

22nd Annual Pain Medicine Meeting

November 10-11, 2023 | #ASRAFALL23



Enhancing Procedural Visit Efficiency
Through Reduction of Documentation
Redundancy: A Quality Improvement
Project



Laura Delin M.D., Kenneth Brown M.D., Tiffany Pham M.D.,
Indraneel Prabhu D.O., Maryam Jowza M.D., Dominika James M.D.

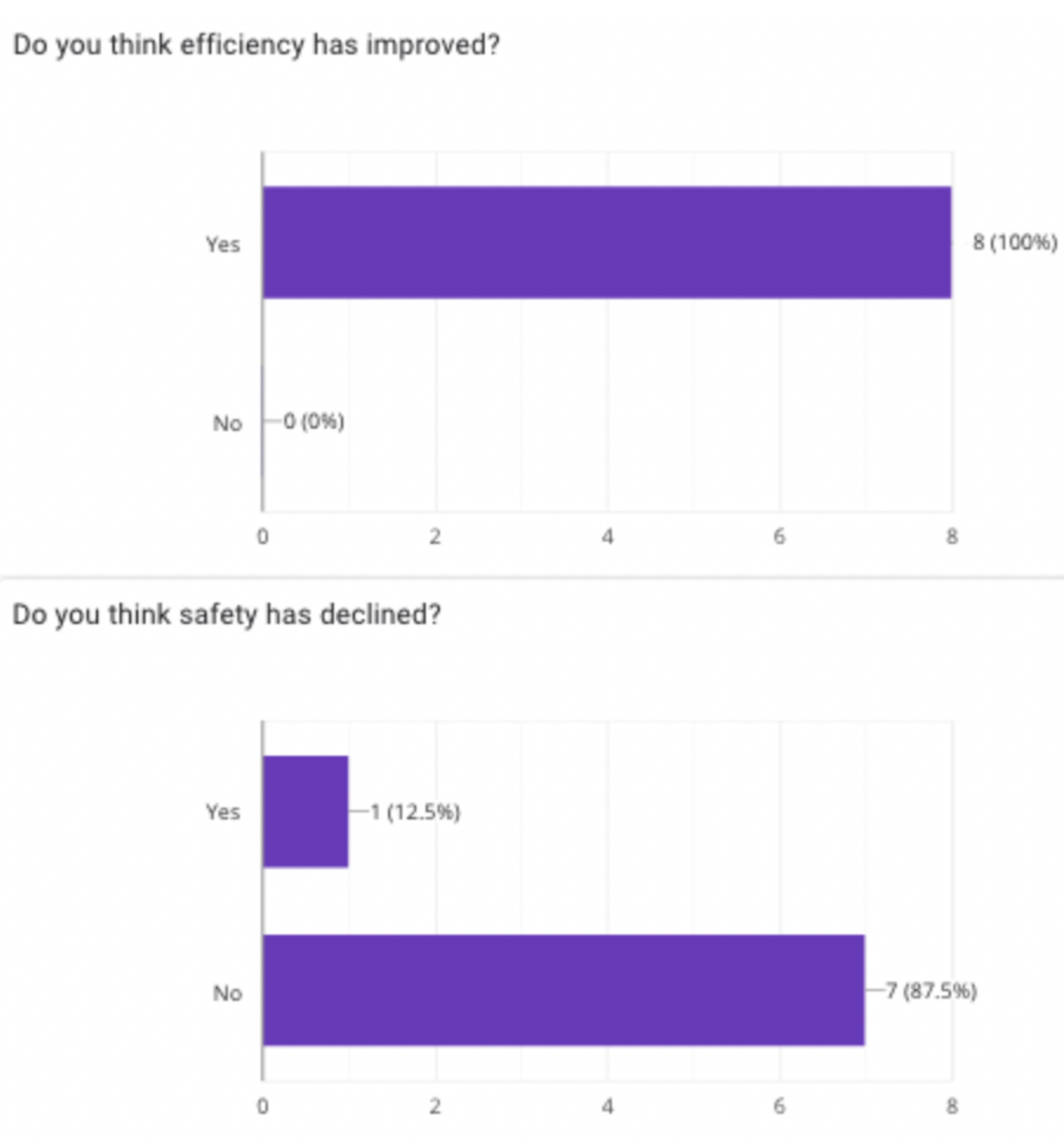
Background:

- Procedural visit efficiency plays a crucial role in providing optimal care and maximizing patient satisfaction.
- Redundant documentation hinders workflow and impedes efficient delivery of patient-centered care.
- Studies have demonstrated that progress notes had increased in redundancy by 10.9% from 2009 to 2018¹, also increasing in length by 60.1%, owing much to copy-forward style writing.
- Trigger point injections (TPIs) were booked for 30 minutes clinic slots, and we hypothesized that improving efficiency would only require 15 minutes.
- This project aimed to reduce the burden of documentation in our clinic procedural suite and thereby improve efficiency.

Methods:

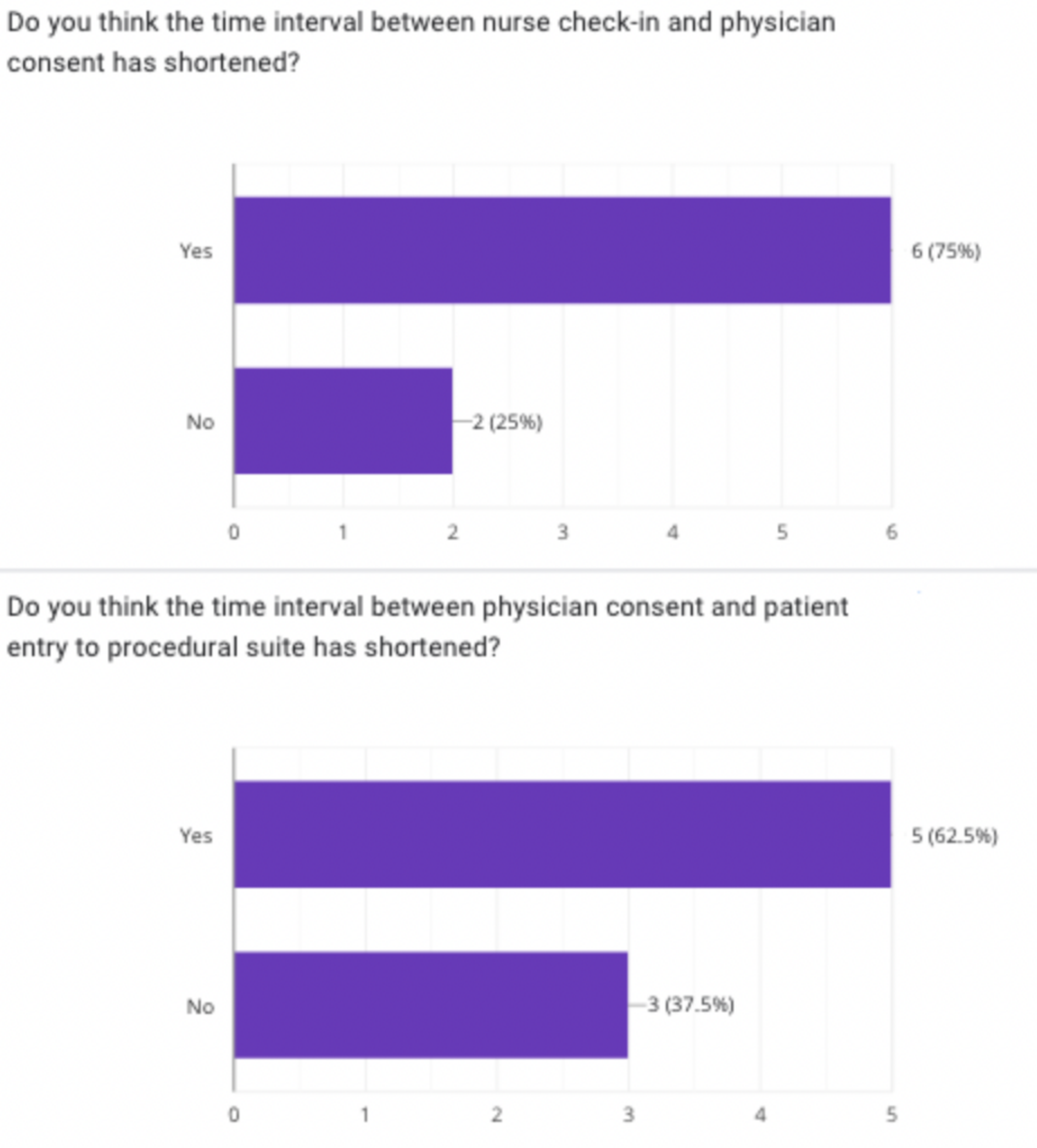
- The pain physicians assessed the baseline efficiency of procedural visits and existing documentation practices by interviewing staff to identify duplicative elements.
- New guidelines were established, which involved removing the need for nurses to document what physicians already were, such as medication doses/procedural steps.
- TPIs were changed from 30 minute time slots to 15 minutes, and more cases were added to determine feasibility.
- After two weeks of implementation, team members were surveyed to evaluate the impact on perceived efficiency.
- The number of TPIs and total case load before and after the intervention were analyzed.

Decreasing redundant documentation helped increase both efficiency, and number of, procedures completed by an outpatient pain clinic, while maintaining safety.



EFFECTS OF INTERVENTION		
	Before	After
# of TPIs	13	18
# of total cases	66	85
% increase in # of TPIs	38.46%	
% increase in # of total cases	28.79%	

Effects were assessed by assessing number of trigger point injections (TPIs) performed for two weeks prior to the intervention and comparing to number of TPIs for two weeks after. The same analysis was performed for total case throughput.



Results:

- The change in documentation helped increase the number of TPI appointments booked, as procedure block times were 15 minutes long, down from 30 minutes.
- A 38.46% increase in the total number of trigger point injections performed was noted, and also a 28.79% increase in total number of procedures booked overall during the two-week intervention.
- Among those surveyed, 100% reported an enhanced sense of efficiency in their workflow.
- 87.5% of those surveyed felt patient safety and satisfaction improved or remained the same.
- 75% of those surveyed felt that the time from nurse check-in to physician consent had decreased and 62.5% felt that physician consent time to procedure start had also decreased.
- 85% also felt that verbal communication amongst team members and patients had improved, though amount of time per visit had decreased.
- No adverse events were noted during this time period.
- The elimination of redundant documentation allowed for better utilization of time, enabling our clinic to focus more on patient care and critical aspects of procedural visits.

References:

1. Rule, A., Bedrick, S., Chiang, M. F., & Hribar, M. R. (2021). Length and redundancy of outpatient progress notes across a decade at an academic medical center. *JAMA Network Open*, 4(7), e2115334. <https://doi.org/10.1001/jamanetworkopen.2021.15334>

2. Wrenn, J. O., Stein, D. M., Bakken, S., & Stetson, P. D. (2010). Quantifying clinical narrative redundancy in an electronic health record. *Journal of the American Medical Informatics Association*, 17(1), 49–53. <https://doi.org/10.1197/jamia.m3390>