

# Breaking Barriers Baseline Survey

Thank you for participating in the 2023 Breaking Barriers Quality Improvement project.

We recommend you complete the below pre-survey with all core QI team member input. It may be easiest to download a PDF of this survey found on the project website before transferring answers into the REDCap.

Please reach out to CancerQI@facs.org with any questions.

Date of completion of form

\_\_\_\_\_

Primary Contact (First name, Last name):

\_\_\_\_\_

Email:

\_\_\_\_\_

Phone number:

\_\_\_\_\_

Role of Primary Contact (select role that most closely reflects your position)

- Surgeon
- Radiation Oncologist
- Other Physician
- NP, PA
- RN, LPN
- Medical Assistant
- Nurse Navigator
- Social worker or behavioral health clinician
- Quality Coordinator/Manager/Director
- Accreditation Coordinator/Manager/Director
- Program Coordinator/Manager/Director

Secondary Contact Name (First name, Last name)

\_\_\_\_\_

Secondary Contact Email:

\_\_\_\_\_

Name of Program

\_\_\_\_\_

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Type of Program:

- Academic Comprehensive Cancer Program (ACAD)
- Community Cancer Program (CCP)
- Comprehensive Community Cancer Program (CCCP)
- Free Standing Cancer Center Program (FCCP)
- Hospital Associate Cancer Program (HCAP)
- Integrated Network Cancer Program (INCP)
- NCI-Designated Comprehensive Cancer Center Program (NCIP)
- NCI-Designated Network Cancer Program (NCIN)
- Pediatric Cancer Program (PCP)
- Veterans Affairs Cancer Program (VAPC)
- National Accreditation Program for Breast Centers (NAPBC)

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Network ID (different than FIN)

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FIN or Company ID

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This facility is part of an accredited network AND does not provide radiation oncology services.  
Note, to answer yes, both must be true.  
If you select Yes, the survey will end.

- Yes
- No

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Location of program (CITY ONLY)

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State:

- AL
- AK
- AZ
- AR
- AS
- CA
- CO
- CT
- DE
- DC
- FL
- GA
- GU
- HI
- ID
- IL
- IN
- IA
- KS
- KY
- LA
- ME
- MD
- MA
- MI
- MN
- MS
- MO
- MT
- NE
- NV
- NH
- NJ
- NM
- NY
- NC
- ND
- MP
- OH
- OK
- OR
- PA
- PR
- RI
- SC
- SD
- TN
- TX
- TT
- UT
- VT
- VI
- WA
- WV
- WI
- WY

Is your program participating for CoC OR NAPBC Credit?

- CoC
- NAPBC
- None- we are participating just to learn

Do you currently have a system in place for tracking when patients with scheduled radiation treatment appointments do not show up?

- Yes, we call them
- Yes, we text them
- Yes, we email them
- Yes, we send messages through the patient portal
- Yes, we send a written letter
- No, we do not currently follow up on missed appointments
- Other

Other, please explain

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Do you currently document efforts/attempts to outreach patients that have missed appointments? (this may include number of times you called a patient, etc)

- Yes- we keep a formal log of outreach attempts to patients
- No- we outreach but don't keep track of type of outreach or number of times a patient has been contacted
- Unknown

**Regardless of your current system for outreach to patients, consider the following statements as a team and rate below**

|   | Strongly Agree        | Agree                 | Neutral               | Disagree              | Strongly Disagree     |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Outreach to patients often takes too much time  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Leadership does not think it is important to reach out to patients who have missed appointments                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Staff do not think it is important to reach out to patients who have missed appointments                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| It is unclear who is responsible for reaching out to patients that have missed an appointment                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| We do not have a written/formalized policy or guidance from leadership as to indicate when a reach out attempt is warranted | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| We have difficulty reaching patients when we try to contact them  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If a patient speaks a different language we are unable to communicate with them, and therefore do not reach out

**Consider the below strategies and determine the current stage of implementation for your organization.**

**Note: Please consider resources needed (i.e. equipment, IT, personnel)**

|  | Not implementing<br>(not feasible or no interest to implement) | Pre-Implementation<br>(we can consider/discuss implementing this) | Active Implementation<br>(currently doing this) | Full Implementation or sustainment (we already do this/have this) |
|--|--|---|---|---|
| Develop a written policy and procedure for outreach to patients  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>                           | <input type="radio"/>   |
| Identify a physician and/or staff champion for this work   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>                           | <input type="radio"/>   |
| Add/train additional staff to outreach   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>                           | <input type="radio"/>   |
| Develop a standardized written script/letter/text for outreach   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>                           | <input type="radio"/>   |
| Modify scheduling software or EHR to identify patients missing appointments                                | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>                           | <input type="radio"/>   |
| Develop or enhance a reminder system, such as a patient portal, to alert patients of upcoming appointments | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>                           | <input type="radio"/>   |
| Develop a custom tracking system/custom report   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>                           | <input type="radio"/>   |
| Engage leadership and staff in outreach efforts  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>                           | <input type="radio"/>   |
| Identify patient level social related health needs (through a formal screen)                               | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>                           | <input type="radio"/>   |
| Support patients through ride share services (Uber/Lyft/Taxi)  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>                           | <input type="radio"/>   |
| Develop patient education material to help patients understand the importance of appointment attendance    | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>                           | <input type="radio"/>   |
| Provide financial assistance/counseling to address patient financial barriers                              | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>                           | <input type="radio"/>   |

|   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Schedule in-person language interpreters  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provide on-site psychosocial support services, support groups or similar  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provide support for housing (referral to Hope Lodges, Hotel agreements, etc) for patients travelling long distances | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please describe any other strategies not referenced in the above question.

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Do you (radiation clinic staff) currently screen or assess for any of the below social related health needs? (Check all that apply)

- Transportation
- Housing
- Food insecurity
- Mental health
- Substance abuse/misuse
- Financial strain
- Employment
- Domestic Violence
- Social Support
- Other
- We do not use any screener or assessment tool for social related health needs

Other: please explain and list the name of screeners used

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**Quality Team Readiness:**

**Please answer the below questions using a 1-5 scale. (1 disagree; 5 agree)**

|  | 1- Disagree           | 2- Somewhat Disagree  | 3-Neither Agree or Disagree | 4- Somewhat Agree     | 5- Agree              |
|--|-----------------------|-----------------------|-----------------------------|-----------------------|-----------------------|
| Our quality team needs guidance in setting specific goals for implementing Breaking Barriers interventions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> |
| Our quality team needs guidance in assigning or clarifying team roles                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> |
| Our quality team needs guidance in engaging IT assistance  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> |
| Our quality team needs guidance in engaging data abstractors/registrar support                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> |

Our quality team has the mandate and authority to make necessary changes for Breaking Barriers intervention implementation at our institution

Hospital or Departmental leadership is engaged and familiar with Breaking Barriers

The Breaking Barriers quality improvement initiatives is directly aligned with the organizations key strategic goals

Our quality team is sufficiently staffed with decision makers to avoid lengthy external administrative and policy-related approval delays

**Department Readiness:**  
**Please answer the below questions using a 1-5 scale. (1 disagree; 5 agree)**

1- Disagree      2- Somewhat Disagree      3-Neither Agree or Disagree      4- Somewhat Agree      5- Agree

My colleagues believe Breaking Barriers will allow us to provide better care for our patients.

My colleagues think that the Breaking Barriers is a good idea for patient care.

My colleagues have a strong desire to implement Breaking Barriers.

We have formal leaders who are committed to successful implementation.

My colleagues feel confident that the organization can get people invested in implementing this change.

My colleagues feel confident that the organization can support people as they adjust to this change.

|  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| My colleagues are able to adapt quickly when they have to make changes to the way they work.                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| We have mechanisms in place to share concerns my colleagues have about Breaking Barriers.                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My colleagues have formal and informal communication channels that work well.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| We use data to learn about our systems and processes of care, and to guide and monitor our efforts to improve our systems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My colleagues feel confident that they can keep track of progress in implementing this change.                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My colleagues feel confident that they can coordinate tasks so that implementation goes smoothly.                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My colleagues feel confident that they can keep the momentum going in implementing this change.                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My colleagues feel confident that they can handle the challenges that might arise in implementing this change.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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This project requires you have a dedicated QI team. Please include the members serving each of the roles below, along with their email address.

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Note, more that one person may serve in different roles. If you have not filled a role, please leave this blank. Use NA if you do not have a dedicated person in this role.

Teams should include:

1. Physician Champion
2. Project leader
3. Radiation Oncology Team member:
4. Data analyst/data support:
5. Nurse navigator, social worker, or community outreach
6. Patient Advisor

All others are welcome to participate



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Optional: The American College of Surgeons is developing a Quality Framework and looking for programs interested in testing out this framework at your own institution. Providing feedback on this framework has NO bearing on your participation or credit earned in the Breaking Barriers project and is strictly voluntary. Please indicate below if you would like to be contacted with more information on the Framework.

- Yes
- No