

Olive View-UCLA Medical Center

Partner service line	Oncology clinic
Target audience	Oncology fellows and attending physicians (“attendings”)
Target population	Solid tumor patients seen in oncology clinic
Palliative care process	Pain screening and management
Target behavior	Improve cancer pain screening and management by oncology fellows and attendings.

Training (provided to oncology fellows and attendings)

- ▶ **Internally developed didactic teaching sessions.** Oncology fellows and attendings attended four didactic lectures: “Principles of Pain Management,” “Long-Acting Opioids in Pain Control,” “Implications of Opioid Epidemic and Addiction Medicine Principles,” and “Complex Case-Based Pain Management.”
- ▶ **Center to Advance Palliative Care (CAPC) modules.** CAPC online palliative care learning modules were made available to both project staff and other frontline and allied health professionals at the medical center.
- ▶ **Mentoring.** Real-time mentoring in palliative care was provided to the target audience.
- ▶ **Training on PEG (pain, enjoyment of life, and general activity) tool and pain screening.** Oncology clinic staff received an in-service training on the PEG tool and pain screening, and workflow for both.

Identification (patient target population)

- ▶ **PEG tool.** Oncology patients were screened for pain at clinic intake by project research assistants. Those who screened positive for at least moderate pain (average PEG score ≥ 4 on a scale of 0 to 10) were referred to their oncology provider for assessment and initiation of a pain intervention plan.

Documentation

- ▶ **Cerner documentation of pain screening and intervention.** The PEG tool was used to assess and document oncology patients’ pain. Because the PEG tool could not be incorporated into the electronic health record (EHR) encounter template to streamline workflow, the tool was structured as a separate ad hoc form, resulting in inconsistent PEG score documentation by oncology providers. In response, the medical center pain committee submitted a proposal for EHR modification to build the PEG tool into the medical provider’s routine documentation of pain.

Lessons Learned

CHALLENGES

- ▶ **Project was delayed due to the COVID-19 pandemic.** Because of the pandemic and the shift to virtual care, project implementation was delayed by six months. Once patients returned for in-person clinic visits, the hospital experienced a surge in COVID-19 admissions. Despite these challenges, the project team continued to focus on screening and addressing pain in their target population. They were encouraged by faculty members' increased comfort in delivering primary cancer-related pain management and knowledge of the new workflow.
- ▶ **Difficulty with EHR.** The team experienced several challenges with their EHR system. They had difficulty obtaining accurate data reports and were unable to integrate the PEG tool into the encounter template to streamline the workflow. As a result, oncology providers had to document "screened-positive" clinic patients' PEG scores in clinic encounter notes. To address this gap, the project team created an ad hoc form that clinic fellows used to document the PEG score and develop a pain management plan for patients with reported high pain levels. Research assistants were trained to administer the screening tool during the project (post-project, this is reverting to staff).

KEY INGREDIENTS AND TAKEAWAYS

- ▶ **Embed EHR tools and processes or system metrics.** Although the PEG tool was not integrated into the oncology clinic workflow, it was successfully integrated into the Cerner EHR in a more accessible location, and is now part of the Cerner EHR network used by LA County's three public hospitals. Efforts are being made by the medical center pain committee to incorporate a functional pain assessment during nursing intake and to build the PEG tool into medical providers' routine documentation of pain.
- ▶ **Identify a motivated partner champion.** The partner service line champion actively helped the palliative care lead define optimal project strategies and troubleshoot challenges. The champion, an oncology attending and fellowship director, has pledged to continue regular didactic teaching to and mentoring for oncology faculty and fellows.

PROJECT LEAD TAKEAWAYS

- ▶ **Palliative care lead.** "We first tried to get a sense of the interests of the fellows. We discovered that they wanted to feel more confident and comfortable with opioid titration and conversion. So, when we gave them didactics on these issues and made ourselves available for anytime mentoring, the project was attractive to them. I think the project validated our Calm management model approach (focuses on mindfulness, stress and anxiety management, and sustained behavior change for health and well-being)."
- ▶ **Service line lead.** "I think education on pain control is really important for our trainees, especially when they go into practice. They need to know strategies for addressing pain that they can first implement as they're trying to get a patient plugged into a specialist. We had this huge knowledge gap with our fellows in terms of pain management that we were able to partly address through this project. It shows that ongoing education has to really happen and that we do have to work closely and partner with our palliative care services."

Measures and Key Outcomes

In the first 10 months of the post-implementation period, the project demonstrated significant decreases in cancer-related pain and its impact on mood and function:

- ▶ PEG tool was administered at 854 of 1961 clinic visits (44%)
- ▶ 39% (329 of 854) of PEG screenings registered an average score $\geq 4/10$, indicating at least moderate cancer-related pain and negative impact on mood and function over the preceding week
- ▶ 127 of 329 patients who screened positive for pain (39%) were tracked over the course of at least two subsequent oncology clinic visits
- ▶ 96 of 127 patients (76%) who screened positive for pain received pain intervention
- ▶ Patients who received pain intervention had an average PEG score decrease of 2.02 in a subsequent clinic visit
- ▶ The 31 patients who screened positive for pain who did not receive pain intervention saw an average increase of 0.27 ($p < .001$) in PEG score

PROJECT TEAM

Palliative care lead	Katherine Yu, director of palliative care
Palliative care co-lead	Chris Metchnikoff, palliative care clinic director
Oncology lead	Phillis Wu, oncology fellowship director
Team members	Margarita Acosta, oncology infusion center nurse practitioner Aaron Chan, palliative care research associate Kathryn Cronin, palliative care nurse practitioner Radu Firtat, palliative care research associate Tiffany Shaw, oncology fellow, palliative care physician Marites Tullius, palliative care nurse practitioner Veronica Villatoro, palliative care nurse
Contacts	Veronica Villatoro, rvillatoro@dhs.lacounty.gov or Palliative care office: 747.210.3483