Achieving Patient Satisfaction through a Shift in Pain Culture

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Introduction & Objectives

The purpose of this presentation is to describe how we shifted our organization’s culture regarding pain management and assessment and consequently improved our patient experience scores. Today we will be discussing:

- Voice of the patient
- Pain Management Background
- Pain Management Policy Revision
- Multi-disciplinary Collaboration
- Optimization of Pain Management Resource Nurses

Definition of Pain

Whatever the experiencing person says it is, existing whenever the experiencing person says it does.

Margo McCaffery (1968)

Pain as an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

International Association for the Study of Pain

Voice of the patient

“I didn’t want to come off as a drug seeker or that annoying patient, so I just didn’t ask for pain medication again.”

“All in all the two days after my surgery were the worst in my entire life and I truly hope to never feel that kind of pain again.”

Background

- Joint Commission Visit Fall 2016

<u>Example of process improvements identified</u>:

- Patient had the following orders:
  - Hydrocodone 10 mg PO prn moderate pain Dilaudid 2 mg IV prn severe pain
- Pain score documented as 7 (which is severe pain per hospital policy).
- RN administered both Hydrocodone & Dilaudid simultaneously,
- Medications were not re-assessed

Outcomes

The Beginning- Pain Reassessment Rates

Pain Medication Reassessment Compliance

	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec
Total Pain Meds Given	41757	40355	37805	38476	34971	37316
Reassess %	39.4%	41.6%	50.6%	64.5%	61.6%	60.1%

Left axis: 0.0% – 100.0%; Right axis: 30000 – 44000

Legend: Total Pain Meds Given; Reassess %; Goal

Patient Satisfaction with Pain Management Data

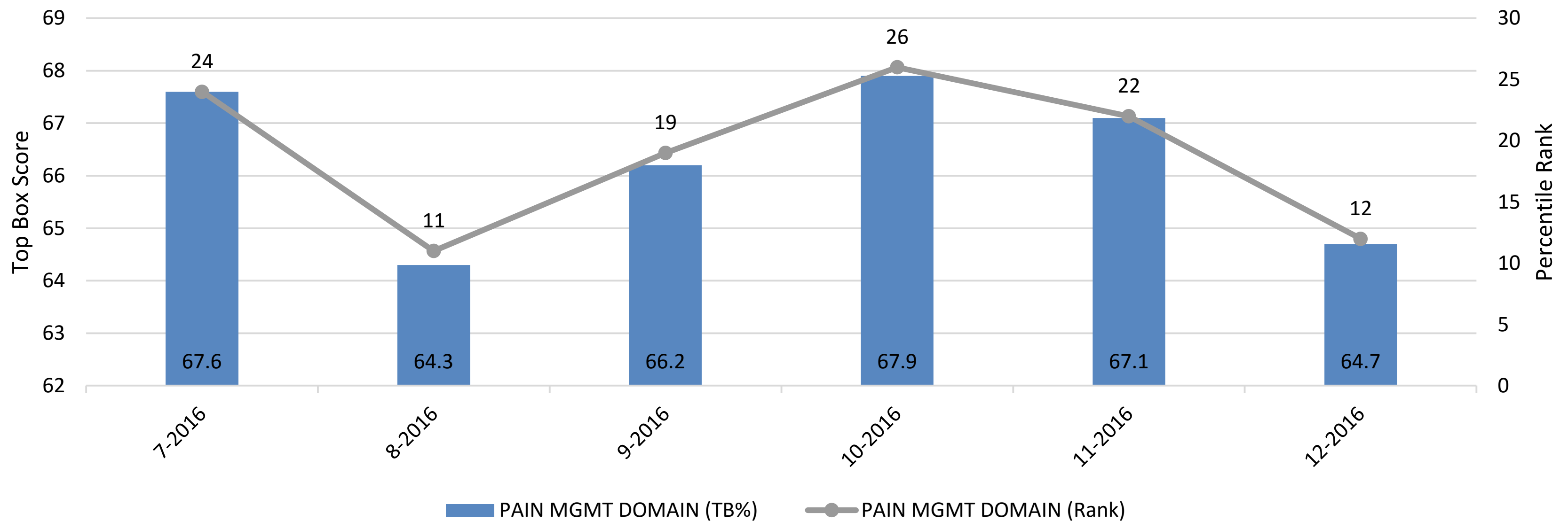
- HCAHPS
  - 32 question survey sent to patients after discharge
  - 2 questions ask about pain (questions updated 1/2018)

During this hospital stay, how often did hospital staff talk with you about how much pain you had?

During this hospital stay, how often did hospital staff talk with you about how to treat your pain?

Outcomes

The Beginning- Pain Management Domain



Pain management workgroup

Content Experts

Workgroup

Administration

Connie Ogden RN, MSN

Angela Boesch RN, BSN

Chaise Camp , Patient experience

Nurses

Travis Thuringer RN, BSN

Stacie Ethington RN, MSN

Peggy Mazzeo RN, MSN

Physicians

Dr. Shiffermiller, intensivist

Dr. Sarah Richards, intensivist

Dr. Nicholas, acute pain svs

Pharmacists

Nick Crites, PharmD

Jacqueline Lansing, PharmD

Policy revision

CHANGE AHEAD

Pain Assessment

- Pharmacologic intervention is based on the patient's severity of pain or type of pain as shown below.

Mild pain – This is considered what the patient describes as mild pain and/or equal to or less than the patient's documented comfort/ability to function goal

Moderate pain – This is considered to be what the patient describes as moderate pain and/or a pain score slightly greater than the patient's documented comfort/ability to function goal

Severe pain – This is considered to be what the patient described as severe pain and/or a pain score significantly greater than the patient's documented comfort/ability to function goal

Breakthrough pain – This is considered pain that continues or occurs following pharmacologic intervention.

EPIC Documentation Changes for Pain Assessment

Mode: Accordion | Expanded | View All   2h 4h 8h 24

	2/22/17 1500
Numeric Pain Scale	
Numeric Pain Score	
Pain Severity	
Comfort/Ability to Function Goal	
Pain Location	
Pain Orientation	
Pain Radiating Towards	
Associated with	
Frequency	
Pain Duration	
Pain Descriptors	
Pain Intervention(s)	
Post Intervention Numeric Pain Score	
Post Intervention Pain Severity	

02/22/17 1500

Pain Severity

Previous: Severe

Select Single Option: (F5)

- Mild
- Moderate
- Severe
- Breathrough

Comment (F6)

Row Information

Mild pain – This is considered what the patient describes as mild pain and/or equal to or less than the documented comfort/ability to function goal

Moderate pain – This is considered to be what the patient describes as moderate pain and/or a pain score slightly greater than the documented comfort/ability to function goal (e.g., 1-3 points above the comfort/ability to function goal)

Severe pain – This is considered to be what the patient described as severe pain and/or a pain score significantly greater than the documented comfort/ability to function goal (e.g., over 3 points above the comfort/ability to function goal)

Breakthrough pain – This is considered pain that continues or occurs following pharmacologic intervention.

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Anticipatory Pain

- When it is anticipated that a patient’s pain will increase due to activity (i.e physical therapy), a procedure, or dressing changes, the nurse may administer an “as needed” pain medication that aligns with the expected pain severity in advance. Nursing documentation should reflect that the pain medication was administered to prevent anticipated pain.

- Additionally, breakthrough pain medications can be given when patient’s pain is not well controlled post pain medication intervention.

Stacked Medications

	If a long-acting opioid pain medication is ordered as scheduled (i.e OxyCONTIN, MS Contin, etc.)	If a short-acting opioid pain medication is ordered as scheduled (i.e Oxycodone, Hydrocodone, etc.)	If a non-opioid pain medications is ordered as scheduled (i.e Acetaminophen, Ibuprofen, etc.)
If supported by the patient's pain level, can an "as needed" opioid pain medication be administered at the same time as the scheduled medication?	Yes	No	Yes
If supported by the patient's pain level, can an "as needed" non-opioid pain medication be administered at the same time as the scheduled medication?	Yes	Yes	Yes

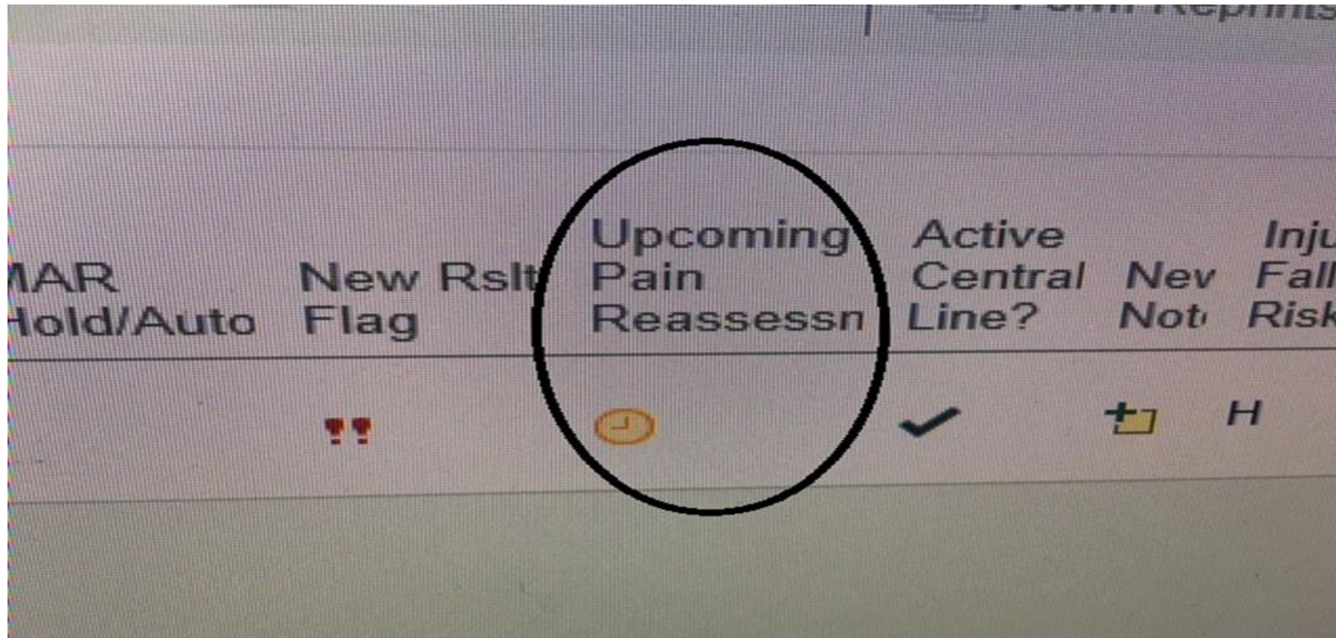
Administration Guidelines

- You can give scheduled pain medications at the same time
  - For example, if a patient has scheduled MS Contin and scheduled Acetaminophen schedule at the same time, it is ok to administer both
- A patient may request a pain medication that is ordered for a lesser pain severity, but never for a higher pain severity
  - …but, if a patient complains of moderate pain, the patient cannot request to receive a medication ordered for severe pain. The provider should be contacted for orders

Re-Assessment

TIMING OF PAIN REASSESSMENT FOLLOWING ADMINISTRATION

Pain Medication Route	Reassessment MUST Occur Within...
Parenteral (IV, IM, SubQ, Epidural clinician bolus)	15-60 minutes
Oral or Rectal	30-90 minutes
Transdermal	30-90 minutes & daily



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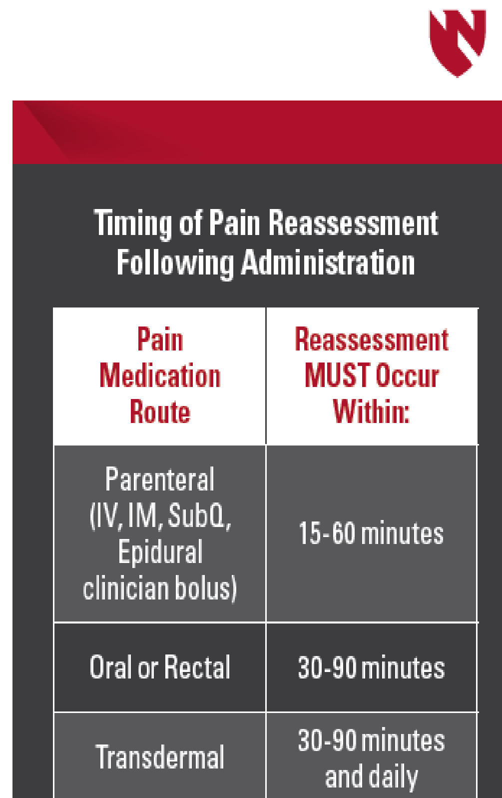
Promoting the Change

- Attestation of policy review
- 10 question post test
- Badge cards
- Optimization of Pain Resource Nurses
- Analytics report

Pain Medication Administration Guidelines

	Can a PRN opioid pain medication be administered at the same time?	Can a PRN non-opioid pain medication be administered at the same time?
Scheduled long-acting opioid is due (e.g. OxyCONTIN, MS Contin, etc.)	Yes	Yes
Scheduled short-acting opioid is due (e.g. Oxycodone, Hydrocodone, etc.)	No	Yes
Scheduled non-opioid pain medication is due (e.g. Acetaminophen, Ibuprofen, etc.)	Yes	Yes



Timing of Pain Reassessment Following Administration

Pain Medication Route	Reassessment MUST Occur Within:
Parenteral (IV, IM, SubQ, Epidural clinician bolus)	15-60 minutes
Oral or Rectal	30-90 minutes
Transdermal	30-90 minutes and daily

Optimization of Pain Resource Nurses

Pain Resource Nurse (PRN)

DEFINITION:

A Pain Resource Nurse is a registered nurse who functions as both a resource and change agent in educating and collaborating with staff nurses, physicians, and other health care providers along with the patient/family to facilitate quality pain management. A PRN must have expressed an interest in and commitment to pain management and have attended a prerequisite class.

Reported Outcomes of PRN Nurses

- Reduction of complications
- Economic/Decrease
  - *LOS*
  - *Readmissions*
  - *ED visits*
- Improved patient perception of pain management
- Improved overall patient experience
- Nurse Satisfaction
  - *Improved re-assessment rates*

Courtenay, M., & Carey, C. (2008); Crawford, C., Boller, J., Jadall, A., & Cuenca, E. (2016)

Nursing Leadership Support

- In April 2017- Approached nursing leadership to support having a PRN nurse on each shift for every unit
  - Our CNO strongly supported empowering pain resource nurses
    - Training course was paid time
  - More specific responsibilities were outlined for both the PRN and their unit/clinic manager

- Non-pharmacological course (8/2017)
  - Nurses able to come to class (CEUs) or watch an abbreviated video version (no CEUs)

Pain Resource Nurse Responsibilities

Highlights of PRN Responsibilities:

- Initial training course with yearly refresher course
- Attend monthly pain committee meetings and disseminate information to units
- Serve as role model and resources for colleagues
- Monitor pain re-assessment data and meet monthly with unit/clinic leadership to discuss trends/improvements/ struggles. Present to UBC.
- Complete monthly random audits. (10/per unit, in-patient only at this time).

Responsibility document includes specific manager accountability as well:

- Collaborate with PRN to support their role and interventions
- Meet monthly with PRN to review pain data, struggles, and successes
- Assist PRN to have time at monthly UBC or unit pain committee meetings
- Ensure education materials available on unit/clinic (pain brochure, videos)

PRN Audit Form

☐PRN Nurse/Pain Team Unit: ___________

Pain Audit Tool

Auditor's Name:_______________________

Date of Shift Audited:___________

MRN: ___________________ Nurse:_________________________

Pain Assessment Charted in Last 12 hrs.	Y - N
Pain Goal Charted in Last 12 Hrs.	Y - N
Was a pain severity charted for each pain assessment? (mild, moderate, severe, breakthrough, no pain)	Y - N
Did the chosen pain medication indication match the patient's documented pain and/or pain score? (patient with moderate pain treated with moderate pain medication) **Note if patient requests a lesser pain medication- that is ok, does not count as a pain med does not match score- document- patient requests**	Y - N - N/A

****Please provide feedback to the nurse that was audited! ****

Comments/Questions:____

____

Pain Re-assessment Report

- Report created that pulls data from electronic medical record to track pain re-assessment
  - Not a simple process, multiple adjustments, on-going updates
    - Exclusion of certain medications
    - Exclusion of certain MAR actions
  - Report placed in inpatient nursing dashboard
  - Report can show overall organization, or more detailed such as by unit or individual nurse
  - PRN nurses use report to assist and challenge co-workers to improve (individual emails, groups emails, bulletin boards,1 on 1
  - Some units have incorporated individual pain re-assessment rates into annual performance appraisal.

Pain Re-assessment Organizational Trend

Individual Detail

Pain Medication Reassessment

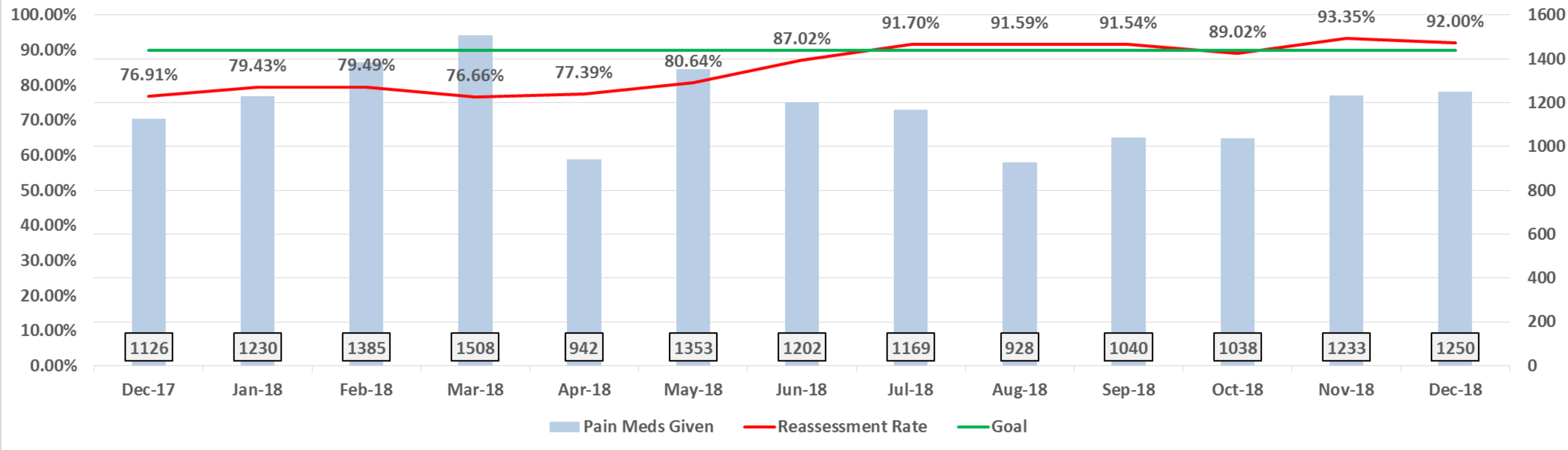
Month	Pain Meds Given	Reassessment Rate
Jan-18	31880	70.20%
Feb-18	28190	72.92%
Mar-18	31649	74.51%
Apr-18	26175	77.45%
May-18	29768	78.63%
Jun-18	28652	80.39%
Jul-18	29612	82.25%
Aug-18	30659	82.14%
Sep-18	27285	82.07%
Oct-18	29354	83.00%
Nov-18	27271	83.50%
Dec-18	27272	83.22%
Jan-19	28770	84.31%

Axis: 0, 5000, 10000, 15000, 20000, 25000, 30000, 35000

Legend: Pain Meds Given, Reassessment Rate, Goal

Re- assessment rates started as **low as 39.4 %** and has improved to **84.31%**

Individual Unit Report



Row Labels	Pain Meds Reassessed	Total Pain Meds Given	Reassess %
	1	1	100.00%
	15	15	100.00%
	5	5	100.00%
	26	26	100.00%
	25	25	100.00%
	5	5	100.00%
	5	5	100.00%
	7	7	100.00%
	1	1	100.00%
	19	19	100.00%
	19	19	100.00%
	10	10	100.00%
	1	1	100.00%
	1	1	100.00%
	8	8	100.00%
	2	2	100.00%
	1	1	100.00%
	1	1	100.00%

Individual User Report

User Specific Information

Nurse

			16	26	62 %
MRN / Patient Name	4/9/18 22:51	436508515	methadone (DOLOPHINE) tablet 5 mg		
	4/10/18 3:30	436513616	tapentadol (NUCYNTA) tablet Tab 50 mg		
	4/11/18 4:22	436513616	tapentadol (NUCYNTA) tablet Tab 50 mg		
	4/18/18 0:56	437050193	morphine 2 mg/mL syringe 1-2 mg		
	4/18/18 3:27	437050193	morphine 2 mg/mL syringe 1-2 mg		
	4/10/18 4:11	436118584	oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet 1-2 tablet		
	4/28/18 4:15	437802579	HYDROmorphone (DILAUDID) tablet 2 mg		
	4/10/18 1:08	436361829	HYDROmorphone (DILAUDID) injection 0.5 mg		
	4/10/18 5:11	436361829	HYDROmorphone (DILAUDID) injection 0.5 mg		
	4/10/18 22:08	436520983	HYDROmorphone (DILAUDID) injection 0.5 mg		

% of Patients Within 3 Points of Pain Goal

% of Patients Within 3 Points of Pain Goal

70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%

Month	Total
16-Jul	39.5%
16-Aug	41.4%
16-Sep	42.5%
16-Oct	49.1%
16-Nov	49.8%
16-Dec	51.3%
17-Jan	45.1%
17-Feb	51.5%
17-Mar	55.1%
17-Apr	54.0%
17-May	57.4%
17-Jun	47.2%
17-Jul	46.0%
17-Aug	46.7%
17-Sep	46.4%
17-Oct	45.0%
17-Nov	44.6%
17-Dec	49.0%
18-Jan	40.0%
18-Feb	49.1%
18-Mar	55.9%
18-Apr	47.4%
18-May	47.7%
18-Jun	59.1%
18-Jul	51.8%
18-Aug	48.7%
18-Sept	54.5%
18-Oct	45.1%
18-Nov	44.7%
18-Dec	47.2%
19-Jan	54.1%
19-Feb	57.8%

Total Trendline

Opioids Per Patient Day

of Opioids given per Patient Day

Month	# of Opioids given per Patient Day
17-Jan	2.19
17-Feb	2.14
17-Mar	2.23
17-Apr	2.25
17-May	2.26
17-Jun	2.27
17-Jul	2.32
17-Aug	2.14
17-Sep	2.18
17-Oct	1.98
17-Nov	2.13
17-Dec	1.97
18-Jan	1.95
18-Feb	1.92
18-Mar	1.95
18-Apr	1.78
18-May	1.83
18-Jun	1.89
18-Jul	1.85
18-Aug	1.87
18-Sep	1.75
18-Oct	1.83
18-Nov	1.81
18-Dec	1.74
19-Jan	1.74
19-Feb	1.78

Y-axis: 0.00, 0.50, 1.00, 1.50, 2.00, 2.50

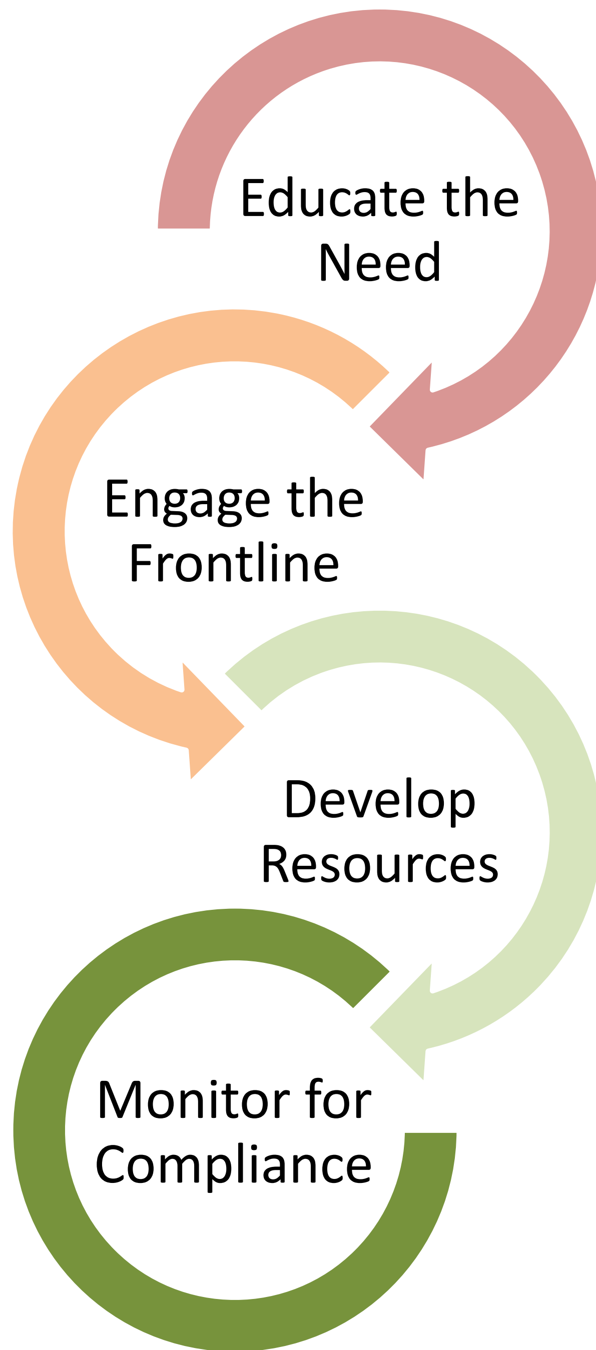
Legend: # of Opioids given per Patient Day; Linear (# of Opioids given per Patient Day)

Pain Management Rank

NMC Pain Mgmt/Comm National Ranks
(vs 600+ Bedsize Hospitals)

Month	Rank
Jul '16	28
Aug	13
Sep	22
Oct	54
Nov	24
Dec	15
Jan '17	30
Feb	37
Mar	31
Apr	34
May	50
Jun	50
Jul '17	35
Aug	34
Sep	51
Oct	48
Nov	90
Dec	60
Jan '18	89
Feb	80
Mar	79
Apr	92
May	75
Jun	98
Jul '18	91
Aug	90
Sep	95
Oct	90
Nov	69
Dec	98
Jan '19	83

CMS qualified discharge date data


Educate the Need
Engage the Frontline
Develop Resources
Monitor for Compliance

MAGNET
RECOGNIZED
AMERICAN NURSES
CREDENTIALING CENTER

Questions