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Leveraging Technology to Improve Patient Safety *Highlights from the NCCN Patient Safety Summit*

By Jennifer Hinkel, MSc

“Patient Safety” is a health care buzzword, and issues surrounding prevention of medical error routinely appear in headlines and grab the public’s attention. In oncology, the safety stakes are high, and ensuring patients’ safety is an essential part of every day practice.

Every year, the National Comprehensive Cancer Network (NCCN) convenes a Patient Safety Summit to bring together a multi-disciplinary group of leaders from the twenty-one NCCN Member Institutions to discuss safety challenges and to share methods and implementation plans for tackling emerging issues in oncology patient safety. In 2007, when the group met in Chicago, IL, three safety topics were on the agenda: medication reconciliation, communication during patient hand-offs, and reporting of events, including “near miss” events that may not reach a patient or result in harm. Across the board, speakers described how they were using new technologies to raise compliance with safety processes and to reduce preventable adverse events.

One technology-related trend that emerged was the continuing transitions many oncology programs are making from paper-based systems to electronic systems. Also, the speakers agreed that all members of the multi-disciplinary care team need to understand how their actions impact



patient safety, and therefore require feedback and follow-up on how they are performing. Technology can help reach this goal as well; computerized systems allow for better reporting and tracking of individual and team performance. At the same time, electronic systems may open the door for new types of mistakes that would have not happened with paper systems, and these new areas of potential error must be identified, learned from, and corrected.

Medication reconciliation is one patient safety area where electronic systems have the potential to reduce adverse events and potential errors. In 2007, the Joint Commission named accurate and complete reconciliation of medications

Continued on page 2 >

Did You Know?

ACE HQ has a new address since **SEPTEMBER 1, 2008**. Please update your records:

Association of Cancer Executives
2300 N Street NW, Suite 710
Washington DC 20037

(NOTE: Telephone, fax and e-mail remain the same)

ACE CALENDAR

**2009
ANNUAL MEETING**

**FEBRUARY 14–17
HYATT REGENCY SARASOTA**

SARASOTA, FL

NEW!

HOW TO PLAN DESIGN BUILD

A CUTTING-EDGE CANCER CENTER

April 29 - May 1, 2009
Indianapolis, IN

**2010
ANNUAL MEETING**

**FEBRUARY 13–16
WESTIN HORTON PLAZA
SAN DIEGO, CA**

**President's
Message**

SHIRLEY JOHNSON
RN, MS, MBA
City of Hope



As an oncology program administrator, you are very adept at transitions. And certainly, at this particular time in our nation’s history, at this particular time of year, I’m sure your life, like mine, is full of interesting transitions. Personally, I am experiencing the first Fall of my life in which I have not seen the leaves change, just a perfect 70 degree plus, blue sky day on every day. I’ve just experienced starting a new fiscal year in October for the first time. And, I am facilitating components of organizational change within my organization at a pace not comfortably known to it.

Over the past six months as part of being in a new role, I have found that transitions and facilitating change is an invigorating process. It has been a joy to utilize members of our organization to help me understand some new areas of focus. We are so fortunate to be an organization of depth in the talents of our membership.

You will soon see new ways in which our membership activities will be strengthened. Many thanks to Matt Sherer and the Membership Committee for the recent survey they launched to our membership. Your feedback was instrumental into the

future work of ACE and the Membership Committee.

So while Fall is a time of transitions in and of itself, I am also reminded that it is a time when we pause to express our thanksgivings. The Association of Cancer Executives is truly an organization for which I am thankful. From the days in which I could hardly spell the word ONCOLOGY, through the transitions that I have faced over the years, it continues to be an organization of members for whom I’m grateful.

Many thanks, especially to Brian and Erika who keep us organized, and to our wonderful Board of Directors who keep us focused. ■



Highlights from the NCCN Patient Safety Summit

> Continued from page 1

as a National Patient Safety Goal, and that item continues to be a goal for 2008. A poll of the twenty-one NCCN Member Institutions indicated that approximately 20% are using an electronic system for medication reconciliation, 20% are using a purely paper system, and the remainder are using a hybrid of paper and electronic systems.

Across the various institutions that presented their medication reconciliation systems, a few common elements emerged. First, the health care industry is learning from other industries, such as manufacturing, and implementing engineering tools such as Lean Six Sigma and Value Stream Analysis to redefine processes such as medication reconciliation, making them more streamlined and effective. Second, most institutions emphasized the importance of a flexible medication reconciliation system that can be used in a variety of settings and include inpatient, outpatient, and home medications, and that can accommodate the needs of the entire multi-disciplinary team. Third, users must be educated to use the system, evaluated on their compliance, and kept in the loop with feedback. Speakers on this topic described a range of methods used to measure and to encourage compliance with medication reconciliation, from “friendly competition” to rolling out classroom training sessions for all clinicians. Importantly, patients can even get involved in the medication reconciliation process. One institution discussed its practice of handing patients a printed medication sheet when they arrived at their visit and asking them to update the list before meeting with their clinician.

Learning from “near miss” events is another area where electronic systems and information technology has enabled better reporting and analysis of potential sources of error. Reporting of near misses underscores an open and non-punitive environment as part of patient safety, allowing many individuals to learn from potential incidents without the threat of humiliation or punishment. A survey of NCCN institutions indicated that most cancer centers are using an electronic system to report near misses. Approximately two-thirds of the respondents had anonymous reporting or at least the option to report anonymously – an important feature in an environment that seeks to encourage greater reporting.

One novel system for medication reconciliation was funded by a grant from the Agency for Healthcare Research and Quality (AHRQ) and had been deployed as an internet-based system that could be accessed anywhere. Although the system was developed at one NCCN institution, it is now used at eleven institutions throughout the country, including both academic and community sites. That particular system has now collected more than 12,000 near miss reports across the eleven institution users and has helped prevent potential errors at various user institutions. For example, one institution changed how it loaded medications into an automated dispensing bin after identifying close calls related to similar medication packaging. Other innovative approaches to near miss reporting includes systems that automatically route reports to the most relevant area, such as routing medication-related events to the pharmacy and non-medication related events to the appropriate floor or clinic area. Some systems also score or rank events on scales related to potential harm of the near miss and how close the event was to reaching the patient. In all, reporting technology for near misses helps to identify and group together similar events, can help route those events to the appropriate people, and facilitates learning from near misses by scoring or ranking them in potential severity.

“...the integrity of information deteriorated rapidly in the absence of standardized, written communication...”

In considering communications among health care providers, sharing information at the point of “hand-off” is key to ensuring patient safety and preserving continuity of care.

“Implement a standardized approach to ‘hand-off’ communications, including an opportunity to ask and respond to questions” was a National Patient Safety Goal in 2007 and continues to be a goal for 2008. Literature from the past two decades on hand-offs has demonstrated the increased likelihood of communication breakdowns and resulting errors when hand-offs occur. A 1994 study found that cross-coverage of physicians from another team increased the likelihood of a potentially preventable adverse event by more than three times; a more recent study discovered 25 hand-off communication failures across 52 intern-nights of coverage. One speaker called attention to a 2005 study in the British Journal of Nursing. The study tested hypothetical hand-offs using a verbal method only, a verbal method with note-taking, and a typed sheet with verbal discussion, and found that the integrity of information deteriorated rapidly in the absence of standardized, written communication between nurses.

Whether institutions are using electronic or paper systems to facilitate hand-off communication, standardization – both of the process and of the information points that should be communicated – seems to be the overarching strategy. Several institutions have adopted the concept of “SBAR,” or Situation Background, Assessment, and Recommendation, as a tool to organize hand-offs. Others are borrowing from the airline industry with the concept of Crew Resource Management and standardized checklists. Standard hand-off checklists, sheets, or screens in an electronic system ensure that the most salient points are noted and communicated. Most institutions are combining verbal communication with a written or printed standardized form. Speakers also identified barriers to building effective hand-off systems, such as the lack of national standards for hand-offs, the perception by clinicians that hand-offs are a burden, and that failures in hand-off are often carry “down the chain” and are not visible to those who performed the failed hand-off. Many institutions are now focusing on building safety into hand-offs from the beginning, using fail-safe features and “forcing functions” to prevent incorrect actions from occurring.

The three panel discussions demonstrated the importance of implementing safety tools and moving towards goals such as those set forth by The Joint Commission. Achieving high compliance with medication reconciliation, encouraging clinicians to report near miss events and learn from the data, and improving the integrity of patient hand-off communication are realistic goals, but they are not simply achieved. The implementation methods and practical advice shared at the NCCN 3rd Annual Patient Safety Summit demonstrated that new tools, technologies, and approaches can ease the path to reaching safety goals, but that tools must be put into practice with the entire team in mind. Without ample opportunities for educating and facilitating all members of the multi-disciplinary oncology team, individuals may not value the importance of processes such as documented medication reconciliation or standardized hand-off procedures. However, the evidence-base for these safety mechanisms is growing, as is the practical experience of institutions and clinicians who have seen safety improvements and avoided adverse events due to implementing such tools. These experiences will likely fuel buy-in and acceptance of safety processes. While the goal of making the “safest thing to do” also “the easiest thing to do” may not yet be in reach for all of these processes, the speakers demonstrated that safest things to do are perhaps becoming easier, aided by the rise of evidence-based tools, improved technologies, and wider understanding of the importance of patient safety. ■



Shirley Johnson, RN, MS, MBA

HONI “Industry Insiders” – Q&A with ACE Board

Submitted by ACE President Shirley Johnson, RN, MS, MBA

Chief Nursing & Patient Services Officer, City of Hope National Medical Center

Q. When practices consider the quality of their patient service, how would you advise them to measure their performance and assess it?

A. Customer service is a key factor in our delivery of cancer care across the vast continuum of our cancer patient needs. Nothing is quite as powerful as understanding from the “voice” of the customer our ability to meet, and more importantly, exceed, the expectations they have of us. Many settings engage in some type of patient satisfaction survey process. While monitoring the ratings over time is good, large numbers of responses are often needed to achieve statistically meaningful information, and it may take as long as a year to garner this amount of data from which to draw conclusions. Of particular importance, though, is the ability of patients and their families to write comments on these surveys. Themes of issues can be more readily defined and corrective plans put into place much sooner than more general information may be available. Ask your staff to complete the survey that is currently being used to measure patient satisfaction as if they were their patients completing it. Such an exercise might help identify opportunities for improvement.

However, I have found that nothing substitutes for the process of directly asking our patients about their experiences with us. If I know a particular area of our care delivery

model is a challenge for us to meet expectations, focused questions about the patient’s experience with this process and understanding the issues from their point of view is key. Acknowledging that we understand that we have a broken process, and seeking their input on how we might improve that process, creates a partnership for improvement.

Wait times that a cancer patient experiences for just about any component of their care is an area which requires ongoing performance measurement. If it is an area of focus for your practice, engage patients who might be interested in helping you monitor your own performance. Identify the areas of “waiting” during their visit and provide them with a form with these areas identified on a clipboard with a small digital clock attached, and ask them to document their times of “waiting” for a particular process to be completed. Use this as feedback for problem solving and engage them again to monitor the process after corrective actions

have been taken related to the delays.

Another tool is to develop a “script” that can be used by staff that are making routine calls to patients and just adding a question such as, “Was there anything that occurred during your last visit with us that would cause you not to have considered that an excellent experience?”

Have staff log these answers and again look for themes of issues for improvement. I have found this to be useful in both the inpatient and outpatient settings. Again, nothing substitutes for hearing the “voice” of our patients. ■

“Seeking [patient] input ... creates a partnership for improvement.”

Ed. Note: Hematology & Oncology New & Issues (HONI) selected the ACE Board of Directors to participate in a monthly “Industry Insiders” column.

This past July, ACE President Shirley Johnson participated in the column and we are pleased to reprint her views here.

ACE Welcome New Members

Since
September 15, 2008

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ACE 15TH ANNUAL MEETING

ASSOCIATION of CANCER EXECUTIVES

FEBRUARY 14–17, 2009

ALL CANCER EXECUTIVES are invited to attend the ACE 15TH ANNUAL MEETING and the pre-conference ONCOLOGY 101 BASICS PROGRAM, to be held FEBRUARY 14–17, 2009, in Sarasota, Florida.

Join your colleagues at the Hyatt Regency Sarasota in February for this unique forum to focus on networking, best practices sharing, leadership development, technology updates, and reimbursement related information.

EARLY-BIRD ONLINE REGISTRATION DEADLINE
MONDAY, DECEMBER 1, 2008

REGISTRATION DEADLINE
FRIDAY, FEBRUARY 6, 2009

EDUCATION CREDITS APPROVED: Oncology Nursing Society (ONS) and American College of Healthcare Executives (ACHE)



ONCOLOGY 101 BASICS PROGRAM

ONE-DAY PRE-CONFERENCE PROGRAM:
AN INTRODUCTION TO ONCOLOGY MANAGEMENT

SATURDAY, FEBRUARY 14

8:30AM–8:45AM	Introduction to ACE & Oncology 101
8:45AM–9:45AM	Cancer Care 101
9:45AM–10:45AM	What is Comprehensive Cancer Care?
10:45AM–11:00AM	Break
11:00AM–12:00PM	SWOT Analysis
12:00PM–1:00PM	Networking Luncheon
1:00PM–1:30PM	Billing & Coding – The Secret Words
1:30PM–1:45PM	Break
1:45PM–2:45PM	Capital Equipment Acquisition

Tentative Schedule of Events

New cancer executives, new ACE Members, and those seeking a refresher course are urged to attend this one-day pre-conference program. The Oncology 101 subcommittee, led by co-chairs Cat Taylor and Kristi Gafford, has designed a substantive agenda, offering a comprehensive overview that will prepare you for the topics and issues that you will face as an oncology program administrator.

Separate Registration Fee Required

2:45PM–3:00PM	Break
3:00PM–4:30PM	Oncology 101 Quick Hits > Financial Statements > Productivity Benchmarks > Role of Administrator > Assembling a Multidisciplinary Team
4:30PM–5:30PM	Ask the Experts Panel
5:30PM	Adjourn
6:00PM–7:30PM	ACE 15 TH ANNUAL MEETING OPENING RECEPTION <i>Open to All Oncology 101 and Annual Meeting Attendees</i>

continued ►

REGISTER ONLINE!
www.regonline.com/ACEmeeting2009

ACE 15TH ANNUAL MEETING

ASSOCIATION
of CANCER
EXECUTIVES

THE MUST-ATTEND EVENT OF THE YEAR
FOR ALL CANCER EXECUTIVES

SATURDAY, FEBRUARY 14

6:00PM–7:30PM **ACE 15TH ANNUAL MEETING
OPENING RECEPTION**
*Open to All Oncology 101 and
Annual Meeting Attendees*

SUNDAY, FEBRUARY 15

7:30AM–12:00PM **CANCER CENTER TOURS** (concurrent)
(See description on next page)

- H. Lee Moffitt Cancer Center
- Lee Cancer Center – Sponsored by Erdman, a Cogdell Spencer Company.

12:00PM–1:00PM **Opening Luncheon**

12:00PM–1:00PM **New Member Luncheon** (invitation only)

CLINICAL EXCELLENCE BLOCK

1:00PM–2:00PM **OPENING KEYNOTE SPEAKER**
**NCI's Community Cancer Centers
Pilot Program**
> Maureen Johnson, Ph.D., Special Assistant to the Director, National Cancer Institute (NCI)

2:00PM–3:00PM **Evidence Based Practices**

3:00PM–3:30PM **Break**

3:30PM–4:30PM **Patient-Centered Care**

4:30PM–5:30PM **Emerging Technology**

5:30PM–7:30PM **ACE EXPO Reception**

7:30PM **St. Armand's Circle Dine-Around**
(Optional Activity; Dinner is Dutch Treat)

MONDAY, FEBRUARY 16

8:00AM–9:00AM **Continental Breakfast in ACE EXPO Hall**

9:00AM–10:00AM **BREAKOUT SESSIONS** (concurrent)

1. **Cancer Genetics**
2. **Inside the Investor – Capital Investment Partners**

10:00AM–11:00AM **ACE EXPO Break**

Tentative Schedule of Events (continued)

The ACE 15th Annual Meeting program addresses two key areas. A **Clinical Excellence Block** explores services and programs recognized as clinical leaders, providing an insight into opportunities to improve patient clinical care. A **Financial Block** focuses on issues related to reimbursement and capital expenses, providing cancer executives with insight into coming trends and strategies to better position their cancer program.

11:00AM–12:00PM **BREAKOUT SESSIONS** (concurrent)

1. **Building the Bridge: Importance of Program Differentiation**
2. **Integrating Physicians in Cancer Programs**

12:00PM–1:20PM **LUNCHEON & KEYNOTE SPEAKER**
Renewing the War on Cancer
> Benjamin Craig, Ph.D., Moffitt Cancer Center/University of South Florida

1:20PM–1:30PM **Cancer Center Building Blocks — “How to Plan, Design & Build A Cutting Edge Cancer Center”** (Sneak Preview)

FINANCIAL BLOCK

1:30PM–2:30PM **BREAKOUT SESSIONS** (concurrent)

1. **Chemo Reimbursement**
2. **Contracts/Managed Care**

2:30PM–3:30PM **ACE EXPO Break**

3:30PM–4:30PM **BREAKOUT SESSIONS** (concurrent)

1. **Hot Topics in Coding and Documentation for Radiation Oncology for 2009**
2. **Blue Cross Distinction**

7:00PM **Main Street Dine-Around**
(Optional activity; dinner is Dutch-treat)

TUESDAY, FEBRUARY 17

7:45AM–8:15AM **Continental Breakfast**

8:15AM–9:15AM **ACE Annual Business Meeting**
(ACE Members Only)

9:15AM–10:15AM **One Voice Against Cancer**
> Wendy K.D. Selig, Vice President, External Affairs & Strategic Alliances, The American Cancer Society Cancer Action Network

10:15AM–11:15AM **CLOSING KEYNOTE SPEAKER**
Live, Love, Laugh and Learn
> Thomas Hayes

11:15AM **Adjourn**

ACE 15TH ANNUAL MEETING
ASSOCIATION OF CANCER EXECUTIVES

FEBRUARY 14–17, 2009
SARASOTA ★ FLORIDA

CANCER CENTER TOURS

Two Cancer Center Tours will kick off the Annual Meeting on Sunday morning. Attendees may choose to visit the Moffitt Cancer Center in Tampa or Lee Cancer Center in Fort Myers. Your choice of tours is included in your registration so be sure to sign up for one of the tours when you register.



W.H. LEE MOFFITT CANCER CENTER, a NCI designated cancer center, is a not-for-profit institution that includes private patient rooms, the Southeast's largest Blood and Marrow Transplant Program, outpatient

treatment programs that record more than 252,000 visits a year, the Moffitt Research Center, The Moffitt Clinic at Tampa General Hospital and the Lifetime Cancer Screening & Prevention Center. The tour will include the Radiation Oncology Department, with focus on the TomoTherapy machines; Core Laboratory, with focus on the Total Cancer Care tissue storage project & robot; Operating Room, with demonstration of the da Vinci robot; Stabile Research Building with focus on the bench research efforts & demonstration of the micro-array project.



The brand-new **LEE CANCER CARE** outpatient center just opened its doors on October 20 of this year. The 60,000 sq. ft. facility features a healing garden and meditation area. Services include radiation therapy and PET/CT scan; outpatient infusion area; Florida Cancer Specialists; and Florida Gynecologic Oncology and LMHS physician offices. Lee Cancer Care's vision is to be recognized as the quality provider of choice for cancer management, as well as to serve as a resource for the information and education needs of Southwest Florida. *Lee Cancer Care tour is sponsored by Erdman, a Cogdell Spancer Company.*

ACE EXPO

Industry leading products and services will be on display at special times throughout the conference.



Don't delay! Register now for ACE's 15th Annual Meeting. Visit our website at www.regonline.com/ACEmeeting2009 to register online — it's fast, easy, and secure. If you have any questions, please contact ACE Headquarters (202-521-1886). We look forward to greeting you in sunny Sarasota, Florida! ■

ACE SPONSORS (as of 10/31/08)

15TH ANNUAL MEETING SPONSORS

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Erdman, a Cogdell Spencer Company

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THANK YOU!

ACE EXPO EXHIBITORS

- | | |
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ACE Committee Updates

Newsletter and Publications

Colleen Jernigan, PhD, RN, AOCN, Chair

It is hard to believe that October is almost over and that Thanksgiving, the December holidays, and our Annual Meeting are just around the corner! The Newsletter group although small but mighty has been hard at work producing a bimonthly communication tool that reaches out to meet the needs of our members. In this issue of *ACE Update*, our committee brings you an article by Jennifer Hinkel, MSc, summarizing highlights from the National Cancer Comprehensive Network (NCCN) Patient Safety Summit.

We are actively seeking authors for our final issue of this calendar year. If you or a colleague would like to contribute an article please contact me at cjerniga@mdanderson.org.

Thank you for your support and we look forward to seeing you this coming February in Sarasota! ■

Vendor Relations

Elaine Kloos, RN, CNA-BC, MBA, Chair

The Vendor Relations Committee has been hard at work to secure a diverse group of vendors for the Exhibit Hall for our 2009 Annual ACE meeting in Sarasota. The committee consists of Elaine Kloos (Chair), Oncology Management Consulting Group; Joan Herbert, Mid-Michigan Medical Center; Kimberly Ivester, St. Luke's Hospital; Cat Taylor, South Nassau Community Hospital; Ted Wolfe, Oncology Practice Consulting; Margaret Graves, Washington Hospital Center; Ted Yank, Baylor College of Medicine; and Matt Sherer, John B. Amos Cancer Center.

We currently have secured 24 exhibitors and sponsors for the annual meeting. Our maximum booth allotment is thirty and many additional vendors have expressed interest. We will continue to secure additional sponsors and hope all attendees can gain valuable information by visiting the exhibit hall.

The Committee has also coordinated two Cancer Center Tours to kick off the Annual Meeting on Sunday morning. Attendees may choose to visit the Moffitt Cancer Center in Tampa or the Lee Cancer Center in Fort Myers. Your choice of tours is included in your registration so make sure and sign up for a tour when you register. We look forward to seeing you in Sarasota!! ■

SHARE YOUR NEWS WITH ACE

Announce your achievements, program changes and events for all the membership to see! Send an email with your news and press releases to ACE at info@cancerexecutives.org.



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YOUR INPUT IS IMPORTANT TO US!

Contact ACE Headquarters with your feedback or any suggestions that would enhance your membership.

Send an e-mail to: info@cancerexecutives.org

SAVE THE DATE FOR A NEW KIND OF ACE CONFERENCE

This new ACE conference will bring together architects, planners, cancer center leaders, project managers, technical experts, and all those who plan or implement **new construction, renovation, or expansion projects for cancer centers.**

Participants will have the opportunity to actively engage in sessions and discussion about the process, promise, and pitfalls of cancer center building projects.

PRESENTED IN COLLABORATION WITH ASSOCIATION OF COMMUNITY CANCER CENTERS AND AMERICAN SOCIETY FOR HEALTH CARE ENGINEERING

Details available soon at www.cancerexecutives.org

