Quality Resource Brief

TRIPLE AIM ACHIEVEMENT • JUNE 2015

The Strategic Quality Initiatives division of the Missouri Hospital Association will periodically release tips and tools to assist hospitals in achieving the Triple Aim – better health, better care, lower costs. These resources, and many more, can be accessed at www.mhanet.com/strategic-quality

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Pain Management: The Critical Test for Providers

It goes without saying that reducing patient suffering from physical pain is an inherent goal of medical care. In our mission to deliver patient-centered care, clinicians must recognize when pain can be prevented or eliminated, and when treatment can be provided as an end-of-life comfort measure to improve patient experience and outcomes.

OVERCOMING BARRIERS TO PAIN MANAGEMENT

A person seeking treatment for pain may interact with the health care system through many different professionals, departments and locations. These can include the patient's primary care physician, a physical or occupational therapist, chiropractor, acupuncturist, dentist, or a number of other clinicians. A patient might seek care through the emergency department, walk-in clinic, surgery department, or through specialty practitioners. In each of these settings, a person experiencing pain will come in contact with a variety of health care professionals — all with different perspectives, treatment options and training. These factors, paired with the inefficiencies in the health care system, create significant barriers to effective pain management and contribute to patient suffering.[i] Research by Press Ganey Associates, Inc., and the Pain & Policy Studies Group demonstrates that patient suffering as a result of pain can be categorized in one of two ways.[i,ii]

Inherent Suffering — suffering that results from an individual's response to illness and occurs even within an optimally functioning care delivery system. This suffering varies based on individual differences and needs. This type of suffering is unavoidable and addressable. Components of inherent suffering include the following.

- reluctance to report pain
- concern about distracting physicians from treatment of an underlying disease
- fear that pain means an underlying disease or condition is worsening
- concern about not being a "good" patient
- reluctance to take pain medications
- fear of addiction or being thought of as an addict
- worries about unmanageable side effects
- fear that medications will be reduced without patient knowledge or that staff will withhold medication if the patient expresses dissatisfaction with care

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Avoidable Suffering — suffering that results from the dysfunction present in the care delivery system. This suffering varies based on differences in how organizations provide care. This type of suffering is avoidable because it would not occur in an optimally functioning system. Components of avoidable suffering include the following.

- poor assessment of pain
- inadequate knowledge of pain management
- attitudes of health care professionals
- concern about regulation of controlled substances
- fear of patient addiction or tolerance
- concern about side effects of analgesics

"Patients, families and consumer advocates are the great untapped resource in our quest to achieve the Triple Aim of better health, better care and lower costs."
— Debra Ness, President, National Partnership for Women & Families

As the U.S. health care system tackles the Triple Aim of better health, better outcomes and lower costs, it is imperative for health professionals to meaningfully partner with patients and families — bringing patient and family voices to decisions about care, to health care organizational design and governance, and to public policy. Mission and vision within organizations must be aligned to engage patients and families to reduce suffering.

In working with more than 600 leading health care providers around the world on patient engagement, safety and experience, Gallup identified the following strategic and organizational best practices to manage pain and reduce suffering.[iii]

STRATEGIES FOR HEALTH CARE PROVIDERS

Set patient expectations appropriately. Pain control doesn't necessarily mean the absence of pain. Sometimes a certain level of pain is necessary to properly diagnose and treat a condition or as a by-product of a procedure.

Anticipate the pain medication schedule. Don't wait for patients to ask for pain medication. Visit patients before it is time for their next medication to ask them their level of pain and be prepared to administer the next pain medication.

Stay in constant communication with patients while trying to control their pain. Ask, "Have I done everything I can to control this patient's pain?" Be aware of and treat symptoms that might be associated with pain management. Different cultures have variable tolerance levels for, or willingness to reveal, pain. Cultural sensitivity includes talking about pain with patients and their families, being aware of differences in sensitivity and building a relationship with patients to encourage them to communicate their pain issues.

Understand that pain is emotional and physical. Pain management must address both the physical and emotional symptoms of pain. For example, a cancer patient is awake and in pain during the night. Although in physical pain, emotional distress is keeping her awake as well. Take time to sit beside the patient, hold her hand and discuss concerns.

Record current pain levels on a whiteboard. Noting pain levels where patients and staff can see them facilitates communication and coordination. In many hospitals, a whiteboard often is placed where the patient can view it and staff have easy

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"We have a lot to learn ... we abandon patients and families, all day, every day — and especially all night, every night. It's the dark night of the soul for most patients who are sick and dying, and we don't even have a language to express where the needs are."[v]
— A physician participating in an end-of-life care study

access to it. Staff update the board with key information, such as the nurse's name and the patient's pain level at each round or check-in. Staff can use the information to answer questions about the patient's pain levels when discussing treatment options with the patient.

Educate patients about how to manage their pain after being discharged. One hospital discovered that most patients who called the hospital the day after they were discharged reported that they were in pain, even though the pain was under control when they were discharged. Further investigation revealed that patients were failing to take their pain medications as prescribed. Some thought the prescription would be expensive and did not get the prescription filled; others filled the prescription, but rationed the medication by taking it when they felt they needed it instead of according to the prescribed schedule. The delay in taking the medication caused patients' pain to increase dramatically. Two tactics are recommended to help patients understand the need to take medication as prescribed after discharge. First, print the warning, "If you do not take your pain medicine, you will be in pain" in bold at the top of the written discharge instructions. Then, during discharge, staff verbally cautions patients, "If you do not take your pain medicine, you will be in pain." Patients need to hear and understand this message in language that is easy to understand.

ORGANIZATIONAL STRATEGIES

Initiate a pain-control policy that integrates the patient's perspective. Health care professionals must be familiar with hospital policies and openly discuss pain control with patients and families. Consult with patients about methods that have, and have not, worked well in the past. Patients also should have a chance to voice concerns about medications and how to administer them. When appropriate, health care professionals should discuss their role in managing pain with the patient and the potential limitations and side effects of treatment with patients and families.

Review the process for pain medication delivery from the pharmacy to the nursing unit. Pay particular attention to off-shifts and weekends. Poor coordination or the lack of timely delivery between the pharmacy and the nursing unit is a frequent cause of patient pain. Both nursing staff and pharmacy staff should look at communication policies and procedures, order set triggers, etc., to ensure that medication is available or delivered promptly when patients need it. Many hospitals have adopted Toyota's "Lean" approach to quality management; this review process could prompt a joint project between nursing staff and pharmacy staff.

Educate all front-line providers about pain assessment and management expectations. Proper education for providers results in a cohesive pain management program for patients.

Become familiar with nonmedication pain control options to provide patients with "high-touch" pain management options. The American Nurses Association differentiates between medication and nonmedication pain management options. Teach patients breathing exercises and the benefits of massage, positioning, cold pack care and relaxation. All of these are high-touch ways to provide patient-friendly care and enable the patient to have

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"Most patients have an expectation of pain when they encounter health care treatment and interventions, but most do not expect to encounter indifference or detachment. Pain and suffering is where the balance of power in health care is most acutely felt by consumers. Suffering is not experienced only in the realm of physical pain. Suffering can be felt from lack of control, lack of empathy, poor communication, unnecessary hunger, disorientation, fear, lack of understanding, indignities inherent in health care settings, etc. This kind of suffering must be avoided. Patients will remember how they were reassured, cared for and comforted far longer than they will their physical pain."

Laurie Hines, Family Caregiver and Patient Advocate

some control in the treatment of pain.

Involved and engaged patients have better pain control and symptom resolution, better emotional health, significantly fewer preventable hospital readmissions, better management of chronic disease and overall improved function and quality of life.[iv] Pain is a major barrier to engaging patients during their hospital stay and after discharge. Following best practices in pain management will result in better clinical outcomes because patients will be more engaged in their care and more likely to follow instructions when they go home.

SUGGESTED CITATION

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