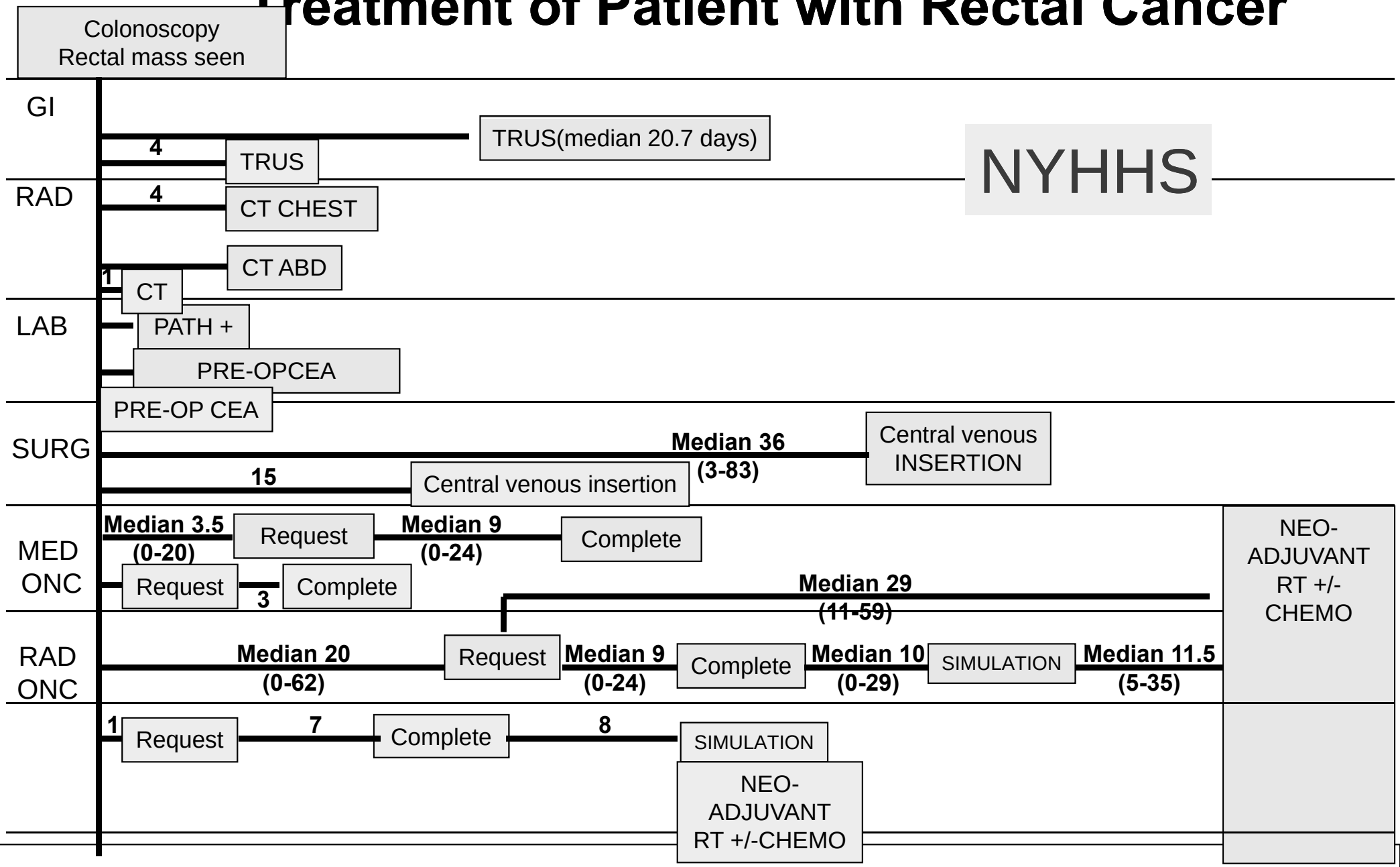
Write Orders

ADM/TRANS/DC...
ALLERGIES
CONSULT REQUESTS
DIET ORDERS...
DNR ORDERS...
EKG/PROCEDURES/E
ER ORDERS
****
IMAGING
****
INFLUENZA TRIAGE F
****
LAB:BLOOD BANK
LAB: INPT AM DRAW
LAB: INPT WARD COL
LAB: OUTPATIENT DF
****
MEDS:INPATIENT

Active Orders (includes Pending & Recent Activity) - ALL SERVICES

Service	Order	Start / Stop	Provider	Nurse	Clerk	Chart	Status	Location
Lab	COMPREHENSIVE METABOLIC PANEL BLOOD SERUM SP *UNSIGNED*	Start: TODAY	Dunn,J				unreleas	Bk-3rd Fl
	CBC BLOOD SP ONCE *UNSIGNED*	Start: TODAY	Dunn,J				unreleas	Bk-3rd Fl
	CEA BLOOD SERUM SP *UNSIGNED*	Start: N	Dunn,J				unreleas	Bk-3rd Fl
Imaging	CT ABDOMEN W/CONT ASAP *UNSIGNED*	Start: Mar 4,2010	Dunn,J				unreleas	Bk-3rd Fl
Lab	CREATININE(INCLUDES EGFR) BLOOD SERUM SP *UNSIGNED*	Start: TODAY	Dunn,J				unreleas	Bk-3rd Fl
Nursing	>> INSERT HEPLOCK NOW Mar 04, 2010 *UNSIGNED*	Start: NOW Stop: Mar 4,2010	Dunn,J				unreleas	Bk-3rd Fl
Imaging	CT THORAX W/CONT ASAP *UNSIGNED*	Start: Mar 4,2010	Dunn,J				unreleas	Bk-3rd Fl
Consults	BK GENERAL SURGERY OPT Cons Consultant's Choice *UNSIGNED*		Dunn,J				unreleas	Bk-3rd Fl
	RADIATION ONCOLOGY (V03 BROOKLYN) Cons Consultant's Choice *UNSIGNED*		Dunn,J				unreleas	Bk-3rd Fl
	BK ONCOLOGY OPT Cons Consultant's Choice *UNSIGNED*		Dunn,J				unreleas	Bk-3rd Fl

Metrics-based Process Map: Treatment of Patient with Rectal Cancer



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QUERI Quality Enhancement Research Initiative

Systems Redesign

Office of Quality & Performance — Improving Care for Veterans — Department of Veterans Affairs

CPRS

Department of Veterans Affairs Patient Care Services