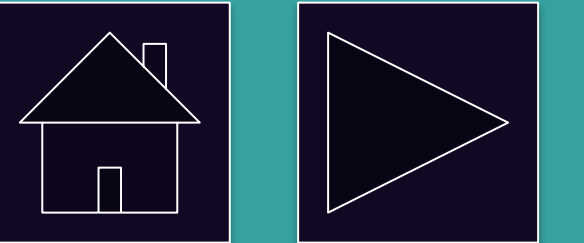


# Tobacco and Fall Screening: Aligning Practice Tools and Processes for Quality Improvement

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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

**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

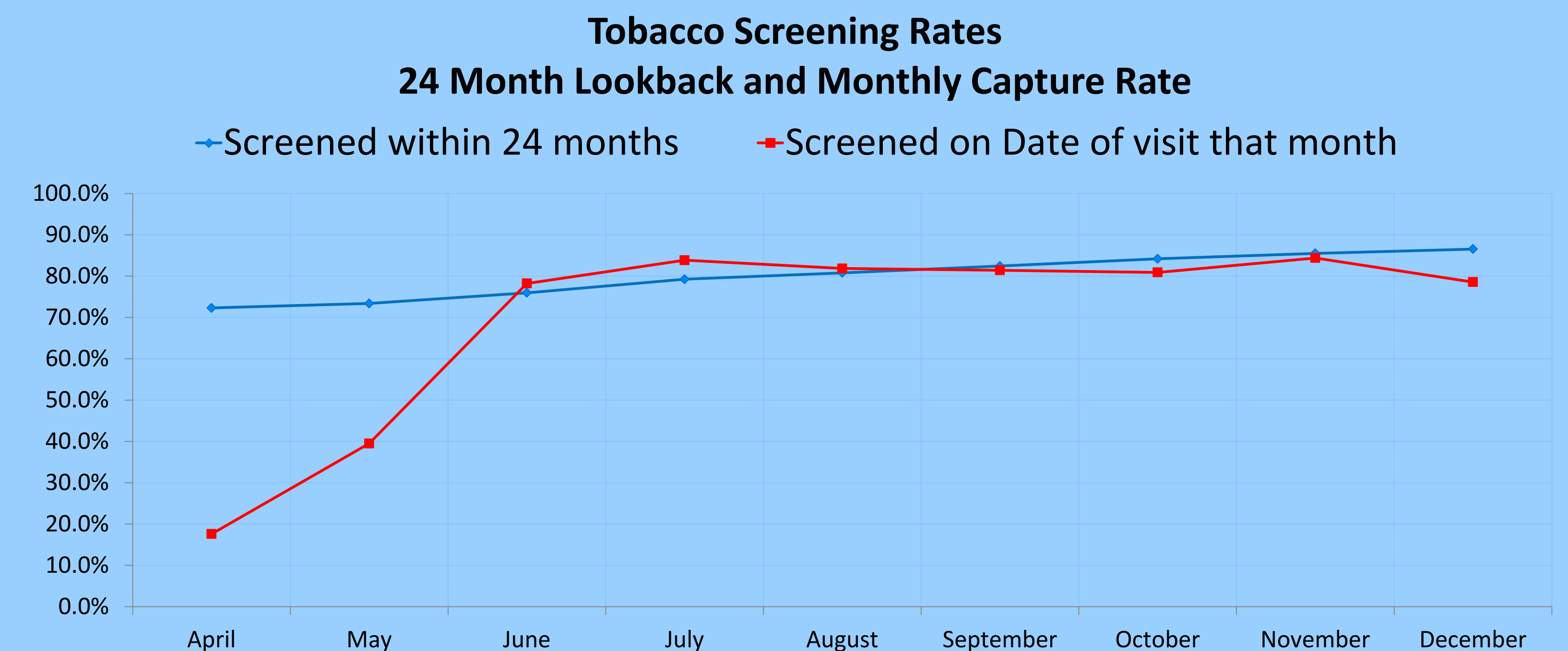
- Healthcare Associates is a large academic primary care practice at Beth Israel Deaconess Medical Center.
- Baseline data for tobacco and fall screening rates was obtained via reports generated from the online medical record.
- Physicians and medical assistants identified perceived barriers to consistent 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.

## APPROACH 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

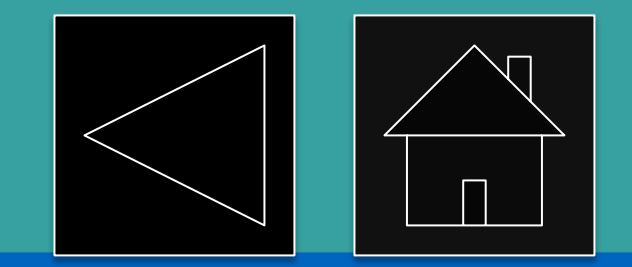
## FINDINGS TO DATE



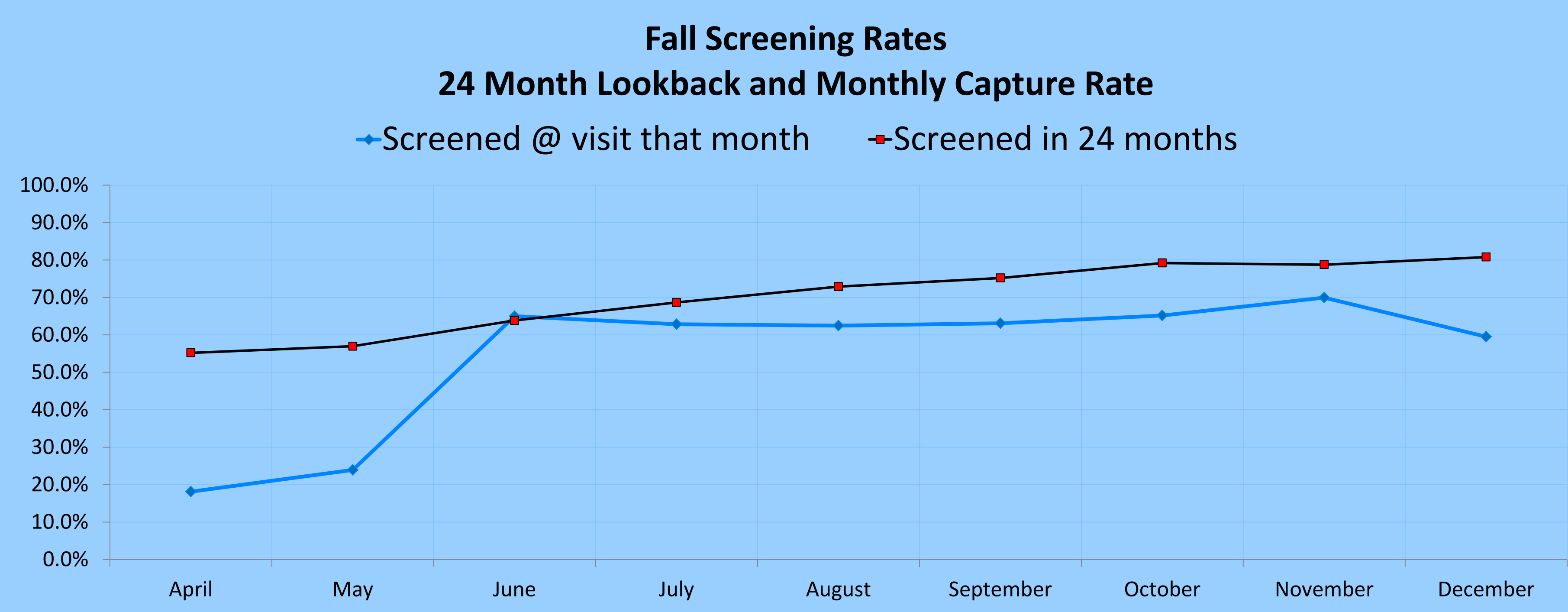
- Since revising the check-in sheet and engaging MA staff, the percentage of patients seen in HCA in the last 24 months and screened for tobacco use has increased from 72.3% to 86.5%.
- In May, 2684 tobacco screens were completed. Each month from June through the end of the calendar year saw HCA complete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

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## FINDINGS TO DATE (CONTINUED)



- 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.

## LESSONS LEARNED

- 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.

## NEXT STEPS

- 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