ASCO's Quality Training Program

Improving Plan of Care Documentation in Pain Management

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JPS Health Network Center for Cancer Care

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Institutional Overview

- JPS Health Network is the tax-supported healthcare system providing services to Tarrant County, Texas residents;

- JPS has Tarrant County's only Level 1 trauma center and psychiatric emergency center;

- The JPS Center for Cancer Care provides Medical Oncology, Hematology, Radiation Oncology and Therapy, Chemotherapy, Surgical Oncology, Palliative Care, Nutrition, Social Work, and Genetic Counseling services;

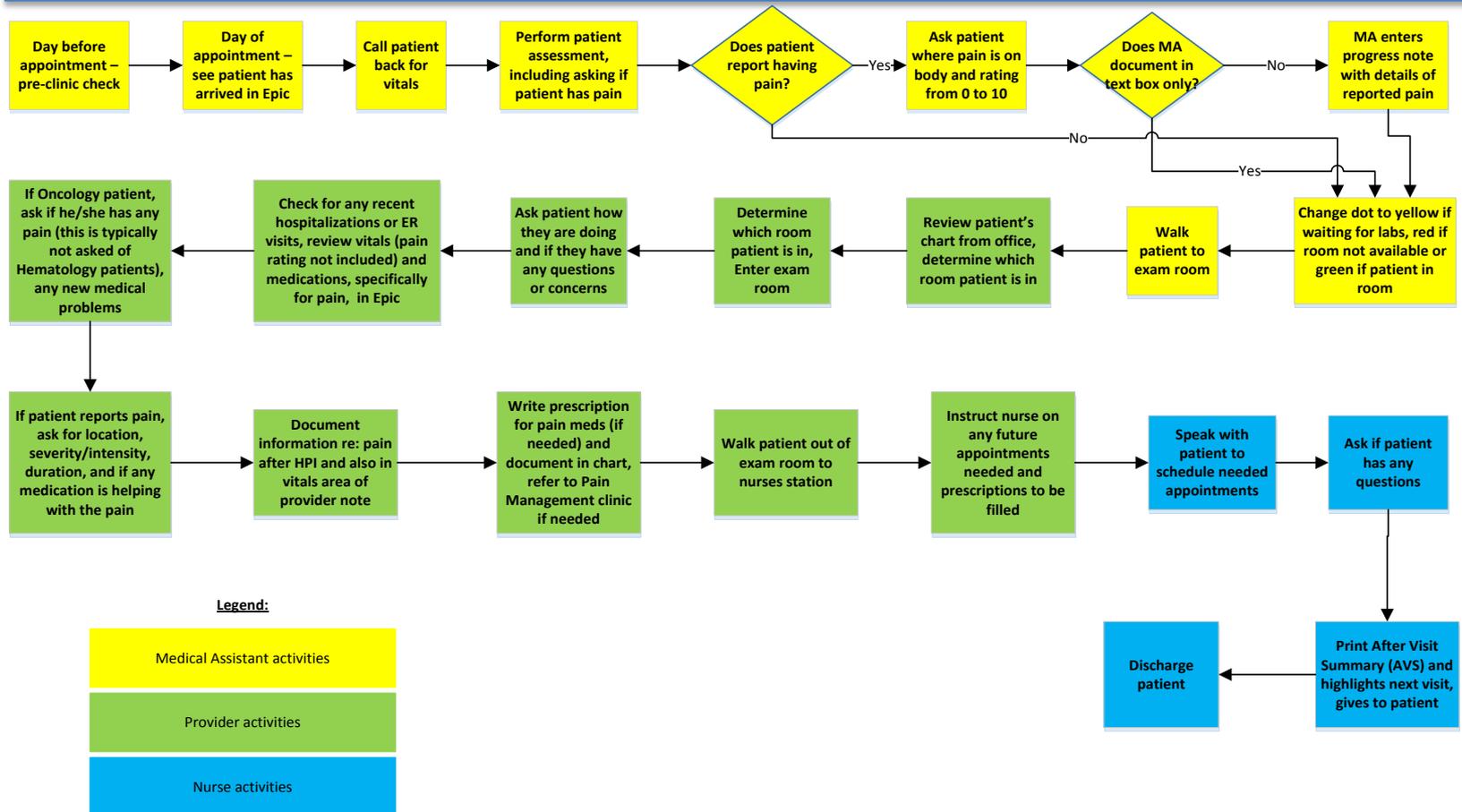- In 2014 and 2015 JPS CCC completed over 33,000 patient visits.

Team Members

Team Member	Role/discipline
Christopher Jordan, DO, FACOI	**Medical Oncologist-Team Lead**
Patrick Makarewich, MBA, FACHE, CPHQ	Service Line Administrator
Kathy Owens-Mabey, RN	Nurse Navigator
Crystal Simmons, BS	Project Director
Bassam Ghabach, MD	Medical Director
Shelly Pyron, RN	Nurse Lead
Nitin Rajpurohit, MHA, MBA	Epic/Beacon Team
Denise Harvey, RN	Epic/Beacon Team
JPS Center for Cancer Care Patient Survey Participants	Patient Perspective
Steve Power, MBA	Improvement Coach
Arif Kamal, MD	Improvement Coach

Problem Statement

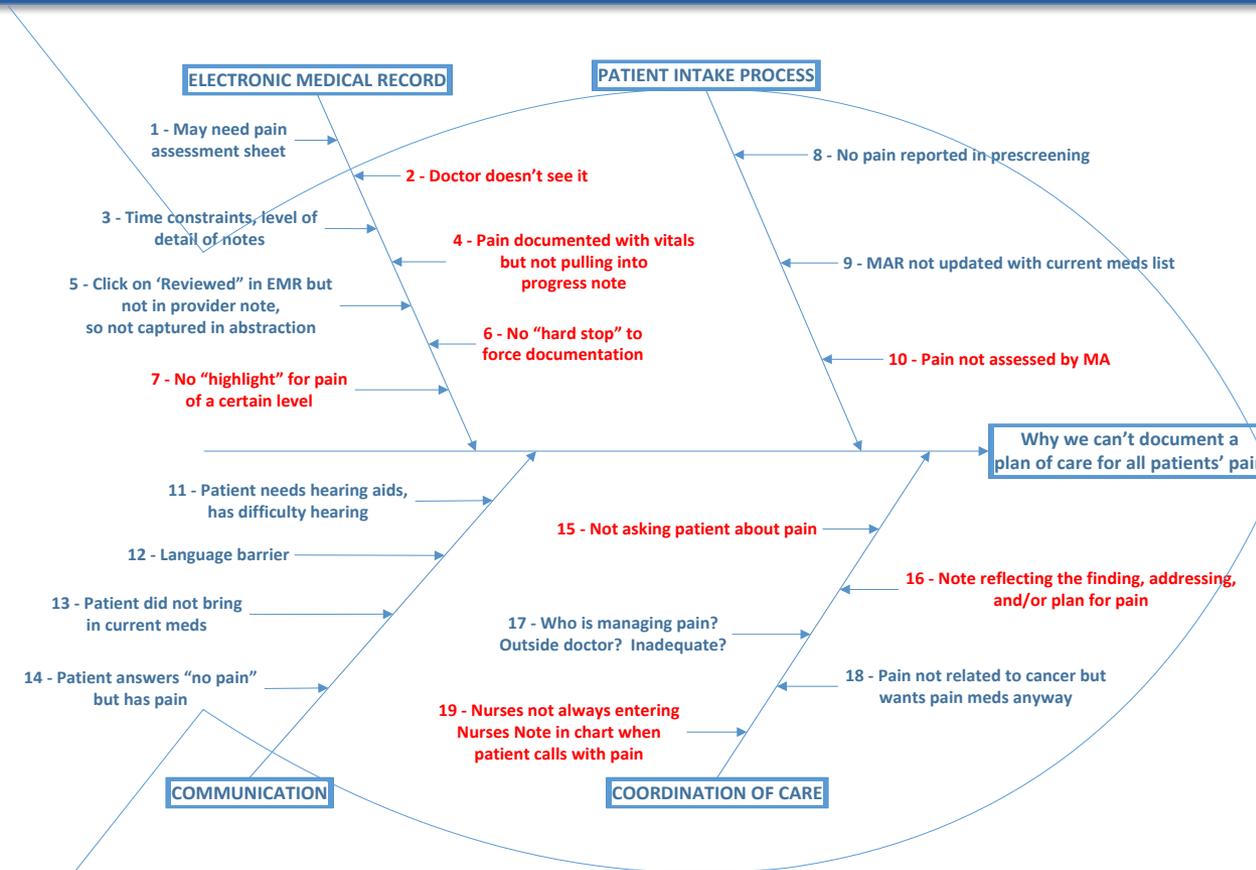Results for the Spring 2016 QOPI data submission identified 'Plan of care for moderate/severe pain documented' measure at 0%, compared with 70.94% for the QOPI average benchmark.

This area was prioritized as an improvement opportunity due in part to the frequently cited relationship between effective pain management and improved patient satisfaction and outcomes, as well as decreased ER and unscheduled clinic visits.
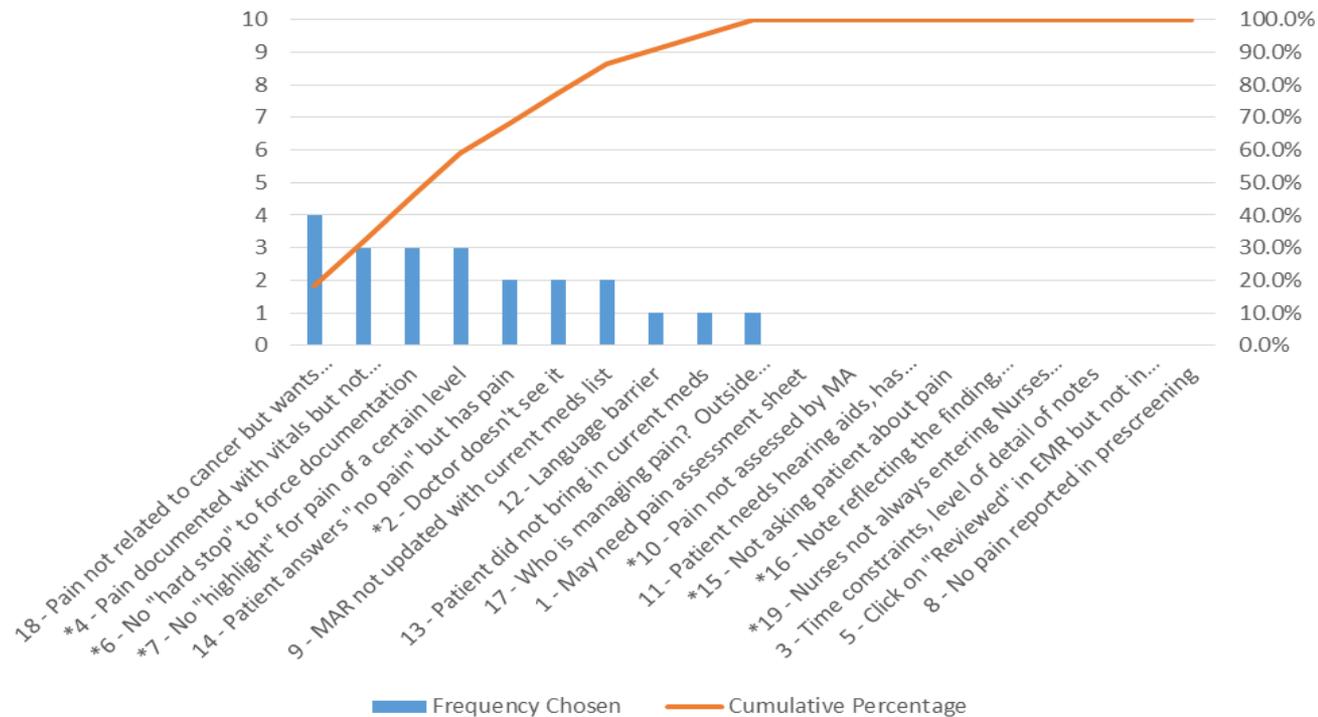
Baseline Process Flow for Patient Clinic Encounter

Day before appointment – pre-clinic check → Day of appointment – see patient has arrived in Epic → Call patient back for vitals → Perform patient assessment, including asking if patient has pain → Does patient report having pain? —Yes→ Ask patient where pain is on body and rating from 0 to 10 → Does MA document in text box only? —No→ MA enters progress note with details of reported pain

Does patient report having pain? —No→ (continues to Change dot row)

Does MA document in text box only? —Yes→ Change dot to yellow if waiting for labs, red if room not available or green if patient in room

MA enters progress note with details of reported pain → Change dot to yellow if waiting for labs, red if room not available or green if patient in room

If Oncology patient, ask if he/she has any pain (this is typically not asked of Hematology patients), any new medical problems ← Check for any recent hospitalizations or ER visits, review vitals (pain rating not included) and medications, specifically for pain, in Epic ← Ask patient how they are doing and if they have any questions or concerns ← Determine which room patient is in, Enter exam room ← Review patient's chart from office, determine which room patient is in ← Walk patient to exam room ← Change dot to yellow if waiting for labs, red if room not available or green if patient in room

If Oncology patient... → If patient reports pain, ask for location, severity/intensity, duration, and if any medication is helping with the pain → Document information re: pain after HPI and also in vitals area of provider note → Write prescription for pain meds (if needed) and document in chart, refer to Pain Management clinic if needed → Walk patient out of exam room to nurses station → Instruct nurse on any future appointments needed and prescriptions to be filled → Speak with patient to schedule needed appointments → Ask if patient has any questions

Ask if patient has any questions → Print After Visit Summary (AVS) and highlights next visit, gives to patient → Discharge patient

Legend:

Medical Assistant activities (yellow)	
Provider activities (green)	
Nurse activities (blue)	

Cause & Effect Diagram

ELECTRONIC MEDICAL RECORD

PATIENT INTAKE PROCESS

1 - May need pain assessment sheet

2 - Doctor doesn't see it

3 - Time constraints, level of detail of notes

4 - Pain documented with vitals but not pulling into progress note

5 - Click on 'Reviewed" in EMR but not in provider note, so not captured in abstraction

6 - No "hard stop" to force documentation

7 - No "highlight" for pain of a certain level

8 - No pain reported in prescreening

9 - MAR not updated with current meds list

10 - Pain not assessed by MA

Why we can't document a plan of care for all patients' pain

11 - Patient needs hearing aids, has difficulty hearing

15 - Not asking patient about pain

16 - Note reflecting the finding, addressing, and/or plan for pain

12 - Language barrier

13 - Patient did not bring in current meds

17 - Who is managing pain? Outside doctor? Inadequate?

18 - Pain not related to cancer but wants pain meds anyway

14 - Patient answers "no pain" but has pain

19 - Nurses not always entering Nurses Note in chart when patient calls with pain

COMMUNICATION

COORDINATION OF CARE

Note: Chart was developed via group meetings and discussions with physicians, nurses, and medical assistants; red lettering highlights those causes identified as being impacted by chosen improvement actions.

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Diagnostic Data

Barriers to Documenting Moderate to Severe Patient Pain, Identified by Staff Survey

Notes: * denotes those items in red on Cause & Effect Diagram (accounting for 50% of all responses); Data reflects the individual selection of "top barrier" by physicians, nurses, and medical assistants.

Aim Statement

To improve QOPI 'Plan of care for moderate/severe pain documented' measure to 75% compliance, as measured by Spring 2017 QOPI data submission.

Measures

- Measure:
  - QOPI core measure #5 "Plan of care for moderate/severe pain documented"
- Patient population:
  - Center for Cancer Care patients meeting the QOPI 2016 Core module criteria
  - All others excluded
- Calculation methodology:
  - Number of abstracted charts with a plan of care documented for patients with moderate/severe pain (numerator)
  - Number of abstracted charts for patients who met core criteria, who have a notation of moderate/severe pain that is greater than or equal to 4 on a 0-10 pain scale(denominator)
- Data source:
  - Patient's Electronic Health Record
- Data collection frequency:
  - Biannual QOPI abstractions plus two monthly samples
- Data quality(any limitations):
  - Training of abstraction staff
  - Number of charts abstracted
  - Abstraction process labor intensive

Baseline Data

1. Spring 2016 QOPI abstraction concluded that of the 33 charts surveyed, 0% had a POC documented for reports of moderate to severe pain;
2. Summer 2016, a pain scale survey was developed and given only to patients with a cancer diagnosis. 86% of patients who completed the survey reported experiencing moderate to severe pain.

Prioritized List of Changes (Priority/Pay –Off Matrix)

High

Impact

Low

Pain score pulled into provider note	Develop onsite pain clinic
Train providers on where pain score is located in chart	
Retrain M.A.s to ask about pain more consistently	Request patient pain level via MyChart
Train nurses to enter patient phones calls re: pain into phone encounter	

Easy   Difficult

Note – Green boxes highlight changes that were implemented.

Ease of Implementation

PDSA Plan (Test of Change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps
September 2016	Retrain M.A.s to consistently ask for and document pain rating	100% of patients have pain rating assessed and documented along with vital signs	Completed
October 2016	Request EMR team to have pain score pulled into provider note with vital signs to prompt consistent assessment, treatment and documentation of pain	Increased "POC for mod/severe pain documented" from 0% (Spring '16 abstraction) to 54% (Fall '16 abstraction) to 100% (14 of 14, Nov-Dec '16)	Monitor – calculate percentage of patients with POC for moderate to severe pain using Spring '17 abstraction data
November 2016	Train nurses to document patient phone calls regarding pain in medical record	100% of nurses trained	Completed
November 2016	Train providers on where to find pain score within medical record to prompt consistent assessment, treatment and documentation of pain	Increased "POC for mod/severe pain documented" from 0% (Spring '16 abstraction) to 54% (Fall '16 abstraction) to 100% (14 of 14, Nov-Dec '16)	Completed

Materials Developed

Patient Survey

Pain Management Survey

In an effort to improve the patient experience, we would like to get your feedback regarding pain management. Please complete this short survey.

1. For what diagnosis did you see the doctor today?
_____

2. Have you been to any Emergency Room or Urgent Care location for pain since your last visit?
   YES   NO   If yes, where did you go?
_____

3. Do you see any other doctor for pain management? YES   NO   If yes, who is the doctor that you
   see for pain? _____

4. Have you experienced pain since your last appointment here? YES   NO

5. What would you rate your pain today on a 0 – 10 scale? (Please circle a number.)

6. Was your pain discussed this office visit? YES   NO

7. Are prescriptions and/or other medications (including over the counter medications) or plans in place
   to address your pain? YES   NO

Pain Score Pulled Into Provider Note

Review of Systems:
Review of Systems
Constitutional: Negative for appetite change, diaphoresis, fatigue and fever.
HENT: Negative for hearing loss, mouth sores, sore throat and trouble swallowing.
Eyes: Negative for eye problems and icterus.
Respiratory: Negative for chest tightness, cough, dizziness on exertion, hemoptysis and shortness of breath.
Cardiovascular: Positive for chest pain.
Gastrointestinal: Positive for abdominal pain. Negative for constipation, diarrhea, nausea and vomiting.
Genitourinary: Negative for difficulty urinating, dysuria, hematuria and nocturia.
Musculoskeletal: Positive for flank pain (left chest, flank and abdominal pain). Negative for arthralgias, back pain, myalgias and neck pain.
Skin: Negative for itching, rash and wound.
Neurological: Negative for dizziness, headaches, numbness and speech difficulty.
Hematological: Negative for adenopathy. Does not bruise/bleed easily.
Psychiatric/Behavioral: Negative for confusion, decreased concentration, depression and sleep disturbance. The patient is not nervous/anxious.
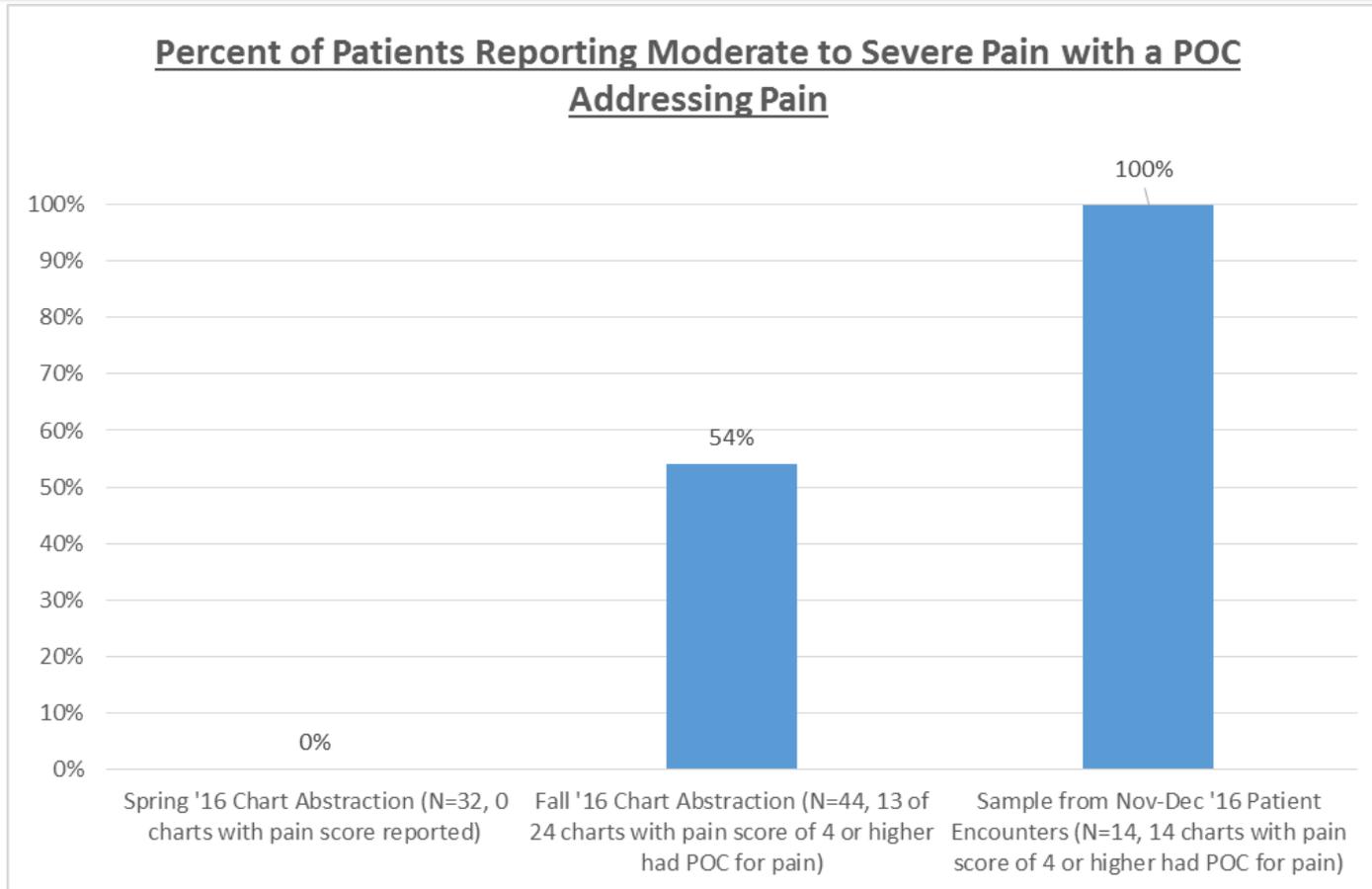
Last filed
01/06/17 1350
PainSc: 7
PainLoc: Abdomen

Note: Implemented EMR change in green circle

Change Data

Percent of Patients Reporting Moderate to Severe Pain with a POC Addressing Pain

- Spring '16 Chart Abstraction (N=32, 0 charts with pain score reported): 0%
- Fall '16 Chart Abstraction (N=44, 13 of 24 charts with pain score of 4 or higher had POC for pain): 54%
- Sample from Nov-Dec '16 Patient Encounters (N=14, 14 charts with pain score of 4 or higher had POC for pain): 100%

Conclusions

1. Feedback to providers regarding QOPI POC measure for moderate to severe pain improved future documentation;
2. Enhanced visibility of pain score within provider note templates reminded provider to include pain interventions in note;
3. Retraining of M.A.s underscored the importance of their role in asking patient for current pain level and allowed them to see "bigger picture" of where their input impacts patient care;
4. START IMPROVEMENT PROJECTS SMALL!

Next Steps/Plan for Sustainability

1. QOPI measures for the two 2017 chart abstraction rounds will indicate progress;

2. Following 2017 QOPI rounds a determination will be made regarding whether to continue with QOPI or conduct internal audits for sustainment.