Santa Rosa COMMUNITY HEALTH
All of us. For all of you.

CDSS for Tobacco Screening and Follow-up Documentation

2017 Symposium on the Future of Complex Care
Gallery of Promising Practices

PROMISING PRACTICE OVERVIEW

SRCH's tobacco screening and follow-up for PHASE program reporting (UDS definition) was 51% in 2015 Q3 and increased to 75% as of 2017 Q2. This improvement was a result of EHR optimizations and implementing CDSS alerts in eCW.

SRCH's Interventions Workgroup decided in mid-2016 to standardize documentation to preventive medicine and removed documentation locations in HPI and social history. SRCH invested in building out their preventive medicine section so tobacco screening and follow-up documentation was visible, they deleted all other locations and provided training for staff in January 2017. In just a couple of quarters after implementation of CDSS, SRCH's tobacco screening and cessation counseling significantly improved.

AIM

To improve tobacco screening and follow-up documentation for Santa Rosa Community Health (SRCH) patients ages 18 and up.

MEASURES

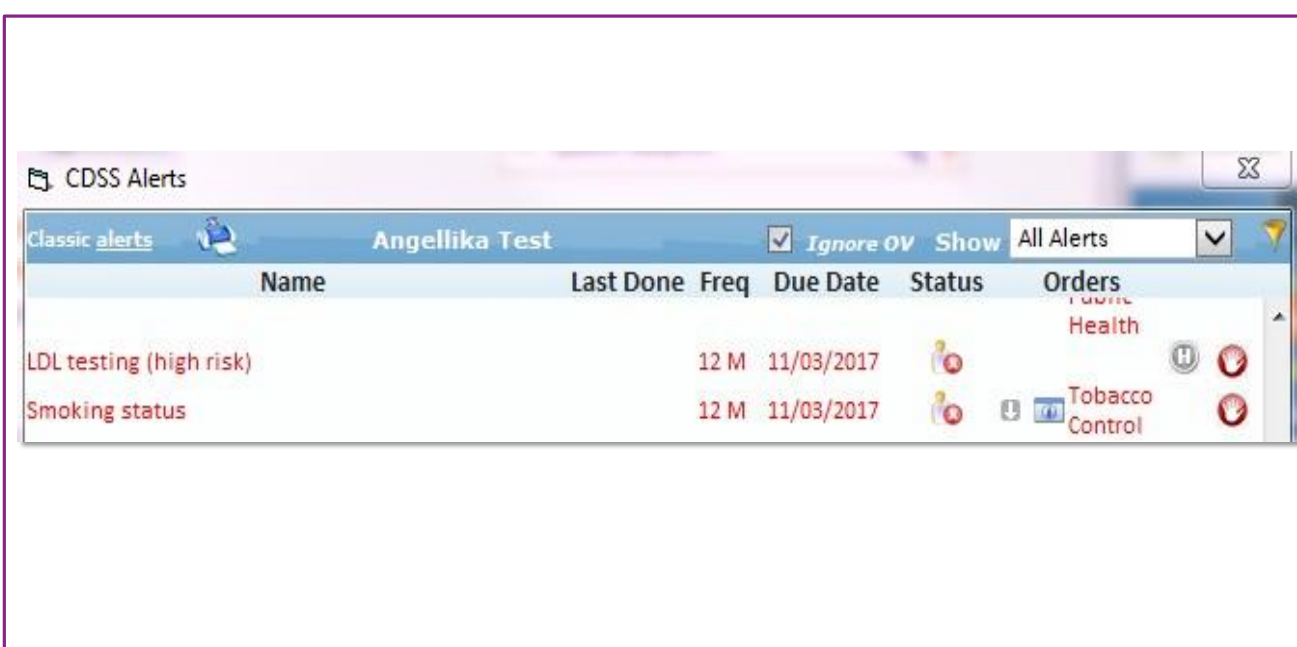Measure: Tobacco Screening & Follow-Up

Numerator:
- Patients who had a tobacco assessment within two years prior to their last medical visit
- If the patient was a tobacco user in the past two years, the patient had at least one of the following within two years prior to their last medical visit:
  - Tobacco use cessation counseling
  - Smoking cessation agents (active medication or order)

Denominator:
- 18 years of age or older during the reporting period and seen after their 18th birthday
- Had at least two medical visits or at least one preventive visit during the reporting period

CDSS Alert Screenshot:

ACTIONS TAKEN

SRCH hired a consultant to: a) build out the preventive medicine section in our EHR to make the tobacco screening and follow-up documentation more visible, and b) delete areas where staff documented tobacco screening and counseling in the past.

We trained clinical staff to document in the preventive medicine location in January 2017. Additionally, QI staff updated and rolled out tobacco screening CDSS alerts in March 2017. Alerts notify clinical staff when a patient is overdue on tobacco screenings. Since SRCH's QI and EHR teams were working so closely, SRCH decided to develop an "EHR Optimization Team" and hired a designated trainer to train new clinical staff.

As staff started to screen more frequently and encountered patients with the desire to quit smoking, clinical staff began using MI techniques to set action plans and providing those patients with encouragement cards to stop smoking. SRCH uses 1 800-NO-BUTTS resources.

WORKFLOW

More detailed workflow available in attachment
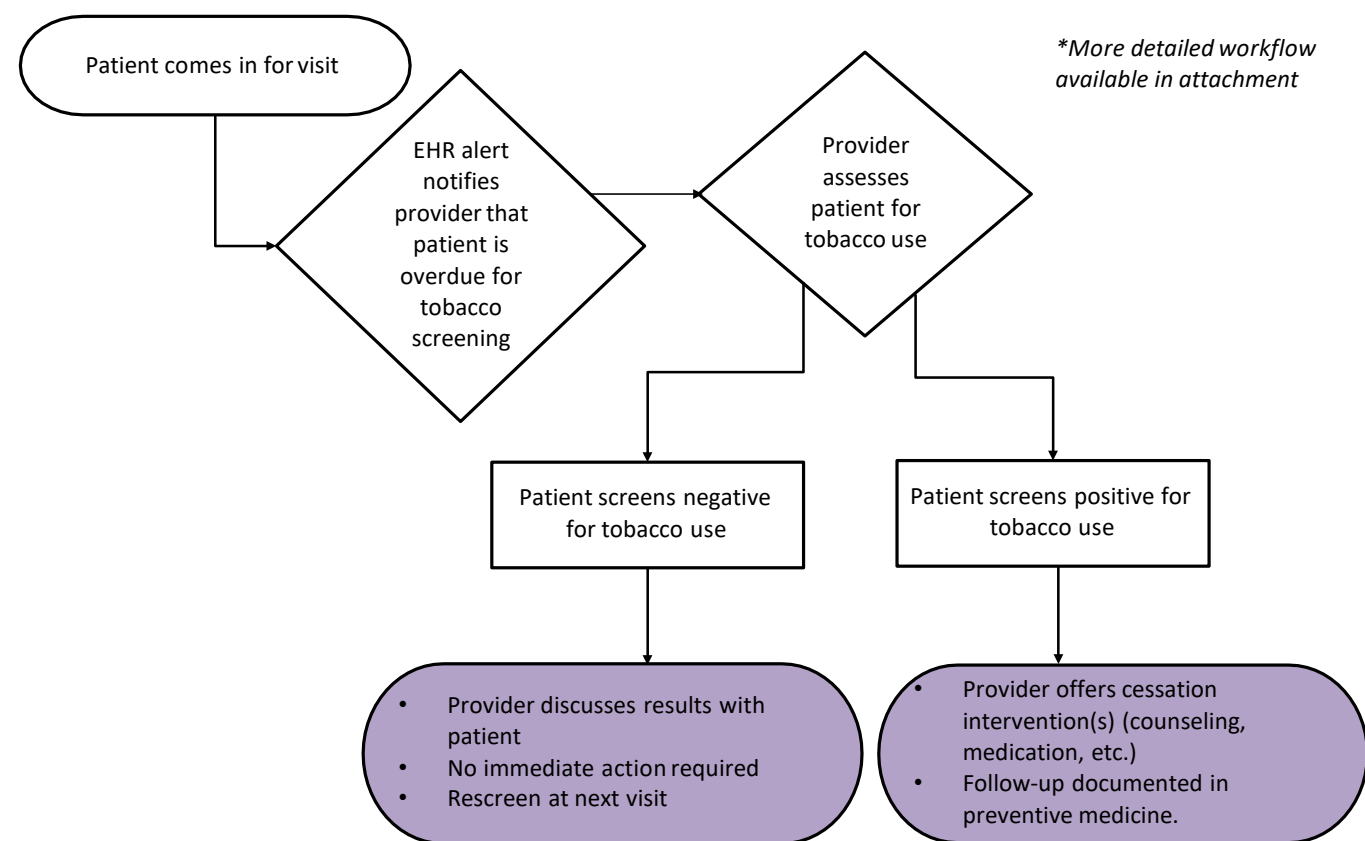
RESULTS TO DATE

SRCH's tobacco screening and follow-up for PHASE program reporting (UDS definition) was 51% in 2015 Q3 and increased to 75% as of 2017 Q2.

LESSONS LEARNED

Tobacco screenings and counseling were being completed prior to 2017 but were not always documented in the proper locations and not captured in reporting. The improved preventive medicine section of our EHR and deletion of all other locations where staff documented tobacco screening and follow-up combined with staff training and new CDSS alerts facilitated improved systems and outcomes for this measure. The creation of a new EHR Optimization Team at SRCH is making these improvements sustainable through ongoing trainings and expertise to continue optimizations and CDSS maintenance.