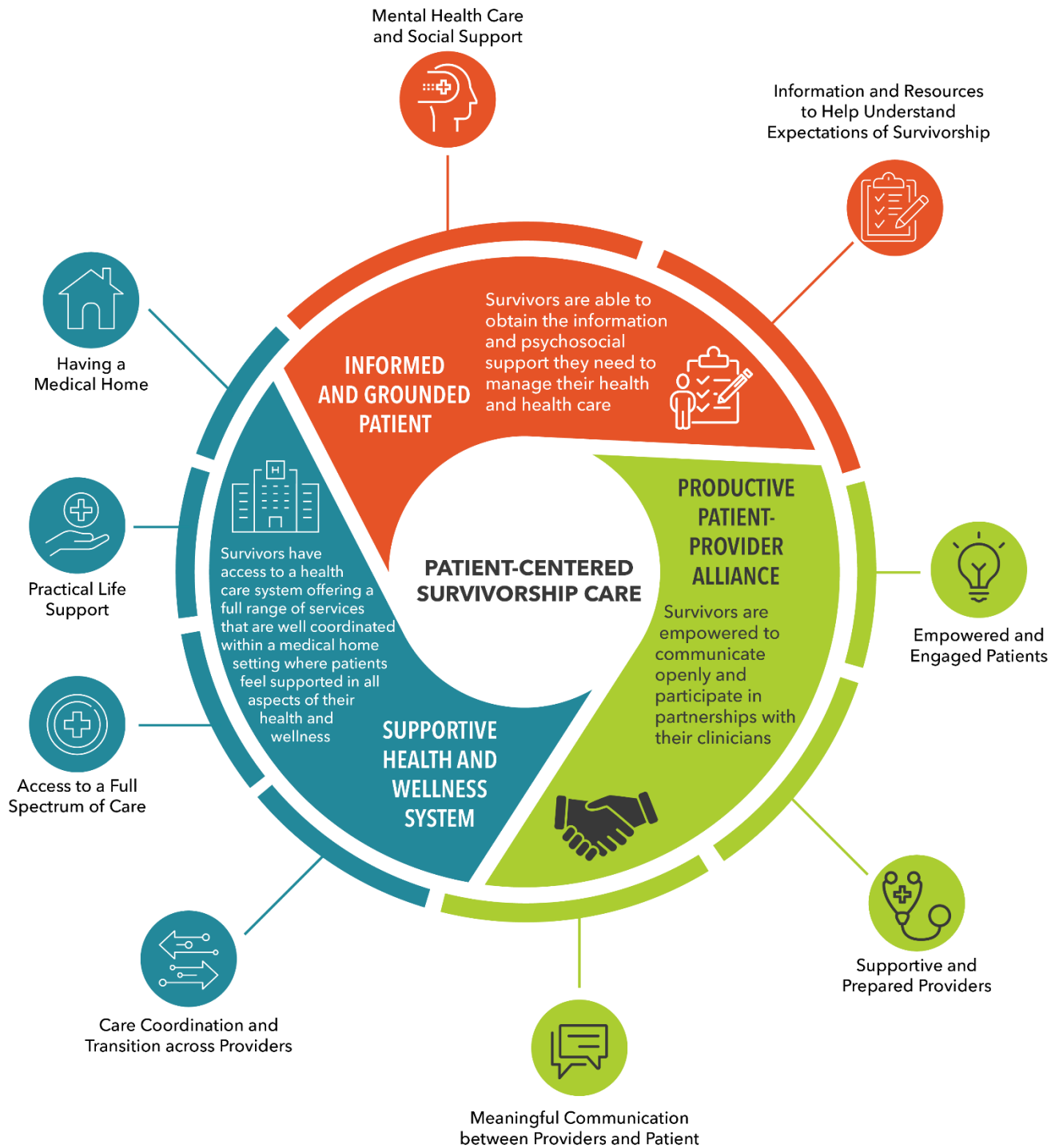


Advancing Patient-Centered Cancer Survivorship Care Workshop Planning & Facilitation Guide



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About the GW Cancer Center

The George Washington University (GW) Cancer Center is a collaboration of the George Washington University, the GW Hospital and the GW Medical Faculty Associates to expand GW's efforts in the fight against cancer. The GW Cancer Center also incorporates all existing cancer-related activities at GW, with a vision to create a cancer-free world through groundbreaking research, innovative education and equitable care for all. Learn more about the GW Cancer Center at gwcancercenter.com.

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DISCLAIMER

This toolkit is intended to help Comprehensive Cancer Control Programs/Coalitions and other organizations identify possible quality improvement opportunities in cancer survivorship. This toolkit is intended to serve as a companion to existing clinical guidelines and quality care measures. To access cancer survivorship clinical guidelines please see the Appendix for a list of guidelines and links.

Introduction

The GW Cancer Center developed the *Advancing Patient-Centered Cancer Survivorship Care Toolkit* to support training and technical assistance from Comprehensive Cancer Control Programs/Coalitions to health care providers/organizations in order to improve patient-centered cancer survivorship care in their state, tribe or territory.

The toolkit focuses on the post-treatment care of adult cancer survivors. We use the National Cancer Institute definition of survivorship, which is "...[focusing] on the health and life of a person with cancer post treatment until the end of life. It covers the physical, psychosocial, and economic issues of cancer, beyond the diagnosis and treatment phases. Survivorship includes issues related to the ability to get health care and follow-up treatment, late effects of treatment, second cancers, and quality of life. Family members, friends, and caregivers are also considered part of the survivorship experience."

Please note that all parts of the toolkit can be adapted to fit your specific needs. These tools serve as a starting point to help health care providers/organizations address reported care needs of post-treatment cancer survivors.

To learn and connect with peers on how they are adapting and using the Advancing Patient-Centered Cancer Survivorship Care Toolkit visit: gwcancercenter.forumbee.com

Planning & Facilitation Guide Table of Contents

Workshop Checklist.....	p. 4
Setting Your Agenda.....	p. 5
Promoting Your Workshop.....	p. 7
Presentations: Planning & Delivery.....	p. 8
Activities: Planning & Delivery.....	p. 9
Evaluation: Planning & Delivery.....	p. 24
Facilitation Tips.....	p. 28
Appendix.....	p.29

Workshop Check List

Below are key things to consider as you prepare to host your workshop.

- **Goal** (What do you want to achieve by the end of your workshop?)
- **Audience** (Who is your primary audience? How much time does your audience have to commit to a workshop? Beyond the primary audience, who else should attend?)
- **Agenda** (Will the workshop be full day; half-day; one-hour; or series?)
- **Organizer** (Will one organization host the workshop or multiple organizations? Who needs to be involved in planning calls? Who is the primary lead for the workshop?)
- **Presenters** (Who are your local cancer survivorship experts? Reach out and discuss who can present which aspects of the workshop to be most credible and impactful.)
- **Budget** (What are the associated costs? What could be in-kind? Consider number of participants, food/beverages, supplies, printing, possible space rental or other costs as you develop a budget.)
- **Workshop date** (Is there an ideal date to maximize attendance? Consider dates that are outside of clinic days, part of an existing clinical conference, or host a series as part of grand rounds or cancer committee.)
- **Presenters/facilitators** (Who has the expertise and skills to serve as presenters and facilitators for the workshop?)
- **Workshop space** (How many people can the space hold? Can chairs/tables be moved for small group work? What audio/visual technology is onsite? What might you need to bring into the site?)
- **Promotion** (How will you promote the workshop to your audience? Where does your audience go for educational information, e.g. social media, journals, peers? What other organizations can help promote your event?)
- **Continuing Education Credit** (Can you offer no-cost continuing medical education credit as an additional draw for participants? Consider partnering with an academic organization to provide credits.)
- **Registration** (How will you register participants, e.g. webpage, email, other? What is the check-in process on the day of? What will you do about no-shows and walk-ins?)
- **Materials** (Consider having: nametags; printed slides with space for notes; other printed materials as needed; pens, markers, sticky notes, whiteboard/or other large paper to write on.)
- **Food/beverages** (Based on length of workshop, what food and beverages are needed? Water is a necessity! Coffee and healthy snacks can help people stay energized between meals.)
- **Evaluation** (Are you using an existing measurement tool or will you build your own evaluation? Will you do pre/post-test evaluations or posttest only? Will you use pen and paper or an online survey tool? Will you follow-up with participants after the workshop? How long after your workshop would you expect to see changes in practice or results that could be measured with a posttest?)

Setting Your Agenda

A key question to answer before you start planning your workshop is: *What is the goal/purpose of your workshop?*

The purpose of your workshop will guide everything from your agenda to how you plan to evaluate outcomes. For example, is the goal of your workshop primarily to raise awareness to providers through education or to build capacity for quality improvements in cancer survivorship care delivery?

As you think about your workshop goal, it is also important to consider *your audience and how the workshop will support their efforts*.

The recommended audience for this workshop are clinicians who are caring for cancer survivors post-treatment (e.g., primary care providers, oncologists, nurses, social workers), navigators, administrators and quality improvement specialists. These individuals could work in hospitals, clinics, tribal health or outpatient cancer care settings.

A secondary audience for the workshop could include non-profit organizations, public health professionals and insurers.

How familiar is your audience with survivorship care?

For example, if your audience will be comprised of individuals who do not work regularly in survivorship, perhaps your workshop purpose is raising awareness of challenges and needs of cancer survivors. However, if your audience is relatively well versed in survivorship care, you could focus more on quality improvement efforts.

What disparities exist among cancer survivors?

It is important to review available data regarding gaps in care and needs of diverse post-treatment cancer survivors. Highlight local data during presentations to inform workshop activities as well as actionable next steps for learners.

Planning Note

- As you set your agenda, review your state, tribe or territory's Cancer Control Plan. Look at existing objectives and strategies. For example, does your Cancer Control Plan already include:
 - Survivor-specific objectives and strategies?
 - Or objectives and strategies that align with the Patient-Centered Survivorship Care Index?
- Are there barriers (time, travel distance, resources, etc.) to bring together your audience? Consider different options to deliver the workshop. For example, you could:
 - Give presentations via webinar and then bring the group together in person on a different date for activities.
 - Hold the workshop before an existing meeting.
 - Host a one-hour session each week over the course of a month, with each session building upon the previous.
- Are you planning to evaluate your workshop?
 - Depending on the length of your workshop and capacity to evaluate, you may want to consider a pretest/posttest (more intensive to measure change) or a post-workshop evaluation only (less intensive, descriptive only).

Example Agendas

The recommended length of a workshop is a full or half-day. However, if that is not possible, see the planning note box.

Full Day Workshop

8:30am	Check-In & Pre-Meeting Evaluation
9:00am	Welcome, Introductions, Review of Agenda & Housekeeping
9:15am	Overview of Cancer Survivorship (Presentation)
10:00am	Break
10:15am	Overview of Progress and Opportunities in Cancer Survivorship Care (Presentation)
11:00am	Break
11:15am	Opportunities for Quality Improvement: Assessment (Activity)
12:00pm	Lunch & Networking
12:45pm	Opportunities for Quality Improvement: Prioritization (Activity)
1:30pm	Break
1:45pm	Opportunities for Quality Improvement: Root Causes (Activity) OR PDSA (Activity)
3:00pm	Break
3:15pm	Planning for Action: Next Steps (Activity)
4:20pm	Closing Remarks & Post-Meeting Evaluation
4:30pm	Meeting Concludes

Half-Day Workshop

8:30am	Check-In & Pre-Meeting Evaluation
8:45am	Welcome, Introductions, Review of Agenda & Housekeeping
9:00am	Overview of Cancer Survivorship & Progress and Opportunities in Cancer Survivorship Care (Presentation)
10:00am	Break
10:15am	Opportunities for Quality Improvement: Assessment (Activity)
11:15am	Boxed Lunch (Return to tables for working lunch)
11:30am	Working Lunch: Opportunities for Quality Improvement: Prioritization (Activity) OR PDSA
12:30am	Next Steps, Closing Remarks & Post-Meeting Evaluation
1:00pm	Meeting Concludes

Promoting Your Workshop

A key piece to a successful workshop is promotion. Social media is a great way to conduct outreach and promote your event to your audience at no-cost.

Below are examples of promotional posts for different platforms. Longer posts can include detailed information, while shorter posts like tweets only include the basics: When, Where and How to register. These examples can be adapted.

If you have a webpage or have online registration, consider using [Bitly](#) to shorten your links. This will help conserve characters and allow you to track your reach and impact from various social media platforms.

Example Promotional Language

E-mail newsletter blurb:

[Organization name] is hosting an Advancing Patient-Centered Cancer Survivorship Care Workshop on [Date] at [Location]. This free, half-day workshop is an important opportunity for health care professionals to learn about cancer survivorship care and will help [insert Organization name] identify quality improvement opportunities. Lunch will be provided. Register today: [link]

Facebook/LinkedIn post:

Registration is now open for the [Organization name] Advancing Patient-Centered Cancer Survivorship Care on [Date] at [Location]. During this free, half-day workshop health care professionals will provide critical input on how to improve cancer survivorship care. Lunch included! Register today: [link]

Tweets:

Calling all health care professionals! Register today for the free Advancing Patient-Centered Cancer Survivorship Care workshop on [date] to help improve care: [link]

As part of #NatlCancerSurvivorMonth we are hosting a free half-day workshop for health care professionals. Join us on [date] to advance quality post-treatment cancer care. Click to learn more: [link]

DYK there are 16.9 million cancer survivors in the US? Join us on [date] to advance quality post-treatment cancer care: [link] #NatlCancerSurvivorMonth

Presentations: Planning & Delivery

The PowerPoint slide deck includes two presentations:

- Overview of Cancer Survivorship
- Overview of Progress and Opportunities in Cancer Survivorship Care

These presentations can be adapted based on your audience and the amount of time you have. The slides include suggested talking points and links to additional background information that may be helpful as you prepare to deliver the workshop.

When planning for presentations, consider the following:

- What content will be covered?
 - What does your audience already know?
 - How many presentations will you have?
 - Should you collapse or expand content within presentations?
 - Add local context: What data are available on survivorship disparities and needs in your area or for the particular organization(s) who will participate in the workshop?
- Who will present?
 - Do you have in-house expertise or will you seek external experts?
 - If external experts are needed:
 - Who has a reputation in the community as an expert in cancer survivorship?
 - Who can you identify in your professional network?
 - What partner organizations might be of assistance?
 - Does your budget allow for an honorarium to presenters?
 - How will you work with presenters to adapt presentations before the workshop?
 - How will you ensure diverse representation in your presentation lineup, particularly if your community context has a high percentage of certain racial, ethnic or other minority groups? This is important to be respectful of and relevant to your patient population.
- How will you engage your audience during presentations?
 - Poll audience members along the way?
 - Pose questions to solicit feedback before moving into a topic or moving on from a topic?
 - Create interactive activities to reinforce learning?
 - Discussion/reflection questions?
 - Handouts?










Activities: Planning & Delivery

This section provides guidance on how to facilitate activities. Take time to review each activity you plan to conduct and adapt as needed based on your audience and goal of the workshop.

As you prepare, also review the “Facilitation Tips” section for additional suggestions on how to elicit feedback and reach consensus.

Facilitating Opportunities for Quality Improvement: Assessment

This activity is designed to help participants identify gaps, barriers and opportunities for quality improvement in their own practice or organization based on the nine areas of the Patient-Centered Survivorship Care Index.

		Excellent	Above average	Average	Below average	Very poor	Not sure
	Cancer survivors receive emotional and social support.						
	Cancer survivors receive information and resources about expectations post-treatment.						
	Cancer survivors are empowered and engaged.						
	Clinicians are supportive and prepared.						
	There is meaningful communication between clinicians and cancer survivors.						
	There is care coordination and transitions across care providers.						
	Cancer survivors have the full spectrum of care.						
	Cancer survivors have health insurance and practical life support.						
	Cancer survivors have a medical home.						

Planning Note

Depending on group size or time constraints, you could:

- Create an online survey using the assessment worksheet and survey participants before the workshop and then share results with the group to reach consensus.
- Have a large group discussion where the group comes to consensus on how frequently areas of care are being met.

If there is time, **break people into small groups** (5-8 per table). Use the worksheet to guide each table in a discussion and have them rate areas and report out to larger group.

After report out, if there are different ratings, don't worry – the next activity will help you prioritize.

Use the blank assessment slide while you facilitate small group report outs or a large group discussion. This can help everyone see how areas are rated and capture information in real time.

During the workshop:

1. Have participants use the assessment worksheet on the next page to help identify areas for quality improvement. Responses use a Likert scale from *Excellent* to *Very poor*, with an additional option for *Not sure*.

Question: What happens if all nine areas are rated Below average, Very poor or Not sure?

Answer: That's ok!

This workshop will not be able to address all quality care issues at once. However, this exercise helps raise awareness about important cancer survivorship areas of need, while also identifying quality improvement opportunities.

Opportunities for Quality Improvement: Assessment Worksheet

Use this worksheet to help assess areas and identify quality improvement opportunities. **Read the corresponding points to consider before you answer each question.**

Please rank the quality of survivorship care in your practice/organization for each of the following patient priorities:

1. Cancer survivors receive emotional and social support.

- Excellent
- Above average
- Average
- Below average
- Very poor
- Not sure



Jot down your thoughts to these questions before answering Question #1:

- Do clinicians/care organizations have resources and information to help cancer survivors address the emotional/social impact of cancer and its treatment?
- Do clinicians/care organizations have resources and information to help cancer survivors address possible changes with partner(s), family and friends?
- Do clinicians/care organizations provide referrals to address any kind of emotional concern?

2. Cancer survivors receive information and resources about expectations post-treatment.

- Excellent
- Above average
- Average
- Below average
- Very poor
- Not sure



Jot down brief answers to these questions before answering Question #2:

- Do clinicians discuss the importance of regular cancer screening and surveillance post-treatment with all survivors?
- Do clinicians have resources and information to help address all survivors' long-term and late effects of cancer and its treatment?
- Do treating organizations provide a survivorship care plan to all survivors? Is the plan accessible, actionable and written at an appropriate literacy level?

3. Cancer survivors are empowered and engaged.

- Excellent
- Above average
- Average
- Below average
- Very poor
- Not sure



Jot down brief answers to these questions before answering Question #3:

- Do clinicians/care organizations have processes in place to engage all cancer survivors in shared-decision making?
- Do clinicians/care organizations have processes in place to clearly understand survivors' goals and preferences for care?
- Do clinicians/care organizations have processes in place to help survivors and clinicians work together to set health and care goals?

4. Clinicians are supportive and prepared.

- Excellent
- Above average
- Average
- Below average
- Very poor
- Not sure



Jot down brief answers to these questions before answering Question #4:

- Do clinicians have the information, tools and resources they need to inform their clinical care decisions?
- Do clinicians utilize cancer survivorship clinical care guidelines?
- Do clinicians/care organizations have processes in place to inform all survivors about who to call when experiencing medical problems?

5. There is meaningful communication between clinicians and cancer survivors.

- Excellent
- Above average
- Average
- Below average
- Very poor
- Not sure



Jot down brief answers to these questions before answering Question #5:

- Do clinicians/care organizations provide easy access to important documents and educational materials in languages other than English?
- Do clinicians/care organizations provide easy access to important documents and educational materials that are written in plain language and follow health literacy principles?
- Are clinicians trained to provide patient-centered communication?

6. There is care coordination and transitions across care providers.

- Excellent
- Above average
- Average
- Below average
- Very poor
- Not sure



Jot down brief answers to these questions before answering Question #6:

- Do oncologists and primary care providers share clinical information systematically?
- Do clinicians provide clear instructions to survivors regarding who is responsible for what aspects of their health care post-treatment?
- Do clinicians provide referrals to survivors to receive additional supportive care services based on clinical need and patient-reported needs?
- Do clinicians/care organizations provide information to survivors on the role of primary care providers post-treatment?
- Do primary care providers understand their role in caring for cancer survivors post-treatment?
- Do clinicians/care organizations have processes in place to effectively coordinate care across care providers?

7. Cancer survivors are provided with the full spectrum of care.

- Excellent
- Above average
- Average
- Below average
- Very poor
- Not sure



Jot down brief answers to these questions before answering Question #7:

- Do care organizations offer physical activity programs to survivors?
- Do care organizations offer nutrition and dietary programs/services?
- Do care organizations offer risk reduction programs (e.g. weight loss, smoking cessation, screening)?
- Do clinicians provide and document referrals to cancer survivors for specialty and other follow-up services (e.g. rehabilitation, mental health services)?

8. Cancer survivors have health insurance and practical life support.

- Never
- Rarely
- Sometimes
- Often
- Always
- Not sure



Jot down brief answers to these questions before answering Question #8:

- Is a financial counselor available to assess health insurance coverage for services, gaps in coverage and out-of-pocket cost to the survivor?
- Do care organizations offer support services to survivors to navigate health insurance or other financial issues related to covering the cost of care?
- Do care organizations offer support services or referrals to survivors to maintain employment or return to work?
- Do care organizations offer support services or referrals to survivors if they are unable to work?
- Do care organizations offer support services or referrals to survivors to address issues around school, food, rent, etc.?

9. Cancer survivors are provided a medical home.

- Never
- Rarely
- Sometimes
- Often
- Always
- Not sure



Jot down brief answers to these questions before answering Question #9:

- Do clinicians check survivors' understanding about who to contact if survivors have questions/concerns about follow-up care?
- Do care organizations inform cancer survivors on how to access their medical records?
- Do care organizations maintain medical records/information through an electronic health record?

Facilitating Opportunities for Quality Improvement: Prioritization

This activity will help workshop participants identify an area to focus on for quality improvement that is feasible and meets a need.



Planning Note

Remember that each of the nine areas were identified by survivors as important parts of patient-centered survivorship care.

However, for your setting, you may not have enough existing data and a limited amount of time before the workshop to gather information to inform what is a high or low need among survivors.

If that is the case, it may be helpful to consider all areas as high need, but then look at each area by low/high feasibility for change based on the group's skills, expertise and authority within your organization.

Conduct this activity as a large group discussion.

During the workshop:

1. Show the slide with the completed priority matrix as an example. Explain that as a group you will now prioritize areas to be addressed.
2. Display the blank priority matrix slide. Place each icon in the corresponding box as determined by the group. [NOTE: You will need to take Power Point out of presentation mode to move the icons].
3. Questions to consider posing to the group to help with prioritization:
 - For patient-centered care areas rated "sometimes" during the assessment activity, is it feasible for this group to systematize a process to make this aspect of care more consistent or inclusive of all patients?
 - What areas are not feasible to make progress in at this time and why?
 - What areas are feasible to make progress in at this time and why?

At the end of the prioritization activity, you should have honed in on one to two areas that are high need/high feasibility for the group to work on.

Facilitating the Opportunities for Quality Improvement: Root Causes

This activity will help identify the root cause(s) as to why your prioritized area(s) are not being met and help you brainstorm potential solutions.

Index Area:				Prioritized Solution:			
Problem Statement:							
Prioritized Cause:							
What is the likely cause of the problem?	Is the cause at the patient, provider, organization or community level?	Rate the probability of the cause (Low, Medium, High)	What data or other information do you have to support rating?	What is the possible solution?	How likely is it that this will solve the problem? (Not likely, Possible, Very likely)	First step to implement solution	What data or other information do you need to know your solution worked?

Planning Note

Depending on the size of the group or time constraints, this could be a large group discussion where the group brainstorms root causes and then solutions. The group would then come to consensus on what solution to pursue.

However, if there is more time, break people into small groups (5-8 per group) and encourage discussion at tables. Groups use the root causes worksheet to discuss, fill in and then report out to larger group.

After report out, the large group could have a discussion to come to consensus on the solution.

Use the blank root causes slide while you facilitate either small group report outs or large group discussion. This can help everyone see root causes/solutions and capture information in real time.

Have participants use the root cause worksheet to help identify causes of the problem and potential solutions. Regardless of whether this is a large group or small group activity, it should be facilitated using a step-wise process.

During the workshop:

1. Review the example in the slide with the group. Provide an overview of the process they will undertake, which is the following:
 - a. Confirm the Index area identified in the previous activity is the focus area you will work on as a group. (**Note: if two were identified at this juncture, participants will need to reach consensus to focus on just one.**)
 - b. Get specific. What components within this area are not addressed? Make this your problem statement.
 - c. Brainstorm causes of problem.
 - d. Indicate at what level the cause is occurring, rate the probability of each cause and note any data or other information to support rating.
 - e. Identify a "Prioritized Cause."
 - f. Brainstorm solutions to address prioritized cause.
 - g. Rank solutions based on their likelihood to solve the problem.
 - h. Indicate what first implementation step and data would need to be collected to prove the problem is solved.
 - i. Confirm consensus on prioritized cause and solution.
2. Now it is the participants' turn!

3. Confirm the area that will be addressed. If two high need/high feasibility area(s) were identified in the prioritization activity, the group should reach consensus on which area to focus on first. Let's say the group decides to focus on the following area: *Cancer survivors are provided with the full spectrum of care.*
4. Get specific. Ask: *What components of care are not provided?* The problem should be very clear, so you will be able to measure improvements. For example, your problem statement could be: *Cancer survivors do not have access to smoking cessation services.* **Discuss this as a group and then breakout into smaller groups.**
5. Brainstorm causes of the problem. Ask: *Why are we not successful in addressing this issue? What are potential root causes of the problem?* Have participants brainstorm all possible causes of the problem.
6. Next, have participants indicate at what level the cause is occurring (patient, provider, organization, community), rate the probability of each cause (low, medium, high) they have listed and data or other information to support the rating. Based on the ratings and other information, have the group reach a "Prioritized Cause."
7. After the "Prioritized Cause" is filled in, move to the "Solution" side.
8. For the Prioritized Cause, have participants identify possible solutions.
9. Next, have participants rate how likely the solution is to solve the problem (not likely, possible, very likely). Ask: *How likely is it that this solution will solve the problem?*
10. Have participants write out a first step to start implementing the solution. Then ask participants: *what data or other information do you need to know your solution worked?*
11. Reconvene to have either small groups report out or discuss as a larger group the prioritized cause and solutions to address. At the end, come to consensus and have one Prioritized Cause and Prioritized Solution.

Opportunities for Quality Improvement: Root Causes Worksheet

Index Area:

Problem Statement:

Prioritized Cause:

Prioritized Solution:

What is the likely cause of the problem?	Is the cause of the problem at the patient, provider, organization or community level?	Rate the probability of the cause (Low, Medium, High)	What data or other information do you have to support rating?

What is the possible solution?	How likely is it that this will solve the problem? (Not likely, Possible, Very likely)	First step to implement solution	What data or other information do you need to know your solution worked?

Facilitating the Opportunities for Quality Improvement: PDSA Cycle

This activity will help guide organizations through planning for a quality improvement project through a Plan-Do-Study-Act (PDSA) cycle by answering the questions required for each step. PDSAs are designed to be used in cycles, so this activity can occur in multiple iterations. This activity was adapted from materials from the Agency for Healthcare Research and Quality, Health Literacy Universal Precautions Toolkit, 2nd Edition.



During the workshop:

1. Show the slide in the presentation introducing and describing what PDSA cycles are and how they are used. You can use the example of the filled-in worksheet on the next page as an example. Then, have small groups work together to fill out the blank worksheet step-by-step.
2. First, identify a goal. Think about the suggested questions on the worksheet. Guide groups towards a SMART goal (i.e., Specific, Measurable, Achievable, Realistic and Time-bound).
3. Move to the Plan phase of the PDSA cycle while thinking about considerations for each question. The activity will occur during the design phase before a QI project is implemented, so groups will not be able to report on the rest of the cycle. Alternatively, groups can use this activity retroactively for a QI project that has already been implemented and studied at their organization.
4. Emphasize that PDSA is designed to be used multiple times during a QI project as organizations collect and analyze data and determine how to move forward based on initial results. The activity is meant to be an iterative process.

Plan Do Study Act (PDSA) Activity Worksheet: EXAMPLE

This activity was adapted from materials from the Agency for Healthcare Research and Quality, Health Literacy Universal Precautions Toolkit, 2nd Edition.

For each section, think about the suggested questions and answer them in the allotted space.

Goal

(Think about: What do we plan to do? Change? Achieve? Improve? Goals should be measurable and have a clear end date.)

- Improve the clinic's mental health screening and referral process of survivors by 30% within 6 months.

Plan

What activities will you do?

(Think about: What does my organization need to do to accomplish our goal? What are the actionable activities that we can complete with realistic time and resources?)

1. Survey survivors using Patient-Centered Survivorship Care (PCSC) Survey to obtain a baseline.
2. Review screening and referral protocol process for survivors.
3. Refine screening and referral protocol process for survivors utilizing EHR.

When will these activities take place?

(Think about the end date for your goal and what is realistic for each activity. Does organization leadership want results by the end of the fiscal year? By the end of the calendar year? By the end of a grant period?)

- Survey survivors by end of month 1
- Review protocol by end of month 2
- Refine protocol by end of month 4

Who will be involved and in what capacity?

(Think about engaging leadership, management, clinicians, staff, other organizations.)

- Staff—Obtain survivor feedback by fielding the PCSC Survey
- Physicians, NPs, PAs, Nurses, IT- review protocol
- Physicians, NPs, PAs, Nurses, IT- refine protocol

How will you measure progress?

(Think about: What tools and capacity your organization has for data collection? Can you collect data through surveys? Will you collect patient responses with a paper survey, tablet-based survey mail, email or through some other format? Do you have staff resources to abstract data from the EHR? Can you efficiently export data from the EHR? What makes the most sense for your organization?)

- % of patients receiving mental health screens through EHR review
- % of patients reporting mental health referrals through PCSC survey

Do

What happened? What did you observe?

(Think about: What went well? What went wrong? Did you complete each activity in the time allotted? What did the staff say? What did patients say? Think of this as reporting the “What” of your project.)

- EHR review indicated 35% more patients are receiving screening and 15% are receiving referrals at baseline.
- Patients reported increase of 10% in mental health referrals via PCSC Survey one month after launch of new referral process.

Study

What did you learn?

(Think about: What impact did the activities have? Did the activities improve patient care? How did the activities change from the planned approach? Think of this as interpreting the “What” of your project.)

- EHR took longer than expected, low staffing for data analysis.
- Patients were interested in mental health services, felt more comfortable talking to providers.
- Physicians concerned about time and burden of utilization.

Act

How will you respond to what you learned? What steps will you take? How can you adjust your plan for success?

(Think about: What resources and staff do you have or need? Who else can you engage to improve your project?)

- Next phase: Streamline screening and referral process further to make more efficient for physicians.

Plan Do Study Act (PDSA) Activity Worksheet

This activity was adapted from materials from the Agency for Healthcare Research and Quality, Health Literacy Universal Precautions Toolkit, 2nd Edition.

For each section, think about the suggested questions and answer them in the allotted space.

Goal

(Think about: What do we plan to do? Change? Achieve? Improve? Goals should be measurable and have a clear end date.)

Plan

What activities will you do?

(Think about: What does my organization need to do to accomplish our goal? What are the actionable activities that we can complete with realistic time and resources?)

- 1.
- 2.
- 3.

When will these activities take place?

(Think about the end date for your goal and what is realistic for each activity. Does organization leadership want results by the end of the fiscal year? By the end of the calendar year? By the end of a grant period?)

Who will be involved and in what capacity?

(Think about engaging leadership, management, clinicians, staff, other organizations.)

How will you measure progress?

(Think about: What tools and capacity your organization has for data collection? Can you collect data through surveys? Will you collect patient responses with a paper survey, tablet-based survey mail, email or through some other format? Do you have staff resources to abstract data from the EHR? Can you efficiently export data from the EHR? What makes the most sense for your organization?)

Do

What happened? What did you observe?

(Think about: What went well? What went wrong? Did you complete each activity in the time allotted? What did the staff say? What did patients say? Think of this as reporting the "What" of your project.)

Study

What did you learn?

(Think about: What impact did the activities have? Did the activities improve patient care? How did the activities change from the planned approach? Think of this as interpreting the "What" of your project.)

Act

How will you respond to what you learned? What steps will you take? How can you adjust your plan for success?

(Think about: What resources and staff do you have or need? Who else can you engage to improve your project?)

Facilitating Planning for Action: Next Steps Activity

It is important to leave workshop participants with action items so you can build upon the work done. This activity will help support next steps.

Objective:		
KEY TASKS <i>How will you achieve the objective?</i>	PEOPLE RESPONSIBLE <i>At least one person for each task</i>	TIMELINE <i>Concrete deadlines linked to specific tasks</i>

This activity will most likely be a large group discussion, and the facilitator or workshop hosts may need to help the group identify key tasks. However, a critical piece is to get commitments from others to help lead tasks and have rough deadlines for those tasks.

Below are suggested resources, which also indicate which level of intervention that resource addresses. Consider incorporating one of these resources as a task item to help achieve the identified solution.

During the workshop, use the blank slide to facilitate discussion and fill-in in real-time.

Resource	Level of intervention
<u>Action 4 PSE Change</u>	Organization and Community
<u>Cancer Survivorship E-Learning Series for Primary Care Providers</u>	Provider
<u>GW Cancer Center's Cancer Control TAP</u>	Patient, Provider, Organizational
<u>GW Cancer Center's Online Academy</u>	Provider
<u>National Institutes of Health's Evidence-Based Practices & Programs</u>	Provider, Organizational, Community
<u>Research-tested Intervention Programs (RTIPS)</u>	Provider, Organizational, Community
<u>The Community Guide</u>	Provider, Organizational, Community

Evaluation: Planning & Delivery

The next three pages provide an example of a pre- and post-workshop evaluation.

The templates provide examples of questions you can ask, but you should tailor the evaluation questions based on what you cover. For example, you may be interested in the change in confidence to apply knowledge or implement changes. Or you may only collect post-workshop data, so you may need to modify the post-workshop evaluation.

These templates are designed to be printed. If you are conducting a pre- and post-workshop evaluation, the templates have a place for you to mark the evaluation with a unique identifier so you can match individual-level pre/post-workshop responses.

However, if you have the technological capacity, consider using SurveyMonkey or another online data collection tool. This eliminates manual entry of data on the back end.

For any evaluation, be sure to emphasize that participation is voluntary and data will only be reported in the aggregate to protect privacy. Be sure to check with your local Institutional Review Board (IRB) if you plan to use the data for anything other than strict quality improvement and internal education of stakeholders. If you want to publish your results, you will want to get approval or exemption from an IRB.

Advancing Patient-Centered Cancer Survivorship Care Workshop

Pre-Evaluation

All responses will be kept anonymous and confidential. Data will only be reported in the aggregate.

1. Please circle one answer below:

How would you rate your knowledge of what patients want in cancer survivorship care?	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>
--	-------------	-------------	-------------	------------------	------------------

Optional Comments: _____

2. Please indicate your level of agreement with the following statements:

I recognize the need for cancer survivorship care.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
--	--------------------------	-----------------	----------------	--------------	-----------------------

I can describe critical components of patient-centered cancer survivorship care.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
--	--------------------------	-----------------	----------------	--------------	-----------------------

I can describe patient priorities for cancer survivorship care.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
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I am motivated to help improve cancer survivorship care.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
--	--------------------------	-----------------	----------------	--------------	-----------------------

I am motivated to make changes in my own practice to improve cancer survivorship care.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
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3. What do you hope to gain from today's workshop?

Thank You! End of Pre-Evaluation

Advancing Patient-Centered Cancer Survivorship Care Workshop

Post-Evaluation

All responses will be kept anonymous and confidential. Data will only be reported in the aggregate.

1. Please circle one answer below:

How would you rate your knowledge of what patients want in cancer survivorship care?	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>
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Optional Comments: _____

2. Please indicate your level of agreement with the following statements:

I recognize the need for cancer survivorship care.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
I can describe critical components of patient-centered cancer survivorship care.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
I can describe patient priorities for cancer survivorship care.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
The workshop increased my knowledge of what patient-centered cancer survivorship care looks like.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
The examples given in the workshop were practical.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
I can apply what I learned today to my work.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
I am motivated to help improve cancer survivorship care.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
I am motivated to make changes in my own practice to improve cancer survivorship care.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
I will implement new strategies and resources into my work.	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>

3. What additional information, resources or technical assistance would be helpful to you as you continue your work in cancer survivorship? If any, please briefly explain:

4. Please circle one answer below:

Overall, how would you rate this workshop?

Poor

Fair

Good

*Very
Good*

Excellent

5. What were the strengths of this workshop?

6. What suggestions do you have for improving this workshop?

Thank You! End of Post-Evaluation

Facilitation Tips

Potential Group Scenario	Consider the Following...
Discussion dominated by one or two people	<ul style="list-style-type: none"> • Use ground rules to set the tone from the start (NOTE: There are suggested ground rules in slide deck). • Kick-off discussion with round-robin (i.e. each person in the group gets to state opinion/thought). • Call on people who haven't said anything yet (e.g. "I see you've been nodding a lot – what are your thoughts?").
Participants are not contributing to discussion	<ul style="list-style-type: none"> • Call on someone and ask what they think about a specific issue already raised. • Suggest a pair-and-share to break the ice. Have members pair off and discuss for 2 minutes and then share with the larger group. • Ask if anyone has had a personal experience with the challenge at hand and how they addressed the issue.
Two to three people quickly hone in on an area, strategy or approach	<ul style="list-style-type: none"> • Ask for the opinions of others. • Consider doing quick round-robin of advantages and disadvantages. • Ask the group what other options should be considered before moving forward.
Discussion devolves into disagreement	<ul style="list-style-type: none"> • Reassert the ground rules and the discussion objective. • Summarize and record the positions surrounding the conflicting issue. • Ask another member for their perspective (e.g. "What does someone else think about how to resolve this?").
Group is having trouble making a decision or a person is sidetracking the group	<ul style="list-style-type: none"> • Jot down the issue or idea on a flipchart or piece of paper as a "parking lot" item to revisit at a later point. • Try another round-robin in which each member explains their solution as an "elevator pitch." • Ask for a quick hand vote. • Restate the objective of the discussion and summarize the possible decision options. Ask if there are any additional options.

Technique to Reach a Decision	Consider Using When...
Voting	<ul style="list-style-type: none"> • There are more than four options. <ul style="list-style-type: none"> ○ Quick votes can help narrow down options and further build consensus.
Discussion & Consensus	<ul style="list-style-type: none"> • There are typically two to four options. <ul style="list-style-type: none"> ○ Discuss options and have members briefly explain why one is favored. ○ Check if there is one that can be quickly eliminated. ○ Continue discussion and holding quick polls to narrow in on final option. ○ If group is divided see what tweaks could be made to reach support for a final option. ○ Confirm with group that final option can be supported.

Appendix

Guideline	Link
American Cancer Society Colorectal Cancer Survivorship Care Guideline	cancer.org/health-care-professionals/american-cancer-society-survivorship-guidelines/colorectal-cancer-survivorship-care-guidelines.html
American Cancer Society Head and Neck Cancer Survivorship Care Guideline	cancer.org/health-care-professionals/american-cancer-society-survivorship-guidelines/head-neck-cancer-survivorship-care-guidelines.html
American Cancer Society Nutrition and Physical Activity Guidelines for Cancer Survivors	cancer.org/health-care-professionals/american-cancer-society-prevention-early-detection-guidelines/nupa-guidelines-for-cancer-survivors.html
American Cancer Society Prostate Cancer Survivorship Care	cancer.org/health-care-professionals/american-cancer-society-survivorship-guidelines/prostate-cancer-survivorship-care-guideline.html
American Cancer Society/American Society of Clinical Oncology Breast Cancer Survivorship Care Guideline	cancer.org/health-care-professionals/american-cancer-society-survivorship-guidelines/breast-cancer-survivorship-care-guidelines.html
American Society of Clinical Oncology Endorsement of Cancer Care Ontario-Interventions to Address Sexual Problems in People with Cancer	ascopubs.org/doi/full/10.1200/JCO.2017.75.8995
Fertility Preservation in Patients With Cancer: ASCO Clinical Practice Guideline Update	ascopubs.org/doi/full/10.1200/JOP.18.00160
Follow-Up Care, Surveillance Protocol, and Secondary Prevention Measures for Survivors of Colorectal Cancer: American Society of Clinical Oncology Clinical Practice Guideline Endorsement	ascopubs.org/doi/full/10.1200/JCO.2013.50.7442
Head and Neck Cancer Survivorship Guideline: American Society of Clinical Oncology Endorsement of the American Cancer Society Guideline	ascopubs.org/doi/full/10.1200/JCO.2016.71.8478
National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology Survivorship	nccn.org
Patient-Clinician Communication: American Society of Clinical Oncology Consensus Guideline	ascopubs.org/doi/full/10.1200/JCO.2017.75.2311
Prevention and Management of Chemotherapy-Induced Peripheral Neuropathy in Survivors of Adult Cancers: American Society of Clinical Oncology Clinical Practice Guideline Summary	ascopubs.org/doi/full/10.1200/JOP.2014.001776
Prevention and Monitoring of Cardiac Dysfunction in Survivors of Adult Cancers: American Society of Clinical Oncology Clinical Practice Guideline	ascopubs.org/doi/full/10.1200/JOP.2016.018770
Prostate Cancer Survivorship Care Guideline: American Society of Clinical Oncology Practice Guideline Endorsement	ascopubs.org/doi/full/10.1200/JOP.2015.004606
Screening, Assessment, and Care of Anxiety and Depressive Symptoms in Adults With Cancer: An American Society of Clinical Oncology Guideline Adaptation	ascopubs.org/doi/full/10.1200/JCO.2013.52.4611
Screening, Assessment, and Management of Fatigue in Adult Survivors of Cancer: An American Society of Clinical Oncology Clinical Practice Guideline Adaptation	ascopubs.org/doi/full/10.1200/JCO.2013.53.4495

Patient-Centered Survivorship Care Index

Area 1: Emotional and social support *(Individual)*

- Talked about getting emotional/social support related to the impact of cancer and its treatment
- Talked about getting emotional/social support to deal with what life is like after cancer
- Talked about getting emotional/social support to manage relationships with partners and family
- Referred to another doctor or specialist for any kind of emotional concern

Area 2: Information and resources about expectations post-treatment *(Individual)*

- Discussed the need for regular follow-up and screening post-treatment
- Discussed late/long-term side effects of cancer and treatment
- Provided with written treatment summary
- Provided with written assessment and follow-up care plan

Area 3: Empowered and engaged patients *(Interpersonal)*

- Felt included in all decisions about cancer-related follow-up care
- Clinician asked about most important problems and engaged in problem-solving about these problems with the patient
- Clinician and patient set goals to help manage follow-up care and improve health

Area 4: Supportive and prepared clinicians *(Interpersonal)*

- Clinician provided information and guidance on who to call when experiencing medical problems
- Shared decision making on transitioning from oncologist to PCP
- Clinician helped patient make informed choices about follow-up care
- Clinician shared responsibility for problem solving new health issues and setting goals for follow-up care

Area 5: Meaningful communication between clinicians and patients *(Interpersonal)*

- Clinician provided easy to understand instructions about follow-up care
- Clinician always showed courtesy and respect for patient
- Clinician explained reason for medical tests related to follow-up care after treatment
- Patient had enough time to ask questions/voice concerns during visits
- Clinician listened carefully to concerns related to cancer after treatment

Area 6: Care coordination and transitions across care providers *(Organizational)*

- Treatment clinicians also provided post-treatment survivorship care
- Clinicians were informed and up-to-date about care received during treatment
- Clinicians had medical files on cancer care
- Clinicians involved in care knew about and reviewed patient's medication
- Clinicians offered to arrange referrals and physician visits/tests needed
- Clinicians discussed with patient about whether ready to transition care to PCP
- Patient received instructions on when and how to transition care from oncologist back to PCP
- All clinicians stayed informed of patient health now that patient is receiving survivorship care

Area 7: Provision of full spectrum of care *(Organizational)*

- Regularly received a complete physical with medical history
- Had regular access to exercise and physical activity services
- Had regular access to nutrition and dietary services
- Had regular access to risk reduction programs (e.g. weight loss, smoking cessation)
- Clinicians provide referrals to specialty and other follow-up services

Patient-Centered Survivorship Care Index

Area 8: Health insurance issues/practical life support (*Organizational*)

- Patient obtained help understanding insurance coverage options for medical services
- Patient obtained help understanding insurance coverage options for Rx and OTC drugs
- Patient obtained help with insurance problems (e.g. rejected claims)

Area 9: Providing a medical home (*Organizational*)

- Survivorship care clinician/services provided complete medical care to meet follow-up care needs
- Medical information is maintained through EHR
- Patient can access own medical information through EHR to see lab/test results, recommendations for care
- Patient has team of clinicians who all work together to address follow-up health care
- Patient has point of contact to answer questions/concerns about follow-up care

Total=41 items

How to Acknowledge and Cite the Index

As you use the index in practice and/or modify and adapt the Index please use the following acknowledgement language and citation:

"The 41-item Patient-Centered Survivorship Care Index was originally developed as part of a Patient-Centered Outcomes Research Institute (PCORI) project (IH-12-11-5255) *Evaluating Cancer Survivorship Care Models.*"

Citation: Mead KH, Raskin S, Arem H, et al. 2019. Evaluating Different Types of Cancer Survivorship Care. Washington, DC: Patient-Centered Outcomes Research Institute (PCORI).
<https://doi.org/10.25302/7.2019.IH.12115255>.