

# A Best Practice Model in a Hospital System-Development, Practice and Implementation Using an Oncology Framework

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Northside Hospital Atlanta Rehabilitation Services

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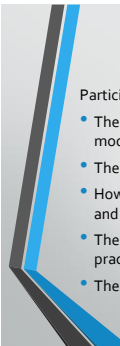
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## Objectives for this Course

Participant will learn:

- The rationale behind setting objectives and goals for a best practice model
- The 4 components of a best practice integration model
- How this model integrated research, current medical pathophysiology and treatment, and rehabilitation practice into these 4 components
- The importance and development of staff and patient education for best practice
- The significance of community involvement in your area of practice

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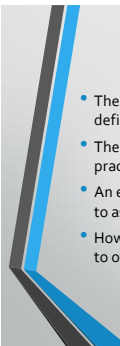
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## Objectives-continued

- The importance of physician and multidisciplinary participation in defining and cultivating a best practice model
- The significance of outcome measures and what to consider for best practice and program needs
- An example of an electronic outcomes data tool based on program needs to assist with data collection
- How this practice model that was developed for oncology can be applied to other areas of practice

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### Multidisciplinary Team

- Cheri Romero, OT, OP Clinical Coordinator
- Aisha Ghafoor Harris, PT, IP Clinical Coordinator
- Aneesha Virani, PhD, CCC-SLP, Clinical Coordinator, Speech and Audiology
- Joanna Collins, OT/L
- Christi Thé, PT, DPT
- Brandy Wilkins, PT, DPT, CCCE
- Luba Underwood, OTR/L
- Adam Drumm, PT, DPT, OCS, ACT
- Dawn Hayes, PT, PhD., GCS, QI for Northside Hospital Cancer Institute
- Sarah Fagan, Management Engineer, Productivity Management

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### Northside Oncology Rehabilitation Committee Purpose/Objectives

- Research and promote best practice for all rehabilitation disciplines and specialty groups.
- Ensure educational opportunities to promote knowledge and best practice for our clinicians.
- Ensure a continued process for compiling and analyzing data in conjunction with the Oncology Service Line leadership.
- Support Survivorship Team initiatives. Initially, this was 2 patient education presentations.
- Continue to develop relationships with our stakeholders, in particular MD's.
- Support to the Marketing Workgroup-monitor marketing materials and patient education handouts for professional image and messaging.
- Foster community awareness of oncology rehabilitation and Northside Hospital services.
- Coordinate oncology specialty groups so we have shared common initiatives and messaging.

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### Rehab Oncology Steering Committee Update




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### Clinical Guidelines

- Clearly define the area of practice to work on first-oncology is very broad, where do we start?
- Who are our experts and what members will work on this area of practice?
- How do we organize our best practice information?
- What are all the steps in this process?
- Set clear expectations on timelines for the work to be done

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### Development Steps for Progression of Best Practice Guidelines

1. Research
2. Develop best practice guidelines based on research
3. Identify physician advocate
4. Review and collaborate w/ MD's on these guidelines
5. Identify best practice evaluation in specialty practices for consistency and validity
6. Complete clinician education on clinical guidelines and implement best practice
7. Develop system wide staff patient education and materials based on research and best practice
8. Continued program evaluation and make revisions

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### Literature and Information Search

- Hospital Library Search for recent articles
- National Associations-AOTA, APTA, ASHA
- Physicians
- Outside databases-NCCN
- Conferences-ACRM
- Contact other best practice hospitals

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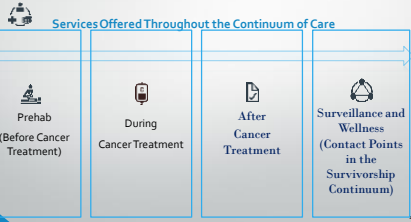
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## Oncology Rehabilitation at a Glance

Oncology Rehabilitation - Care is integrative, multidisciplinary and supports our patients quality of life and independence.




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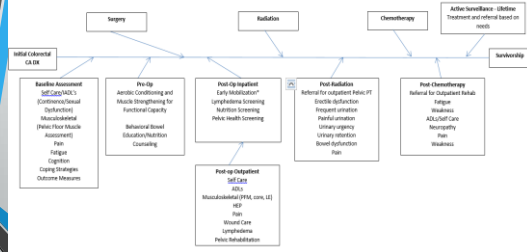
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### Medical/Rehabilitation Treatment Guideline

#### Colorectal Cancer




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## Clinician Education

- What are the educational needs and skill sets of the practitioners providing the care?
- If there are different needs among practitioners, how do we meet the needs?
- What inhouse resources can you draw from?
- What outside resources are we able to utilize?
- What is the cost of doing this education?
- How do we communicate these opportunities to our staff?

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### Clinician Survey

- What do we want to find out?
- What is the best way to gather this info? Survey monkey works well
- What does the data tell us?
- What will we do with the results?

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### Education Survey Questions

1. At what campus do you primarily work?
2. Do you work in inpatient acute care, outpatient, or both?
3. What is your discipline?
4. How many years of experience do you have primarily treating the oncology population?
5. Where do you think your knowledge level is for oncology evaluation and treatment?
6. Which cancer patient population(s) do you have experience managing? Choose all that apply.
7. What education format do you feel is most beneficial to you?
8. What areas of oncology content do you feel you need more education on (ie. disease process, treatment, outcomes, etc.)? Please be specific.

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### Summary of Education Needs

- The medical treatment options and progression of rehab therapy
- The disease process and prognosis
- The effects of medical treatment options (radiation, chemo, surgery, oral medications, etc.)
- Functional outcome measure tools

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### Multi-tiered Program

- New clinician or little exposure to oncology: Meet the needs with in-house education on oncology by collaborating with the nursing residency program.
- Intermediate or advance clinicians: sponsor an outside course that will target our specific need for advance education and in specific areas.
- Specialty education: continuing education support to specialty clinicians treating lymphedema, pelvic health, and head and neck patients.

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### Patient Education

- How are we currently educating our patients?
- Are they getting the specific information they need for their diagnosis?
- Are they getting all of the information needed to meet their individual needs?
- Are home exercise programs comprehensive and up to date?
- Does new education need to be developed?
- Are we making them aware of other educational opportunities?
- Do they know how to access the next level of care for their needs?

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### Physician Education

- Patient care relationships
- Rounds
- Continuing education
- Committee meetings
- Marketing meetings

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### Consider a Physician Advocate

- Who supports your program and makes referrals?
- Who is the physician who asks questions about rehab for his/her patients?
- Who is likely to advocate to other physicians about your program?
- Who has the authority to make things happen in your area of the program?

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### Survivorship/Community Support

Consider:

- In house departments- Northside Hospital Cancer Institute, marketing
- Community events that your hospital is partnering with or sponsoring
- Physician contacts
- Patient contacts

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### Examples of Community Support

- Patient Education Presentations- Exercise and Fatigue, Coping with Cognitive Changes
- Sarcoma Walk, American Cancer Society, Susan G. Komen walks
- Articles in community publications
- Articles on your organization's best practice development in inter-hospital communications
- Support groups

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## Logistics

- Where can we keep information as we develop our program?
- What outcome measures do we want to use?
- How can we efficiently track the data?
- How do we know our patients are getting better? How do we track for optimal results?
- How can efficiently gather and get data on patient satisfaction?
- How do we track the growth of our program?

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## Determining Best Outcome Tools

- Pain
- Fatigue
- LLIS
- AMPAC
- Other functional out come tools-UEFI, Quick DASH, FADEC

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## Rehabilitation Oncology Database

The screenshot displays a complex web-based data entry form for a Rehabilitation Oncology Database. The interface is organized into several sections:

- Header:** Includes fields for Last Name, Business, Practice Site (Atlanta), Oncology Specialty Services, Center To Phase, and Active Cancer Treatment.
- Form Fields:** Contains numerous dropdown menus and text boxes for patient information, including Primary Cancer Site, Date of Birth, Referral Source, and Referring MD.
- Filters:** Features filter buttons for 'All', 'Initial', 'Change', and 'Total Weeks' across different sections.
- Summary Tables:** Includes summary rows for 'Total Visits', 'Missed Visits', and 'Total Weeks' for various categories.
- Navigation:** Includes a 'Reason for Visit' dropdown and a 'Rehab Services and Status' section.

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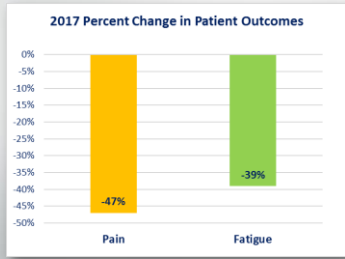
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### 2017 Rehab Patient Outcomes



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### Best Practice for Pain Management in Rehabilitation

Mission:

- To research, define, and promote best practice pain interventions in order to reduce opioid and other medication dependencies.
- To research which interventions are most effective for different patient populations
- To define the role of each discipline in pain management
- To educate clinicians in best practice for pain management

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### CLINICAL GUIDELINES

Initial Questions:

- What are the key focus areas? Acute, ortho, spine and pain, oncology, general OP, ICU
- Who will work on which subgroups? Who has the expertise?
- Which independent interventions can the patient learn and use?
- Do the interventions change with different populations?
- Are there non-traditional methods to reduce pain to educate patients on such as meditation or similar?

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### EDUCATION-Staff, Physicians, Patients

- How comprehensive is our clinicians understanding of pain and pain management?
- How should we educate patients and families on non-pharmacological pain management strategies?
- What responsibilities do the patient and families have?
- Do we have some written education or does this need to be developed?
- How do we educate or involve the physicians or other health care providers?

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### COMMUNITY INVOLVEMENT

- What community groups can benefit from this information?
- What publications might be interested in this organization?
- What groups might we partner with within the organization?
- What groups might we partner with outside of the organization?

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### LOGISTICS/ DOCUMENTATION

- How should we document pain? Is it different for different populations?
- How do we document interventions for pain and education for patients on pain relief?
- What pain scale should be used?
- How do we tie our pain levels to function?
- What do we document if pain is not adequately managed?
- How should we track our success in outcomes for pain reduction? What outcome measures are best for this?
- How do we know we are meeting our patient's needs?

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