IMPROVING TREATMENT OF PATIENTS’ CHRONIC PAIN WITHIN THE CONTEXT OF THE ACUTE CARE HOSPITALIZATION

Start Date: October 5, 2012
Report Date: April 5, 2013

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Strategic Alignment: 
- Service - Partnering with the patient to increase their satisfaction with the level of care
- People - Generating satisfaction by assisting our patients and doing what is right;
- Finance - Increasing Picker “pain” scores to ensure financial reimbursement
- Quality - To provide improved management of chronic pain
- Growth - Generating good press about best pain practices
- Community - Generate a community perception for University Hospital as a place where pain is managed well

### Aim Statement

**Problem**
- Pain management is a major source of patient dissatisfaction with MUHC.
- There is no systematic process for assessing and treating chronic pain that patients experience prior to hospitalization.
- Pain management approaches designed for acute pain may be ineffective in addressing chronic pain.

**Solutions**
- Created a Chronic Pain Assessment Tool that was piloted on 5 West, Adolescents, MUPC, and MOI.
- Survey sent to residency program directors to determine the extent of formal education residents receive relative to assessing and treating acute and chronic pain.
- Survey questions developed and administered to nursing staff that identify current perceptions and misconceptions about assessing and treating chronic pain.
- Approval for the use of a ‘Pain Poster’ by MUHC leadership. Go-live to post at patient bedside is April 23, 2013.
- Survey sent to resident providers to determine current knowledge of and attitudes about chronic pain.
- Collaborated with Cerner to include data from chronic pain assessment to the newly implemented Pain M-Page.

**To improve the experience of patients with chronic pain by implementing a chronic pain screening and assessment process at the time patients are admitted to an inpatient unit (excluding short stay, observation, and the ED) by April, 2013.**

### Plan

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### Do

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### Study

**Analyse the Data**

- The Chronic Pain Assessment tool pilot showed that the data was easy to collect.
- With the assessment tool pilot, found that when presented with a patient with chronic pain, there was limited provider follow-through.
- The number of residency programs not including acute or chronic pain education outnumbered the programs that do.
- Little is being done beyond teaching rounds for either acute or chronic pain.
- Created a ‘Pain Poster’ to be printed, laminated, and updated with dry erase markers and posted near all patient bedside for better pain communication.

**Develop Conclusions**

- Need to see a cultural change to address known attitudes of nursing staff and providers about chronic pain.
- Need formal/consistent provider and nursing pain education.
- Need a process for care providers to effectively utilize the collected information.

**Act**

- Formulate plans with MUHC leaders to improve care of patients with chronic pain.
- Cerner will incorporate chronic pain data into the next iteration of the Pain M-Page.
- Will develop education programs for clinical staff related to the management of chronic pain.
- Collaborate with Dr. Koivunen on a pain training program for R1s and R2s.
- Develop a system-wide implementation of pain screening and assessment (i.e. Clinics, Outpatients, and Emergency Department).
- Develop a plan for more in-depth provider education.
- Include pharmacy representative in the physician training process.
- provide managers with “Pain Poster” to print, laminate and post near all patient bedside.
- Collaborate with Dr. Whitt to develop standardized pain management protocols.
- Review and update the MUHC Pain Management policy.
- Review and update nursing Pain (Non-Surgical) & Postoperative Management Protocols to address chronic pain.

### Graphics / Data

**Residency Director Survey**

- Few MUHC Residency training programs include required formal pain assessment and management education beyond what is received in teaching rounds.
- 36% of Residency Program Directors indicated their curricula included Required Acute Pain assessment and management content ... 38% reported curriculum as requiring Chronic Pain assessment and management content.
- 70% indicated need for more required pain training content for R-1s.

**Nursing Staff Survey**

- 29% indicated that hospitalized patients have unrealistic expectations for pain control.
- 41% feel that night float residents have sufficient knowledge to appropriately determine whether a patient’s pain med needs adjustment.
- 58% feel that night float residents are reluctant to call the senior resident about requests to adjust pain medications.
- 40% of nurses indicated incorrect responses when asked about respiratory depression in patients receiving stable pain med doses, and the use of opioids if source of pain is unknown.

**Resident/Fellow Survey**

- 43% of Residents/Fellows indicated that hospitalized patients have unrealistic expectations for pain control.
- 40% of Residents/Fellows indicated that as night float resident having insufficient knowledge to appropriately determine if a patient’s pain med needed adjustment.
- 50% Residents/Fellows report as being reluctant as night float residents to call senior resident about adjusting patient’s pain med.
- 58% of Residents reported need for more training in assessing and managing Chronic Pain, 40% for more acute pain training.