Use of NCCN Guidelines for Palliative QI in GI Oncology

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Background

- The James Cancer Hospital is one of 45 Comprehensive National Cancer Institute (NCI) hospitals and is part of The Ohio State University Wexner Medical Center.
- As a "Top of Hospital" goal for 2016-2017, faculty in the Division of Palliative Medicine were asked to serve as content experts for a Define-Measure-Analyze-Implement-Control (DMAIC) Quality Improvement (QI) project to improve patient satisfaction with pain management in the GI Oncology clinic.

Problem: Patients living with GI cancer can experience significant amounts of pain that may affect their quality of life. According to Press Ganey® surveys, in 2015, 14% of ambulatory patients cared for at the James GI Oncology Clinic rated their pain as poorly controlled. This led to a 6th percentile ranking compared to peer institutions.

Goal: Increase Press Ganey® patient satisfaction scores regarding pain control in the GI Oncology Clinic to above the 50th percentile by 6/1/17.

Defining the Problem

We tried 3 approaches to further define the barriers to optimal pain management in the GI Onc clinic.

1. Voice of Patient

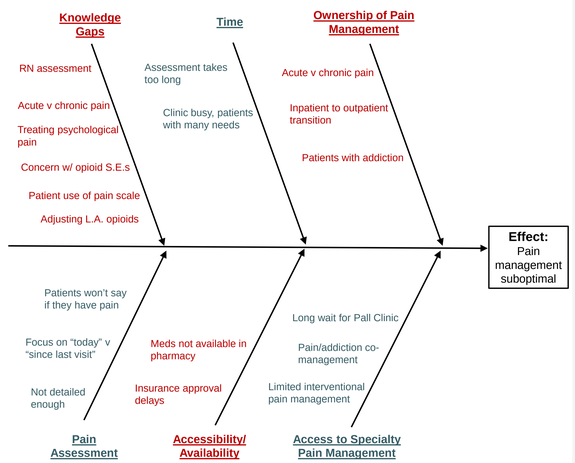
Themes from qualitative survey data and patient interviews:

1. Memory of poor pain control in hospital or in Emergency Department is reflected in Press Ganey ambulatory survey
2. Opioid dosing was not effectively increased to match increasing pain in opioid tolerant patients
3. Belief that opioids were being forced on patients instead of alternative modalities
4. Difficult to manage unexpected pain during nights and weekends

Pros: We obtained direct feedback from our patients
Cons: Very few responses from the qualitative sections on Press Ganey. Direct patient interviews are time intensive—we spent two full days in the GI Onc clinic but few patients had complaints. Overall, we were unsure if we had a representative sample of patient complaints.

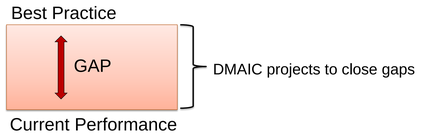
2. Voice of the Provider

We convened a multidisciplinary group of MDs, RNs, and SWs and constructed a fishbone diagram.



Pros: Interdisciplinary & multidisciplinary process elicited perspectives from primary Oncology providers and Palliative team.
Cons: Disagreement regarding which issues were true root causes and difficulty gaining full team buy-in.

3. Benchmarking and Gap Analysis



- We analyzed the 2016 NCCN guidelines for Adult Cancer Pain (www.nccn.org) and agreed that the standards set forth were appropriate for our GI-Oncology population.
- 4 broad categories from the guideline were identified:
  - Comprehensive pain assessment
  - Primary team pain management
  - Family/caregiver education
  - Referral indications for Specialty Pain Management
- We then used the DMAIC framework to identify and implement countermeasures to close the gaps between our current practices and the desired standards.

Pros: We obtained buy-in from our multidisciplinary group by leveraging national guidelines to direct our project.

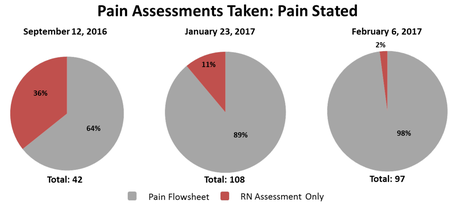
Interventions

1. Comprehensive Pain Assessment

NCCN Best Practice: A comprehensive pain assessment must be performed for new or worsening pain.

Current Performance: Only 67% of patients who complained of pain had a full pain assessment documented in the electronic medical record (EMR). Pain assessment taken by the RN was not consistently transmitted to the MD or Advanced Practice Nurse (APN).

Improvement Strategy: Updated EMR pain template to be in alignment with NCCN guidelines& improved information flow between RN and MD/APN regarding pain assessment.



2. Primary Team Pain Management

NCCN Best Practice: Analgesic therapy done in conjunction with management of symptom clusters and [possibly involving] complex pharmacologic therapies.

Current Performance: We surveyed MDs and APNs to identify challenging areas in the management of cancer pain.

Improvement Strategy: Based on survey results, our Palliative Pharmacist provided focused workshops on challenging topics in pain management.

BIGGEST GAPS BETWEEN PRACTICE & KNOWLEDGE IN PRESCRIBING PAIN MEDICATION (survey results)	Relevance Level	Comfort Level	Ratio
Determining HOW to convert between different opioid classes	3.51	2.90	1.21
Appropriately selecting between the different opioid medications (i.e. determining when best to use morphine vs. oxycodone)	3.65	2.67	1.37
Identifying and treating pain syndromes such as bone pain, capsular pain, and neuropathic pain with opioids and opioid-sparing analgesics	3.20	2.35	1.36
Identifying when a pain medication may be denied by insurance and taking steps to mitigate this occurrence (i.e. proactively identifying when a pain-related prescription may be needed)	3.76	3.03	1.24

3. Patient and Family/Caregiver Education

NCCN Best Practice: Need for patient and family/caregiver education should be assessed. Education should include written materials.

Current Performance: Patients and family/caregivers were not routinely screened for education needs. Educational material was, in some cases, out of date.

Improvement Strategy: Formal education was provided on "teach back" method as well as how to document education in the EMR. Educational material was reviewed and updated.

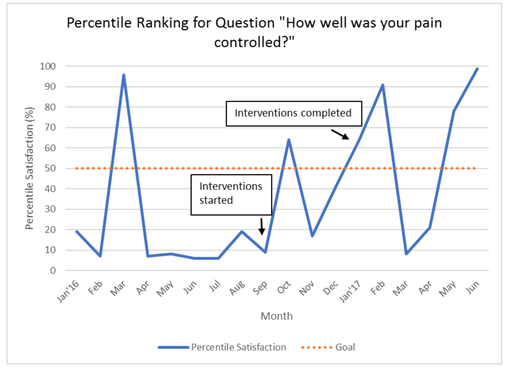
4. Referral Indications for Specialty Pain Management

NCCN Best Practice: Establish indications specialty consultation to improve pain management or function. Specialties may include Palliative Medicine, Physical medicine/rehabilitation, Psychiatry, and Substance Abuse counseling.

Current Performance: Members of the GI Oncology clinic did not have clear triggers for when to refer to specialty pain management, and Palliative Medicine reported receiving many consultations that were outside of their scope of practice.

Implementation Strategy: An interdisciplinary team of Oncologists, Palliative Medicine specialists, PMR specialists, and social workers met to discuss proper indications for specialty consultation. A document was created and shared amongst various departments.

Results



- Baseline mean percentile rank in 2015: 6%
- Mean percentile rank Jan'16 (project initiation) to Sept'16 (interventions started) : 19.6%
- Mean percentile rank post implementation (Jan'17-June'17): 62% (p=0.02)

Take Home Point

- Specialty-specific national guidelines that include recommendations for Palliative Care can be leveraged to create consensus regarding best practices and direct QI initiatives to resolve gaps in care.