

Clinical Record Keeping Quality Initiative for Massage Therapists

Why is clinical record keeping important?

Documentation of the clinical encounter using best practice guidelines is essential to support high-quality patient care.

The problem-oriented medical record (POMR) was created in the 1960's by Lawrence Weed, MD to address the need for "reliable continuity of medical care, even with the same physician."¹

This has progressed to more formal training in documentation by accredited health care institutions, licensing board requirements, and ultimately has been identified as a necessity for quality of care.²

¹ Weed LL. Medical records that guide and teach. New Eng. J. Med. 278(12):652-657, 1968

² Taylor DN. A literature review of electronic health records in chiropractic practice: common challenges and solutions. J Chiropr Humanit 2017;24:31-40

History

CHP has been engaged in developing best practices for clinical record keeping for integrative healthcare providers since our inception 30 years ago. This is supported by our Clinical Record Quality Improvement Program (CRQIP). This program has been well established for naturopathic and chiropractic physicians as well as licensed acupuncturists. **The inclusion of licensed massage therapists in this clinical record quality program is essential as the profession continues to become further integrated into the healthcare system and the evidence of effectiveness for many health conditions continues to grow.**

Clinical Record Quality Improvement Program

- Ongoing provider clinical record reviews using evidence-based scoring tools, continuing education programs, and a Quality Improvement Guide to Clinical Record Keeping.
- Providers who score below established quality thresholds are enrolled in the CRQIP where best practice resources and mentoring are made available to help providers improve clinical record quality.

Objective

To implement a clinical record keeping quality program specific to massage therapy for the following purposes:

- Measure current performance in clinical record keeping of the CHP massage therapy network and identify opportunities for quality improvement.
- Establish baseline massage therapy clinical record keeping threshold scores using best practice scoring tools.
- Measure the effectiveness of CHP's Quality Improvement Guide to Clinical Record Keeping Massage Therapy best practice document to improve recording keeping quality for those below the established threshold.
- Establish an evidence-based best practice clinical record keeping quality program for massage therapy providers to support consistent high-quality clinical care.

Design & Participants

Design

- A complete set of clinical records from a new patient - including all initial intake forms and the first visit note, and two consecutive follow-up visits - was collected from 530 massage therapy providers over three years (2015-17).
- Each set of clinical records was scored against an evidence-based scoring tool, developed using regulatory requirements, clinical guidelines-best practices, and multi-disciplinary clinician experience.
- A threshold score of 65% was established for enrollment in the intervention group.

Participants

- 46 providers were included in the intervention group.

Intervention

- Each provider received the **Quality Improvement Guide to Clinical Record Keeping: Massage Therapy**
 - This evidence-based manual included best practices information on identification, informed consent, SOAP notes, documenting procedures, and de-identifying clinical records for quality improvement.
- After reading the guide, providers were instructed to make changes in their record keeping procedures and then submit another complete set of clinical records for scoring and analysis to determine the effectiveness of the quality improvement program.
- Throughout the course of this initiative there were additional opportunities for massage therapy providers to participate in clinical record keeping improvement activities including multiple 2-hour live clinical record keeping continuing education events specifically for massage therapists.

Main Outcomes

The primary outcome measures were the number of providers in the intervention group whose score improved, the degree of improvement, and the number meeting or exceeding the threshold score. Additionally, the individual questions on the scoring tool were aggregated at baseline and post-intervention to provide feedback for further consideration in the content of the Quality Improvement Guide to Clinical Record Keeping Massage Therapy or other approaches to improving clinical record keeping quality.

	Pre-Intervention Score	Post-Intervention Score
Identification	65%	85%
Clinical Information	51%	70%
Clerical	73%	78%

85% of providers in the intervention group improved

70% of the intervention group met or exceeded the initial threshold score

Conclusion

Participation in a clinical record keeping program by massage therapists can improve the quality of clinical records and, consequently, the quality of care provided to patients.