The Pain Action Plan: Managing Pain to Help Patients Heal

Karen Cook, RN, BSN
Studer Group Coach and Speaker
Objectives

- Improve the patient perception of pain as measured by the HCAHPS composite Pain Management:
  - “How often was your pain controlled?”
  - “How often did the hospital staff do everything they could to help you with your pain?”
- Identify how to use Evidence-Based Leadership℠ as a problem-solving framework
- Understand best practices to “help patients heal” by managing pain
The ‘Why’

- Pain control is a fundamental human need (Maslow)
- 90% of all disease may be associated with pain
- 100 million Americans have chronic pain
- Tens of millions undergo surgery or procedure that causes pain each year
- Most common reason that patients visit the ED, physician office, and pharmacies
- $120 billion spent each year due to pain
- 75% or more hospital patients hurt and suffer more than they should
Comm with Nurses, Response, Pain = Overall

This dimension has a screening question, is highly linked to overall perception and very subjective.
Organizations Coached by Studer Group Outperform the Nation across HCAHPS Composites

Studer Group Difference over Non-Partners in National Percentile Ranking

- Overall Rating: 19
- Willingness to Recommend: 12
- Pain Management: 16
- Nursing Communication: 20
- Communication of Medications: 17
- Clean and Quiet: 5.5
- Discharge Instructions: 17
- Responsiveness of Staff: 10
- Doctor Communication: 5

Studer Group Difference over Non-Partners in National Percentile Ranking

Source: The graph above shows a comparison of the average percentile rank for Studer Group Partners that have received EBL coaching since Oct 2008 and non-partners for each composite; updated 5.2.13 using 3Q11-2Q12 CMS data.
Who Does it Well… Pain Management
Top 10 Organizations in Attendance

Data Based on 2Q11-1Q12 CMS Update, by Discharge Date

*90th %tile is equivalent to top box score of 77
Definition of Pain

“Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage” (IASP, 1979)

“Pain is whatever the experiencing person says it is, existing whenever he/she says it does”.

Margo McCaffery RN, MS, FAAN
The Voice of the Patient

“How often was your pain Well Controlled”
- Find out what well controlled means to me
- Include me in setting goals and educate me
- Find out how long pain medicines last
- Be on time with pain medicine so I don’t get behind
- Ask me what has worked for me in the past

“Staff do everything they can to help control pain”
- Learn my tolerance and what I take at home
- Don’t assume I am an addict or worried about being one
- Use various positioning for added comfort
- Provide complimentary alternatives (guided imagery, etc.)
Execution Framework

Evidence-Based Leadership℠ (EBL)

STUDER GROUP®:

**Objective Evaluation System**
- Develop goals to create urgency, focus or awareness of the drive to improve Pain domain in HCAHPS

**Leader Development**
- Educate leaders and staff with skills and competencies necessary to achieve the results

**Must Haves®**
- Huddles
- Nurse Leader Rounds
- Hourly Rounding®
- Follow up Phone calls
- KWKT

**Performance Gap**
- Reward and recognize or coach/counsel as appropriate to reinforce behaviors and achievement of results

**Standardization**
- Processes that are consistent and standardized

**Accelerators**
- Software
- Process Improvement
- PDCA
- Lean
- Six Sigma
- Baldrige Framework

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STUDER GROUP®: Nurse Leader Huddles, Nurse Leader Rounds, Hourly Rounding®, Follow up Phone calls, KWKT

Objective Evaluation System: Develop goals to create urgency, focus or awareness of the drive to improve Pain domain in HCAHPS

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Standardization: Processes that are consistent and standardized

Accelerators: Software, Process Improvement, PDCA, Lean, Six Sigma, Baldrige Framework
Set Measurable Target

Evidence-based Practice:
Set an objective goal for all relevant evaluations

- National average
- Always 71%
- Usually 22%
- Some/Never 7%

- VBP Benchmark – 77.92%
Build Skill and Audit Actions

Evidence-Based Practice: Include interdisciplinary team in pain control education specific to unit

- All employees to focus on patient comfort and perception of pain (PT, OT, Transport, etc.)
- Physician support of pain management strategies
- Barriers to pain control
  - Staff inadequate ability to assess pain
  - Staff personal biases and judgments
  - Patient unwillingness to verbalize pain or take medicine
- Appropriate use of pain assessments, PCA Pumps, etc.
- Clinical specialists – resource nurses
Key Words – Convey Empathy

How do patients know we care about pain control?

▼ “I want to do everything I can to keep you as comfortable as possible.”

▼ “Keeping your pain managed is important. Tell me about your pain right now.”

▼ “I understand it hurts to walk but getting up helps keep you from getting a blood clot…”

▼ “We want you to be more comfortable and our goal is to reduce your pain to a manageable level.”

▼ “Your pain is now being controlled with 3mg rather than 6mg of medication so you are closer to going home.”
How do nurse leaders know patients feel like we are always doing everything we can to help?

- “Tell me about some of the suggestions Karen has offered you to help control your pain.” (look for alternative modalities – not just the pain medicine)

- “We want to give you enough medication to keep you comfortable but still keep you able to participate in your physical therapy, can you tell me what a manageable pain control goal would be for that”?

- “I see Karen has put ‘pain control’ on your board as your goal today, how well are we doing with that?”

- “It looks like Tonia was just in for hourly rounds, can you tell me some of the questions she asked you?”
Utilize Care/White Boards to Engage Patient/Family in Pain Management

Best Practice: “Manageable” pain goal (1-3) established and written on the patient care board (100%)

- We want to give you enough medication to keep you comfortable but still keep you able to participate in your physical therapy, can you tell me what a manageable pain control goal would be for that”?

- “You are going to have surgery so you will have more pain tomorrow than you do today. What would you have said your manageable pain goal was at home before surgery?”

- “I know Dr. Cook told you that you would be pain free, but if you were completely pain free, you might be too tired to walk and then you will be at risk for a blood clot and we don’t want that.”

- “Since you are not taking any pain medicine on a regular basis, I am going to put a smiley face in the goal box. That will let our team know that you are not having any pain and you are not taking any pain medicine. But make sure and let us know if anything changes.”
**Today's Date**: 4/30/13

**Doctors**: Crump

**Nurse**: Martha

**Therapists**: Tina

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**Today's Care Plan & Goals**
- Diet: Reg/Cardio
- Activity: Up & Assist
- Education: Stroke
- Devices: CR
- Medication: x
- Follow-Up: Sneri
- Teachback: Mlov x

**Precautions**: □ Swallowing □ Isolation

**Family Notes**: Sfor Martha (PN)

<table>
<thead>
<tr>
<th>Staff Notes:</th>
<th>no ice in water</th>
</tr>
</thead>
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**LRB Turning Schedule**

- L = Left
- R = Right
- B = Back

- 12
- 10
- 8
- 6
- 4
- 2

**Safety Alerts**: Spanish

**Bundle**: VTE

**Core Measure**: FALLS

**Pain Management is OUR Goal!**

| Goal | 3 |

**Last Dose Given**: 06:00

**Next Dose Available**: 10:00

**Discharge Prep**: Side effects - Lov 4/30 KC

App + F/U - KC

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We want to assure you that your care is always our top priority. If you have any immediate concern, contact the Charge Nurse at ext. 4466 or the Nurse Manager Carol M at ext. 1331. For concerns after hours, please contact the Facility Manager at ext. 6062.
## Validate Through Care Board Audits

### ED Care Board Audit

<table>
<thead>
<tr>
<th>Room Number</th>
<th>Nurse Name</th>
<th>Phone</th>
<th>Date</th>
<th>Doctor</th>
<th>RX Plan</th>
<th>Pain Control</th>
<th>Informed Delays</th>
<th>Family contact info</th>
<th>Goal of Day or Shift</th>
<th>Very Good Care</th>
<th>Anything Else You Want Me To Know</th>
<th>Other Notations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
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<td>☑</td>
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<td>X</td>
<td>☑</td>
<td>☑</td>
<td></td>
<td></td>
<td>Preferred name, likes coffee</td>
<td>Smiley face by name of hspkr - Jane</td>
</tr>
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### UNIT: ____________  DATE: ____________  TIME OF AUDIT: ____________

Goal: To verify patient-centered care is delivered to every patient every time by ensuring care (white) boards are leveraged as communication tool to keep patients engaged in their care and informed about their care plan. Visit five separate rooms on one unit on two different days. Complete one form per week.

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Evidence-Based Practice

Source: Allegiance Health, Jackson, MI

Implemented Care Board Audits in the 3rd Quarter

Rate hospital 9 or 10
Communication with Nurses
Communication with Doctors
Pain Management
Communication about Medicines

1st Qtr
2nd Qtr
3rd Qtr

Source: Allegiance Health, Jackson, MI

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Hourly Rounding

Evidence-Based Practice: Hourly Rounding with documentation on hourly rounding log.

- Re-assess pain control at peak time post administration (if still in pain 1-1.5 hrs later)
- Have to document rounds hourly already if on PCA

![Rounding affected the 3 P's:](chart)

- Pain (~35%)
- Potty (~40%)
- Position (~29%)
Bedside Shift Handover

Evidence-Based Practice: Engage the patient and their family in discussion about pain control at shift change. Connect the dots that hourly rounding is a strategy to help them manage their pain.

- Pain control and goals should be in all reports
- Ensure patient has full understanding of dosing
  - PCA pumps
  - Adjuvant therapy
- Use teach-back to ensure understanding of medication actions and side effects
Focused Safety Huddle

Evidence-Based Practice: Daily safety huddle (by communication boards) includes hard-to-control pain patients ie. PCA pumps, referral to Pain Resource Nurse, etc.
Validate Through Nurse Leader Rounds

Evidence-Based Practice: Nurse Leader Rounds – use the rounding framework to ensure best practices are in place and creating the impact we expect.

Sample questions:

“Since I was here yesterday, have you needed to use your call light to request pain medication?”

“I see your whiteboard is up to date with your next pain medication available. Since I was here yesterday, has it been kept up to date 100% of the time?”
Standardize the Process

Evidence-Based Practice: Initial Pain Assessments and Sharing of Patient-Centered Pain Control Information

**St. Christopher’s Hospital for Children**

Cares about your pain

This pain assessment tool is intended to help patient care providers assess your pain according to your needs. We use a 0–10 scale for the patient’s self-assessment. The lowest score is 0 to interpret your pain level when you cannot communicate your pain intensity to your healthcare provider.

<table>
<thead>
<tr>
<th>WONG-BAKER PAIN RATING SCALE</th>
<th>No Pain</th>
<th>Mild Pain</th>
<th>Moderate Pain</th>
<th>Severe Pain</th>
<th>Worst Pain Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No hurt</td>
<td>hurts little bit</td>
<td>hurts little more</td>
<td>hurts even more</td>
<td>hurts whole lot</td>
</tr>
<tr>
<td>1</td>
<td>hurt</td>
<td>hurts even more</td>
<td>hurts whole lot</td>
<td>hurts worst</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>hurt</td>
<td>hurts even more</td>
<td>hurts whole lot</td>
<td>hurts worst</td>
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<tr>
<td>3</td>
<td>hurt</td>
<td>hurts even more</td>
<td>hurts whole lot</td>
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<td>4</td>
<td>hurt</td>
<td>hurts even more</td>
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<td>5</td>
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<td>7</td>
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<td>8</td>
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<tr>
<td>9</td>
<td>hurt</td>
<td>hurts even more</td>
<td>hurts whole lot</td>
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<td>10</td>
<td>hurt</td>
<td>hurts even more</td>
<td>hurts whole lot</td>
<td>hurts worst</td>
<td></td>
</tr>
</tbody>
</table>

**ENGLISH**

- Pain Level: 0
- No pain
- Pain Level: 10
- Severe pain

**SPANISH**

- Pain Level: 0
- No dolor
- Pain Level: 10
- Peor dolor posible

**FRENCH**

- Pain Level: 0
- Aucun mal
- Pain Level: 10
- Mal le plus intense possible

**ITALIAN**

- Pain Level: 0
- Senza dolore
- Pain Level: 10
- Dolori estremi possibile

**ROMANIAN**

- Pain Level: 0
- Nu are doliu
- Pain Level: 10
- Doliu maxim possible

**CHINESE**

- Pain Level: 0
- 无痛
- Pain Level: 10
- 最大痛苦

**JAPANESE**

- Pain Level: 0
- ひどく痛くない
- Pain Level: 10
- 最高の痛みをもつ

**VIETNAMESE**

- Pain Level: 0
- Không đau
- Pain Level: 10
- Ăn đau

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**Pain Control Measures Used at St. Christopher's Hospital for Children**

- FLACC: A tool to assess pain intensity by: facial expression, activity level, muscle tone, and respiration.
- Oucher: A simple tool to assess pain intensity.
- SOS: Severe pain, respond immediately.
- Non-pharmacological measures: Physical therapy, music therapy, aromatherapy, massage, and other therapies.

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**Pain Management**

- Pain in children can be managed with a combination of strategies to reduce pain and enhance comfort.
- Effective pain management involves addressing physical, psychological, and social needs.
- Early intervention can significantly reduce pain and improve outcomes.
- Pain management should be an ongoing process, with regular assessments and调适.

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Standardize Use of The Tools

Best Practice: Keep pain control top-of-mind awareness through multiple communication channels

<table>
<thead>
<tr>
<th>Checklist of Non-Verbal Pain Indicators (CNPI)</th>
<th>With Movement</th>
<th>At Rest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vocal Complaints (non-verbal expression of pain demonstrated by moans, groans, grunts, cries, gasps, sighs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facial Grimaces and Wincses (furrowed brow, narrowed eyes, tightened lips, dropped jaw, clenched teeth, distorted expression)</td>
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<tr>
<td>Bracing (clutching or holding onto bed/chair, caregiver, or affected area during movement)</td>
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<td>Restlessness (constant or intermittent shifting of position, rocking, intermittent hand motions, inability to keep still)</td>
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<td></td>
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<tr>
<td>Rubbing (massaging affected area)</td>
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<tr>
<td>Vocal Complaints (verbal expression of pain using words, e.g., “ouch” or “that hurts,” cursing during movement or exclamation of protest, e.g., “stop” or “that’s enough”)</td>
<td></td>
<td></td>
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</tbody>
</table>

**Pain Management**

- Listen to your patient with courtesy and respect.
- If the pain medication isn’t working, ask the doctor to change it. (increase the dose, add an NSAID etc.). Make sure you are using what is available. Changing the opioid is the last option.
- If pain medication is due, be pro-active, offer it. This will save you an interruption later.
- Is your patient confused because of pain medication or from not having enough pain medication? Usually confusion is from another source (anesthesia, hypoxia, other preexisting condition).
- Try extra comfort measures (reposition, heat, cold, room temperature, distraction). Other treatments that could help relieve pain in addition to medication.
- Never ignore or minimize patient's report of pain.
- Patients should never have to wait for pain medication. If the patient always asks for medication before it is due it is time to call the physician.
- Medicate your patient BEFORE change of shift report and before you go to lunch. No one should have to wait for pain relief.
- Does the patient have a history of chronic pain? Have they been taking pain medications a long time? Has the physician ordered what the patient was on at home?
- Don’t make assumptions about pain. Pain is very real to those who have it.
- For those patients who don’t want pain medications because they don’t want to become “addicted” – Educate them.
- Make sure your patients get pain medication before any activity. Makes it a lot easier to get up and walk, move about and prevent all sorts of complications.
- And never forget…… **Pain is the Fifth Vital Sign** and we are the caretakers to make sure pain is controlled.
Acute Pain in the Chronic Pain Patient

Evidence-Based Practice: Develop protocols and treatment regimens for the most challenging patients.

- Contracts for chronic pain patients
- Process for reviewing all unresolved pain events
- Consults with Pain Management Experts

MARIN GENERAL HOSPITAL
250 Bon Air Rd., Emerg. Dept., Greenbrae CA 04912
415)886-7209
Discharge Instructions (cont)

Julius Kaplan MD

PAIN MANAGEMENT: Chronic

You have a painful condition that has required frequent use of narcotic-type pain medicine. We would like to see that you receive the best possible care for your problem. To achieve this, you must have a personal physician who can supervise a treatment plan for you.

You may locate a personal physician on your own or contact one of the doctors whose name has been given to you.

If your physician determines that you need to visit the ER for pain control, that doctor should provide you with a PAIN CONTRACT. This is a letter from your doctor which describes what pain medicine you may receive, how much and how often. You sign it agreeing to the terms of the treatment plan. Bring this with each time you come to this facility. It will help the Emergency Physician provide the proper treatment for you with minimal delay.

PLEASE NOTE: IN THE FUTURE YOU WILL NOT BE ABLE TO RECEIVE NARCOTIC PAIN MEDICINE FROM THIS FACILITY WITHOUT A PAIN CONTRACT OR TELEPHONE APPROVAL FROM YOUR PERSONAL PHYSICIAN.
Share Your Ideas
References


