Title: Improve needs assessment for newly diagnosed brain tumor patients across their continuum of care

PROBLEM STATEMENT
The ambulatory clinic process for a newly diagnosed brain tumor patient to start treatment has an average lead time of 21 days. Education materials and complete care plans are variable and inconsistently provided to patients resulting in much rework and distress.

BACKGROUND
- 10 newly diagnosed brain tumor patients seen each week in the ambulatory Neuro-Oncology clinic
- Assisted 1 hour new patient visit inadequate time to address all the required information (history, diagnosis, treatment options, clinical trials, patient education, complete assessment of needs)
- Lead time for 1st clinic visit and follow-up for start of treatment is an average of 21 days
- 99% of the 90 patients self-reporting distress were referred for further assessment and intervention

CURRENT CONDITIONS

PROPOSEAL

<table>
<thead>
<tr>
<th>Issue</th>
<th>Countermeasure</th>
<th>Benefit</th>
<th>Impact</th>
<th>Feasibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>develop validated assessment tools</td>
<td>address ongoing needs, reduce distress</td>
<td>H</td>
<td>1</td>
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<tr>
<td>2</td>
<td>write standardized patient education materials</td>
<td>reduce staff rework and waste</td>
<td>H</td>
<td>1</td>
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<tr>
<td>3</td>
<td>write tumor specific care pathways</td>
<td>improve coordination of care, pt. outcomes</td>
<td>H</td>
<td>2</td>
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<tr>
<td>4</td>
<td>standardize process for after visit summary</td>
<td>improve ongoing care management</td>
<td>H</td>
<td>2</td>
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PLANN

<table>
<thead>
<tr>
<th>Action</th>
<th>Who is responsible</th>
<th>Start</th>
<th>Finish</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>establish appropriate distress screening tools</td>
<td>Clinical Psychologist</td>
<td>Apr-12</td>
<td>May-13</td>
<td>In progress</td>
</tr>
</tbody>
</table>

SCREENINGS ON TABLETS

RESULTS
1. Billing structure established for independent nurse practitioner clinic
2. Established nurse practitioner clinics
3. Standardized patient flow to nurse practitioner clinic
4. Patient lead time from diagnosis to treatment reduced from 21 days to 14 days
5. Standardized patient after visit summary
6. Current rate of distributing after visit summary up to 95% as of 11/2012
7. Standardized and centralized education resources
8. Standardized administration of supportive screen assessment and referral process for identified patient distress

GOAL
- Establish effective process for patient education and assessment by May 2012
- Standardize flow in the outpatient clinic to provide appropriate education, follow up, plan of care and ongoing assessment of needs by August 2012
- 90% of pt.'s with clinical levels of distress will have a referral for supportive care by December 2012
- Decrease lead time from first clinic visit to start of treatment from 21 days to 14 days by December 2012

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