Title: Application of Lean Six Sigma Strategies and Electronic Medical Record Tools to Improve the Delivery of Treatment Summaries and Survivorship Care Plans

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Objectives:
1. Outline Lean Six Sigma strategies used to design a treatment summary/survivorship care plan process for maximum efficiency.

2. Describe tools used to compile a treatment summary/survivorship care plan fully contained within the electronic medical record.

Introduction: In 2006, the Institute of Medicine (IOM) released recommendations that included the need for tools such as treatment summaries (TS) and survivorship care plans (SCP) to enhance the quality of cancer care. Now, the Commission on Cancer will require all accredited programs provide patients completing cancer treatment with a TS/SCP by 2015. This poster details complex technology and process enhancements that enabled successful support of these mandates.

Methods: As part of a 2-year survivorship pilot study supported through the National Cancer Institute’s Community Cancer Centers Program (NCCCP), patient, provider, and caregiver satisfaction with the TS/SCP was evaluated. All groups reported high satisfaction, but time required to complete the TS/SCP (average 3 hours) was prohibitive.

A multidisciplinary team applied Lean Six Sigma tools (SIPOC diagram, process map, waste walk, fishbone diagram, cause and effect prioritization matrix) to survivorship processes to improve efficiency. IOM specifications influenced TS/SCP design while NCCN guidelines established surveillance plans. Electronic medical record (EMR) forms captured discrete data elements tracked by navigators as patients progressed through the continuum, thereby creating a data repository which could later populate the TS. Standard order sets for surveillance and site-specific SCPs outlining late/long-term effects of treatment, follow-up care, wellness strategies, and resources were created in the EMR.

Results: Challenges included process and document content agreement, staffing resources for custom build, and overall comfort with EMRs. Persistent enhancements and support yielded a much improved average of 30-40 minutes to compile a TS/SCP.

Conclusions: Through enhancements to existing technologies and collaborative process improvement, roadblocks to providing TS/SCP were reduced, thereby improving the quality of care provided to cancer survivors.

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