ASCO’s Quality Training Program

Improving Plan of Care Documentation in Pain Management

Christopher Jordan, DO, FACOI,
Patrick Makarewich, MBA, FACHE, CPHQ
Kathy Owens-Mabey, RN,
Crystal Simmons, BS

JPS Health Network Center for Cancer Care

January 26, 2017
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

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

- Check for any recent hospitalizations or ER visits, review vitals (pain rating not included) and medications, specifically for pain, in Epic

**Day of appointment – see patient has arrived in Epic**

- Ask patient how they are doing and if they have any questions or concerns

**Perform patient assessment, including asking if patient has pain**

- Determine which room patient is in, Enter exam room

- Review patient’s chart from office, determine which room patient is in

**Does patient report having pain?**

- Ask patient where pain is on body and rating from 0 to 10

**Does MA document in text box only?**

- Yes: Does patient report having pain?
  - No: MA enters progress note with details of reported pain
  - Yes: Change dot to yellow if waiting for labs, red if room not available or green if patient in room

**Does patient report having pain?**

- No: MA enters progress note with details of reported pain
- Yes: Check for any recent hospitalizations or ER visits, review vitals (pain rating not included) and medications, specifically for pain, in Epic

**If Oncology patient, ask if he/she has any pain (this is typically not asked of Hematology patients), any new medical problems**

- Document information re: pain after HPI and also in vitals area of provider note

**If patient reports pain, ask for location, severity/intensity, duration, and if any medication is helping with the pain**

- Write prescription for pain meds (if needed) and document in chart, refer to Pain Management clinic if needed

- 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

- Print After Visit Summary (AVS) and highlights next visit, gives to patient

**Walk patient out of exam room to nurses station**

- Discharge patient
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.
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)

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

Note – Green boxes highlight changes that were implemented.

Ease of Implementation
## PDSA Plan (Test of Change)

<table>
<thead>
<tr>
<th>Date of PDSA Cycle</th>
<th>Description of Intervention</th>
<th>Results</th>
<th>Action Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2016</td>
<td>Retrain M.A.s to consistently ask for and document pain rating</td>
<td>100% of patients have pain rating assessed and documented along with vital signs</td>
<td>Completed</td>
</tr>
<tr>
<td>October 2016</td>
<td>Request EMR team to have pain score pulled into provider note with vital signs to prompt consistent assessment, treatment and documentation of pain</td>
<td>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)</td>
<td>Monitor – calculate percentage of patients with POC for moderate to severe pain using Spring ‘17 abstraction data</td>
</tr>
<tr>
<td>November 2016</td>
<td>Train nurses to document patient phone calls regarding pain in medical record</td>
<td>100% of nurses trained</td>
<td>Completed</td>
</tr>
<tr>
<td>November 2016</td>
<td>Train providers on where to find pain score within medical record to prompt consistent assessment, treatment and documentation of pain</td>
<td>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)</td>
<td>Completed</td>
</tr>
</tbody>
</table>
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:
- 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 itinerus.
- 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.
- Psychiatric/Behavioral: Negative for confusion, decreased concentration, depression and sleep disturbance. The patient is not nervous/anxious.

Last titled: 01/01/17 12:00
PainSc: 0
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)
- Fall '16 Chart Abstraction (N=44, 13 of 24 charts with pain score of 4 or higher had POC for pain)
- Sample from Nov-Dec '16 Patient Encounters (N=14, 14 charts with pain score of 4 or higher had POC for pain)
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.