Transitions of Care:

Key issues viewed through the lens of a Practitioner/Administrator

Andy Smith, MD
June 23, 2014
Vision for an Integrated System

Great effort is needed to make the system work better for patients and their families.
Problems-

Practitioner

Who is the quarterback?
- Some patients start on the wrong track
  - It takes time to correct course
- Steps taking place in sequence instead of parallel
  - Especially in diagnostic phase
- Focus on individual excellence rather than team
  - Primary Care Doctor
    - “Out of sight, out of mind”
    - “mixed signals”
    - Immature IT
- Missing the forest for the trees
  - Palliative Care
- Transitions beyond the main elements of the system
  - E.g. “back to life!”

Administrator

Right Care, Right Time, Right Place
- Cancer patients are sometimes “in the wrong place, with wrong practitioners” at the time they need it most
- Not good for:
  - Patient and family satisfaction
  - Efficiency of Care
“Don’t you doctors talk to each other?”
Integrated Wait Times

Wait time for Surgery to Chemotherapy

Figure 1: Percentage of Stage III colon cancer patients who received adjuvant chemotherapy within 60 days of surgery, 2009, 2010 and 2011, by Local Health Integration Network (LHIN)

Local Health Integration Network

2009 2010 2011

Report Date: January 2014
Source: OCR, ALR, NACRS, DAD and CSD
Prepared by: Informatics Centre of Excellence, Cancer Care Ontario
Unplanned Hospital Visits

Unplanned Hospital Visits after Adjuvant Chemotherapy

Percentage of Stage I/II/III breast cancer and Stage III colon cancer patients receiving New Drug Funding Program (NDFP) drugs who visit the hospital for acute care during a course of treatment, Ontario, 2012

Cancer patients receiving adjuvant chemotherapy
Breast N = 3243 Colon N = 614

No ED visit
Breast: N = 1762 (54.2%) Colon: N = 421 (52.1%)

Visited ED
Breast: N = 1387 (42.6%) Colon: N = 373 (46.6%)

Direct admission to hospital
Breast: N = 94 (3.4%) Colon: N = 20 (3.5%)

No admission
Breast: N = 927 (67%) Colon: N = 245 (60.6%)

Admitted
Breast: N = 460 (33%) Colon: N = 120 (34.9%)

No Revisit/Re-admit
Breast: N = 662 (45%) Colon: N = 198 (50.9%)

Revisited ED
Breast: N = 628 (42%) Colon: N = 160 (41.1%)

Direct re-admission to hospital
Breast: N = 191 (13%) Colon: N = 35 (9%)

No admission
Breast: N = 438 (29%) Colon: N = 121 (76%)

Admitted
Breast: N = 130 (21%) Colon: N = 39 (24%)

Report date: February, 2014
Data source: New Drug Funding Program, Discharge Abstract Database and National Ambulatory Care Reporting System
Prepared by: Informatics Centre of Excellence
Notes: 1. Groups are mutually exclusive. If a patient has multiple events, they are assigned to only one, in the following order:
1. Admission through ED Visit
2. ED Visit
3. Direct Admission

CSCI 2014
End-of-Life Care

Palliative Care

Figure 4: Percentage of cancer patients who visited the emergency department (ED) or who were admitted to the intensive care unit (ICU) in the last two weeks of life or who died in acute care, Ontario, 2006, 2007, 2008, 2009 and 2010

Types of Hospital Visit

Report Date: February 2014
Source: DAD and OCR
Prepared by: Institute of Clinical and Evaluative Sciences, Cancer Care Ontario
LOS of patients who are “ALC Palliative” on last admission to Sunnybrook

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Avg LOS (days)</th>
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<tr>
<td>2014/2015 (April - May)</td>
<td>10.6 6.4 24.0</td>
</tr>
<tr>
<td>2013/2014</td>
<td>11.9 4.4 23.9</td>
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<tr>
<td>2012/2013</td>
<td>10.9 5.4 30.4</td>
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<tr>
<td>2011/2012</td>
<td>10.6 5.7 24.9</td>
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<td>10.7 7.7 25.9</td>
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Transitions
Solutions

• Culture shift
• Navigation
• Enabling teamwork
  – MCC
    • “CoP”
• Organizational partnerships
  – Optimize communication
  – “top-down” meets “bottom-up”
• Personal Health record
  – MyChart
The multidisciplinary team based model for management of colorectal cancer from family doctor suspicion to family doctor surveillance

**Family Physician**
- DAP Initiated: Nurse Navigator expedites local and distant staging
- Mulitdisciplinary Cancer Conference: Entire cancer team determines plan
- ‘Purposeful Visit’ Preoperative visit with entire team
- Surgery: Expertise in minimally invasive surgery
- Enhanced Recovery After Surgery
- ‘Purposeful follow up Visit’ postoperative visit with entire team
- Transition Clinic: Packaging surveillance and long term plan for pt.

**Expedited Colonoscopy Program Scope within 2 weeks**

**PATIENT CENTRED CARE**
Figure 4: Percentage of patients who said they were satisfied or very satisfied with the nurse navigator, by disease site, 2012-2013, Ontario

Disease site

2012 2013

Report Date: February 2014
Source: DAP Patient Experience Survey
Prepared by: Informatics Centre of Excellence, Cancer Care Ontario
Team-Oriented Care for the Patient: Multidisciplinary Cancer Conferences

Figure 1: Adherence to standards criteria of reported Multidisciplinary Cancer Conferences (MCCs), 2011, 2012 and 2013, by Local Health Integration Network (LHIN)

CCO Annual 2013/14 Target: 65%

Report Date: February 2014
Source: MCC Tracker Tool Self-reported in MCC Data Excel Template, CCO; CIHI NACRS; CIHI DAD
Prepared by: Informatics Centre of Excellence, Cancer Care Ontario
Malignant Pleural Effusion
PleurX® TPC

A
B
C
D

OCC Clinics

ER

Symptomatic

Yes

No

Thoracentesis

MPE Clinic
Helping Families Know What to Expect
In the Last Days and Hours of Life

How do we effectively educate clinicians to effectively educate patients and family members?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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**Physician Must Check Off Appropriate Orders**

1. Ensure “No Cardiopulmonary Resuscitation Order Set PR 14187” is complete, including both ‘Parts A’ and ‘Part B’

2. Provide patient and family with information and support resources:
   - “Last Days and Hours of Life”

**Investigations**

3. Discontinue all lab work

4. Discontinue all imaging

**Monitoring**

5. Discontinue vital signs

6. Discontinue O₂ saturation monitoring

7. Comfort assessment q2h and prn (see back of order sheet)

8. Does patient have an internal cardiac defibrillator (ICD device)? □ Yes □ No

   If yes, ICD ‘shock’ therapy to be disabled
   Call Pacemaker Clinic (ext. 1555) Mon - Fri between 0900 - 1700 hrs.
   *After hours – see back of order sheet for instructions

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**Last Days And Hours**

**Coping With The Death of A Loved One**
MyChart is Sunnybrook’s personal health record with view and share functionality, which provides patients and their families secure access to test results, appointment schedules and other supporting information. The portal enables patients to share health information with entire care team, family members or monitor health status as needed.

Access to health information from anywhere
- Use the Health Status Box (allergies, medications, conditions)
- Reference test results, clinical notes, and more
- Use the personal diary for symptom monitoring
- Keep medication information up to date

Help an elderly parent or family member to manage health
- Be your own health advocate
- Health information all in one record
- Share access to information
- Add emergency contacts

Monitoring one’s own health
- Track upcoming appointments
- Reminders for annual physicals / screenings (breast / prostate)
Sunnybrook IT/IS Strategic Plan
MyChart – For Our Patients and their Clinicians in the Health System

MyChart – Integration across the Continuum of Care:

Today:
• Monthly Active Users – 46,000
• 42% of MyChart Users are Sunnybrook Cancer Patients
Final thoughts

1. Consider “SYSTEM” through a wider lens
2. Leverage tools we have to optimize “TRANSITIONS”
3. Who is the best catalyst of effective transitions?