Quality: The Race Without a Finish Line

THE UNIVERSITY OF KANSAS HOSPITAL

Conflict of Interest Disclosure

• Speaker Conflict of Interest.
  • Melanie Simpson is on the Speakers Bureau for Pacira Pharmaceutical, Inc.

A conflict of interest is a particular financial or non-financial circumstance that might compromise, or appear to compromise, professional judgment. Anything that fits this should be included. Examples are owning stock in a company whose product is being evaluated, being a consultant or employee of a company whose product is being evaluated, etc.


Additional Disclosures

• I do not have the formula for quality pain management
• I do not have all the answers
• I will tell you how I do pain management at KU (however it is not perfect)
• I do own pain management at my institution
What is quality?

- Health care quality is generally defined in terms of the attributes and outcomes of care provided by practitioners and received by patients.
- The Institute of Medicine: quality is the degree to which health services increase desired health outcomes and are consistent with professional knowledge.
- Patient satisfaction is a recommended measure in most evaluations of quality.

National Committee for Quality Assurance

Definition of Quality

- Quality
- Harm Reduction
- Reporting
- Culture of Accountability
- Continuous Improvement

What is quality?

- Quality is a measure of how well we provide care, save lives and prevent harm.
- Quality is measured through mortality data and patient satisfaction
**Mortality Index**

(Actual Deaths/Expected Deaths Based on Severity of Illness)

312 Fewer Deaths Than Expected Based on Patient Acuity FY13
78 consecutive months with Mortality Index <1.0

**Patient Satisfaction - Press Ganey**

**Patient Satisfaction and Pain**

- Patient satisfaction is based on patient expectations
- Responses can be skewed and difficult to interpret
- Paradoxical, yet consistent findings that despite high pain ratings, satisfaction scores may be high
- Likely more appropriate to evaluate the patient’s perception of involvement in his own pain control
HCAHPS
Hospital Consumer Assessment of Healthcare Providers and Systems

• Center for Medicare and Medicaid Services (CMS) included questions to measure patients’ perceptions of pain management.
• It emphasized the importance of pain management to patient satisfaction
• Hospitals need to be more transparent about what they are doing to improve pain management and what patients should expect as a result.

Press Ganey, 2012

HCAHPS Questions

• During this hospital stay, did you need medicine for your pain?
• During this hospital stay, how often was your pain well-controlled?
• During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

KU HCAHPS September 2013

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Relevant conclusions from patient satisfaction study

- 3 main themes:
  - Lack of provider knowledge
  - Lack of patient education
  - Perceived lack of caring


US News & World Report ranks The University of Kansas Hospital, 7th nationwide in patient satisfaction for Pain Management of the top 3000 hospitals, 2009.
Our Guiding Formula

World Class Patient Outcomes + World Class Patient Satisfaction

Delivered by Competent, Committed and Engaged Staff

Strong, Sustainable Growth + Strong, Sustainable Financial Performance

Expanding the Definition of Quality

Efficiency - includes managing throughput and length of stay
Effectiveness - ensures our care meets all identified standards such as core measures and that our processes help reduce unnecessary readmissions
Quality improvement: guidelines and evidence based practice

- **Guidelines** are systematically developed statements based on evidence designed to help practitioners and patients make appropriate health care decisions for specific clinical conditions.
- Pub Med, Up-to-date, Cochrane Collaboration, Lippincott—many “evidence” related sites.
- Ask yourself—
  - 1. Is there scientific evidence
  - 2. If there is no evidence, is it useless?

APS QI guidelines for the treatment of acute and cancer pain

- **Recognize and treat pain promptly**—comprehensive assessment and importance of preventive and prompt treatment based on evidence.
- **Involve patients in the pain management plan**—customization of care and participation in treatment plan; patients need to know their options and responsibilities for participation.

Gordon et al. (2005). APS Recommendations for Improving the Quality of Acute and Cancer Pain Management, Archives of Internal Medicine, (165), 1574-1580

APS QI guidelines for the treatment of acute and cancer pain

- **Improve treatment patterns**—multimodal approach, ensuring treatments are safe, evidence based advancements, move from old routines.
- **Reassess and adjust pain management plan as needed**—respond not only to pain intensity but to functional status and side effects, establish realistic goals, consider the burden of treatment on quality of life and resources.

Gordon et al. (2005). APS Recommendations for Improving the Quality of Acute and Cancer Pain Management, Archives of Internal Medicine, (165), 1574-1580
APS QI guidelines for the treatment of acute and cancer pain

- Monitor process and outcomes of pain management with the goal of continuous improvement
  - Why do we do what we do?
  - How do we know it works?
  - How can we do it better?
- Pain Management performance measurement – used for external accountability and transparency and facilitate QI priorities

Gordon et al. (2005). APS Recommendations for Improving the Quality of Acute and Cancer Pain Management, Archives of Internal Medicine, (165), 1574-1580

Opportunities for quality improvement for pain management

- Explicit policies and procedures to guide the use of specialized techniques for analgesic administration
- Clearly defined accountability for pain management
- An ongoing process that evaluates the outcomes and works to improve the quality of pain management

Opportunities for quality improvement for pain management

- Information about pharm and nonpharmacologic interventions for clinicians to facilitate writing, interpreting and implementing of orders
- Orientation and continuing education opportunities
  - Lack of provider knowledge
- Patient and family education programs and materials
  - Lack of patient education
- Change perception of caring
  - Lack of caring
Some of our interventions

• **Lack of provider knowledge**
  – Pocket Analgesia guides
  – Education presentations, grand rounds, PRN, staff mtgs
  – LMS – required yearly (range order policy, opioid dilution, etc.)

• **Lack of patient education**
  – Preanesthesia testing clinic video
  – Opioid teaching sheet
  – White boards for communication

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Some of our interventions

• **Lack of caring**
  – Comfort video – required- “is there anything else I can do to make you more comfortable?”
  – 5 minutes of caring
  – Teaching providers to never say “there is nothing I can do”

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Summary

• Guiding principles of quality remain knowledge-based, patient-centered and system-minded care
• Outcomes research has resulted in new measures of quality—example, improved function as an outcome of quality pain management
• Quality improvement is ongoing process:
  
  *Or in other words: the race without a finish line*