Strengthening the health care workforce for older people living with cancer

19th Conference of the International Society of Geriatric Oncology

Integrative oncology – Leaving no one behind

#SDGACTION26996
UN Partnerships for Sustainable Development Goals (SDGs)

www.SIOGconference.org
Crafting Age Friendly Cancer Care: A Model for Improvement Utilizing the 4 Ms Framework Across the Continuum of an NCI Designated Cancer Center

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Geriatric Oncology
4Ms Framework

What Matters

Mobility

Medication

Mentation

Age-Friendly Health Systems

An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).
4Ms Framework

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H. Lee Moffitt Cancer Center & Research Institute

204 designated inpatient beds with an annual daily census of 160 and 5900 inpatient days

An NCI-Designated Cancer Center providing inpatient and outpatient adult oncology care ≥ 65 years of age

42%

Of total OP visits, 34 Clinics and 281,000 visits annually

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Senior Adult Oncology Program (SAOP) manages the medical oncology care of patients 65 and older

440,000 Outpatient (non-surgical OP) visits yearly

Approximately 11,413 surgical procedures annually
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Senior Adult Oncology Program (SAOP) manages the medical oncology care of patients 85 and older

47%
Wellness Tech Pilot
- Document screening
- Activity w/ Wellness Tech
- Daily Mobilization

Falls with Injury
Post acute placement
Team member injuries
LOS

Daily Mobility Screening
- All IP units monitor daily mobility screening (EHR)
- Age stratify
Wellness Tech Pilot

Document screening Activity w/ Wellness Tech Daily Mobilization
Falls with Injury Post acute placement Team member injuries LOS

Daily Mobility Screening
All IP units monitor daily mobility screening (EHR)
Age stratify

TIMED UP & GO

01 Screening Sample
- N= 34
- 32 New Patients
- 2 Established
- 55% Metastatic Disease

02 Gender
- 35% Males (n=12)
- 65% Females (n=22)

03 Abnormal TUG
- 17 patients had abnormal TUG > 12 seconds

04 Recent Fall History
- 4 Falls (Abnormal)
  - Intrinsic factors, CIPN, Functional decline
- 3 Falls (Normal)
  - Cognitive decline, Balance

05 Plan
- IRB
- Modified STEADI (obtain referrals PT/ Gait & Balance Clinic)
- Follow Fall history
- EHR tracking
- Develop recommendations for rehab referrals during cancer/treatment trajectory
Wellness Tech Pilot

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ALOS of Patients with Positive Delirium Screening

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Daily Mobility

LOS

Daily Mobility Screening

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Cognitive Decline

Baseline MINI-COG to screen for cognitive decline

Depression

PHQ-2 included in SAOP-3

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ALOS of Patients with Positive Delirium Screening

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Senior Adult Supplement Screening Questionnaire (SAOP-3)
### Medication

**SAOP N= 1577**  
**Mean # Meds =13.5**  
**Range 1-48**  
**94% ≥ 5 meds**  
**6 months**  
**Pharmacy Interventions**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Count</th>
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<tbody>
<tr>
<td>AC Monitoring</td>
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<tr>
<td>Chemo / Med Ed</td>
<td>61</td>
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<td>Labs for med</td>
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<td>New Tx</td>
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<td>Pain</td>
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- Antimicrobial Stewardship: 4
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Empower w/Knowledge
Promote Shared decision-making
Notify RN/PharmD
Monitor practice

Patient Medical Assistant

PharmD Nurse

Deprescribing Education
Monitor adherence

Update med lists
Education
New Patient med history
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- Total to date 54 individual team meetings
- 6 departments have created their own case study for discussion and role playing.
- 30 departments have completed the baseline nursing survey
- EHR 33%-45%

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Inpatient Whiteboard
Daily patient participation in “what matters” conversations

Outpatient Card
At each clinic visit engaging in “what matters” conversations
PFAC survey to craft question
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What matters most

**Inpatient Whiteboard**
Daily patient participation in “what matters” conversations

**Outpatient Card**
At each clinic visit engaging in “what matters” conversations
PFAC survey to craft question

**Outpatient ≥65: Press Ganey Overall Mean Score**
AFHS Wave 1

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