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TEXAS ONCOLOGY

Improvement in incident resolution time with implementation of an electronic patient management solution at a community oncology practice.

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Abstract Disclosures

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None

Background:

Value-based care models such as the Oncology Care Model incentivize practices to reduce hospitalizations and emergency department (ED) visits. Texas Oncology found that most ED visits occurred during regular business hours. Prolonged patient call back times were consistently rated poorly on satisfaction surveys and often led to ED visits for symptoms that could be managed in our offices. We partnered with Navigating Cancer (NC) to implement an electronic patient management technology solution.

Methods:

For each of our 200 locations, call volume was estimated based on clinic volume. We then reallocated or hired dedicated triage nurses and operators. Incoming calls were entered into the NC dashboard by operators as incidents which were routed based on symptom priority following system generated prompts. Incident volumes and resolution times were tracked. We instituted PDSA cycles at all locations with a goal of less than 90-minute resolution of symptom-related incidents Utilizing the electronic dashboard allowed us to continue this initiative during the COVID-19 public health emergency as our staff could work remotely. Nurses were able to document if a potential ED visit was avoided. These data points allowed our practice to establish comprehensive and strategic actions plans for quality improvement.

Results:

We finalized implementation of the system in February of 2020. Total incidents for 2020 were over 1 million, averaging over 5000 per location. Resolution time for all incidents started at 3.2 hours pre-implementation and improved to 2.2 hours in December of 2020. Resolution times for symptom-related incidents started at 2.3 hours pre-implementation and ended at 1.5 hours in December of 2020 with over 60% resolved under one hour. 8% of symptom-related incidents resulted in definite or probable ED avoidances by nursing assessment. Shortness of breath, vomiting, chills, and weakness were the top symptom types addressed for ED avoidances.

Conclusions:

An electronic patient management solution with PDSA cycles of quality improvement can markedly reduce call back times, especially for symptom related calls. We believe managing symptoms in a timely fashion will lower ED visits and hospitalizations as well as improve patient satisfaction. We will report on these outcomes once available.

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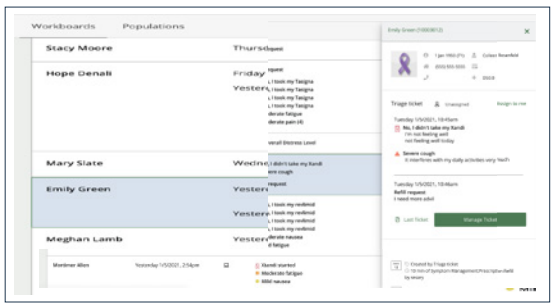
Triage incident resolutions:

Time Period	Implementation Period	Post-Implementation Period
Category	Q3 2019	ALL 2020
Patients	16,848	412,760
Triage Incidents	31,567	1,150,990
Resolution Time, mean (hours)		
All Incidents	3.16	2.22
Symptom Incidents	2.34	1.49
Symptom Incident Resolution Time, categorical, n (%)		
< 1 hour	2,717 (55.2)	66,151 (61.6)
> 1 hour	2,205 (44.8)	41,251 (38.4)
Symptom Incident ED Avoidances, n (%)		
Definitely	321 (1.0)	1,508 (1.4)
Probably	844 (2.7)	6,979 (6.5)
No	21,704 (68.8)	66,769 (62.1)
Unknown	8,689 (27.5)	32,300 (30.0)

Care Management (Triage) Tool



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