

Improving Utilization and Quality of Survivorship Care for Patients with Gynecological Malignancies

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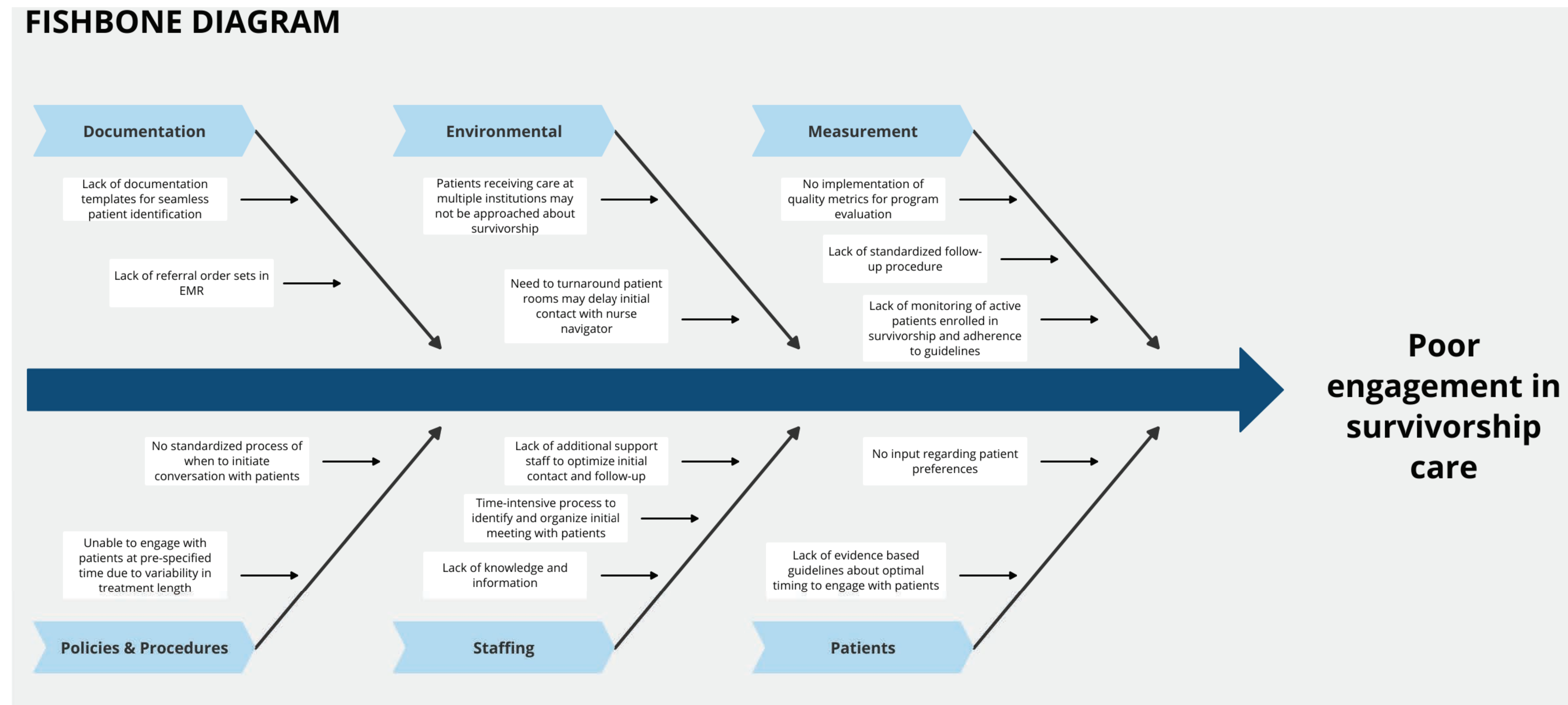
BACKGROUND

- After patients end their cancer treatment and have no evidence of disease, they enter survivorship portion of their care
- Survivorship programs provide the following services: psychosocial support, nutrition, medication side-effects, genetic counseling, and fertility concerns through the use of treatment summaries and survivorship care plans
- Patients continue to face difficulty in accessing services
- Objectives: To increase enrollment in survivorship program

METHODOLOGY

- An interdisciplinary team was assembled to outline current processes and identify barriers to participation
- Performed a chart review of December charts to identify baseline number of eligible patients
- Patients must meet the following criteria: a) Stage I-III gyn-onc cancer, b) 18 years or older and c) within 1 month of completing treatment or within 6 months from end of treatment
- Compared to number of patients identified by nurse navigator through Slicer Dicer, provider referral and EPIC chart review
- Additional information was collected but not limited to the following: cancer stage, treatment modality, and location of treatment
- Chart review was conducted by three team members

RESULTS



DISCUSSION

- Chart review demonstrates several eligible patients are not being captured through current procedures (only 1 of 24 patients identified on chart review was referred by provider)
- Could be attributed to lack of provider knowledge, no standardized referral process and lack of patients with multimodal therapy

NEXT STEPS

- Increase provider awareness of survivorship program and available resources through visual aids and informational flyers
- Implementation of standardized documentation templates to facilitate identification of eligible patients
- Standardize referral process to survivorship program
- Develop order sets within electronic medical record to ensure eligible patients can access survivorship care services

LIMITATIONS

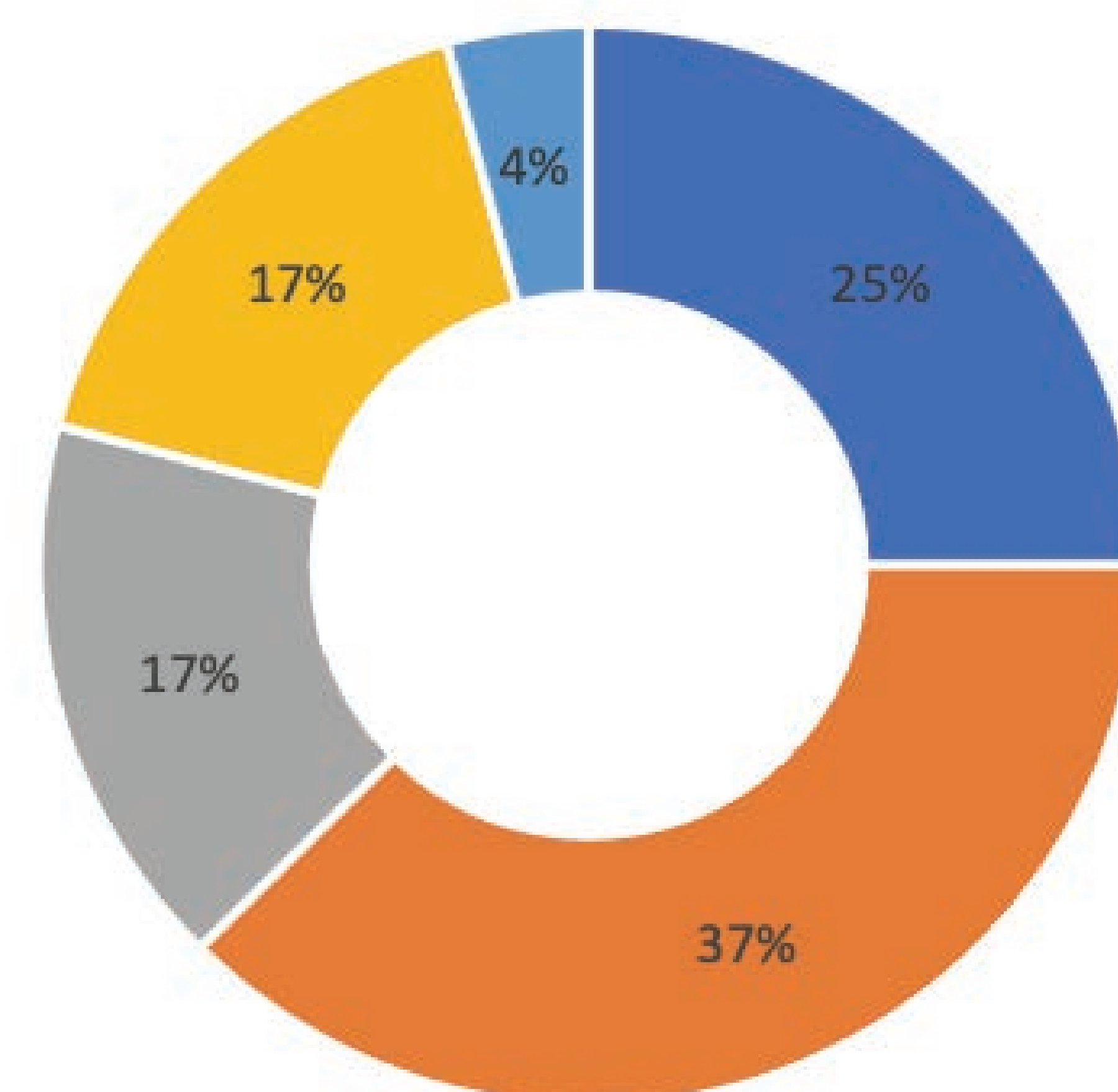
- Low enrollment numbers delayed efforts to initiate PDSA cycles
- Lack of interrater reliability
- Snapshot in time of clinic workflow and volume

ACKNOWLEDGMENTS

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Types of Malignancies

■ Ovary ■ Uterine ■ Cervix ■ Vulva/Vagina ■ GTN



Treatment Modality

