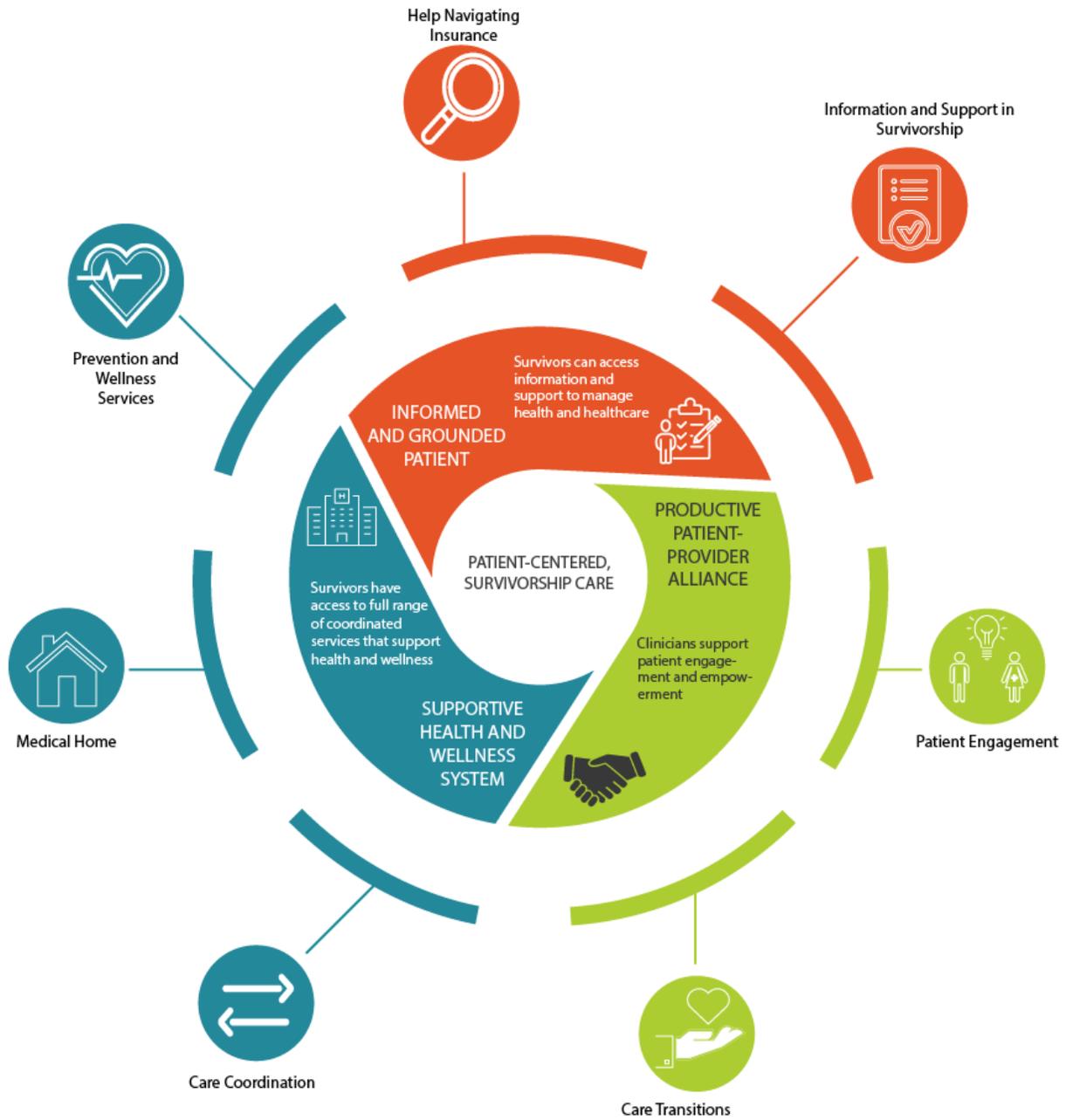


Advancing Patient-Centered Survivorship Care Workshop Planning and Facilitation Guide



June 2021

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Introduction

In 2013, the George Washington University (GW) Cancer Center launched a study called Evaluating Cancer Survivorship Care Models to understand the composition and impact of cancer survivorship care models across 32 cancer centers under the leadership of Principal Investigator (PI) K. Holly Mead and co-Principal Investigator (Co-PI) Mandi L. Pratt-Chapman.

The study resulted in the development and validation of a Patient-Centered Survivorship Care Index to help health care providers develop, assess and improve survivorship care quality (*See Appendix C to view Index*).

Development of the Index was informed by more than 1,400 cancer survivors and used as the quality of care outcome in a Patient Centered Outcomes Research Institute (PCORI)-funded comparative effectiveness research (CER) study, which concluded in 2017.

The Index can be used to align care with patient preferences and improve the survivorship care delivery system so that it more directly addresses survivors' needs. The Index includes 36 items that measure aspects of care important to cancer survivors. To assist in the greater use of the Index, this toolkit was created for cancer centers to get started using these tools, including surveys, assessments, and details on hosting a workshop to self-assess their delivery of care to people with a history of cancer. Centers for Disease Control and Prevention (CDC) funded-Comprehensive Cancer Control Coalitions can also use the Index and corresponding tools to facilitate cancer center members' assessments to prioritize quality improvement efforts.

We are utilizing the National Cancer Institute definition of survivorship, which is "...[focusing] on the health and well-being of a person with cancer from the time of diagnosis until the end of life. This includes the physical, mental, emotional, social, and financial effects of cancer that begin at diagnosis and continue through treatment and beyond. The survivorship experience also includes issues related to follow-up care (including regular health and wellness checkups), late effects of treatment, cancer recurrence, second cancers, and quality of life. Family members, friends, and caregivers are also considered part of the survivorship experience."¹

About the GW Cancer Center

The 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 integrates all 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.

¹ National Cancer Institute. NCI Dictionaries: Survivorship. <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/survivorship>

Suggestions for Using the Patient-Centered Survivorship Care Index

The Index can be used to assess survivorship care, identify and prioritize quality improvements for the delivery of health care to those with a history of cancer. Assessment and workshop tools based on the index can be downloaded from the [Advancing Patient-Centered Cancer Survivorship Care Toolkit](#) website.

These tools can be used to identify areas of strength and prioritize opportunities for improvement in your specific setting. Consider re-administering your assessment periodically to evaluate changes over time.

The primary purpose of this toolkit is to assist users, primarily cancer centers or comprehensive cancer control coalitions, to convene stakeholders in-person or virtually to collectively assess and prioritize areas of improvement in cancer survivorship care. Some elements may be more relevant than others. We encourage users of this toolkit to use any or all elements to guide their work.

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 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. The final Index will be published in a forthcoming manuscript."

Disclaimer

This toolkit can help Comprehensive Cancer Control Coalitions and Cancer Centers identify quality improvements in the delivery of cancer survivorship care. It should be used in tandem with clinical guidelines. Please see [survivorship resources](#) for a list of guidelines available at the time of this publication.

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? What is the size of your 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 or virtual platform** (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? If delivering virtually, what technology will assist you?)
- **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 participants register for the workshop, 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 and focused 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? NOTE: Available evaluation tools within this toolkit)

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.

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 includes 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.

If your audience will be comprised of individuals who do not work regularly in cancer survivorship care delivery systems, perhaps your workshop purpose could be raising awareness of challenges and needs of 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 Plan already include survivor-specific objectives and strategies or objectives and strategies that align with the Patient-Centered Survivorship Care Index?
- Are there any 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.
- How are you planning to evaluate your workshop?
 - Depending on the length of your workshop and capacity to evaluate, you may want to consider a poll during the workshop, 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, you can adapt content and exercises as needed. Here are possible workshop agendas.

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)
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 and Root Causes (Activity)
12:30am	Next Steps, Closing Remarks & Post-Meeting Evaluation
1:00pm	Meeting Concludes

Virtual Workshop (2 days)

Day 1

12:00pm	Welcome & Pre-Meeting Evaluation
12:05pm	Introductions, Review of Agenda, Housekeeping & Icebreaker
12:20pm	Overview of Progress and Opportunities in Cancer Survivorship Care (Presentation)
12:50pm	Small Breakout Groups: Opportunities for Quality Improvement: Assessment (Activity)
1:20pm	Group Report Out
1:35pm	Large Group: Opportunities for Quality Improvement: Prioritization (Activity)
1:55pm	Closing Remarks
2:00pm	Meeting Concludes

Day 2

12:00pm	Welcome, Introductions & Icebreaker
12:15pm	Introduction to Root Cause Analysis (Presentation)
12:20pm	Large Group: Opportunities for Quality Improvement: Root Causes (Activity)
1:40pm	Large Group: Planning for Action: Next Steps (Activity)
1:55pm	Closing Remarks & Post-Meeting Evaluation
2:00pm	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. Consider your audience when planning to promote your workshop. If you are a cancer center conducting the assessment internally, consider internal modes of communication such as a faculty newsletter, direct email communication, intranet, and flyers. If you are a comprehensive cancer control coalition, consider using a broader approach by adding social media and promotion across common professional organizations, such as your local hospital association and oncology network affiliates.

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](#) or [TinyURL](#) 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 (slide 7-slide 23)
- Overview of Progress and Opportunities in Cancer Survivorship Care (slide 24-slide 51)

These presentations can be adapted based on your audience and the amount of time you have. The slides include suggested talking points, group activities 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?
 - Are there any specific resources you would like to share with the audience?
- 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 to ensure you are elevating the needs of minority communities? 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 and networking?
 - Discussion/reflection questions?
 - Handouts?

Activities: Planning & Delivery

This section provides guidance on how to facilitate proposed 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 (*see Appendix B*) 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 seven areas of the Patient-Centered Survivorship Care Index.

During the workshop (or before: see Planning Note) have participants use the [Workshop Assessment Activity](#) 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!

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 an agreement on how and comprehensively areas of care are being met.
- If there is time, break people into small groups (5-8 per table/breakout session if the workshop is virtual). Use the worksheet to guide each group 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 (slide #37) 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.

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.

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.

During the workshop:

1. Show the slide with the completed priority matrix as an example (slide #39). Explain that as a group you will now prioritize areas to be addressed using the blank priority matrix slide.
2. Display the blank priority matrix slide (slide #40).
3. As a group, prioritize areas to be addressed by placing 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].
4. 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 narrowed down to 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.

Have participants use the [root causes 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 (slide #42) with the group.

Provide an overview of the process they will undertake (see Root Cause Process side bar)

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 have access to prevention and wellness services.*

4. Get specific. *What components of care are not provided?* The problem should be very clear, to enable you to measure improvements. For example, your problem statement could be: *Patients do not have regular access to risk reduction programs.*
Discuss this as a group and then breakout into smaller groups.

5. Brainstorm causes of the problem. *Why have we not been 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 (slides #44-45).
8. For the Prioritized Cause, have participants identify possible solutions.

- a. Confirm the domain identified in the previous activity is the focus area you will work on as a group. (**Note: if two were identified, participants will need to reach consensus to focus on just one.**)
- b. Get specific. What components within the domain are not addressed? Make this your problem statement.
- c. Brainstorm possible 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.

9. Next, have participants rate how likely the solution is to solve the problem (not likely, possible, very likely). *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.

Facilitating Planning for Action: Next Steps Activity

It is important to leave workshop participants with action items. This activity will help support next steps.

The action planning activity (slide #47) 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.

Please see a list of suggested resources (**Appendix A**), 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 (slide #47) and fill-in in real-time.

Evaluation: Planning & Delivery

Please use the pre- /post- workshop evaluation templates as examples of questions you can ask, however you can tailor the evaluation questions based on what you cover in the workshop. 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. Feel free to download either [poll](#) or [full](#) version of evaluation templates.

These templates can be printed or you can create an online survey through a data collection tool such as Survey Monkey. In either case, be sure to create a field to be able to match pre- and post-workshop responses by participant. 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.

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 need to get approval or exemption from an IRB.

For any additional resources and activities, please see the appendices.

Appendix A. Survivorship resources

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

Appendix B. Facilitation Tips

Potential 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 one 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 C. Patient Centered Survivorship Care Index

Patient-Centered Survivorship Care Index (36 items)

Domain 1: Medical home

- Clinician explains the reason for medical tests related to follow-up care
- Clinician addresses patient emotional concerns when discussing follow-up care
- Patient has enough time to ask questions/voice concerns during visits
- Clinician listens carefully to concerns related to patient health that may be related to cancer after treatment
- Clinician shows respect for what patient has to say about follow up care
- Clinician helps figure out reasons for new healthcare problems and whether they are related to cancer
- Patient has regular clinician / place to get healthcare needs met including follow-up care
- Patient has a point of contact to answer questions/ concerns about follow-up care
- All clinicians can access medical records online or through electronic health records (EHR)
- Patient has a team of clinicians who all work together to address follow-up health care

Domain 2: Care coordination

- All clinicians involved in the patient's care know patient's medication
- All clinicians involved in the patient's care have medical files on cancer care
- All clinicians involved in the patient's care share information with each other to stay up-to-date about follow-up care
- Clinician can give patient the name of a doctor to make an appointment with if they need more follow-up care
- Patient receives complete physical exam with medical history

Domain 3: Information and support in survivorship

- Providers discuss screening needs and recommendations for follow-up care with patients
- Providers discuss late/long-term side effects of cancer and treatment with patient
- Clinician helps with patient follow through on recommendations for follow-up
- Cancer survivors are provided with a written treatment summary
- Cancer survivors are provided with a written survivorship care plan with recommendations for follow-up care
- Clinician explains things about cancer follow up care in a way easy to understand
- Clinician and patient decide together when to transition from oncologist to primary care provider

Domain 4: Prevention and wellness services

- Patient has regular access to exercise and physical activity services
- Patient has regular access to nutrition and dietary services
- Patient has regular access to risk reduction programs (e.g. weight loss, smoking cessation)
- Clinicians can provide referrals to patient for mental health effects related to cancer treatment
- Patient has support to manage roles and relationships with partner, family, and others

Domain 5: Help navigating insurance

- Patient has help to understand insurance coverage options for medical services
- Patient has help to understand insurance coverage options for prescription and over-the-counter drugs
- Patient has help with insurance problems (e.g. rejected claims)

Domain 6: Patient engagement

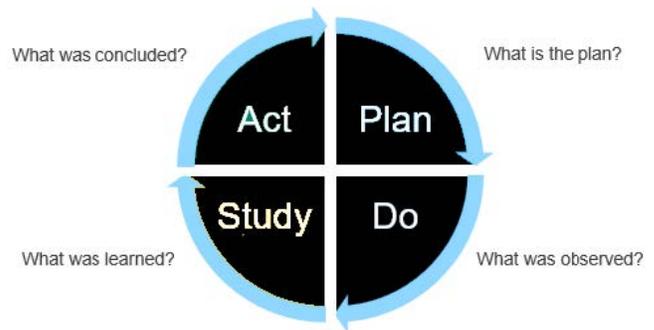
- Patient is included in decision-making about their cancer-related follow-up care
- Patient is informed about what to do every day to take care of health and healthcare needs
- Patient feels in control of health and can manage healthcare needs

Domain 7: Care transitions

- Patient receives instructions on when and how to transition care from oncologist back to primary care provider
- Patient remains under care of cancer doctor until ready to move care back to primary care
- Cancer doctor stays informed of patient health after patient transfers care to primary care doctor

Appendix D: Facilitating the Opportunities for Quality Improvement: PDSA Cycle

After the workshop, you can monitor your progress and continue to refine your program using the Plan-Do-Study-Act (PDSA) cycle. 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 (adapted from materials from the Agency for Healthcare Research and Quality, Health Literacy Universal Precautions Toolkit, 2nd Edition).



Goal

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

Example: Improve the clinic's distress screening and referral process for survivors by 30% within 6 months.

Plan

What activities will you do?

(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?)

Example:

1. Survey survivors using Patient-Centered Survivorship Care 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?)

Example

- 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.)

Example:

- 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?

(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?)

Example:

- % 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?

(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.)

Example:

- 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?

(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.)

Example:

- 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?)

Example:

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

Appendix E: 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?)