Pain Management: Rounding to Improve the Patient's Experience
“Vision without action is merely a dream. Action without vision just passes the time. Vision with action can change the world.”

- Joel A. Barker, futurist
The Impact of Pain on Society

**91 Americans die each day** from an overdose involving an opioid (www.cdc.gov; 2017)

- Patient’s have a right to effective, multi-modal pain treatment.
- Opioid use for acute pain is associated with increased risk of long-term opioid use, and death from overdose. (Shah, et al., 2017)
- The estimated costs of mismanaged pain are >$6 billion per year from: increased LOS, readmissions, increased outpatient visits, rehab stays, etc.

*Key Take-away: Help patients learn how to manage pain while in the hospital to reduce the overall societal impact of mismanaged pain.*
EHR Pain Report Developed... In the 1st month of 2016:

• Discharged 625 patients home **7-10 pain (severe)**

• Patients with **anxiety** treated with **opioids** intended for pain

• Of more than **10,000 patients** discharged in January 2016, there were **only 60 offerings** of some type of integrative care

• And... **56% of Acceptable Pain Scores (goal)= Zero (0)**
Interprofessional Rounds

- **Pain Report**
- **Out-of-Control Pain**
- **Integrative Care** or Adjuncts? (Environment, distraction, positioning, ice...)
- **Other Issues**... *(Home med equivalent?)*
Bedside RN Process

- Pain Assessment & Acceptable Pain Level

  - Pain Acceptable? No → Check MAR Current Medications Adequate? No → Call Provider Orders Received? No → ESCALATE to LEAD

  - Pain Acceptable? Yes → Check MAR Current Medications Adequate? Yes → Call Provider Orders Received? Yes → LEDAD

Lead RN Process

- Cerner© Pain Score Report

  - Rounds Daily Patients ≥7 with Bedside RN

  - Pain Coaching with Bedside Nurse

    - Pain still not Managed? Yes → Check MAR Current Medications Adequate? Yes → Call Provider Orders Received? Yes → LEDAD

    - Pain still not Managed? No → LEAD Coaches patient using Motivational Interviewing Techniques

    - Pain still not Managed? Yes → Check MAR Current Medications Adequate? Yes → Call Provider Orders Received? Yes → LEDAD

ESCALATE Process

- LEAD reviews MAR with the Nurse

  - LEAD Coaches patient using Motivational Interviewing Techniques

    - Pain still not Managed? Yes → LEAD Contacts Manager

    - Pain still not Managed? No → Manager Reviews Case Call Provider – Orders Pain Pharmacy Consult
What is requested from each of you...

2. Round DAILY for “Pain Management”
3. Follow Algorithm
4. Communicate OFIs to “Pain Team”
Do NOT Refer Five (5) Pain Management Pharmacist:

1. **Consistent** pain scores of 7, 8, 9 or 10 out of 10 pain even after interventions have been made **in the absence of apparent distress or other markers of pain**

2. **Consistent** complaints of pain and requests for **opioid medication** as much as allowable **without a known medical cause for pain**

3. **Consistent** requests for **opioid medications after underlying cause of acute pain has resolved**

4. Patient refusal to take other **non-opioid analgesics** in favor of **powerful opioid medications**

5. **History of psychiatric disorders** with accompanying **substance abuse of non-opioid and opioid substances**
Discovered Runaway Opioids-Why?

- 37 year-old male
- Admitted with acute pancreatitis episode, hx of chronic pancreatitis secondary to pancreas divisum
- Septic due to congenital asplenia
- Pt reports severe abdominal pain-requires multiple IV hydromorphone doses and PO oxycodone doses to control- also reports N/V
- Patient started on fentanyl patch 50mcg/hr q72h for N/V, uncontrolled pain
- Patient still reports uncontrolled pain- patient started on Dilaudid PCA
Runaway Case Continued

• Requested many doses of intravenous:
  – promethazine,
  – diphenhydramine,
  – ondansetron, and
  – lorazepam

• 1\textsuperscript{st} day on PCA, averages \sim 14-20 \text{ mg} of IV hydromorphone consumption

• Still reports uncontrolled pain with vomiting
  – Fentanyl patch increased to 125\text{mcg/hr}
Runaway Case Continued

• 2 days later
  – fentanyl patch increased -175 mcg/hr
• Patient still complains: uncontrolled pain
  – OxyContin 40mg is ordered for evening

• Stopped

• Question:
  – What pain medicine is helping you the most?
Orthopedic Unit Actual Pain Scores
Usually at or Below Goal

<table>
<thead>
<tr>
<th>Date</th>
<th>Percent Meeting Goals</th>
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<tbody>
<tr>
<td>Jan-16</td>
<td>51%</td>
</tr>
<tr>
<td>Feb-16</td>
<td>48%</td>
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<tr>
<td>Mar-16</td>
<td>49%</td>
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<tr>
<td>Apr-16</td>
<td>51%</td>
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<tr>
<td>May-16</td>
<td>53%</td>
</tr>
<tr>
<td>Jun-16</td>
<td>56%</td>
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Does this process work?
2016-17 Pain Collaborative HCAHPS Scores

Overall Hospital Pain Trend

Orthopedic Unit Trend (4 West)

<table>
<thead>
<tr>
<th>Month</th>
<th>Ortho- Pain Management (%)</th>
<th>Hospital Overall Pain Management (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-16</td>
<td>53%</td>
<td>52%</td>
</tr>
<tr>
<td>Feb-16</td>
<td>63%</td>
<td>49%</td>
</tr>
<tr>
<td>Mar-16</td>
<td>66%</td>
<td>19%</td>
</tr>
<tr>
<td>Apr-16</td>
<td>86%</td>
<td>25%</td>
</tr>
<tr>
<td>May-16</td>
<td>96%</td>
<td>35%</td>
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<tr>
<td>Jun-16</td>
<td>99%</td>
<td>38%</td>
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<tr>
<td>Jul-16</td>
<td>51%</td>
<td>82%</td>
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<td>Aug-16</td>
<td>79%</td>
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<td>Sep-16</td>
<td>99%</td>
<td>67%</td>
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<tr>
<td>Oct-16</td>
<td>91%</td>
<td>73%</td>
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<tr>
<td>Nov-16</td>
<td>99%</td>
<td>72%</td>
</tr>
<tr>
<td>Dec-16</td>
<td>13%</td>
<td>34%</td>
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<tr>
<td>Jan-17</td>
<td>93%</td>
<td>75%</td>
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<tr>
<td>Feb-17</td>
<td>92%</td>
<td>99%</td>
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<tr>
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<td>79%</td>
<td>67%</td>
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Changes Happen
HCAHPS & Regulatory Requirements

HCAHPS Questions
Was your pain well managed?
**Changed to -**
Did your nurses communicate with you about your pain

2018: TJC *Pain Assessment and Management Standards* require:
• staff and physician education
• technology for continuous monitoring
• individualized pain plan of care
• functional pain assessment
• multimodal therapy
• pain management performance improvement
Change to HCAHPS Question: Next Steps...

- Continue rounds with interdisciplinary team
- Patient communication for pain
  - Motivational interviewing
  - Multimodal therapies
  - Realistic pain goals (eliminate 0: Goal 4-6)
- GOAL: Decrease opioid use/abuse!
  - Help the patients think differently
Relationship-based care approach

Compliance

- Emphasized coercion, persuasion, constructive confrontation

Adherence

- Motivational Interviewing

- Ask Open-ended question
- Listen without judgment or interruption
- Summarize/reflect the patient’s words
Acceptable Pain Score Zero- Not Realistic!

An acceptable level of Pain Score of “0” is not acceptable (Scripting Proper Pain Assessment
Patients are grateful for our focused attention on their pain (Plan their care with them!)

Total Hip Replacement Patient
Helping the Patient to Think Differently

• **Nurse:** What is your *Acceptable* Pain Level?
• **Patient:** 0 out of 10.

• **Nurse:** While we will work with you to reduce your pain level as low as possible, the procedure/disease that you had/have means that the pain may not be completely eliminated.

✓ An *acceptable* level of pain means the amount of pain that you are able to experience without being in distress.

✓ Another way to think of it is the amount of *pain you can tolerate* that does not affect your ability to function in an important way.

✓ With those ideas in mind, what do you think your *Acceptable* Pain Level is?
2017 - 2018 SHARP GROSSMONT HOSPITAL
DECREASED NARCAN USE AFTER OPIOID ADMINISTRATION

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<tr>
<th></th>
<th>Apr-17</th>
<th>May-17</th>
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<th>Jan-18</th>
<th>Feb-18</th>
<th>Mar-18</th>
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<tbody>
<tr>
<td>Narcan per 1000 Patient Days with Opioid Administrations</td>
<td>1.64</td>
<td>1.23</td>
<td>1.07</td>
<td>0.56</td>
<td>0.73</td>
<td>0.38</td>
<td>0.75</td>
<td>0.78</td>
<td>0.55</td>
<td>0.92</td>
<td>0.55</td>
<td>0.73</td>
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<tr>
<td>Month Average Percent Zero Pain Goal</td>
<td>24%</td>
<td>20%</td>
<td>19%</td>
<td>15%</td>
<td>11%</td>
<td>10%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>3%</td>
<td>2%</td>
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One good thing about music, when it hits you, you feel no pain. – Bob Marley
References


References


