Tobacco and Fall Screening: Aligning Practice Tools and Processes for Quality Improvement

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STATEMENT OF PROBLEM

- Screening is important for appropriate clinical care, including initiating conversations about tobacco cessation and fall avoidance.
- Tobacco and fall screening data had not been consistently documented in structured fields in the electronic medical record.
- These two measures are also quality metrics for our Pioneer Accountable Care Organization (ACO) contract.
- A baseline measure was taken for patients who had HCA visits in January and February. This data revealed a 32.3% screening rate for tobacco use and a 15.7% screening rate for falls.

AIM

To ensure consistent screening and documentation with a goal of:

- 100% of all patients for tobacco assessment and if a smoker, provide information on smoking cessation, and
- 100% of all patients aged 65 or older for recent falls.

INTERVENTION INCLUDING CONTEXT AND MEASUREMENT

- Healthcare Associates is a large academic primary care practice at Beth Israel Deaconess Medical Center.
- Baseline data for tobacco and fall screening rates was obtained via reports generated from the online medical record.
- Physicians and medical assistants identified perceived barriers to consistent screening, including adequate structure on the check-in sheet, lack of standardization for data transfer to the electronic medical record, and lack of training and auditing processes.
- Tobacco screening and fall screening questions were added to the check-in sheet.
- Audits were performed to ensure completeness in the entire check-in sheet, and documentation of the information into the electronic medical record. Performance rate on screening is continually monitored and reported.

APPRAOCH TO ASSESS PERFORMANCE AND SUCCESS

Assessment will include:

- The percentage of all patients over the age of 18 screened at time of visit for tobacco use
- The percentage of patients over the age of 65 (as of Jan 1) screened at time of visit for falls
- The percentage of all patients seen in HCA in the last 24 months screened for tobacco and falls, as appropriate within 24 months

FINDINGS TO DATE

- Since revising the check-in sheet and engaging MA staff, the percentage of patients seen in HCA in the last 24 months and screened for tobacco use has increased from 72.3% to 86.5%.
- In May, 2684 tobacco screens were completed. Each month from June through the end of the calendar year saw HCA complete more than 5,000 tobacco screens, averaging 5681 over this period.
Since revising the check-in sheet and engaging MA staff, the percentage of patients seen in HCA in the last 24 months and screened for falls has increased from 55.2% to 80.8%.

In April and May, 347 and 423 fall screens were completed in HCA, and in November alone, 1258 total fall screens were completed.

Non-physician and non-nursing clinic staff can be engaged and facilitate patient care such as screening.

Initial incidents in which screening was identified as incomplete were found to be attributable to misinformation and errors in documentation. For example, on a number of occasions, smoking cessation materials were offered, but when the patient declined those materials, it was mistakenly documented that counseling was not offered.

Ongoing staff education on the importance of the screening questions reduced information gaps and helped to improve performance.

- Continue tracking screening rates and identify high and low performing teams within HCA from which lessons can be learned.
- Identify ways to streamline the check-in sheet and minimize inefficiencies such as Medical Assistants writing down screening results twice as well as entering them into the EHR
- Identify additional opportunities to engage non-physician and non-nursing staff in population health efforts