



# Supporting Hospital Discharge Care Transitions for Ambulatory Hematology Oncology Patients Through Nursing Touchpoints

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## DEFINE

### PROBLEM

In the Hematology/Oncology clinic, there was no standard hospital discharge follow-up process in place after unplanned admissions. This caused delays in restarting chemotherapy, symptom management, and addressing cancer-specific discharge needs. Transition from the inpatient to outpatient setting is a known challenge that can affect patient's quality of care without adequate follow-up.

### OBJECTIVES

- Clarify and streamline the outpatient oncology nursing role in the hospital discharge process.
- Establish a standardized procedure for patient discharge notifications.
- Increase patient contact post-discharge and shorten the time to follow-up by the care team.
- Proactively evaluate patients' needs post discharge related to their cancer care.

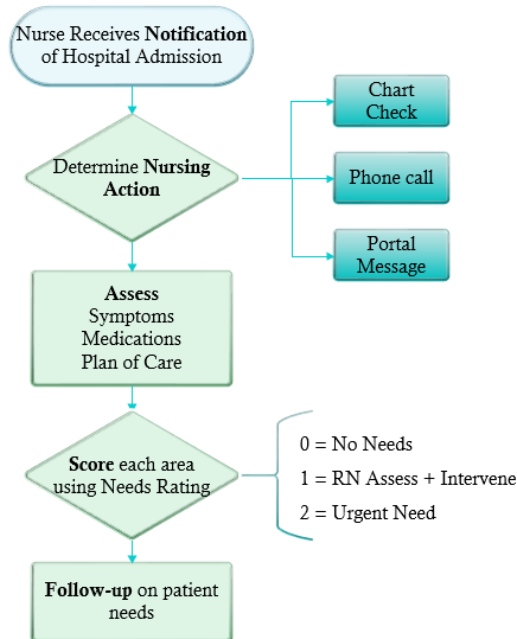
## MEASURE

Automation of clinical data extraction from the electronic health record (EHR) enabled assessment of the current state. Leveraging this information, a process map was created delineating the optimal workflow. A customized data collection tool measured touchpoints. Touchpoints were categorized into symptoms, medications, and care management needs, each rated on a 3-point Likert scale.

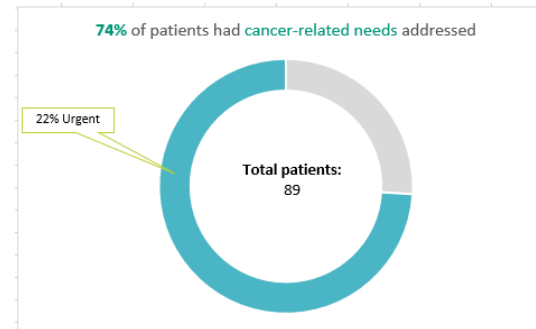
## ANALYZE

Focus groups were conducted to gather input from key stakeholders to identify existing gaps. This feedback was integrated into an ideal state process map. Following creation, the new process underwent testing and refinement through a series of Plan-Do-Study-Act (PDSA) cycles.

## IMPROVE



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### RESULTS

- Touchpoints were provided to 89 patients
- Nursing Actions:
  - 46 chart check
  - 35 phone call
  - 8 portal messages
- 119 needs were identified
  - RN intervention: 93
  - Urgent: 26
- Patients without follow-up decreased from 14% to 8%
- The average days to appointment decreased by 3.7 days

PDSA Cycle 1	PDSA Cycle 2	PDSA Cycle 3	PDSA Cycle 4
<b>Plan</b>			
Identify & implement system of notifications	Establish appropriate nursing actions	Determine measurement of nursing action	Refine admission type & expand nursing team
<b>Do</b>			
Tested EHR push notifications, email notification, individualized reporting and MD-RN reporting	Piloted various methods of follow-up including phone calls, portal messages and chart checks	Created Likert scale for measurement of nursing action; separated needs into 3 categories: symptom management, medication management, and plan of care	Limited interventions to unplanned admissions and expanded number of nurse coordinators participating in pilot
<b>Study</b>			
Individualized reporting was preferred by 100% of nurses	100% of patients in the pilot group received an intervention	Likert scale 0-5 determined to be too complicated. Variation in data collection	89 patients received intervention with 74% reporting at least 1 oncology-related need
<b>Act</b>			
Identified the need for standardized nursing follow-up of notification	Real-time staff feedback used to create criteria for follow-up actions	Likert scale of 0-2 provided specificity required; Leveraged EHR functionality to standardize documentation	Project was successful. Reported to leadership and implemented the process as a new standard of practice

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## LESSONS LEARNED

- Participation of key stakeholders provided insights to clinical dynamics and essential tasks to create an ideal state workflow. Perseverance through multiple PDSA cycles highlighted success often requires persistence and adaptability.
- Established touchpoints, triage methods, and interventions for hematology/oncology patients discharged from the hospital after unplanned admissions. Standardization of documentation templates for nursing enhances compliance and efficiency.
- Early intervention of patient care needs and implementation of automated methods in the outpatient setting successfully impacted improved care transitions.

## CONTROL

Project was reported out to key stakeholders during staff meetings.

Change management strategies were utilized to streamline communication and monitor progress.

A control plan was implemented to monitor use of templated documentation monthly.

## REFERENCES

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