IMPLEMENTATION TOOLKIT

***Close to Me*: Novel Infusion Care Delivery Model that Provides Anti-Cancer Therapy Services at Community Based Outpatient Clinics (CBOCs)**

National Oncology Program (NOP)

December 2023

Version 3.0

Contact Information:
Name: Dr. Jenna Shields or Dr. Vida Passero
Email: CloseToMe@va.gov

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Introduction

Welcome and thank you for participating in the implementation of the *Close to Me* Service! This toolkit contains a sustainable, scalable, and adaptable care delivery model for your U.S. Department of Veterans Affairs (VA) Medical Center's (VAMC) efforts to increase access to oncology-related injection and infusion services for Veterans. The goals of this toolkit are to provide:

- Background on the *Close to Me* care model
- Instructions and resources to successfully implement this at your facility
- A Resource section detailing various templates, guides, and other implementation tools available on the *Close to Me* SharePoint site
- Names and emails of *Close to Me* points of contact (POCs) should you have any further questions

What is *Close to Me*?

The *Close to Me* Service, sponsored by the National Oncology Program Office, provides anti-cancer therapy services at Community-Based Outpatient Clinics (CBOCs) and patient homes to increase access points to care for Veterans. The service seeks to reduce travel time for Veterans, improve VA care continuity, and provide Veteran-centric care. *Close to Me* is currently operating at CBOCs in the catchment areas of Pittsburgh PA, Minneapolis MN, and Erie PA, with replication efforts and new pilots underway at fourteen additional VAMCs across the nation.

The Problem

Within the VA, intravenous and injectable anti-cancer therapies are primarily offered at VAMCs in urban areas, often inaccessible to rural Veterans. Travel, distance, parking, time, and caregiver support often prevent Veterans from attending appointments and adhering to anti-cancer therapy regimens. Furthermore, CBOCs and Health Care Centers often have limited infusion clinic space or sterile compounding capabilities to be suitable alternative care sites for Veterans.

Close to Me Origin

The formation of Close to Me began in 2021 at the Minneapolis VA Health Care System (Minneapolis VA) with the creation their innovative "Roving RN" program. The Minneapolis team shared critical insights from that program that helped shape the implementation of the CBOC-based infusion service at the VA Pittsburgh Healthcare System (VAPHS) in 2022. VAPHS formalized the service by creating staffing models, workflows, and policies designed to provide safe, high-quality care to patients, dubbing it *Close to Me*. As it currently stands, the work of both the VAPHS and Minneapolis VA teams led to the successful introduction of entirely novel oncology-related injection and infusion services for Veterans. *Close to Me* is now replicating to VAMCs across the nation

In some instances, Veterans and their providers decide that infusion care in the community is the best option due to the burden of travel. While decreased travel can reduce stress on Veterans, seeking cancer treatment outside of VA can lead to a lack of care continuity and can pose difficulties for those navigating multiple health care systems. Additionally, the associated community care for infusion treatments can lead to a loss of workload credit for VA providers and increased costs to the system.

Why Should My Facility Adopt *Close to Me*?

Close to Me increases the availability of accessible cancer treatment services for Veterans, while ensuring greater internal care coordination and consistency for providers. This solution will allow patients flexibility of where they receive treatment, and therefore expects a greater likelihood of treatment regimen adherence and improved patient wellbeing. With the support of an interdisciplinary team, this collaborative care model ensures patients' Whole Health needs are met. Ultimately, the service seeks to reduce costs associated with cancer care provided outside VA and recoup Veteran patients to VA-provided care. As of October 2023, the service has treated 357 unique patients during 1,312 treatment appointments, realized over $1.2M in medication cost avoidance savings, and recorded over 120,000 Veteran drive miles saved.

Is My Facility Ready to Launch *Close to Me*?

To assess your organization's readiness to implement this service, there are a few key considerations, depicted in the graphic below. Additionally, Close to Me provides a Clinical Restructuring Request (CRR) template, and implementation checklist to outline the process. If you have not already, review VHA Directive 1043 and prepare to submit a CRR using the resources, linked here.

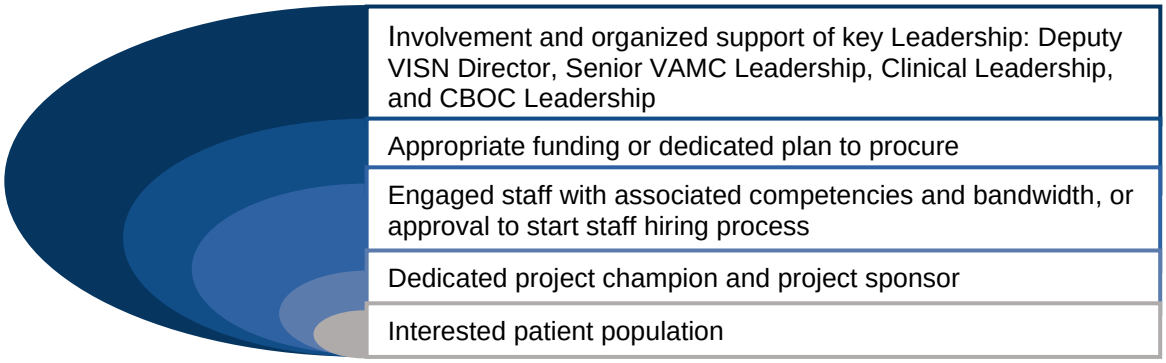

Figure 1. Organization Readiness Assessment

Without the buy-in and approval of leadership, it may be difficult to secure the backbone resources of this service, such as funding and staffing. Identifying and engaging the leaders who will be approving all official documents is vital to start the implementation process.

Likely the largest barrier you will encounter is securing dedicated staff to plan the implementation and execute the service. It is imperative to identify your team members early, where your gaps for staff remain, and how to get staff hired as quickly as possible. This will take the longest out of the readiness steps.

Employing a dedicated administrative Project Champion is essential to allow for other key staff, like the clinical Project Sponsor, to focus on providing their subject matter expertise to the service, rather than administrative and logistical tasks. The Project Champion's role is to keep all team members accountable and drives milestones forward. Above all else, the service will cease to exist without an interested patient population. See the Recruit Patients section to learn more about a targeted strategy to inform eligible patients about this service.

In addition to the key considerations listed above, and a submission of a CRR, there some immediate actions that will need to be taken upon deciding to implement this service:

- Deciding which drug regimens your service will initially offer and associated rationales
- Understanding engineering changes that need to take place, such as procurement of eyewash stations
- Facilitating CBOC approvals for implementation

There are a lot of up-front considerations and tasks to tackle quickly, but with the support of this Toolkit, as well as *Close to Me* resources and POCs, you will be able to successfully implement this service.

Implementation Planning

If you have the above resources in place, most importantly staff, you can expect the launch period of *Close to Me* to take approximately **6 months**. Without staff, it could take up to 12 months. This may differ slightly due to local factors, including facility leadership buy-in, governance processes, and the number of CBOCs at which you will be implementing the service. With your team, set target deadlines to assist in encouraging accountability among stakeholders and ensure a successful and timely implementation. We recommend utilizing the accompanying Implementation Tracker Template located on the *Close to Me* SharePoint site, to assign anticipated dates to each step to track implementation progress. All sub-activities outlined in the tracker are aligned to steps in this Toolkit. We encourage Implementation teams to add additional steps as they see fit, as it is not an exhaustive list. The template also includes tabs for tracking staff hiring, equipment ordering, and patient enrollment.

Below is a **high-level roadmap** for implementation that outlines the chronological steps the project team needs to take from start to finish – keeping in mind that there will surely be overlap between the steps.

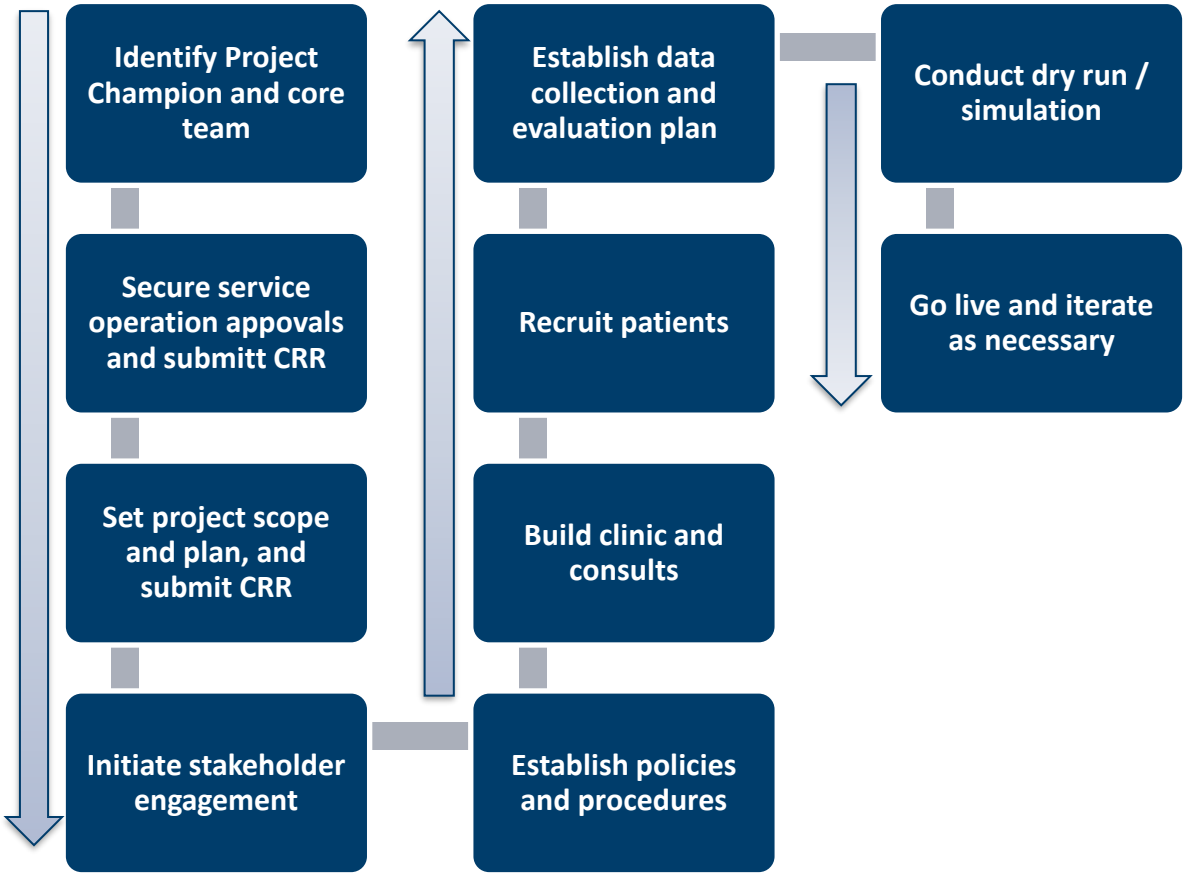

Figure 2. High-level Implementation Roadmap

Implementation Steps

As you will see in the subsequent steps, most of the work involved in implementing *Close to Me* occurs upfront. Once you coordinate with the appropriate stakeholders, hire and onboard staff, and make the technical and administrative changes necessary, implementation and sustainment should follow smoothly.

Identify Project Champion and Core Team

The successful implementation of *Close to Me* relies on the leadership of a **dedicated administrative Project Champion** and the support of a fully staffed core team. Due to the nature of this service, it is advised that there is both a **Project Sponsor** who understands clinical oncology operations, as well as a Project Champion who has ample bandwidth to support the implementation administratively. Their goal is not only to successfully implement *Close to Me*, but also to resolve issues and proactively mitigate barriers arising from the adoption of a new practice. Both the Project Champion and Sponsor must advocate for the service, work to engage stakeholders for their input and potential resource investments, manage the completion and delegation of various implementation tasks, and lead the team.

Tip: If possible, engage the clinical team in the implementation process to ensure their expertise and perspectives are included.

The core team plays a direct role in the success of *Close to Me*, from planning through execution, and is made up of the **Implementation team** and the **Clinical team**. The Implementation team is responsible for providing subject matter expertise and driving progress on all the behind-the-scenes administrative aspects of implementation planning. The Implementation team will complete the brunt of the upfront work, while the Clinical team executes and sustains the day-to-day operations of the service. It may take months for the full Clinical team to get hired and onboarded, so keep that in mind when planning your implementation. There will likely overlap between the two teams during the pilot implementation phase, to ensure a successful launch and ongoing maintenance. The next page includes two tables that distinguish between the roles on the teams.

Table 1. Implementation Team Roles and Responsibilities

Role	Responsibility
Project Champion	Leads implementation and provides administrative support for day-to-day managerial needs. Manages the implementation team, organizes the hiring of the clinical team, and secures all necessary resources and approvals. An RN administrator is an example of an appropriate Project Champion.
Oncology Champion	Provides oncology expertise and assistance securing leadership and oncology provider buy-in. This could also be the Project Sponsor.
Pharmacy Champion	Provides pharmacy expertise and assistance securing pharmacy buy-in. Evaluates new medications for the service to offer and tracks utilization outcomes. Supervises anti-cancer therapy compounding, stability, transportation, and management. This could also be the Project Sponsor.
Nursing Champion	Provides nursing expertise, leads workflow development, supports creating CPRS consults and note templates, and assists with procuring supplies. This could also be the Project Sponsor.

Table 2. Clinical Team Roles and Responsibilities

Role	Responsibility
2 FTE Infusion Registered Nurse (RNs)	Infusion nurses who travel to the CBOCs and coordinate care for patients enrolled in the service. Recommend that these RNs have their ONS Provider Card.
Partial Time of an APP, or physician on call or on-site at the CBOC	Provider with authority to make emergency oncology medical decisions. If CBOCs have contract staff, consider using an APP or physician on call at the VAMC to eliminate the need for a staffing contract modification. If CBOCs have VA staff, this role could be filled by a physician or APP at the CBOC.
Partial Time of Clinical Pharmacists and Pharmacy Technicians	Pharmacy team responsible for coordinating care, reviewing labs, and compounding all treatments in preparation for transport to CBOCs.
Partial Time of Social Work, Patient Experience, or Case Management	Team supporting patients through CBOC infusions by providing ad-hoc support and care coordination. These will likely be services provided by current departments and existing staff.

Secure Service Operation Approvals and Submit CRR

Securing service operation approvals is imperative to the success, and more importantly, the sustainment of *Close to Me*. This will be done by submitting a CRR, per VHA Directive 1043. In the CRR you will outline the scope of your project, demonstrate the need, and facilitate approvals from your local VAMC leadership as well as VISN leadership. Refer to this SharePoint folder for the Directive, a template, and a guide to help you and your team expeditiously complete the CRR. Approvals for CRRs can take between 2-4 months, so it is important to begin the process as soon as possible. To bolster your business case to leadership, make sure to highlight a mix of the financial and non-financial benefits of *Close to Me* (examples are listed below).

Financial Benefits:

Use the *Close to Me* Palantir Dashboard to estimate the cost of patients receiving care in the community from your station or VISN to aid in justifying the financial benefit to leadership. Another resource to help estimate and justify costs are the MCAO Reports – follow this link to request access.

Non-Financial Benefits:

Secure Staff

Having the necessary staff in place is the most crucial factor to ensure implementation success. The staff hiring process may take some time, so it's advised to start ***as early as possible***. To start, the service requires two FTE RNs and partial time from other departments such as oncology, pharmacy, scheduling, and telehealth. One consideration is to employ a "rotational" approach to your nurse staffing, where all nurses at your clinic are trained to conduct *Close to Me* duties. Therefore, all nurses can rotate between existing clinic duties and *Close to Me* duties. This allows for maximum coverage depending on staffing needs.

The Project Champion should first engage your facility's oncology Nurse Manager, or appropriate hiring manager, to ascertain current staffing bandwidth and determine if any existing nurses can dedicate partial time to the service. From there, the Project Champion will need to commence the staff hiring process for full time hires through your VAMC's Resource Board or Committee; the name of this group may vary between facilities. The Project Champion may need to contact the Nursing Union or other Unions to gain approval for staff to participate in *Close to Me*. The same process applies for Pharmacy or other department hires. We recommend utilizing the example Infusion RN functional statement located on the *Close to Me* SharePoint site, and add the *Close to Me*-specific requirements to your facility's existing functional statement. As a reminder, the Implementation Tracker Template has a tab for tracking the staff hiring process.

Once staff are hired and begin working in their assigned roles, the Project Champion will facilitate their orientation to *Close to Me*. This should include reviewing all workflows and SOPs and ensuring staff have completed the appropriate Talent Management System (TMS) courses. Such trainings may include, but are not limited to, pump cleaning, transporting hazardous materials, government vehicle usage, and government furnished equipment (GFE) usage. Please check with your local Quality and Safety teams to verify all necessary trainings that need to be taken.

Secure Supplies

The Implementation team is responsible for securing the necessary supplies to properly equip Infusion RNs for the day-to-day activities of the service. For the purposes of sustainability and cost-savings, the Project Champion should connect with the Nursing Manager or CBOC staff to see if any supplies can be borrowed or repurposed from the current infusion or primary care clinics for this service. Any supplies that are not in stock must be ordered. Collapsible IV poles, travel bags, and pumps will likely need to be ordered. Plan to connect with your CBOCs to see if any supplies can be stored in a secure and locked storage space at the CBOC, but keep in mind that some supplies may need to be transported by the Infusion RN daily. You can find a sample list of Clinical Supplies located on the *Close to Me* SharePoint site.

Secure Equipment

Apart from clinical supplies, there are other resources that need to be obtained for successful implementation. Once a request for these resources is made, the relevant team members will be self-assigned to take the TMS trainings explained above, or their manager will assign the trainings to them. It is paramount that all equipment is secured before go-live. We encourage Implementation teams to use the Implementation Tracker Template located on the *Close to Me* SharePoint site, as a tool to track supply and equipment ordering.

Table 3. Secure Equipment Resources

Equipment	Justification
Government Vehicle	The Infusion RN will need a government vehicle to travel to and from the CBOCs. Work with your facilities manager, administrative staff, and leadership for information on how to request a vehicle. This process can be time-consuming, so we recommend starting early.
GFE Laptop (1 per RN)	Infusion RNs will require a GFE to securely chart patient encounters, use the BCMA scanners, and conduct an emergency Microsoft Teams calls if necessary.
Mobile Phone (1 per RN, APP)	Mobile phones are required to maintain a line of communication between Infusion RNs at the CBOCs and staff at VAMCs in the event of an emergency.
Barcode Medication Administration (BCMA) Scanner	This is an inventory control system that is used to reduce errors in medication distribution. Your team will use this to scan the patient's wristband and medication before administering their treatment to ensure it is the correct treatment for the patient. Your CBOCs must be added to the list of facilities from which BCMA may be used. You may need to contact the responsible party for managing BCMA-related activities at your facility for this permission.
Travel Bag	This is a bag with wheels to aid RNs with transporting supplies to/from the CBOC.
Chemotherapy Chair	This may take some time to procure. Chemotherapy chairs are not required to start services, but you must ensure your CBOC has chairs that are comfortable enough to administer 30-minute infusions (or longer depending on the drugs selected).
Vein Finder	While not necessary for go-live, this piece of equipment can assist nurses in identifying patient's veins as they prepare for infusions.
Eyewash Station	The availability of an eye-wash station is paramount in the case of an unexpected irritation to the eyes, if administering hazardous medications. Work with your CBOCs and Facilities Management to ensure there is a proper eyewash station at your CBOCs and within 55 feet to the site of services. In some cases, a portable eyewash station may be appropriate.
Cooler	A temperature controlled and locked cooler to transport medications to/from the CBOC, if not using a courier service.
Infusion Pumps and Poles	The number of pumps and poles will vary depending on the capacity of your service, but you should always have at least one backup. We recommend storing these at the CBOC, so the nurse does not have to transport them to/from every day.
Spill Kit	Spill kits need to always travel with the nurse, as well as be present in the room during infusions. It is recommended that one spill kit remain in the vehicle, while another remains at the CBOC. The nurse will be responsible for replacing and refreshing items as necessary.
Reaction Kit	The nurse must always have access to a reaction kit when providing infusion services at CBOCs. It is recommended to keep a kit stocked at the CBOC. The nurse will be responsible for monitoring expiration dates and replacing used or outdated medications and supplies.

If you do not plan to employ VA staff members to transport medications between the VAMC and the CBOC, you will need hire contracted courier support. Courier services must be vetted by VA and employ staff that are trained to transport and handle hazardous compounds. Since *Close to Me* services are not related to commerce, courier services are not subject to DOT regulations. Each medications' safety data sheet will confirm this requirement. It is mandatory that your facility verify that the courier service staff are appropriately certified, and this verification must be a required step outlined in one of your SOPs.

Set Project Scope and Plan

Once the core team is in place and approvals are underway, it is time to formalize the project scope. This will inform project goals, deadlines, tasks, resources, and stakeholders needed to successfully carry out implementation. It is important to set intentions before embarking on implementation efforts, even if unforeseen barriers may alter the scope throughout implementation. Below are the steps to define your facility's project scope:

Create a Project Charter

A project charter formally authorizes the existence of this project at your facility. It also provides a reference for communicating the project purpose and expected outcomes to leadership. An example project charter is located on the *Close to Me* SharePoint site. We recommend tailoring this document to fit the needs of your facility and team, ensuring that the following elements are included:

- A general project description
- Your team's goals for implementing the service
- Your team's timeline for implementing the service
- The resources your team will need to obtain
- The problem/opportunity statement to be addressed by implementing the service
- The team members and leadership who will support implementation and sustainment
- The scope of implementation (i.e., which service lines or departments will be engaged, what equipment will be used)

Tip: Build a Microsoft Teams or SharePoint site to house all *Close to Me* documents, such as the Project Charter

Additional factors to consider when defining your project scope:

Gauge staff buy-in and account for patient needs

- We recommend gathering input from stakeholders to ensure staff buy-in, understand patient needs, and document findings to incorporate in the implementation process.

Conduct outside research

- A thorough literature assessment was conducted when designing and developing the Pittsburgh pilot. This document is located on the *Close to Me* SharePoint site, linked in the Resources section. Please consult this report for context on how this service was designed. If your leadership or team feel that further investigation is warranted, conduct your own research as needed.

Define infusion regimens to be offered at CBOCs

- Not all infusions are suitable for administration at CBOCs. Work with your Pharmacy Champion to determine a list of feasible infusions to administer. When doing so, you should evaluate anti-neoplastic drugs on their route, stability, beyond-use date (BUD), duration, reaction risk, etc.. Refer to the drug matrix located on the SharePoint site, linked in the Resources section.

Determine number of CBOCs to implement the service

- A vital aspect of your project scope is determining the number of CBOCs at which you will implement the service. It's advised to start out with one or two CBOCs in your catchment area, then expand as time goes on.

Figure 3. Project Scope Factors

Create a Project Plan

Once your scope is defined, you are now ready to create your project plan outlining the steps of implementation.

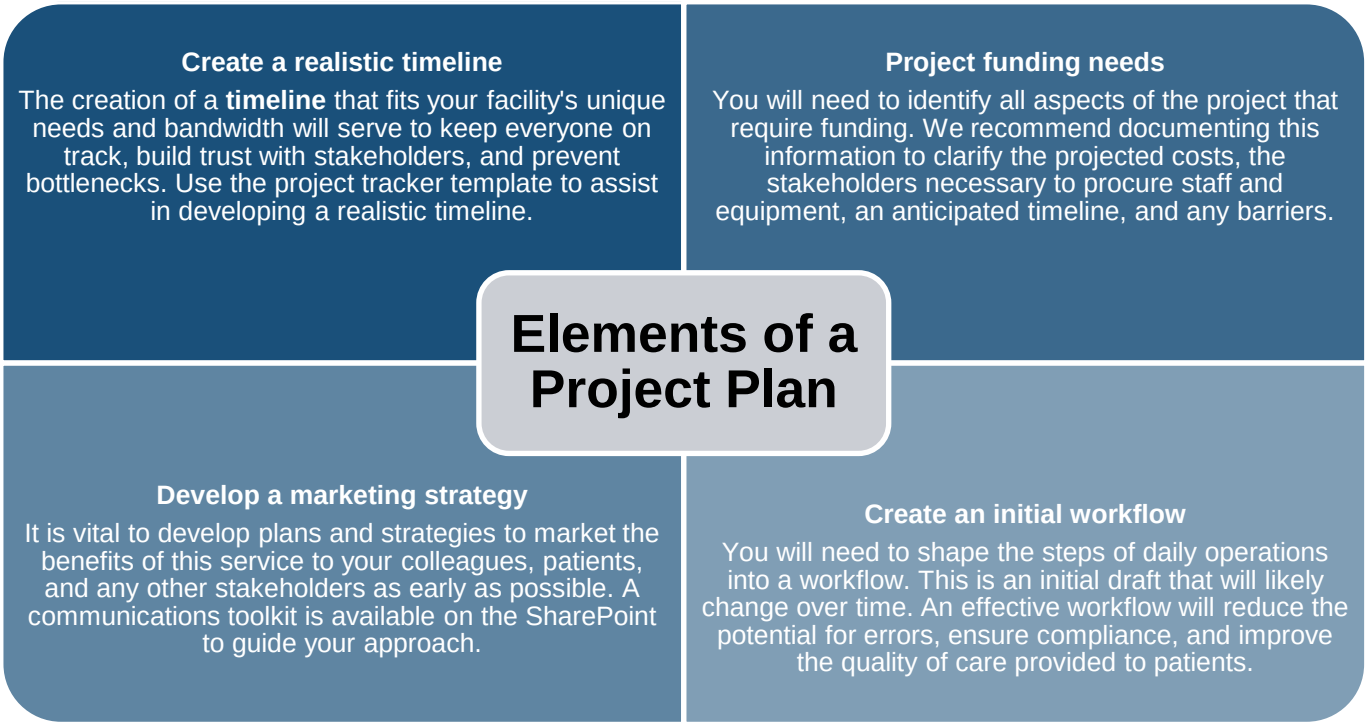

Figure 4. Elements of a Project Plan

Creating your initial workflow is the most important aspect of your project plan. There are two workflow resources on the SharePoint. A visual PowerPoint and a detailed step-by-step word document. It is recommended that you review and use both in the creation of your workflow.

Tip: Consult the communications toolkit located on the *Close to Me* SharePoint site. The toolkit includes:

An example **Patient Brochure** to market the benefit of the new *Close to Me* services to Veterans. We recommend distributing these at your current clinic, and the CBOCs where new services will be available.

An example **Staff One Pager** to communicate the process implications and quick facts of the new *Close to Me* services.

An example **Leadership Presentation** to share financial and operational details of *Close to Me* to key stakeholders and leaders.

An **Email Template** to send to leadership to communicate status updates, support needs, and upcoming meetings.

In addition, ask nurses to spread information to patients and other staff via word of mouth, update the CBOC's website list of services to include infusion services, use your VAMC's digital message boards, and reach out to all relevant providers to start recruiting patients.

Initiate Stakeholder Engagement

Engaging with stakeholders early and often is essential to success. We encourage you to set up meetings to introduce stakeholders to *Close to Me*, as well as informally socialize the concept with key players to ensure buy-in. An example stakeholder presentation is located in the communications toolkit; this presentation can be tailored to your facility. As you get closer to go live, it will be important to keep your stakeholders informed of implementation progress and raise awareness of any barriers encountered or resources needed. This can be achieved by sending regular email updates using the stakeholder email template in the communications toolkit. After going live, you should maintain a regular cadence of communication with your stakeholders to keep them abreast of the service operations. You will need to decide what cadence works best for you and your team. Below is a sample list of stakeholders and their direct roles as it pertains to *Close to Me* implementation.

Veteran/Caretaker: Veterans are the direct recipient of this service and the driving force behind it. They will travel to the CBOCs (sometimes accompanied by caregivers) to receive care and will need to be supported by staff throughout the process.

Additional Nursing support: Coverage support for *Close to Me*, attending weekly care coordination meetings, as needed, and maintaining clinic staffing ratios when the Infusion RN is at the CBOC.

CBOC Leadership (Primary Care): If your CBOCs are VA-owned, usually a Nurse Manager for Primary Care will be administratively in charge. If your CBOC is contracted, Nurse Managers may have a less administrative role, so a CBOC Business Manager may be your best POC.

Pharmacy Leadership: Approves all *Close to Me* Pharmacy-related SOPs, allocates dedicated Pharmacy staff, and is responsible for management of the Pharmacy and all infusion treatments

VAMC Leadership: Approves *Close to Me service* scope and resources. It is important to communicate early and often with leadership as they will be the primary approvers of the service.

Clinical Informatics team: You will need to connect with your local CAC and general CPRS support staff to build a *Close to Me* scheduling grid, note templates, and consults. Please refer to the “Build Clinic and Consults” section for more details.

Scheduling: Usually MSAs scheduling HemOnc patients will be responsible for scheduling *Close to Me* patients for all labs, infusion appointments, and follow-up appointments.

Telehealth: Build a grid for CVT appointments, as *Close to Me* providers will use the CVT platform for pre-infusion clearance visits. We recommend coordinating with MSAs and Telehealth to ensure there are no scheduling conflicts between the two grids.

Finance Department: Allocate the funding for this service, which will cover all staffing needs and other resources such as supplies and equiptment.

Engineering/Facility Management: Assist with procuring additional supplies, such as eyewash stations, waste bins, etc. They may also make any other necessary engineering adjustments as they deem necessary.

Quality and Safety Teams: Once you tailor your Standard Operating Procedures (SOP) to your facility, the Quality and Safety teams are responsible for reviewing all SOPs as a final check to ensure they align with your facility’s standards.

Establish Policies and Procedures

The integrity of *Close to Me* lies within the evidence-based policies and procedures to which all staff must strictly adhere. The team at VAPHS has created relevant SOPs ready to be adopted by your team and facility, located on the *Close to Me* SharePoint site. These SOPs were developed with insight from VA Puget Sound and VA Minneapolis. Your core implementation team must review and tailor the SOPs according to the needs of your unique facility, while ensuring compliance with VA Directives and guidance, accrediting body standards, and applicable state and local laws. Following this process, you must review all your edited SOPs with your local Quality and Safety teams to ensure your policies adhere to VA's Quality and Safety standards and all aforementioned requirements. This process will culminate in following your facility's local policy for final SOP approval and publishing.

In addition to SOP creation, your team must:

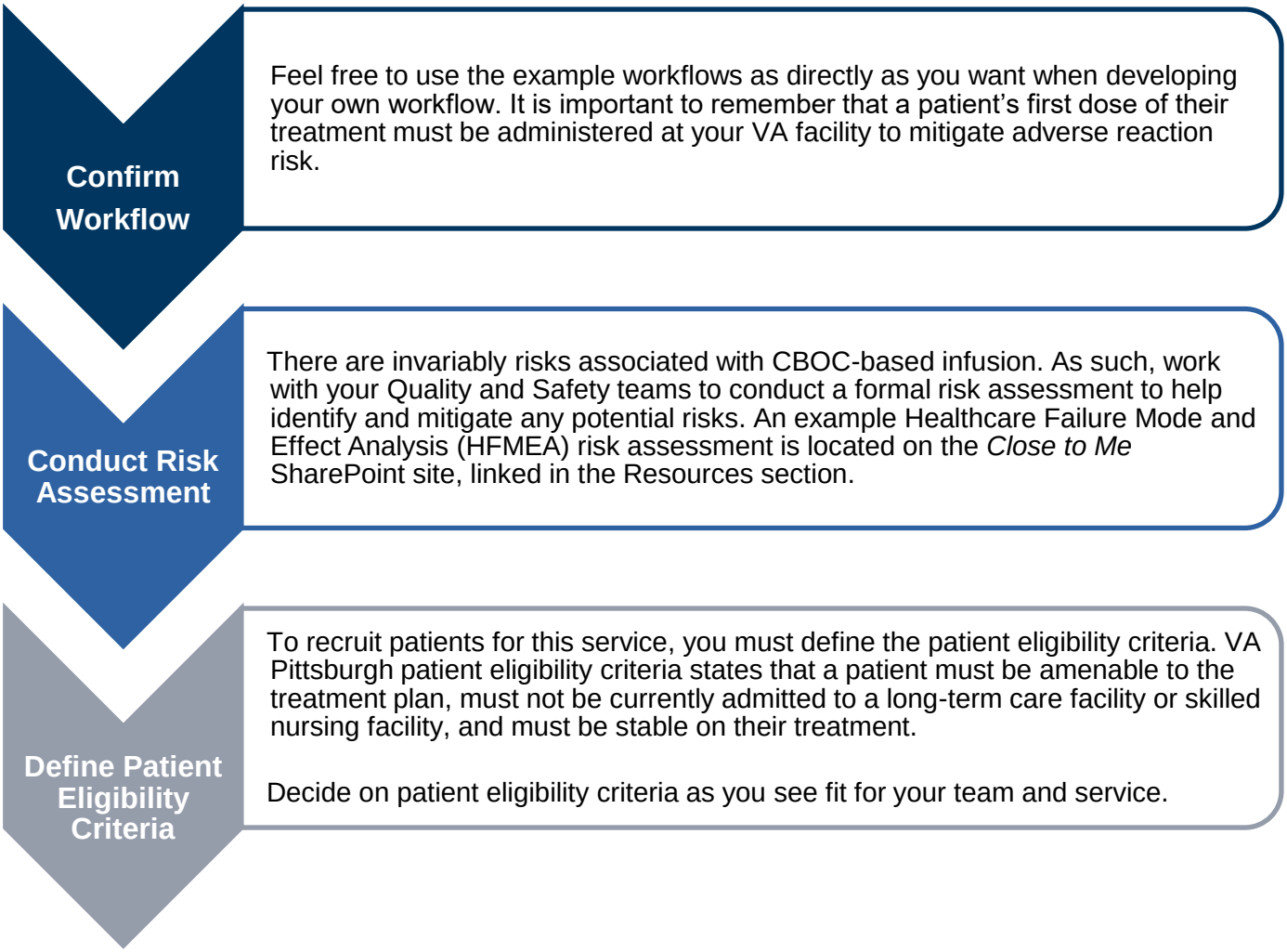

Figure 5. Policy and Procedure Confirmation Steps

Build Clinics, Consults, and Grids

You will need to engage your local Clinical Informatics team, Clinical Application Coordinators (CACs), and Medical Support Assistants (MSAs) early on for clinic, consult, and scheduling support. If your site is requesting a consult for your Close to Me CBOC service, **please name it: CBOC CLOSE TO ME INFUSION OUTPT**. This will help ensure your facility's data will be included in the service's metrics dashboard. Your local CACs can use this template to create CPRS materials tailored to your workflow. You must ensure the consult has an owner, which will likely be the Infusion RN or a Care Coordinator RN.

Work with your implementation team and clinical team to create a proposed clinic schedule and determine the CBOC infusion clinic days. This decision should be informed by patient volumes, as well as any other facility-specific considerations. It is important to consider the days your main facility's infusion clinic is busiest to understand nursing bandwidth for travel to the CBOCs. In conjunction with building scheduling grids, you should crosswalk face-to-face clinic schedules with the telehealth team to ensure providers are not double-booked. This is very important, as face-to-face appointments and telehealth grids are not always shown on a consolidated calendar. A step-by-step guide to submitting consults and scheduling telehealth appointments is included in the communication toolkit.

It is recommended that patients be seen for a pre-infusion clearance visit before receiving each infusion at the CBOC. At Pittsburgh, the patient's pre-infusion appointment is usually done via Clinical Video Telehealth (CVT) at the patient's CBOC. Engage your telehealth team to set up the CVT clinic via a Telehealth Service Agreement (TSA). These appointments can also be conducted face-to-face at the medical center, or via VA Video Connect (VVC).

Tip: Create an internal calendar for Infusion RNs to keep track of CBOC patients and house it in your internal Microsoft (MS) Teams or SharePoint site.

Recruit Patients

The sustainment of *Close to Me* is ultimately reliant upon its patients. Your team should consistently recruit ideal patient candidates for participation. Engage providers, such as Oncologists and CBOC Primary Care Physicians for help with recruiting patients. As mentioned previously, you can also have Infusion RNs engage patients through word-of-mouth. We have developed a Patient Enrollment Tracker located within the Implementation Tracker Template as a mechanism to keep track of patients enrolled in the service.

Before recruiting patients, you should conduct the appropriate research to decide which of your CBOCs are most likely to attract the highest volume of eligible patients. To aid in this decision-making process, use the *Close to Me* Palantir Dashboard to help illustrate trends in patient location and community care usage, informing your local CBOC locations for implementation and expansion.

Establish Data Collection and Evaluation Plan

Once you roll out services at your CBOCs, data collection and analysis will inform success and justify sustainment. Data collection will also allow the team to make process improvements as necessary. You will be required to report data on the metrics listed below to NOP on a quarterly basis. Please consult the Data Reporting Fact Sheet on the *Close to Me* SharePoint site for more information. You may also be required to report data to your respective VA facility leadership. To streamline this reporting, NOP is in the process of creating nationally approved consults and note templates that will help capture this information and auto populate it. The names of these consults and notes will be shared once created.

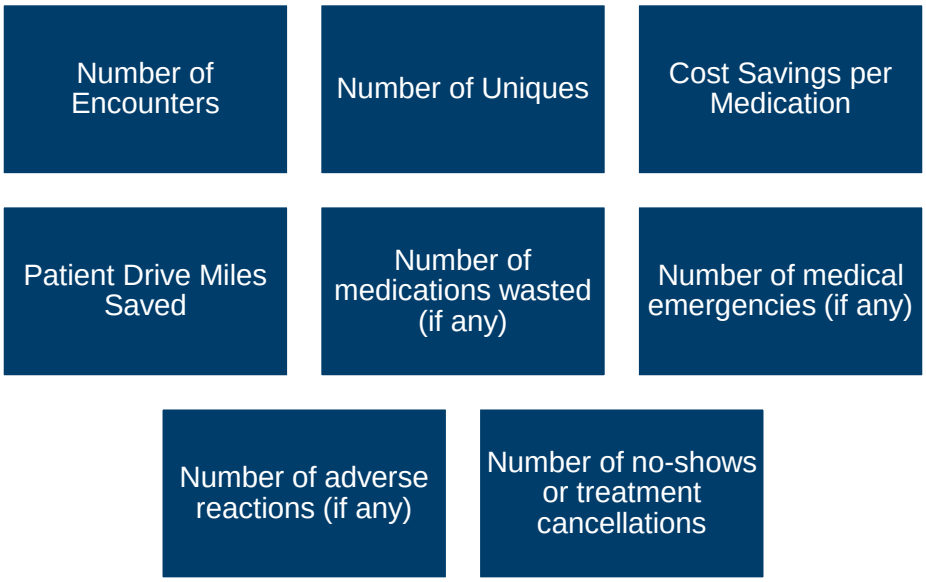

Figure 6. Required Evaluation Criteria

Additional metrics to consider collecting include:

Figure 7. Optional Evaluation Criteria

Tip: Send monthly updates to your stakeholders on metrics

Conduct Dry Run

Once you are a few weeks out from launching, you will need to coordinate with your implementation and clinical teams, as well as stakeholders, to conduct a 'dry run'. This includes meeting to conduct a 'table read' of your workflow, weekly plan, and operations. It is important to review the workflow in detail with all stakeholders to identify risks and preemptively enact mitigations. It is also recommended to demonstrate the consult submission and patient enrollment processes, review safety protocol drills, and allow time for staff questions or concerns.

After this meeting, plan to conduct a physical walkthrough of the day-to-day operations of the infusion RN. Visit the pharmacy and the CBOC to familiarize team members with the space and connect with staff that will be directly involved. Conducting visits in-person will help your team address any potential issues ahead of time.

Go-live and Establish Quality Improvement Process

Congratulations! You have officially gone live and administered infusion services at your CBOCs. So, what happens next?

Now that *Close to Me* is operational, plan to connect and debrief with your team during the first few days or weeks to discuss what has gone well, what can be improved, and any concerns that your team has. Catching issues early on will allow you to mitigate them as soon as possible.

From there, it is up to you to decide how often to connect with your team. The Pittsburgh team meets on a weekly basis to touch base on patients and schedules. Your team should plan to review all SOPs on a yearly basis to account for any nuances or changes that may have occurred. For continuous quality improvement, we recommend administering a survey to both your staff and patients several months following implementation to gauge overall satisfaction and inquire about any areas of improvement. The *Close to Me* team is in the process of getting a patient satisfaction survey approved for nation-wide use. More information to come.

After a few months, your team can begin thinking about expanding to new medications, additional CBOCs, or even other subspecialities.

Above all, thank you for your hard work and commitment to increasing access points to care; your work is improving health outcomes for our nation's Veterans.

Resources

Tools, templates, and handouts have been referenced throughout this Toolkit. This section organizes these resources to aid you in successfully implementing *Close to Me.* All materials located on the *Close to Me* SharePoint site in a printable format. The SharePoint site will also include contact information of other sites that are engaged, as well as resources on additional novel infusion care models that are in development.

ATTACHMENT	RESOURCE
A	**Example Implementation Tracker Template**
B	**Example Project Charter**
C	**Example RN Functional Statement**
D	**Communications Toolkit**
E	**Example Antineoplastic Drug Matrix**
F	**Data Reporting Fact Sheet**
G	**Example Clinical Supplies List**
H	**Example Workflow**
I	**Example Nursing Pre-Infusion Checklist**
J	**Example Risk Assessment Workbook**
K	**Example SOPs**

Table 4. Table of Resources

Acronym Key

ACRONYM	DEFINITION
APP	Advanced Practice Provider
BCMA	Barcode Medication Administration
BUD	Beyond-use Date
CAC	Clinical Application Coordinators
CBOC	Community-Based Outpatient Clinic
CPRS	Computerized Patient Record System
CVT	Clinical Video Telehealth
GFE	Government-furnished Equipment
HFMEA	Healthcare Failure Mode and Effect Analysis
IPT	Integrated Project Team
IV	Intravenous
MD	Doctor of Medicine
MOA	Memorandum of Agreement
MS	Microsoft
MSA	Medical Support Assistant
NP	Nurse Practitioner
NOP	National Oncology Program
NTO	National TeleOncology Service
POC	Point of Contact
RMB	Resource Management Board
RN	Registered Nurse
SOP	Standard Operating Procedure
TMS	Talent Management System

TSA	Telehealth Service Agreement
VA	Department of Veterans Affairs
VAMC	Department of Veterans Affairs Medical Center
VHA	Veterans Health Administration
VVC	VA Video Connect

Table 5. Table of Acronyms

Points of Contact

If you have additional questions about implementing the *Close to Me*, please visit the *Close to Me* SharePoint site or contact:

- CloseToMe@va.gov
- **Dr. Jenna Shields**, Pharmacy Program Manager, NTO: Jenna.Shields@va.gov
- **Dr. Vida Passero**, Chief Medical Officer, NTO: Vida.Passero@va.gov

Acknowledgements

The following individuals and groups were instrumental in supporting the development of *Close to Me*:

Name, Role
Dr. Vida Passero, *Close to Me* Pittsburgh Oncology Champion
Dr. Jenna Shields, *Close to Me* Pittsburgh Pharmacy Champion
Lisa Denk, *Close to Me* Pittsburgh Project Champion
Denise Bachorski, *Close to Me* Pittsburgh Infusion RN
Dana Genovese, *Close to Me* Pittsburgh Infusion RN
Diane Gardner, *Close to Me* Pittsburgh Oncology Nurse Practitioner (NP)
VA Pittsburgh Health Care Leadership
Jocelyn Connelly, Pittsburgh CBOC Business Manager
Andrea Stone, Minneapolis CBOC Infusion SME
National Oncology Program (NOP) & National TeleOncology Service (NTO)

Table 6. Table of Acknowledgements