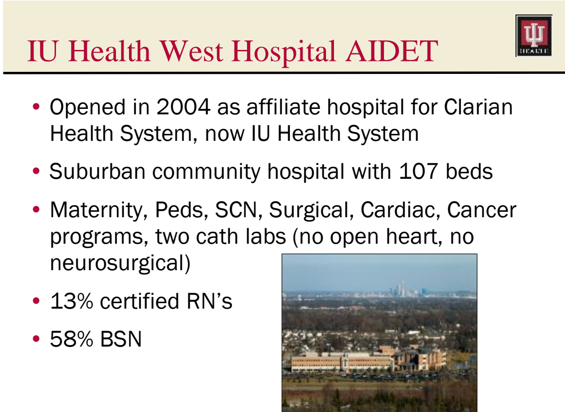
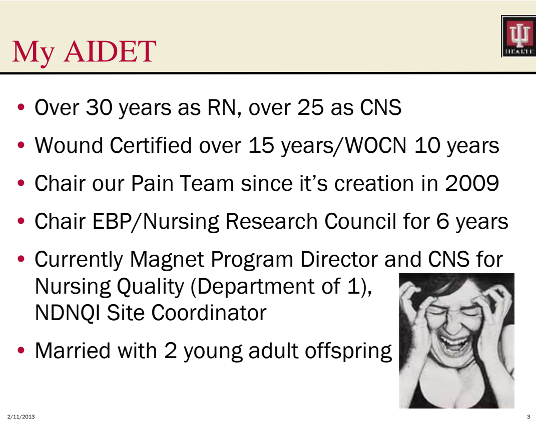
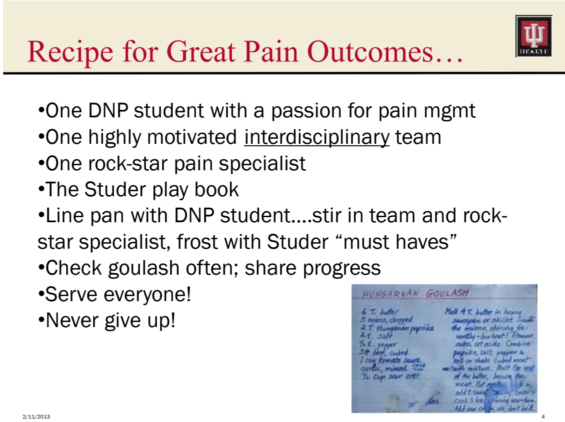


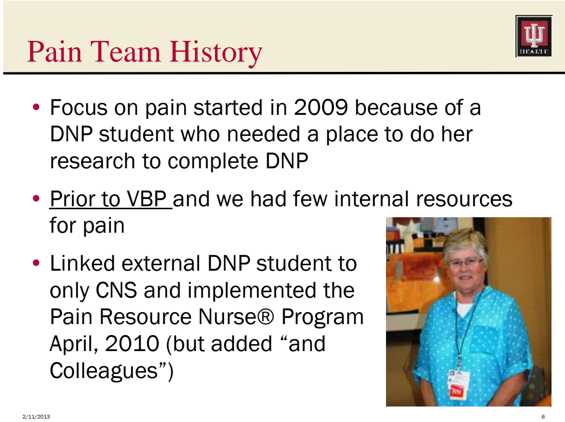




Barriers to Good Pain Management

- Available literature suggests that nurses and other healthcare professionals lack knowledge related to pain assessment and management and have attitudes which hinder appropriate pain management
- (Rushton, Eggett and Sutherland, 2003; Couling, 2005; Bernardi, Catania & Tridello, 2007; Textor & Porock, 2006; Matthews & Malcom, 2007; Wilson, 2007; Courtenay & Care, 2008).

2/11/2013 5



Pain Resource Nurse Program

- Recognizing nurses' potential to effect positive change in pain management, Betty Ferrell and colleagues developed and implemented the first Pain Resource Nurse (PRN) program (Ferrell, Grant, Ritchey, Ropchan & Rivera, 1998).
- Pain Resource Nurse Program can provide ongoing support and mentoring that can result in sustained best practice related to pain management (Paice, Barnard, Creamer & Omerod, 2006; McMillan, Tittle, & Small, 2005; Holley, et al, 2005; Ferrell, et al, 1993).

Pain Resource Nurse (and Colleagues) Program

Purpose The purpose of this quality improvement project was to implement a Pain Resource Nurse (and Colleagues) Program and to evaluate the impact on caregivers' knowledge of pain management, attitudes toward patients with pain, and practice related to pain management.

Method A two-day pain management educational program was provided to a group of nurses and other healthcare professionals (Physical Therapist, Occupational Therapist and Pharmacists) who would become Pain Resources for the staff. A Knowledge and Attitude Survey Regarding Pain was completed by the Pain Resource Staff at the beginning, immediately following and six months following the program. All staff nurses at the hospital were invited to complete the same survey prior to the implementation of the Pain Resource Nurse (PRN) program and at six months. The Pain Resources were expected to share pain management information with their colleagues and develop and implement quality improvement projects related to pain on their units.

Pain Resource Nurse Curriculum

- The evidence-based pain management educational intervention for this project covered the following topics:
  - pain physiology
  - pain assessment
  - pharmacological interventions for pain
  - non-pharmacological interventions for pain
  - legal and psychosocial implications of pain management.
- The educational program followed the PRN Program Curriculum as outlined in the *Pain Resource Nurse Program Curriculum and Planning Guide* (University of Wisconsin School of Medicine and Public Health, 2008).

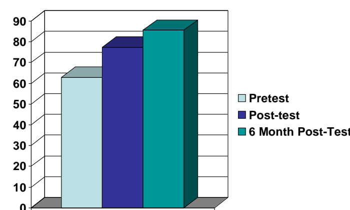
Measurements

- In order measure baseline knowledge and attitudes for the participants, the "Knowledge and Attitude Survey Regarding Pain" was administered 3 different times:
  - Immediately before training started
  - Immediately after completion of training
  - 6 months after completion of training.
- To determine the effect of the PRN Program on the knowledge and attitudes of the general staff nurses at the hospital, staff nurses throughout the hospital were asked to take the "Knowledge and Attitude Survey Regarding Pain" before the PRN Program got underway and then again after six months.
- Monthly process audits were done to measure compliance with policy related to pain assessment and management documentation.
- Ongoing Patient Satisfaction Surveys were done including patient satisfaction with pain management.

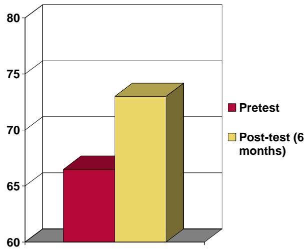
Measurement Tool

- The operational definition of pain knowledge and attitudes was the total score on the "Knowledge and Attitudes Survey Regarding Pain" tool.
- This instrument was used for all pre-test and post-test measures of pain knowledge and attitudes.
- Permission to use the tool was given on the City of Hope Pain and Palliative Care Resource Center website (Ferrell & McCaffery, 2008).

PRN and Colleagues Pre-test/Post-Test



Staff Pre-test/Post-test



Pain Team Top 4 Strategies

- Check knowledge and attitudes about pain and addiction of our clinical caregivers & educate!
- Make it cool to focus on pain and include every department (Deputize everyone!)
- Keep performance in front of every caregiver, unrelentingly (Celebrate success, dissect disappointments)
- Pharmacy Pain Consults

Lots of education!

- Face to face, all shifts of nursing, by RN and Pharmacist
- Cultural findings on nights—placebos!
- Physician Education
- End of life focus
- Environmental Services, Dietary, Transportation
- Celebrity Booklet in break rooms
- Relentless “Tidbits”

It takes a Village

- Quality pain management requires the talents and dedication of every member of the health care team.
- A great addition to our project was the inclusion of other healthcare professionals (colleagues).

Pain Celebrity Booklet…

“Old people just hurt a lot…it’s part of their landscape.”

- The elderly are a vulnerable population at risk for under managed pain.
- Though older people may have pain related to general wear and tear, pain should never be considered normal at any age.
- Pain increases the risk of depression in the elderly

“Sup Dog!”

- Diabetics needs special attention to their pain and a multi-modal approach! Don’t just try one thing. Ask a doc for antidepressants or antiepileptics for neuropathic pain.

Ameritrade Baby

- “OK bud, here’s the real deal…we feel pain too! Don’t think that I won’t remember what you do to me or that I can’t feel pain! Who thought that was right?”

Rock Star Pain Specialist

- Live at the Hoosier Dome, 1990
- Jimmy Ryser, with John Mellancamp
- Now IU Methodist Hospital Chronic Pain and Addictions Specialist
- Addressed the elephant in the room

Faced Addictions and Chronic Pain Head on!

- Jimmy Ryser presentations to physicians, nurses, and therapists, including ED staff
- Set the stage for the need for Pharmacy consults

Pain Team Pharmacy Consults

- **Pharmacy Pain Consult Service** started August, 2011

  In-patients with moderate to severe unrelieved pain, chronic pain or addiction issues, and/or palliative care or end-of-life comfort.
  Physicians, **nurses** and **therapists** have asked for pain consults. Consults per month from 10 to 20

  Consults provide scientific basis for therapy changes, often breaking the “tie” in pain management (completing the circle)

  Provide INspect reports and assistance with patients who have pain contracts

  Proactively see orthopedic patients scheduled for surgery who have multiple or prolonged pain medication history

Harish Nair and Danni Martin are our Pharmacy Pain Consultants

CNS’s advocated for this resource, helped publicize their service and helped to recognize them for their work.

Pain Tidbit for May!

2006 Voices of Chronic Pain Survey, sponsored by the American Pain Foundation and Endo Pharmaceuticals evaluated the impact that chronic pain had on 303 chronic pain sufferers who sought care from their physician and were currently using an opioid to treat their pain.

- More than three quarters of patients (77%) reported feeling depressed.
- 70% said they have trouble concentrating.
- 74% said their energy level is impacted by their pain.
- 86% reported an inability to sleep well

http://www.painfoundation.org/newsroom/reporter-resources/voices-survey-report.pdf

Post-op Pain Tidbit for Spinals!

- If your patient had a spinal injection for peri-operative pain management, anesthesia pain orders should be followed for the first 24 hours after surgery. ***Contact the Anesthesiologist*** who did the case for unrelieved or breakthrough pain. (Refer to the anesthesia pager listing at the nurse's station.)
- **Dr. Ambrose's patients are the only exception to this rule**; his post-op pain orders should be followed and he wants to be called for any pain needs post-operatively.
- ***For all other patients,*** a call to Anesthesia should be your path for post-op pain management for the first 24 hours after surgery, if your patient has had a spinal narcotic.
  - *Kurt Riegner, OR Medical Director at IU Health West Hospital*

Monthly Pain Prevention Tidbit

- Post operative patients with moderate to severe pain should be awakened to take their pain medications, especially in the first 24 – 48 hours post op
- Patients should be told that this will help them avoid waking up with severe pain. They are more likely to go back to sleep quickly this way as well.
- They can transition to PRN dosing and sleeping during the night as their pain resolves.
- (Pasero, Chris and McCaffery, Margo, Pain Assessment and Pharmacologic Management (2011), Mosby, pp. 308-310.)

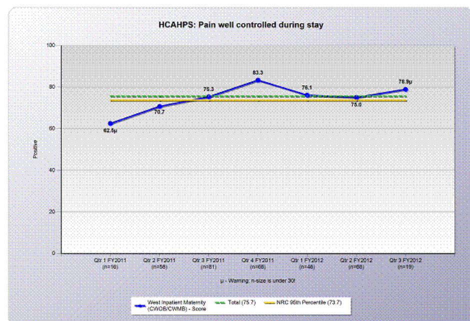
Yes we did wake you up…..!!!!

- Yes! We should wake up sleeping patients to give them their PRN pain meds! If a patient has had surgery or another acute pain issue, letting them sleep through their next dose of PRN pain medication can result in much poorer pain control overall. Let your surgical patients know in advance that you can wake them up long enough to assess them and give pain meds so that they won't awaken with pain out of control. They will heal faster and be able to participate in therapy upon arising.
- Pain Assessment and Pharmacologic Management, Pasero & McCaffery, 2011.

For every thing, there is a time….

- **"Never wake a sleeping baby?"** When is this general rule NOT true? When the baby or child is dealing with acute pain and PRN pain meds are ordered! We should wake up sleeping patients to give them their PRN pain meds! Letting them sleep through their next dose of PRN pain medication can result in much poorer pain control overall, and result in fussiness and difficulty falling and staying asleep. Teach your patients' parents why you plan to wake them up long enough to assess them and give pain meds so that they won't awaken with pain out of control. They will heal faster and awake with their pain under the best control possible.
- Pain Assessment and Pharmacologic Management, Pasero & McCaffery, 2011.

ATC Dosing emphasis in Maternity



Chest Tubes are Painful!

Pain with chest tubes is often constant and unrelenting with irritation felt at each breath

Narcotics, if ordered, should be given at regular intervals; ask the patient if they would like to be awakened briefly at night for the prn offer of non-scheduled pain meds to prevent severe discomfort.

Non-steroidal anti-inflammatory meds may also be ordered if pleurisy is suspected, and if the MD feels the patient can tolerate these metabolically

Engage your CNS, consider a Pain Consult, and **notify attending MD if patient's chest tube pain is not under control.**

(Puntillo & Ley, 2004, *American Journal of Critical Care,* 13: 292-302)

Pain Tidbit for May!

- More than half of all hospitalized patients experienced pain in the last days of their lives and although therapies are present to alleviate most pain for those dying of cancer, research shows that 50-75% of patients die in moderate to severe pain.

- Source: A Controlled Trial to Improve Care for Seriously Ill Hospitalized Patients. http://jama.ama-assn.org/cgi/content/abstract/274/20/1591

2/11/2013 31

Pain Tidbit for July--Pediatrics!

- It's well-accepted by neuroscientists and pain specialists that the nervous system is sufficiently developed to process nociception before birth, thus children must be assumed to experience pain from birth onward. Due to a more robust inflammatory response and the lack of central inhibitory influence, infants and your children may actually experience a **greater** neural response than adults.
- Source: AMA CEU series: Module 6 Pediatric Pain Management, 2002

2/11/2013 32

Can You Reduce Pain with Words?

- You might be surprised at the power of words when working with patients in pain.
- Words may cause anxiety or doubt or mean absolutely nothing to patients. These are words that we may not expect will cause anxiety. Take for instance the word "**hope/hopefully**". This is an innocent word that we use in the healthcare setting that causes doubt and concern in our patients.
- For instance, saying to a patient, "Mr. Smith, I am giving you this medicine to reduce your pain. Hopefully this will take care of it." To a patient, that does not instill trust that we are going to work to relieve their pain. **Hope is not a strategy**. It's better to say "Mr. Smith, I am giving you this medication to reduce your pain. I will recheck you in 20 minutes, if this has not improved your pain to an acceptable range, I will check with the Doctor to review your plan and make adjustments." That describes a plan for this patient that instills trust and reduces his anxiety.
- Source: **The Power of Our Words, 2/15/12, Regina Shupe, Studer Group**

2/11/2013 33

I hope that rope works…

2/11/2013 34

I hope that raft stays upright….

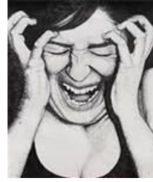
2/11/2013 35

Chronic Pain Patient…..

2/11/2013 36

Chronic Pain ….

….vs Persistent Pain Patient



Pain Fair at IU Health West

Exhibits include Artistic Expressions, Post-op Pain, Epidurals, Top 10 Ways to Reduce Pain with Dressing Changes, Aromatherapy to Impact the Pain Experience, Multi-modal Pain Approaches and End of Life Pain, and more!

Win a Prize, Enhance your Practice, Leave Pain Free!

Pain Contest – Artful Expression!!!

Express your Pain or the Pain of patients you care for artistically and win a prize!

Paint a picture, write a poem or short prose, take a photo or sculp a masterpiece…..and have your work showcased at the Pain Fair in October (if you would like to share your work with others).

All artistic expressions are welcome—staff and their family members, patients, community members, children, adolescents, elders, pets (Chama is welcome to participate!)

Research has shown that creative expression of painful events or situations can help reduce experienced symptoms! (Journal of Pain & Palliative Care Pharmacotherapy, 19(4):103-19, 2005 and explore PainExhibit.com for examples)

Pain Scores Drastically Improved!

In 2009 IU Health West patient perceptions of how well we manage pain were at the 12th percentile when compared with other hospitals our size and complexity.

As of February, 2012, we are at the 94thth percentile overall in patient perceptions of how well we manage their pain!

Kudos to all caregivers involved in pain management and providing comfort to our patients in any way!

Pain Scores STARS in Maternity!!

"How often did the hospital staff do all they could to help you with your pain?"

- Rolling 3 months (Dec, Jan, Feb) 99th percentile!!!

"How often was your pain well-controlled?"

- Rolling 3 months (Dec, Jan, Feb) 98th percentile!!!!

WOW!! Just imagine……..all of our patients looking like this….way to put our PATIENTS FIRST

Pain Bucks!

- Patient driven recognition of individual caregivers for excellence in pain management or comforting practices
- Starbucks gift card, Hershey chocolate bar, and a public thank you from the Pain Team

"**Nick Olde RN** was a wonderful, professional caregiver. He assisted me in managing my pain so that I could move toward discharge. He was patient with my confusion while taking pain meds and took the time to review my med schedule so that I could be on top of my med schedule myself. I feel confident to go home and take charge of managing this effort.

Guided Imagery Anyone?

Listen to naysayers…

- Concern over Narcan use from our Hospitalists sparked one clinical inquiry
- Looked at past 2 years of Narcan use to determine if **high satisfaction scores were linked to increased Narcan use**
- They were **not**, however physicians were assured of their safe practices and so could continue.
- Found post-op ortho patients in their 70's were most at risk for Narcan need, followed by opiate naive ortho patients

Outcomes….

- From 12th percentile rank in early 2010 to 75th percentile in early 2011
- From 75th percentile rank in early 2011 to above 90th percentile entire calendar year 2012
- Maternity Unit above 95th percentile since mid-2011, rare dip to 90th percentile
- VBP is our best friend for getting pain support funded!

In summary….

- Deputize everyone! Patients connect with non-clinicians and often confide in them
- Advocate for Pharmacy Consultation in addition to everything else you are doing
- Staff say that knowing their performance is the best thing to help keep our performance our of us…huddles…meetings…
- Celebrate successes!
- Transition Leadership…

Consider not calling it a Pain Team

- One theory states that the universe brings you whatever you focus on….
- Several of our pain team members have had their own adventures with pain management….broken ankles, kidney stones, new migraines, etc… consider calling it the Comfort Council, or the Bliss Brigade…really **ANYTHING** besides the Pain Team!