

# ***ASCO's Quality Training Program***

## **Improving Documentation of Pain Management at MedStar Washington Cancer Institute**

Sekwon Jang, MD, Vishal N Ranpura, MD, Lynne S Wood, RN  
MedStar Washington Cancer Institute

03/06/2014

# Institutional Overview

- MedStar Washington Hospital Center is an academic not-for-profit hospital
- Located in northwest DC
- Region's only Level I trauma center
- Eleven oncologists
- About 1500 visits/month in medical oncology
- In FY 2012, 2,375 new cancer cases were diagnosed and treated

# Problem Statement

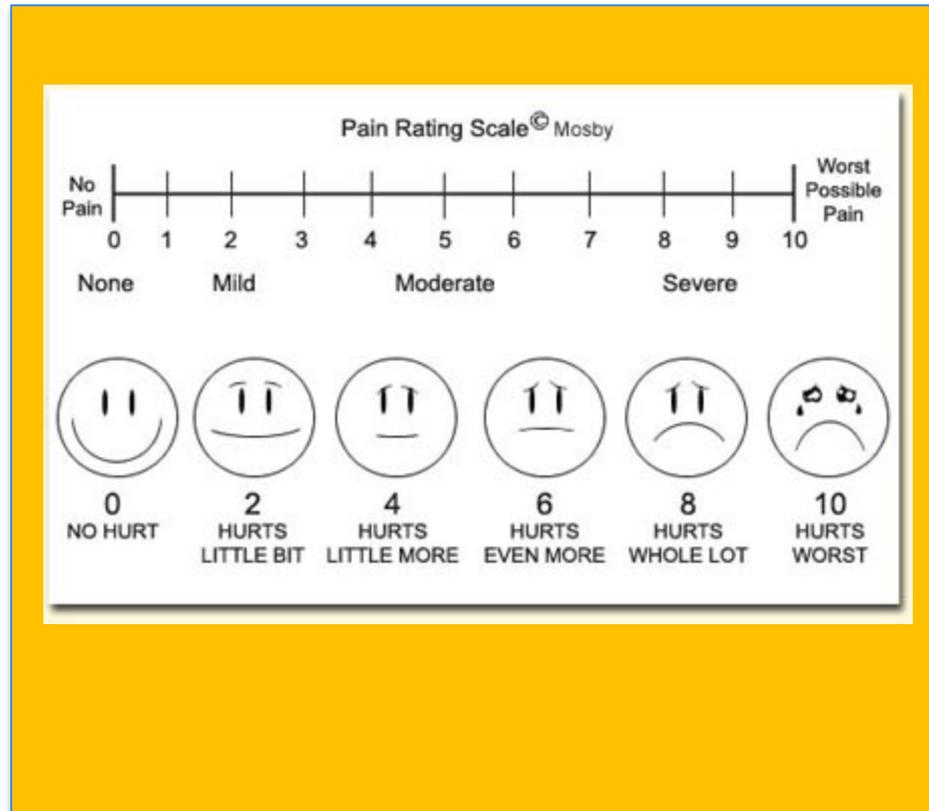
- Twenty five percent of MedStar Washington Cancer Institute hematology oncology clinic outpatients with pain  $\geq 4$  did not have documented plan of care for pain, potentially resulting in inadequate pain control. This was evidenced in Quarter II 2013 data.

## Project Team Members and Roles

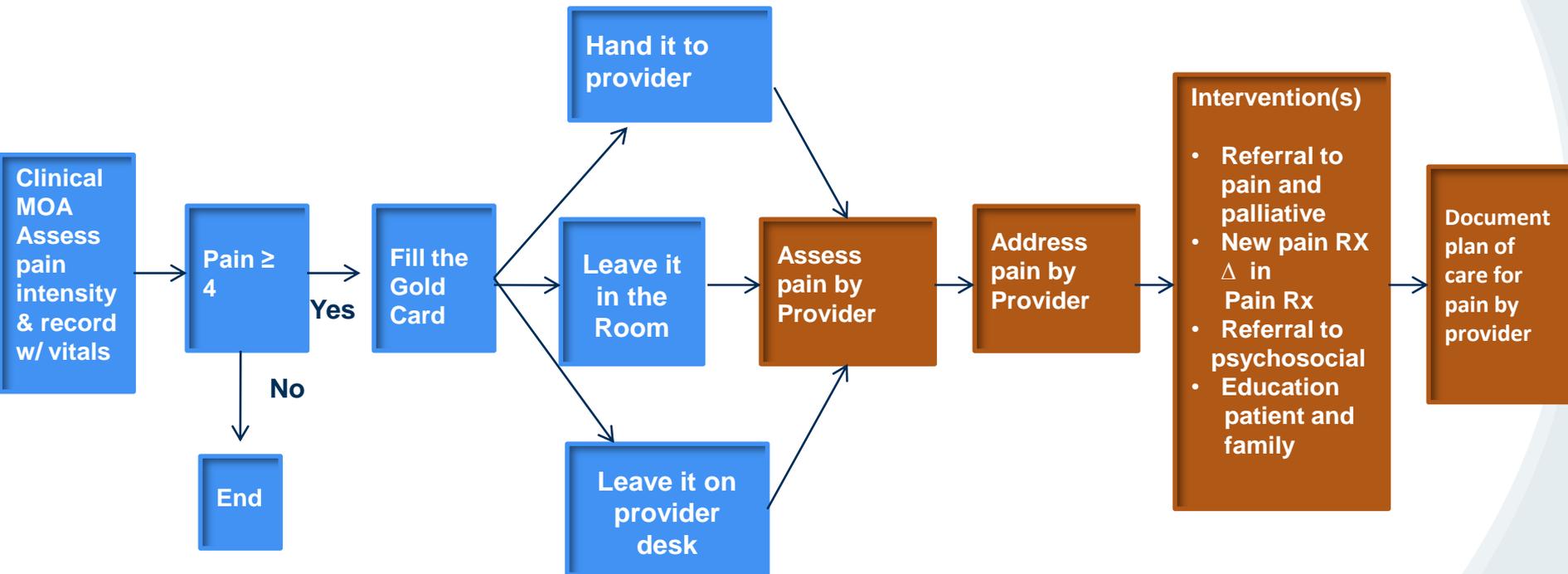
*List all members by name and job function. If team changes occur, update the table accordingly.*

Role	Name	Job Function
<i>Project Sponsor<sup>#</sup></i>	Sandra M. Swain, MD	Medical Director, Cancer Center
<i>Team Leader<sup>+</sup></i>	Sekwon Jang, MD	Attending physician
<i>Core Team Member<sup>*</sup></i>	Vishal Ranpura, MD	Fellow physician
<i>Core Team Member<sup>*</sup> (if applicable)</i>	Lynne Wood, RN	Assistant Nursing Director of Medical Oncology
<i>Facilitator</i>	Linda Self Stephanie Heller	Team member who facilitates the team meetings to optimize group processes.
<i>Other Team Member<sup>^</sup></i>	Sundeep Agrawal, MD	Fellow physician
<i>Other Team Member<sup>^</sup></i>	Charan Yerasi, MD	Resident physician
<i>Other Team Member<sup>^</sup></i>	Puja Chokshi, MD	Resident physician
<i>Other Team Member<sup>^</sup></i>	Jaylon Harkness, RN	Nurse Navigator
<i>Other Team Member<sup>^</sup></i>	Janet Beasley	Medical Office Assistant, Clinical
<i>QTP Improvement Coach</i>	Holley Stallings, BSN, CPHQ	Provides remote support to the team regarding the science of quality improvement and participation in the QTP.

# Gold Card (Pain Assessment)



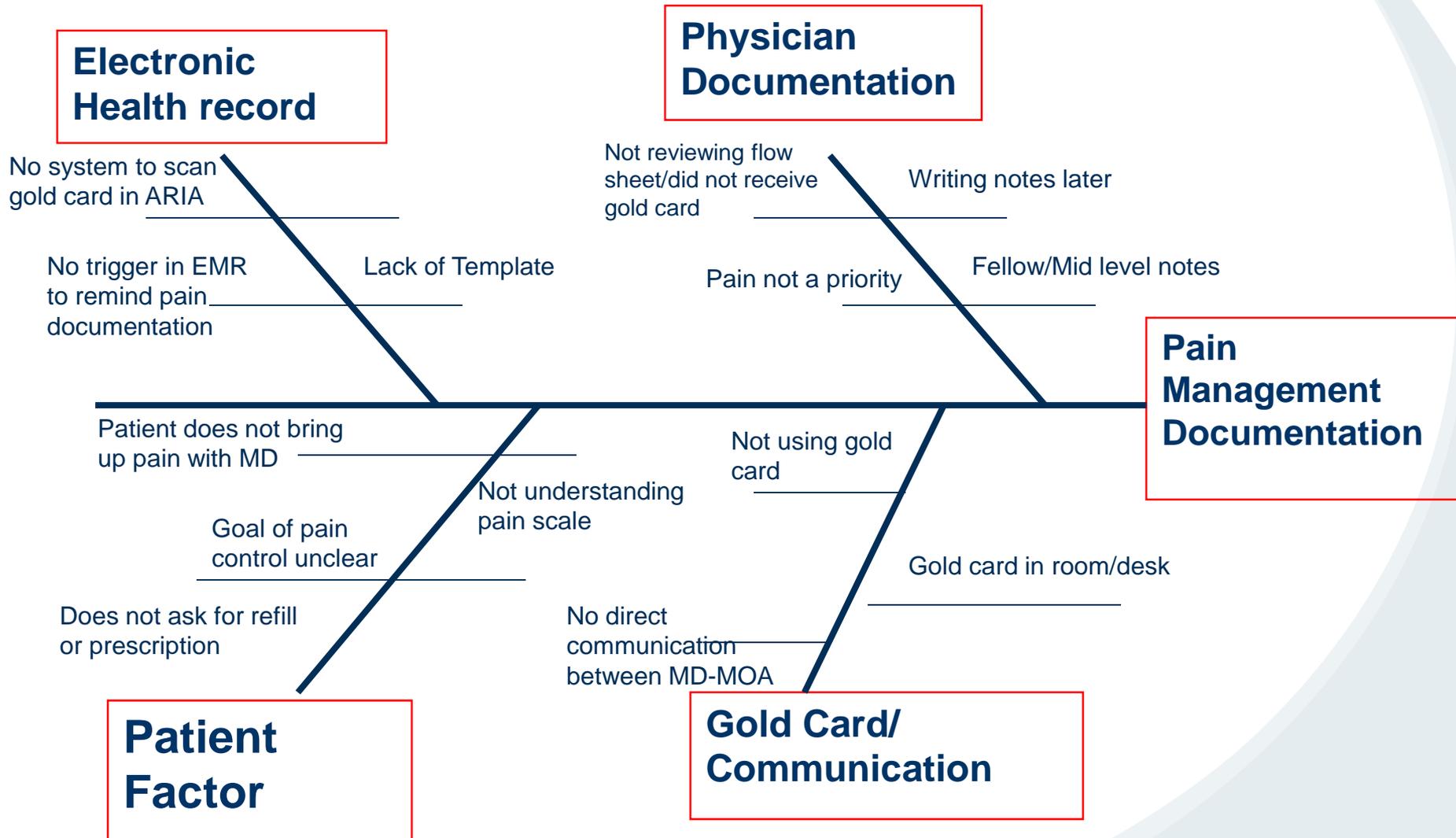
# Process Map



Clinical MOA

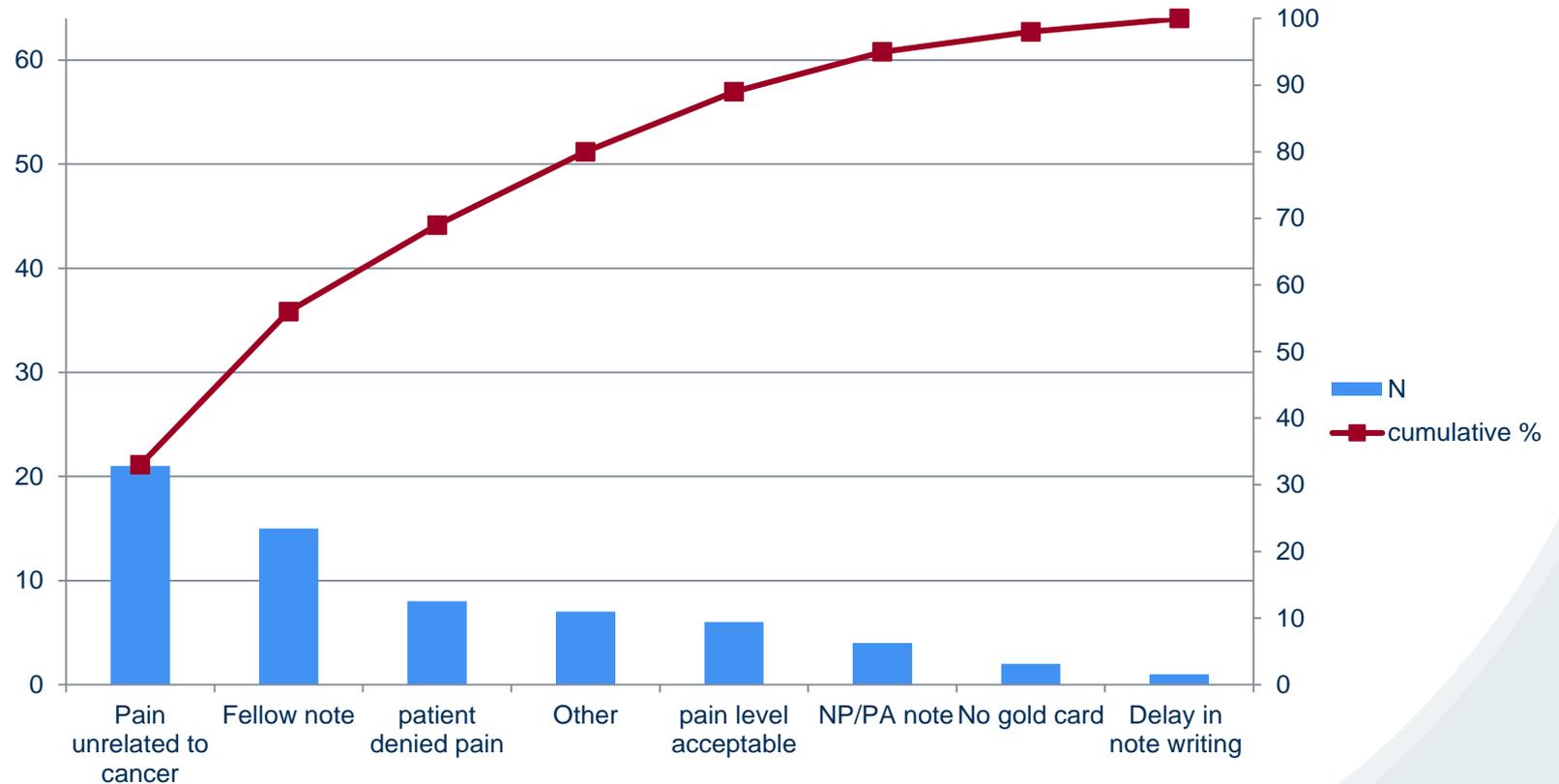
Practitioner

# Cause & Effect Diagram



# Pareto Chart

## Causes for Lack of Documented Plan of Care for Pain (November 2013)



# Aim Statement

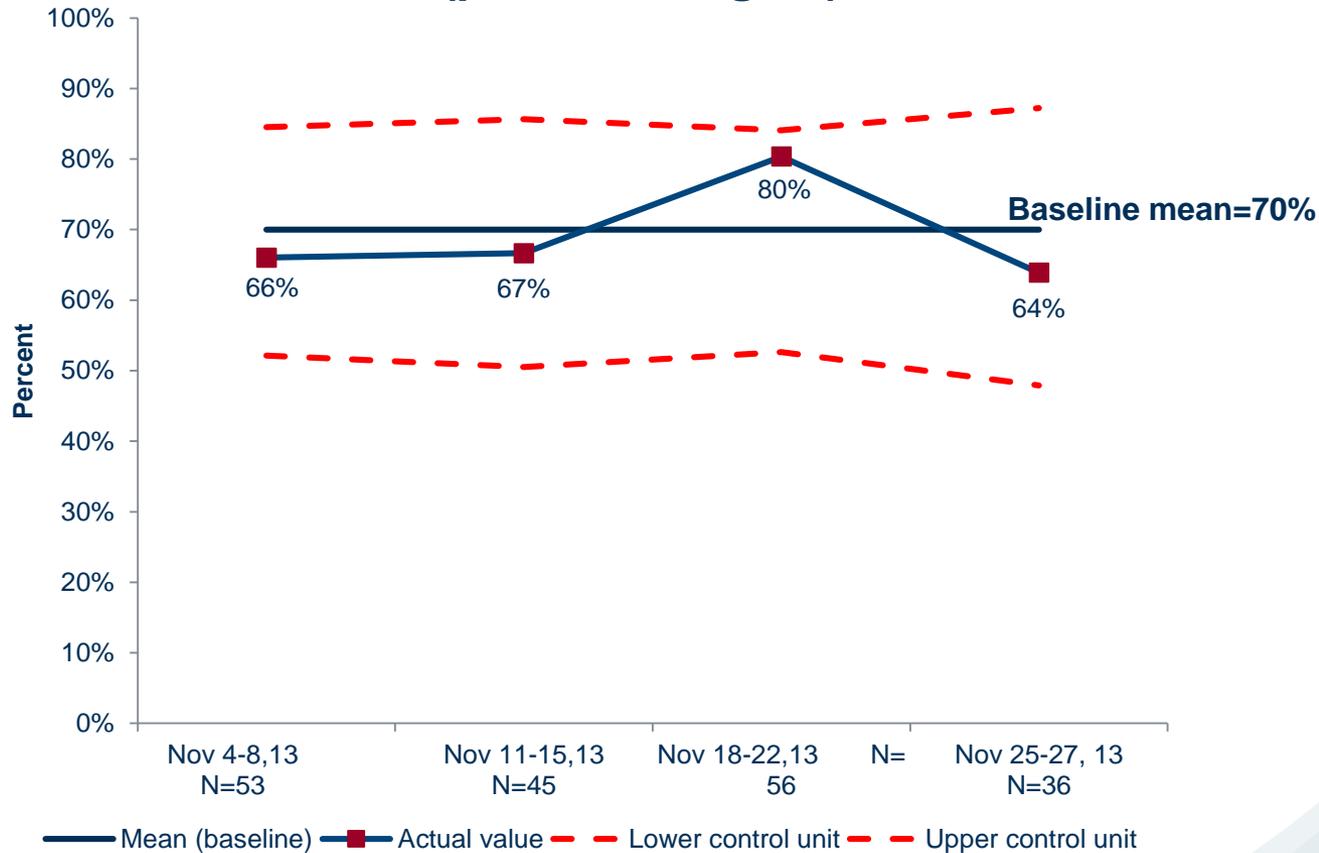
- Achieve  $\geq 90\%$  documentation of plan of care in patients with pain  $\geq 4$  in hematology oncology clinic at MedStar Washington Cancer Institute by the conclusion of 1<sup>st</sup> Quarter in 2014.

# Measures

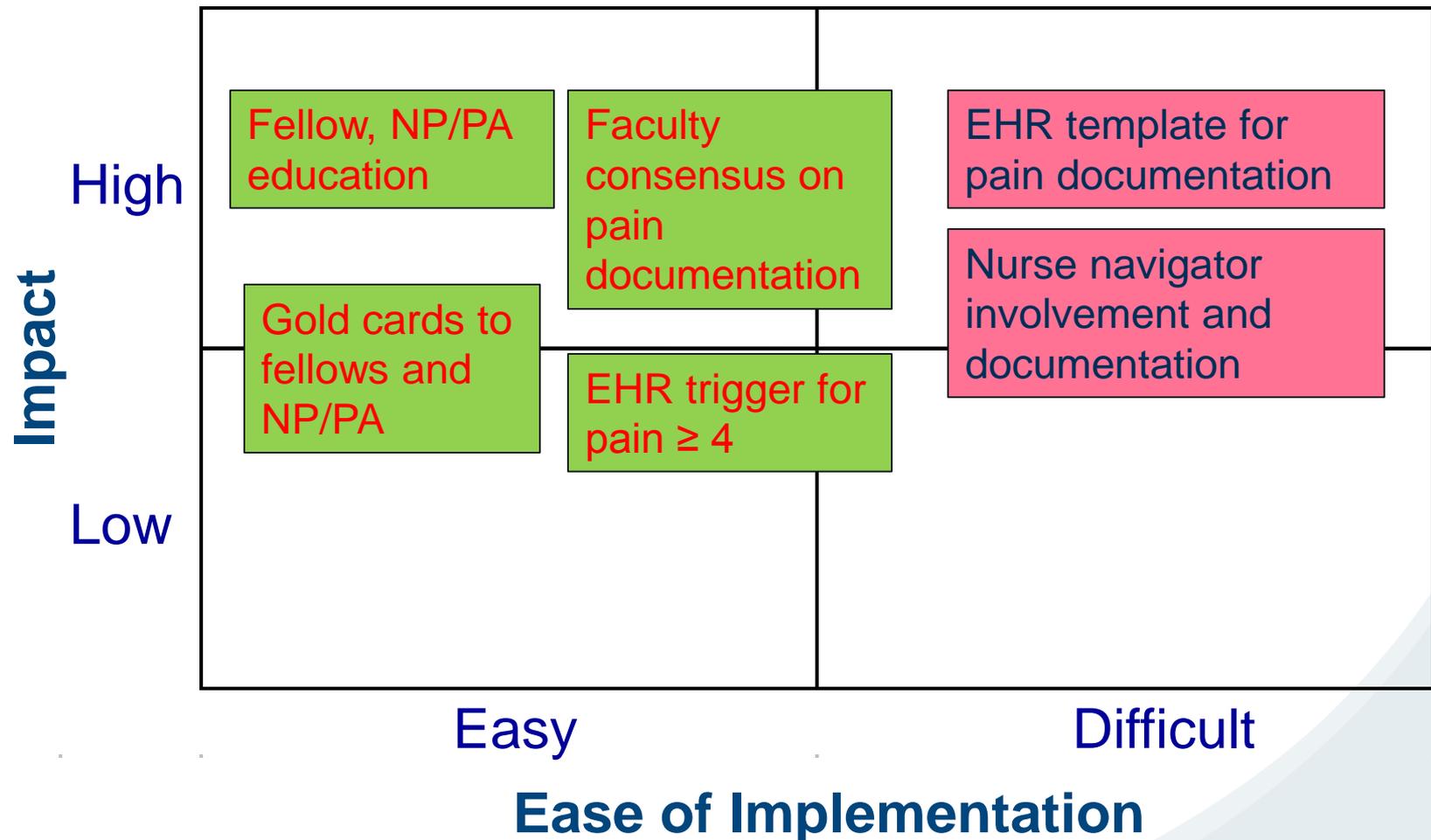
- **Measure:**  
Documentation of pain management in Electronic Health Record (HER) system for patients with pain score  $\geq 4$
- **Patient population:**  
All patients in Hematology Oncology clinic with a MD/NP/PA clinic visit.
- **Calculation methodology:**  
All patients with pain score  $\geq 4$  in hematology oncology clinic (denominator)  
Patient with documentation of pain management in assessment and plan (numerator)
- **Data source:**  
Electronic Health Record system (provider's notes and orders)
- **Data collection frequency:**  
Every two weeks
- **Data quality (any limitations):**  
None

# Baseline Data (Nov 2013)

Rate of documented plan of care for pain  $\geq 4$   
(p-chart, 3 sigma)



# Prioritized List of Changes (Priority/Pay-Off Matrix)



# Materials Developed (EHR trigger)

The screenshot shows an EHR application window titled "Manager" with a menu bar (File, Workup, Assessments, Manage Tx, View, Pharmacy, System Admin, Window, Applications, Help) and a toolbar with icons for Close, Summary, History, Notes, Flow Sheet, Vital Signs, Exam, Rx, Drug Admin, Prov Appr, Reports, Phys Orders, and Schedule. A "Provider Approval" window is open, displaying a list of items with counts and search icons:

ERx Refill Requests	0	
Notes	0	
Personal Reminders	0	
Physician Orders	0	
Prescriptions	0	
Test Result Alerts	0	
<b>Test Results</b>	<b>1</b>	
Visit Billing Events	4	

Below the list is a table with two columns: "Performed" and "Test Type". The first row shows "25, 2014" under "Performed" and "WCI Vital Signs" under "Test Type".

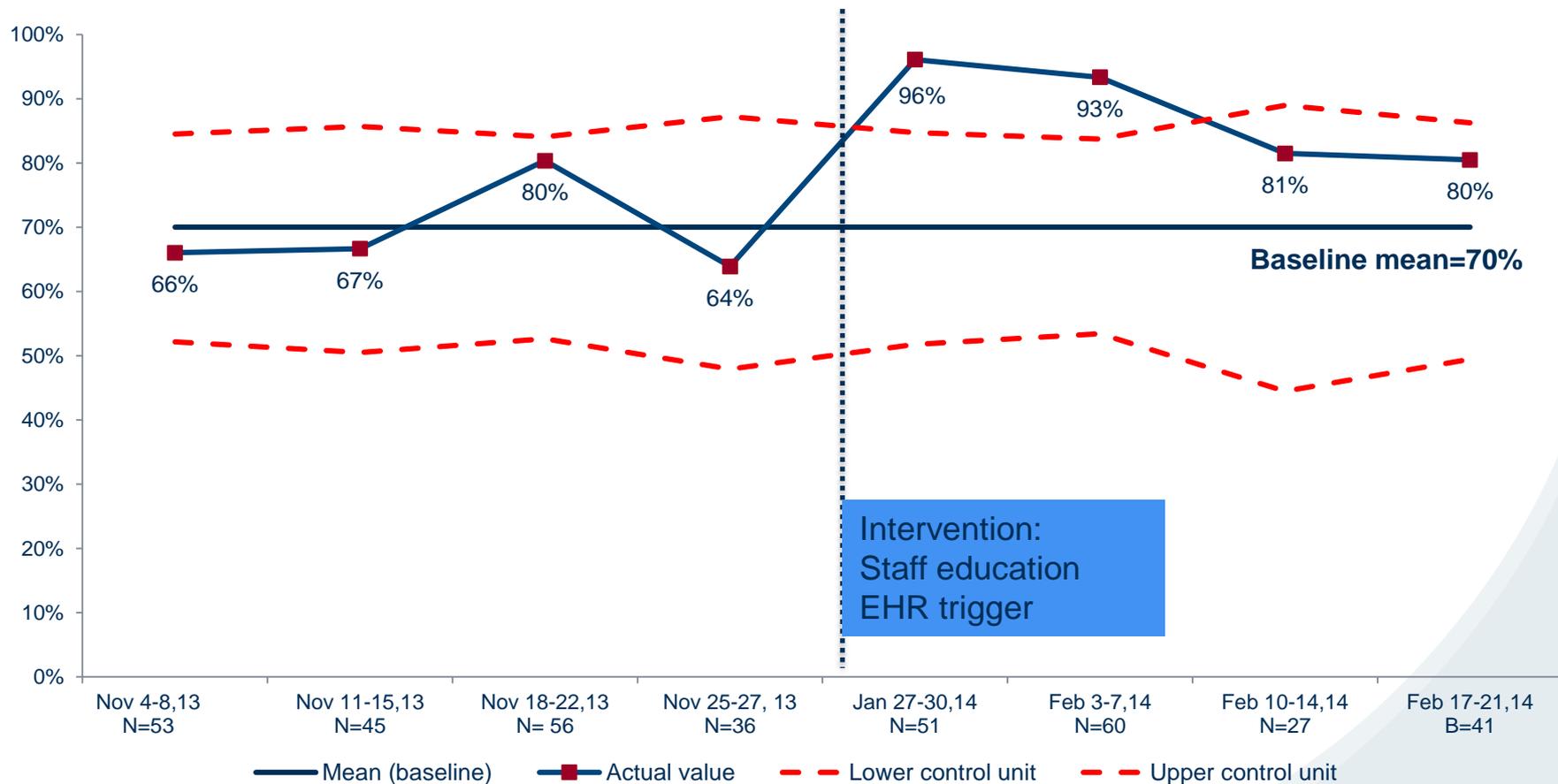


# PDSA Plan (Tests of Change)

Date of PDSA cycle	Description of intervention	Results	Action steps
1/6/14 – 2/21/14	<ul style="list-style-type: none"> <li>-EHR trigger for pain <math>\geq 4</math></li> <li>-Gold cards to fellows, NP/PA</li> <li>-Fellow, NP/PA education</li> <li>-Faculty consensus on documentation</li> </ul>	160/179 ( <b>89%</b> ) had documented plan of care for pain $\geq 4$ in provider note	<ul style="list-style-type: none"> <li>-Survey providers for lack of documentation</li> <li>-Weekly reminder emails</li> <li>-Continuous education of providers</li> <li>-Quarterly reports</li> </ul>

# Change Data (Jan-Feb, 2014)

Rate of documented plan of care for pain  $\geq 4$   
(p-chart, 3 sigma)



# Conclusions

- We observed improvement by 19% after intervention (70% to 89%)
- Almost met the aim of 90%
- Improvement was more marked during the first two weeks of post-intervention data collection

# Next Steps/Plan for Sustainability

- Weekly reminder emails
- Continue to measure the documentation rate quarterly in 2014 and report it to staff
- Display the quarterly results in medical oncology clinic bulletin
- Pain documentation process orientation for new staffs and rotating residents/fellows

# Improving Documentation of Pain Management at MedStar Washington Cancer Institute

**AIM:** Achieve  $\geq 90\%$  documentation of plan of care for pain control for patients with pain  $\geq 4$  in hematology oncology clinic at MedStar Washington Cancer Institute by the conclusion of 1<sup>st</sup> Quarter in 2014.

**INTERVENTION:**

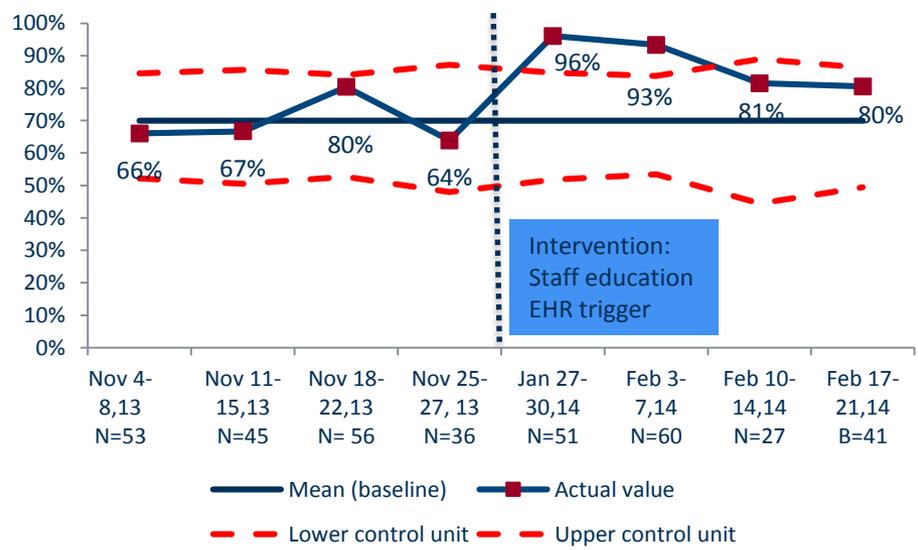
Thirty percents of MedStar Washington Cancer Institute hematology oncology clinic outpatients with pain  $\geq 4$  in November 2013 did not have documented plan of care for pain, and two major reasons for lack of documentation was “pain unrelated to hematologic oncologic diagnosis” and “notes done by fellows”. In January 2014, we implemented action plans to increase the awareness of pain (EHR trigger for pain  $\geq 4$ , clinical MOAs to hand pain assessment cards to fellows and NP/PAs) and to improve the documentation of pain management (education of Fellows and NP/PA, faculty consensus on documenting management for pain non directly related to hematologic or oncologic diagnosis).

**TEAM:**  
 Sekwon Jang, MD, Leader  
 Vishal N Ranpura, MD  
 Lynn S Wood, RN  
 Linda Self  
 Stephanie Heller  
 Sundee Agrawal, MD  
 Charan Yerasi, MD  
 Jaylon Harkness, RN  
 Janet Beasley  
 Holley Stallings, BSN, CPHQ

**PROJECT SPONSORS:**  
 Sandra M Swain, MD, Medical Director

**RESULTS:**

Rate of documented plan of care for pain  $\geq 4$



**CONCLUSIONS:**

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**NEXT STEPS:**

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