

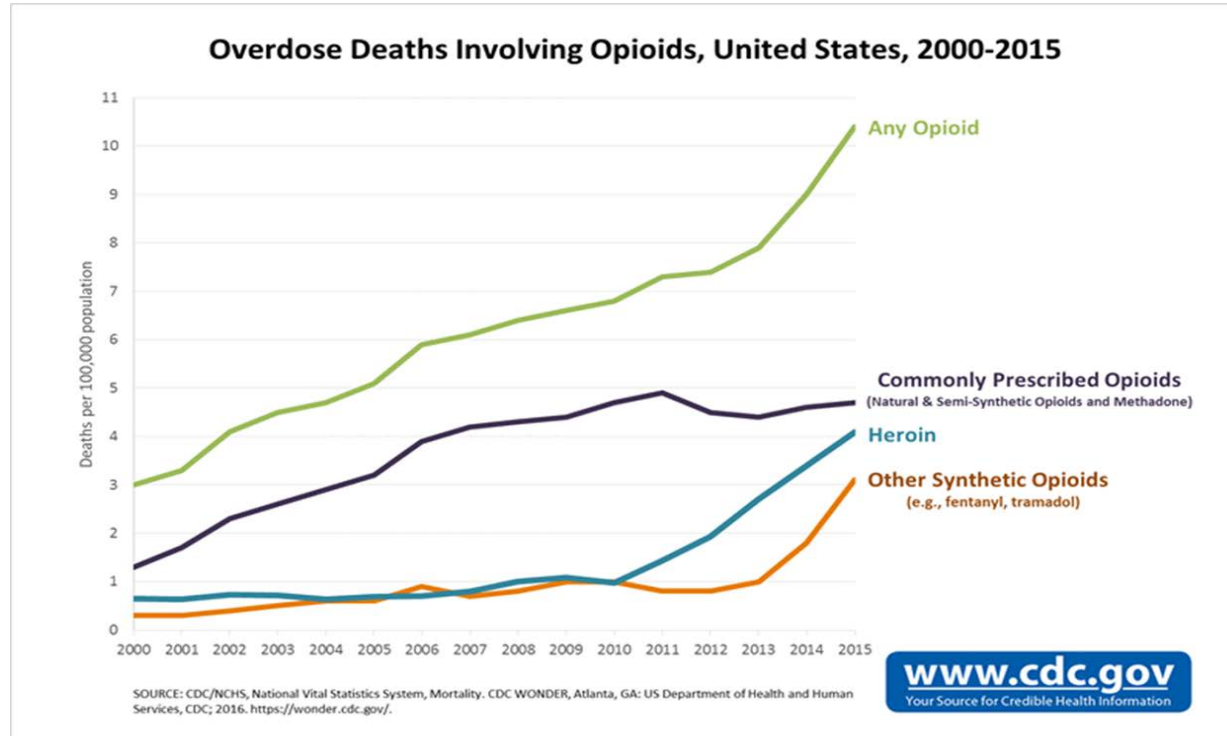
Pain Management: Rounding to Improve the Patient's Experience



“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

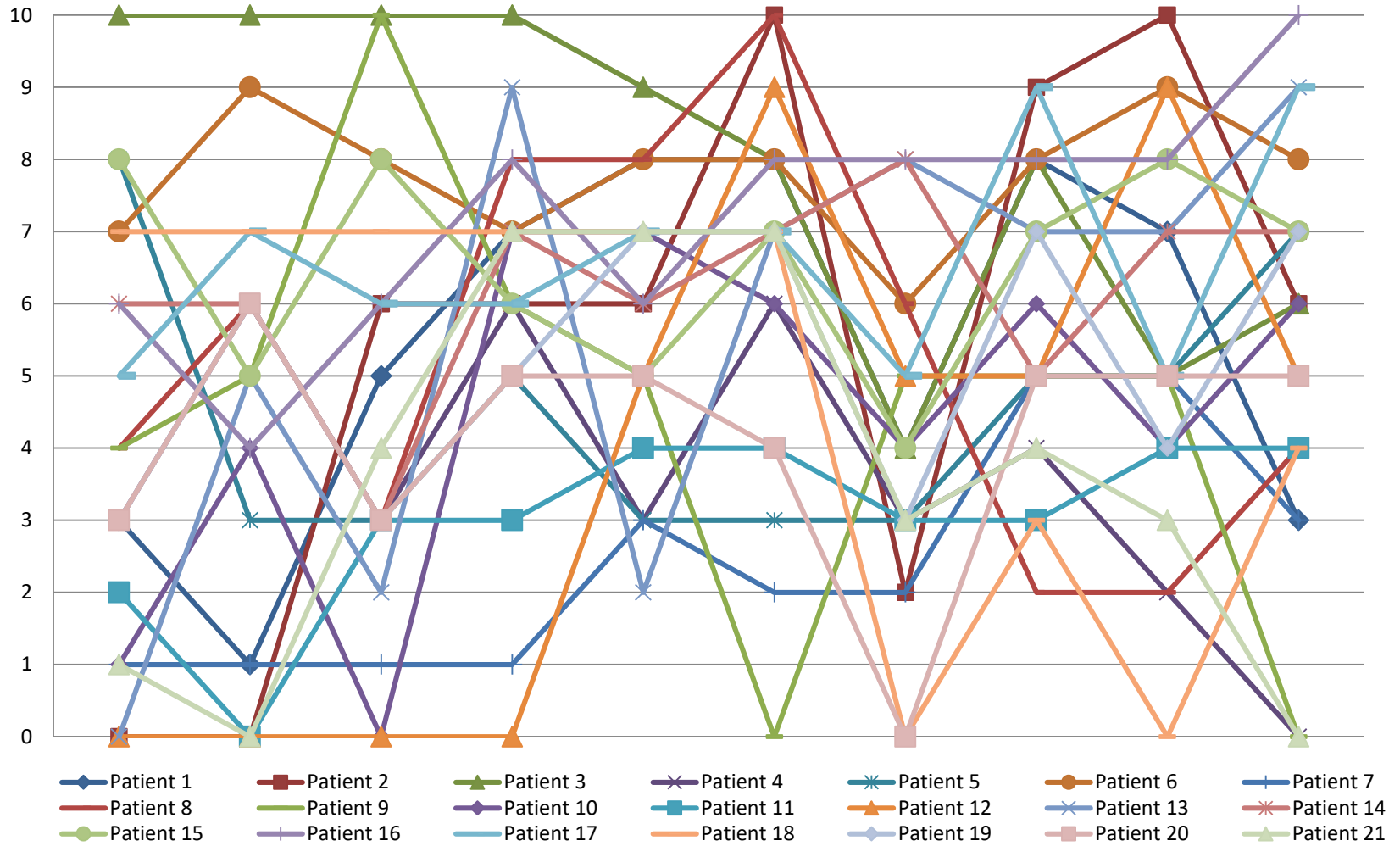
91 Americans die each day from an overdose involving an opioid (www.cdc.gov; 2017)



- 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.

Initial Pain Scores POD#0 to POD#2



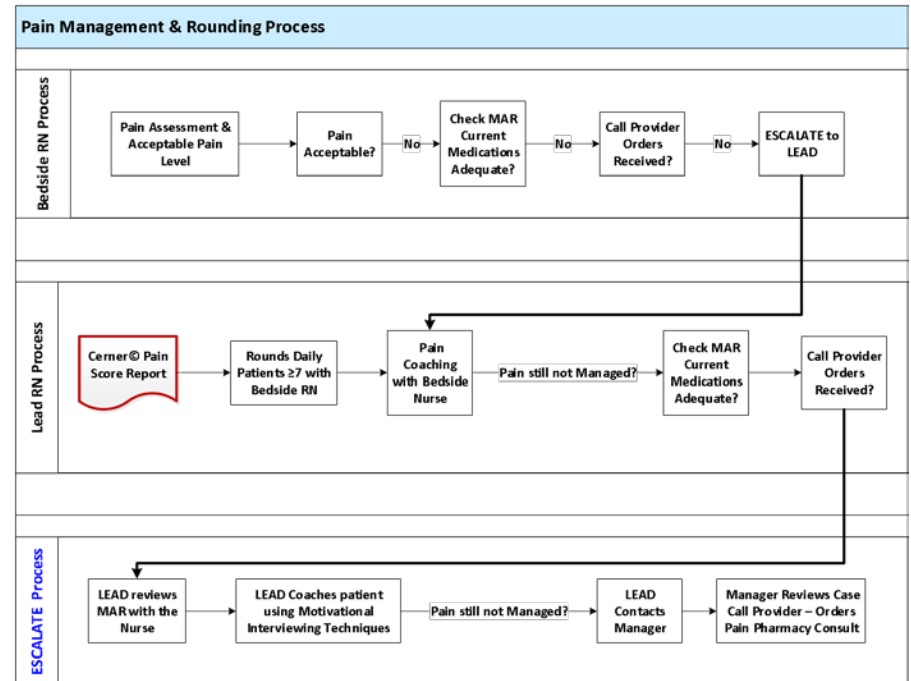
The Hospital's Pain Facts: Then...

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

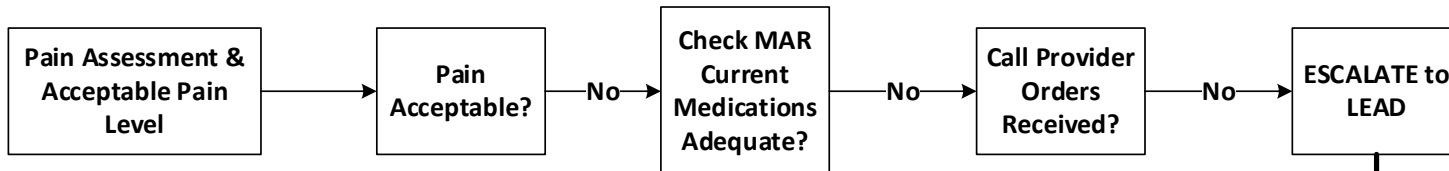
- Pain Report
- Out-of-Control Pain



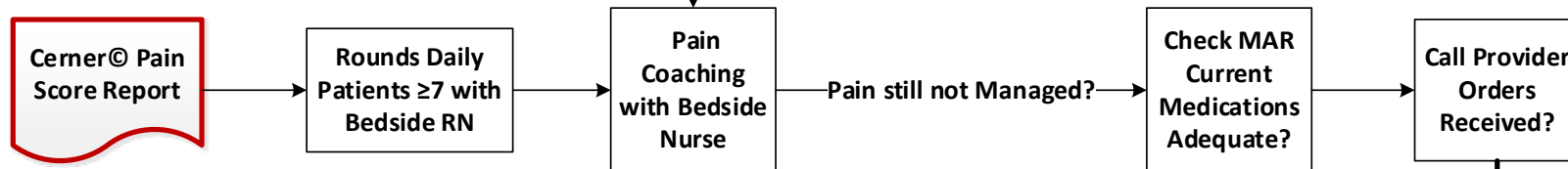
- Integrative Care or Adjuncts? (Environment, distraction, positioning, ice...)
- Other Issues... (Home med equivalent?)

Pain Management & Rounding Process

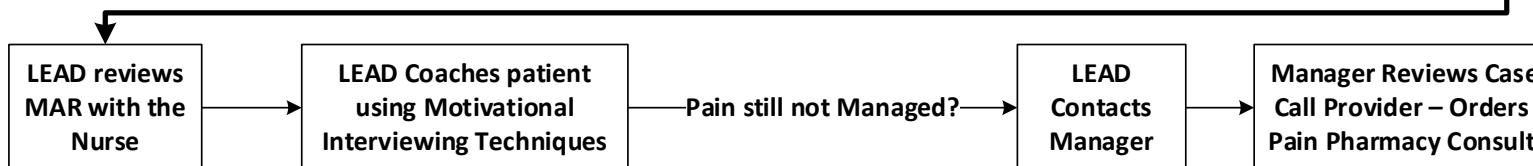
Bedside RN Process



Lead RN Process



ESCALATE Process



What is requested from each of you...?

1. Monitor “Daily Pain Report”
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

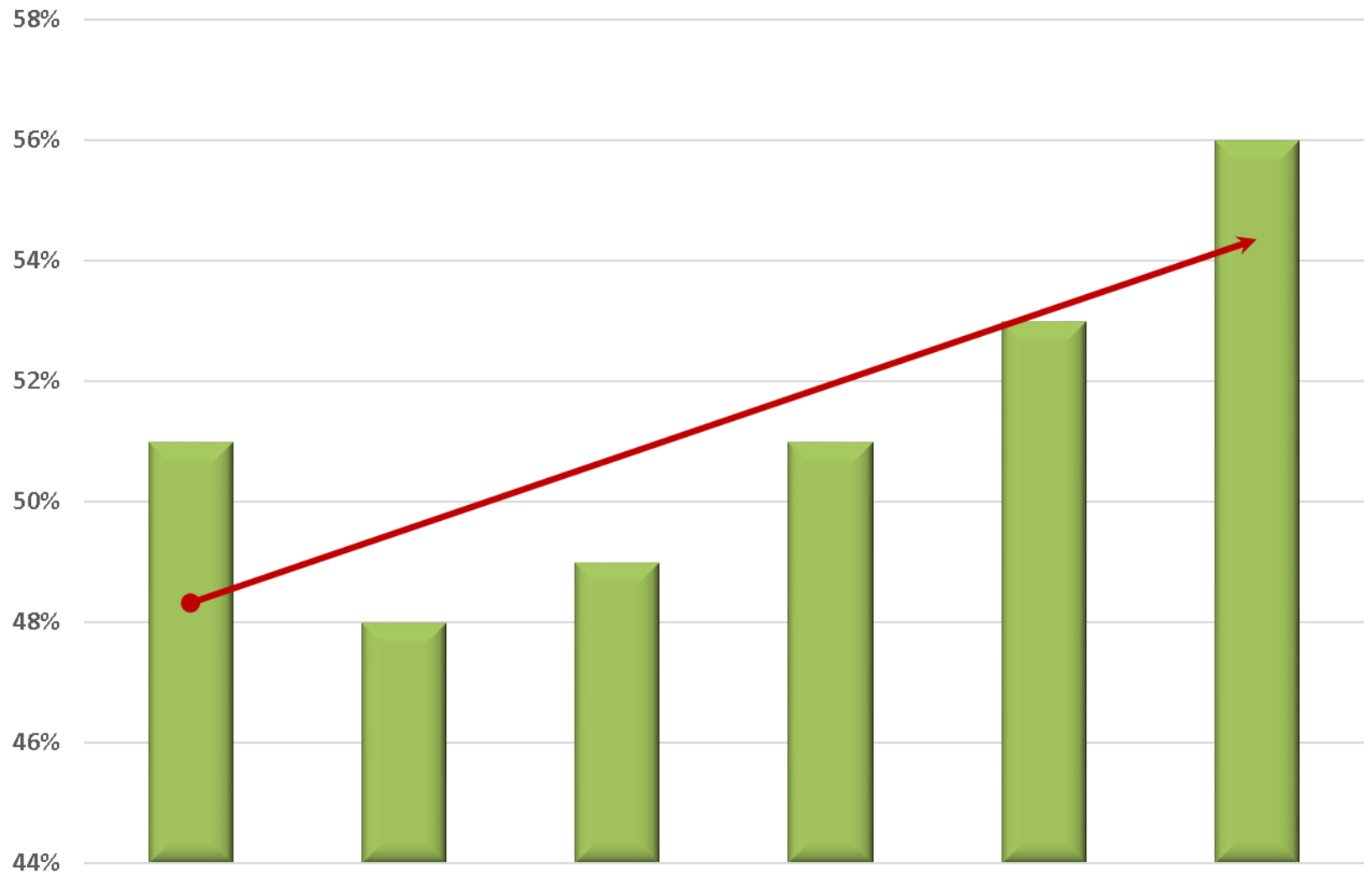
- Requested many doses of intravenous:
 - promethazine,
 - diphenhydramine,
 - ondansetron, and
 - lorazepam
- 1st day on PCA, averages ~ 14-20_{mg} of IV hydromorphone consumption
- Still reports uncontrolled pain with vomiting
 - Fentanyl patch increased to 125_{mcg/hr}

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

PERCENT OF PATIENTS MEETING GOALS



■ PERCENT_MET

Jan-16

51%

Feb-16

48%

Mar-16

49%

Apr-16

51%

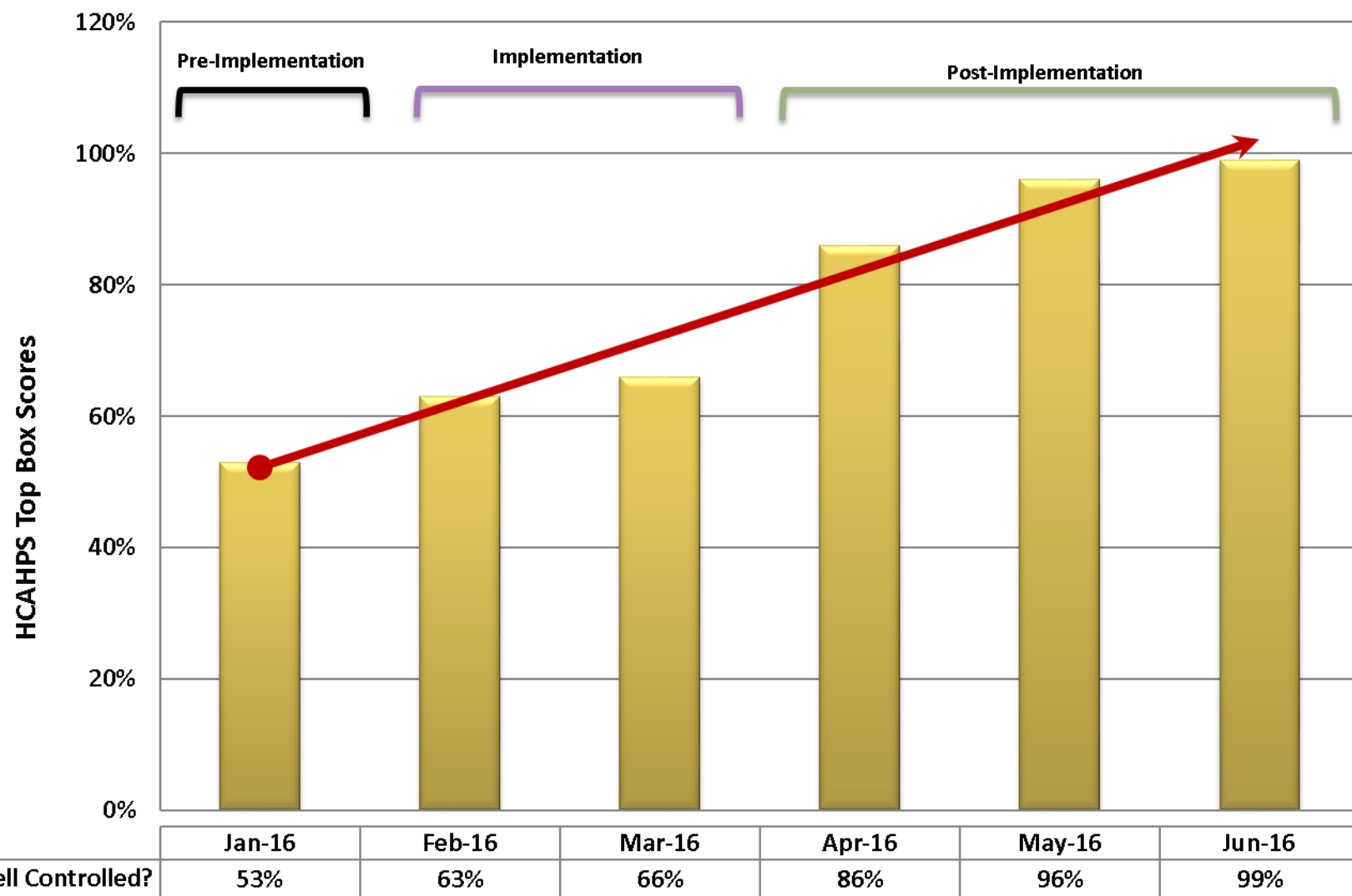
May-16

53%

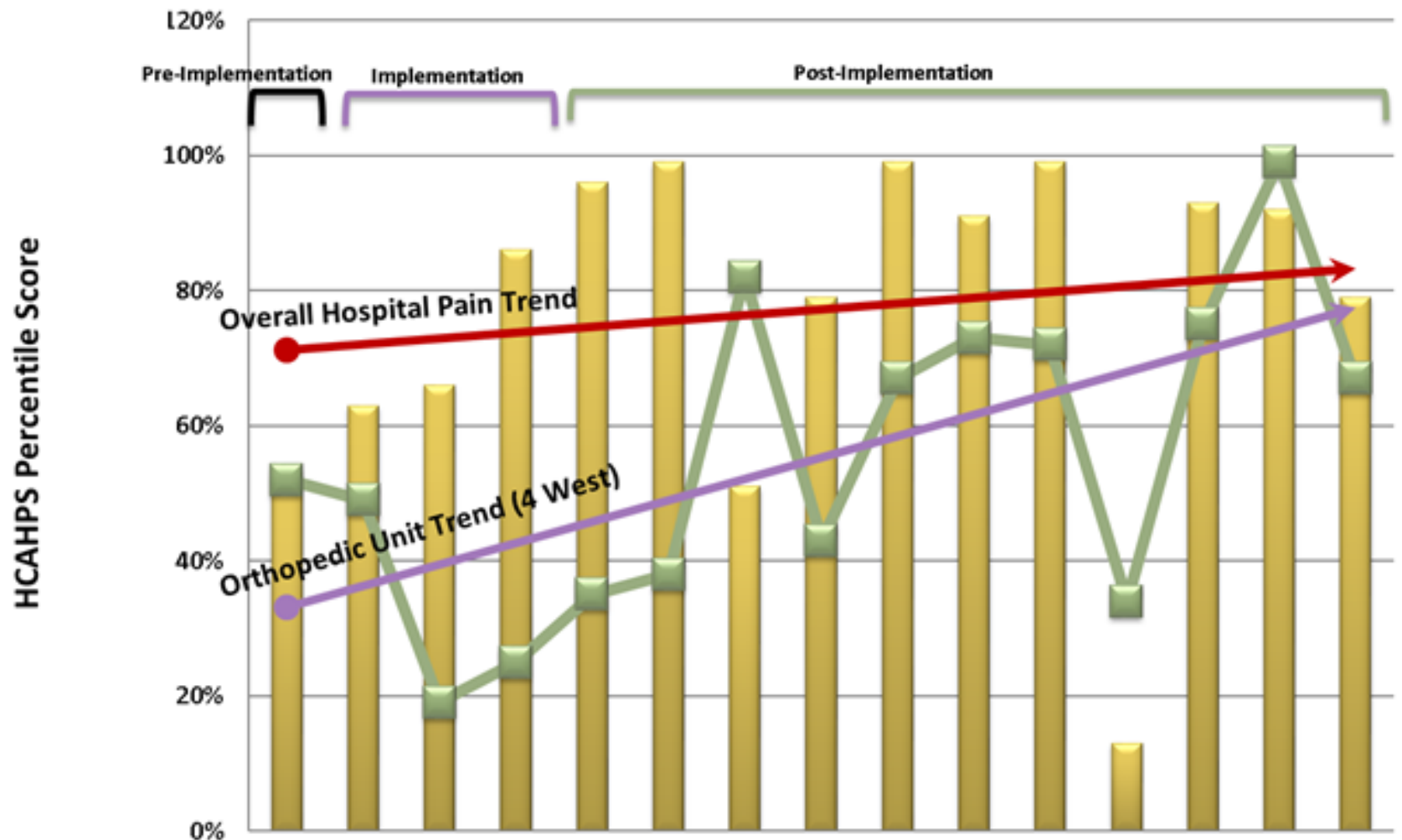
Jun-16

56%

Pain Team Orthopedic Unit HCAHPS Scores



2016-17 Pain Collaborative HCAHPS Scores



	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Ortho- Pain Management?	53%	63%	66%	86%	96%	99%	51%	79%	99%	91%	99%	13%	93%	92%	79%
Hospital Overall Pain Management?	52%	49%	19%	25%	35%	38%	82%	43%	67%	73%	72%	34%	75%	99%	67%

Changes Happen

HCAHPS & Regulatory Requirements

HCAHPS Questions

Was your pain well managed?

Changed to -

Did your nurses communicate with you about your pain



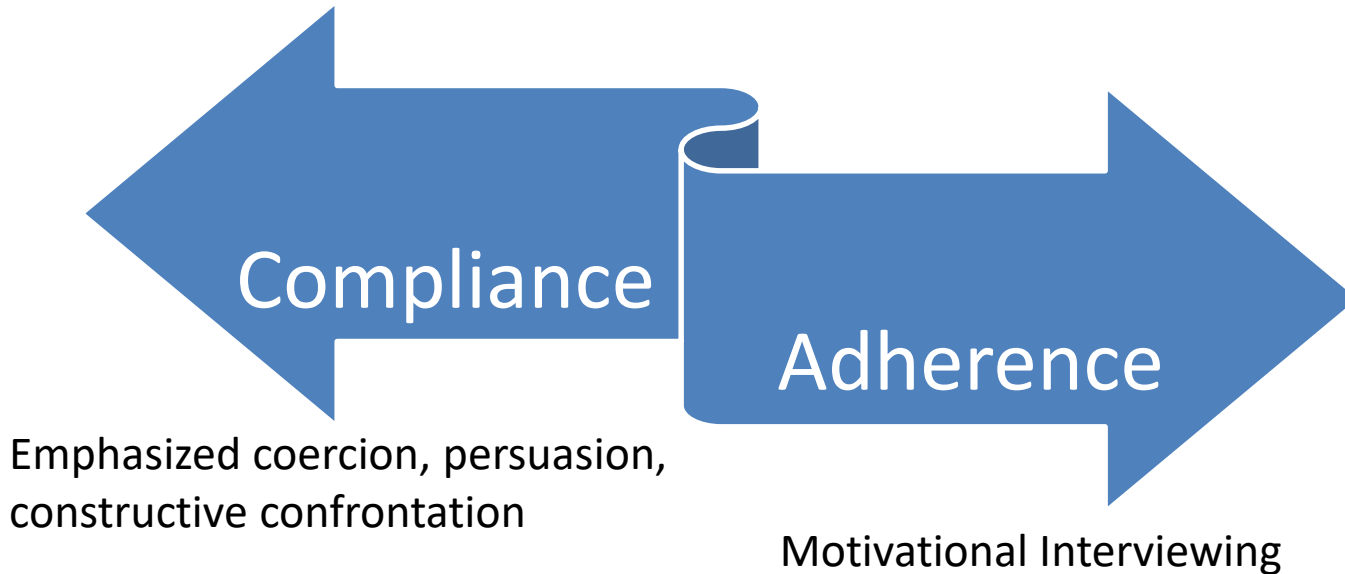
2018: TJC *Pain Assessment and Management Standards* require:

- 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



Ask Open-ended question
Listen without judgment or interruption
Summarize/ reflect the patient's words

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!)

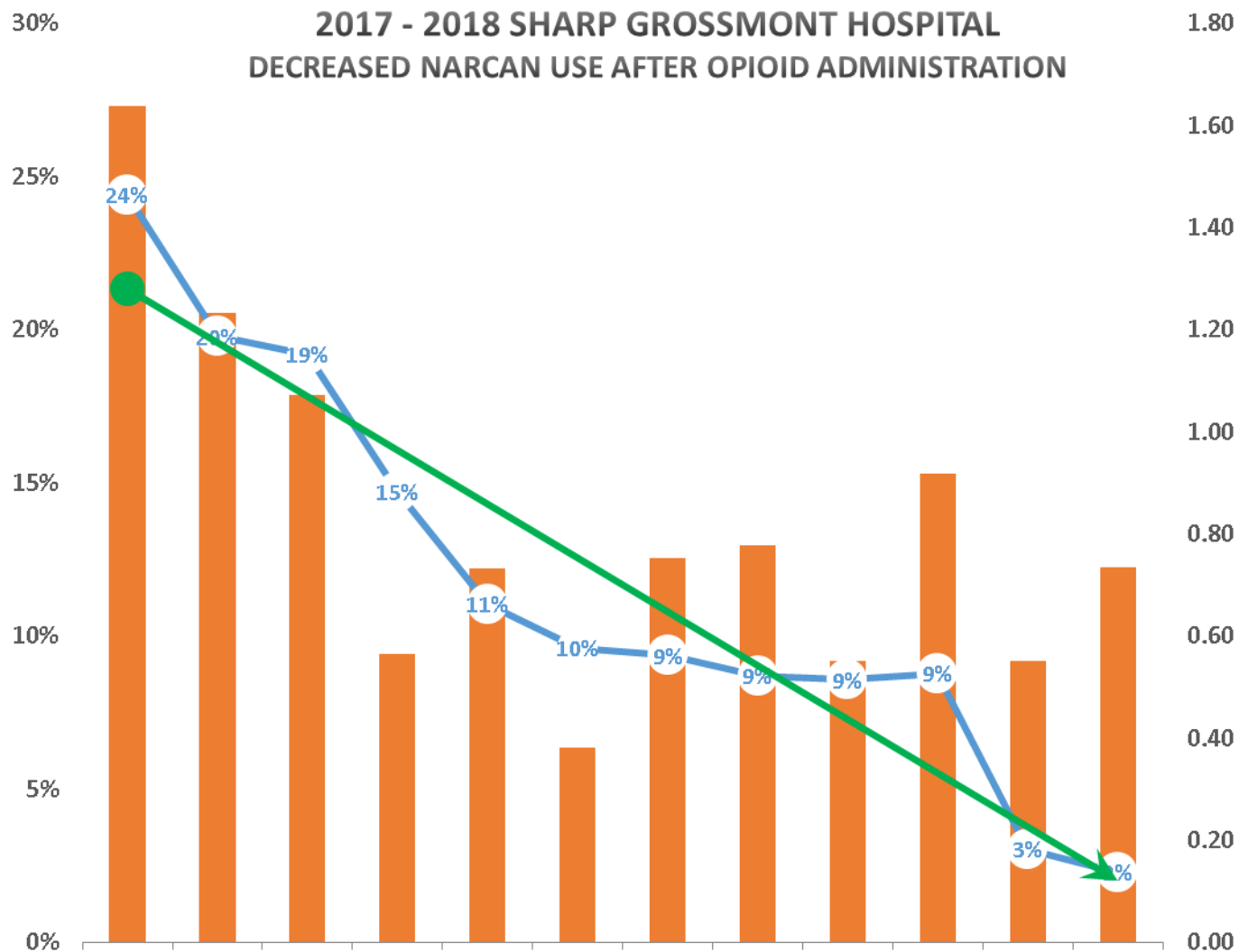
Total Hip Replacement Patient

[illegible]

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



■	Narcan per 1000 Patient Days with Opioid Administrations
—●—	Month Average Percent Zero Pain Goal

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
1.64	1.23	1.07	0.56	0.73	0.38	0.75	0.78	0.55	0.92	0.55	0.73
24%	20%	19%	15%	11%	10%	9%	9%	9%	9%	3%	2%



One good thing about music, when it hits you, you feel no pain. – Bob Marley

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