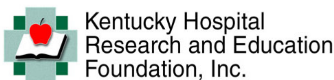
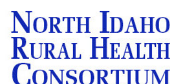
The **HCAHPS** Breakthrough Series™ Webinars

#8 Pain Control

Compassionate Pain Control™

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION





Reinventing Pain Control™

Create a culture of compassionate pain control, through proven skills and best practices.

*"What's more awful in life than **feeling** pain, and what's more important in life than **relieving** pain?"*
– Brian Lee, CSP

HCAHPS Domain – Pain Control

Survey Question #1: *Frequent Pain Control*

*During this hospital stay, **how often was your pain well controlled**?*

The Key to earn an **"ALWAYS"** on question #1:

- ❑ **Continuously assess pain**, drawing upon a range of helpful tools
- ❑ Proactively manage patients expectations **ahead of time**
- ❑ Employ all means possible to **quickly bring pain under control**

Survey Question #2: *Total Staff Support*

*During this hospital stay, how often did hospital staff **do everything they could** to help you with your pain?*

The Key to Earn an **"ALWAYS"** on Question #2:

- ❑ Be **non-judgemental**, and avoids myths and misconceptions, and anything not evidence based.
- ❑ Apply the **healing power of touch** and intentional presence and empathetic non-verbal communication.
- ❑ Be proactive in preparing the patient for a **pain-free recovery at home.**

The Key to the 2nd HCAHPS Question:

- The odds of a patient being satisfied were **4.86** times greater if pain **was controlled** and **9.92** times greater if patients **felt staff performance was appropriate.**

–*American Journal of Medical Quality,* Drs. Hanna, Gonzalez-Fernandez, Barrett, et al February 16, 2012

The Point is:
When patients **feel** you are doing all you can to alleviate their pain, **you will improve their sense of satisfaction**

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HCAHPS Domain – Pain Control (cont'd)

Domain Leadership Owners
CEO, CNO, CME, Physicians, all Nurse Managers, Nursing Directors and Supervisors

Domain Staff Owners
Nurses and physicians

Current National Threshold is;

(Rated a 4 – "Always")

71%

What's yours? _____________%

*"Pain is **whatever the patient says it is**.*
It exists wherever he says it does."
-Margo McCaffery, MS, RN, FAAN

Why Pain Control Matters

The Need for Pain Control

- At least **116 million** adult Americans have common chronic pain conditions. (IOM, 2011)
- Only **63-74%** of hospitalized patients nationwide reported their pain was **well controlled**. *(HCAHPS, 2011)*
- About **50% of patients** remain in moderate-to-severe pain because of **clinician's failure to reassess and intervene**. (IOM)
- **Post-op pain** (3 to 6 months) occurs in **10-50% of patients,** depending on the surgery (IOM, 2011)

Pain Control = Patient Loyalty

"Pain management ranks as the first builder of patient loyalty toward hospitals."
– Bob Hayes, PhD, TCELab, Customer Service Analyst

('Responsiveness' and 'Staff Explaining Meds' follow as key loyalty drivers.)

Relieving Pain is Job #1

- Relieving pain is the **caregiver's first duty**.
- It is the **right thing to do**.
- In the community we serve, it is the hallmark of **how much we care**.
- Pain Control is now a critical deciding factor in **how well we are reimbursed** by Medicare for our service to patients.
- It **is** our reputation, and it is **public!**

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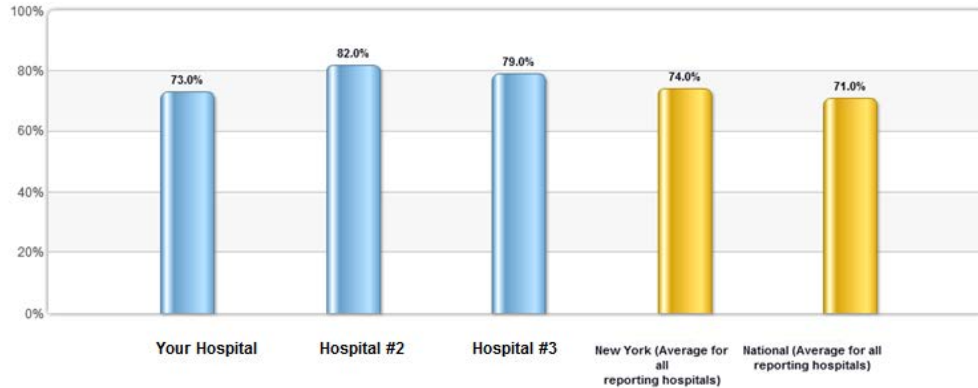
Why Pain Control Matters (cont'd)

Pain Control Ratings are Now Public: www.medicare.gov/hospitalcompare

Example: Patients who reported YES, their pain was always well-controlled.



"Relieving Pain is Job #1!"
– Brian Lee & David Dworski

Benefits of Good Pain Management

- Speeds recovery.
- Increases patient safety.
- Gets patients mobile more swiftly.
- Shortens hospital stay.
- Boosts patient satisfaction.
- Is key to our reputation.

Crucial Leadership Engagement Best Practice

A Leader's Primary Challenge – **To inspire and role-model *Compassionate Care***

Two Questions:
Can you legislate compassion?
Answer:
No, you can only be an example, inspire, and reinforce it.

Question:
Can you teach it?
Answer: *Yes.*

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Critical Leadership Engagement Best Practice (cont'd)

***Recommendation**: "Come with me"*

- Take a caregiver with you on rounds. *"**Come with me**."*
- **Let them see you** actively delivering compassionate care, the most vital element for healing.

Teaching Compassion to your staff

- You **role-model** how to assure patients that someone believes in them and cares about them.
- You **show** how a smile, a gentle touch, a kind word can validate a patient in pain.
- **Do this unfailingly**, daily, and you will build a culture of compassionate pain care in your hospital.

A new generation of healthcare professionals needs mentoring.
They need:

- Nurturing
- Role-modeling
- A teacher, sponsor, encourager, counselor and friend
- Direction with their professional development
- A caring relationship with you, sustained over time

Mentorship is required when new RN's care for patients with pain

- Guidance/support over the bumps.
- Knowledge about proper interventions.
- Debriefing good/bad experiences, with honest feedback that builds confidence.
- Helps them find meaning in their work.
- Inspire them!

Empathy from staff members is just as important as a pharmacological solution.

Patient's in pain need to "feel felt"
They need you to help them **find a path through their suffering** --- and toward a return to health.

Inspire Caregivers to **Control Pain**:

- **Sensitize them** to situations in which patients are likely to be in discomfort
- Exemplify how to **enter into the feelings** of others, and by doing this…
- Show your staff how many of their patients **yearn** for compassion and a caring touch
- Always: hold your team **accountable** for observing Best Practices when managing pain

Conclusion:
Compassion **is** a clinical best practice.
Note: Making compassion a "courtesy" or a "service" trivializes it.

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1 Specific Best Practices

Best Practice Step #1: *Be aware of the 'Pain Myths'*

Beware these Pain Misconceptions:

1. That pain medication should be withheld as much as possible "to **prevent addiction**."
2. That pain medication should be used sparingly lest it cause **over-sedation**.
3. That **morphine** can easily **depress respiration —** and cause death.

Be alert when patients resist pain meds:
They may needlessly:

- Value being hardy, will "tough it out," or don't want to be "complainers."
- Fear addiction.
- Want to stay alert, be in control.
- Feel that taking drugs --- any drug --- is wrong.
- Resist tasking pain meds "too soon," before "really needed."
- Believe that pain is inevitable, or that they "deserve it."

Do you have care givers who:

- **Disparage** people reporting pain?
- **Don't** see pain as worthy of serious attention?
- **Discredit** pain in racial or ethnic minorities? (Or in females, children, the infirm elderly, the LGBT population, those who are obese or physically handicapped.)
- **Deny** people access because they are perceived as drug-seeking, or having mental health problems?

Recommendation:
Cross-cultural training will reduce miscommunication, stigma, and stereotyping in the care and good health of minorities.

Best Practice Step #2: *Integrate the Ethics of Pain Management*

"The care-giver's job is not to judge. The task is to provide comfort and relief from pain."
-Brian Lee, CSP

Four ethical questions we all need to ask ourselves

1. **Autonomy:** Am I giving the individual the right to make decisions about his healthcare, regardless of others' opinion?
2. **Beneficence:** Am I doing good for the individual? Although complete relief may not always be possible, am I using all means to bring pain under control quickly, for 'good' patient care?
3. **Non-maleficence:** Am I refraining from doing harm?
4. **Justice:** Am I treating all persons fairly, regardless of their situation?

Conclusion**:** Replace bias with evidence-based medicine

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Specific Best Practices (cont'd)

> *"The unemotional, transparent principles of ethics can help nurses see their own biases and make evidence-based decisions for optimal pain treatment for every patient."*
>
> \- OIJN: The Online Journal of Issues in Nursing Vol 17 #1

Best Practice Step #3: *The Pain Control Mission Statement*

Question: When it comes to the challenge of Pain Control, what is your team's mission?

Some sample mission statements are:

- *"Pain management for every patient – every time."*
- *"Pain is what the patient says it is. We don't judge. We're here to help."*
- *"We train to stay ahead of the pain curve."*
- *"Relieving Pain is Job #1!"*

Question: What would be the value of creating a Mission Statement for Pain Control in your unit?

Best Practice Step #4: *Effective Pain Assessment*

Recommendation:
If pain is the 5th Vital Sign, **constantly assess** for it:

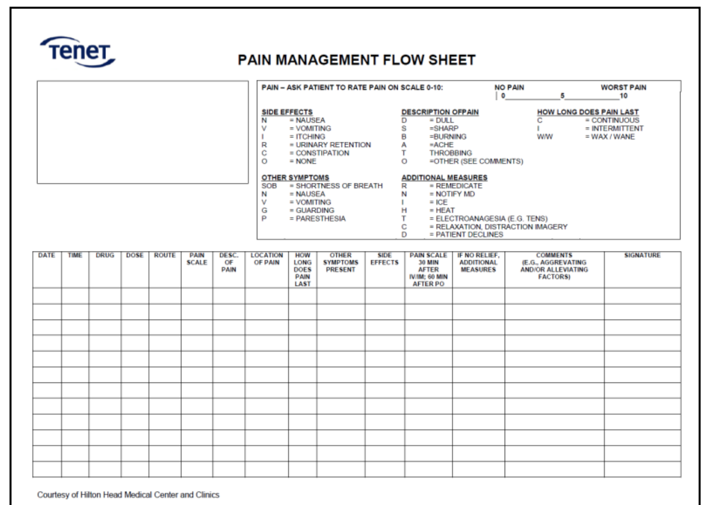
- Assessment of pain should include a focus on *the person in pain* **and the impact of pain on his present and future level of function**, not just the pain.
- The use of **multidimensional assessment tools** may be required in evaluating pain.

-Relieving Pain in America (IOM 2011)

Effective Pain Assessment Tools:

- ❑ 1. Time comparison
- ❑ 2. Wong Baker Faces
- ❑ 3. Zero-to-Ten Pain Scale
- ❑ 4. Pain Comparison Scale
- ❑ 5. Verbal Intensity Pain Scale
- ❑ 6. Locate the Pain Chart
- ❑ 7. Neuropathy Pain Measure
- ❑ 8. Verbal Description Scale
- ❑ 9. Variations of Pain Chart
- ❑ 10. Pain Management Flow Sheet

Recommendation: Consider using a Pain Management Flow Sheet



Tenet

PAIN MANAGEMENT FLOW SHEET

PAIN – ASK PATIENT TO RATE PAIN ON SCALE 0-10: NO PAIN 0 ___ 5 ___ 10 WORST PAIN

SIDE EFFECTS
N = NAUSEA
V = VOMITING
I = ITCHING
R = URINARY RETENTION
C = CONSTIPATION
O = NONE

DESCRIPTION OFPAIN
D = DULL
S =SHARP
B =BURNING
A =ACHE
T THROBBING
O =OTHER (SEE COMMENTS)

HOW LONG DOES PAIN LAST
C = CONTINUOUS
I = INTERMITTENT
W/W = WAX / WANE

OTHER SYMPTOMS
SOB = SHORTNESS OF BREATH
N = NAUSEA
V = VOMITING
G = GUARDING
P = PARESTHESIA

ADDITIONAL MEASURES
R = REMEDICATE
N = NOTIFY MD
I = ICE
H = HEAT
T = ELECTROANAGESIA (E.G. TENS)
C = RELAXATION, DISTRACTION IMAGERY
D = PATIENT DECLINES

DATE	TIME	DRUG	DOSE	ROUTE	PAIN SCALE	DESC. OF PAIN	LOCATION OF PAIN	HOW LONG DOES PAIN LAST	OTHER SYMPTOMS PRESENT	SIDE EFFECTS	PAIN SCALE 30 MIN AFTER IV/IM; 60 MIN AFTER PO	IF NO RELIEF, ADDITIONAL MEASURES	COMMENTS (E.G., AGGREVATING AND/OR ALLEVIATING FACTORS)	SIGNATURE

Courtesy of Hilton Head Medical Center and Clinics

Question:
Which pain assessment tool *(or combination)* could you better employ?

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Specific Best Practices (cont'd)

Best Practice Step #5: *Managing Patients' Expectations about Pain*

Expectations *are:*

- The **anticipation or beliefs** about what is to be encountered in a hospital experience.
- The **mental pictures** patients have of their interaction with the system.
- **Note**: Often, patients are **not aware** of how their expectations are influencing behavior.

When in pain, there are four expectations:

1. **Immediate** attention to my hurt and stress.
2. Someone eager to **hear** my complaint.
3. Receiving a **clear explanation**.
4. Care and **compassion**.

We manage expectations best by:

- Informing patients **ahead of time** about what to expect.
- Spelling out what will happen **at different points** in the procedure and recovery helps remove some of the anxiety.
- **Never** dramatize or minimize expectations.

Reassure and Support:

- Reassure patients that **some pain is normal**, post-operatively. Tell them you will **do your very best** to help them.
- Explain that pain **can't always be eliminated**, but that you will assist them in controlling and coping with it.
- Say: "***We will never abandon you***."

Five Essential Pain Coping Skills:

1. **Understand the pain**. What they're dealing with.
2. **Acceptance**. Go from "why me?" to "What now?"
3. **Calming**. Teach calming techniques. Breathe!
4. **Balance**. Tortoise vs. Hare, who wins?
5. **Coping**. Teach tools. Self massage, distraction, OTC.

-Ted W. Jones, PhD., CPE, American Academy of Pain Management 2013 Conference

Stay ahead of the Pain Curve:

- Commit to patient you will **always return** to administer pain meds **on time**.
- Commit you will return to reassess, 30-45 minutes ***after*** giving the medication.
- Remind patients to ask for pain medication 30-45 minutes ***before*** beginning an activity.

Remember*:*

- ***"Pain is whatever the patient says it is. It exists wherever he says it does."***
- Your presence, **empathy, compassion** and professional demeanor let patients know you are there to help.

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Specific Best Practices (cont'd)

Best Practice Step #6: *Medicating for Pain Relief*

Medication: an inter-disciplinary team

- The physician prescribes.
- The pharmacist consults.
- The nurse advocates for the patient.

***Question**: "What if my patient needs more pain meds, and I can't reach the physician…?"*

As the patient's advocate, your role is:

- Call the MD. Even at night.
- If n/a, locate who covers for him/her.
- Be thoroughly prepared with SBAR. Be professional.
- Be calm --- and forthright --- with your information.
- **Refer to ethical principles; they help you advocate**.
- If confronted with uncooperative behavior, locate another MD who can prescribe.
- Then write a report of this situation to Mgr. & CNO.

A Very Firm ***Recommendation**:*

It's worth working diligently to create a climate where it's safe to report negative, non-collaborative behavior that could lead to needless patient pain or patient harm. Would you agree?

Best Practice Step #7: *The Power in Alternative Pain-Reduction Strategies*

Are you open to the possibility of CAM/Integrative Medicine?

- Nearly **40 percent** of adults report using **C**omplementary and **A**lternative **M**edicine (Also called CAM for short)
- Doctors are embracing CAM therapies, often combining them with mainstream medical strategies --- and using the new term "**Integrative Medicine**"
- Are you **open** to these next eight examples?

Ancient Therapies Can Reduce Pain

1. Tai Chi and other energy therapies: Yoga, Qi Gong, Reiki
2. Music Therapy
3. Touch Therapy/Massage/Acupressure
4. Behavioral Medicine
5. Meditation
6. Spiritual Guidance
7. Pet Therapy
8. Let the Sun Shine In

PS. Comfort Care: Repositioning Heating Pads/Pillows

***Questions**:*

- How many of these **C**omplimentary **A**lternative **M**edicine treatments are you familiar with?
- Which one will you use next to increase your repertory of pain control skills?

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Specific Best Practices (cont'd)

Best Practice Step #8: *Post-Discharge Pain Management*

Prior to discharge: re-visit these medication safety points:
Your focus: make sure patient has a clear understanding of all pain medications to be taken:
- ❑ **New** medication, and/or **continuing** medications.
- ❑ Previously **discontinued** medications at home that *are* to be resumed.
- ❑ And which previously-discontinued at home medications are **not to be resumed**.

Reinforce what worked well:
- ❑ Review with patients and their caregivers what pain reduction modalities **worked well** while in hospital.
- ❑ Because, anxious about their pain, patients often forget what worked.
- ❑ It's important to **remind them!**

Who should make the **post-discharge call**?
- Ideally, call should come from a **nurse who cared for the patient.**
- When that isn't possible, call must come from someone who **can answer questions about medications** and health concerns.
- Or a **call center.**
- Or a hospital **volunteer**? (Must be trained/skilled at answering patient questions)

Essential elements of an effective post-discharge call
- ❑ **Identify** yourself.
- ❑ Explain **why** you are calling.
- ❑ Ask about **pain level**, safety, care, comfort.
- ❑ Check for **follow-up** MD & other appointments.
- ❑ Assess **satisfaction** with pain management during stay.
- ❑ Express **thanks.**

Be sure to spend extra time checking on **vulnerable pain populations**:
- ❑ The elderly.
- ❑ Those with cognitive impairments.
- ❑ Parents of small children.
- ❑ Social issues: A history of abuse, neglect, no known social support, or patients who live alone.
- ❑ Poor nutritional status.
- ❑ Above all**, listen carefully for pain challenges needing help**.

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Specific Best Practices (cont'd)

Three Critical Phone Questions to Ask:

1. *"Just so I'm clear,* ***who is your daily caregiver*** *at home?"*
2. *"Now help me be sure you're okay with your new pain medicines"*
    - *"You've gone home with __XX__ new pain medications.*
    - *"Here's the* ***pop quiz****: Can you tell me the* ***name of each****…?"*
    - *"What is* ***each one for****…"? "****When do you take each****?"*
    - *"And what* ***side effects — and remedies*** *— do you need to be aware of?"*
    - *"Great! You've got it!*
3. *"Aside from your meds, what other strategies are successful for your pain control?"*

Here's your chance to review/remind of alternate forms of pain care.
Last: *"Do you have any questions for me about pain management?"*

Recommendation/Question*:*
What do you need to change/improve in your unit's post-discharge phone call process?

Best Practice Step #9: *Identify your floor/unit's Pain Guru (or grow one)*

A "Pain Guru":

- Is a unit-based expert
- Who is respected and accepted
- Who is conveniently accessible to guide and answer questions

Who is your Pain Control Leader?
Aside from the pharmacist who may be available to your nursing floor, is there a nurse (or two) on your floor who **is certified in pain management?**

If you don't have your own pain expert, **send someone to school**!

- **www.Health.usi.edu/certificate/painmanagement.asp**
  Pain Management Certification Program (online, six weeks, 40 CE credits)
  The College of Nursing and Health Professions at USI
- Certificate in Pain Assessment and Management (online, six courses, 24 contact hours total)
  UCF**www.ce.ucf.edu/Program/2897/Certificate-In-Pain-Assessment-And-Management-Non-credit**)
- American Nurses Credentialing Center (Credential awarded: RN-BC)
  www.nursecredentialing.org/PainManagementNursing
- **www.aapainmanage.org** -American Association for Pain Management Offers certification in pain control

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2 Tools, Equipment and Resources

Pain Control Resources: *Tools, Equipment and Resources for a Pain Free Experience!*

1. Easy access to Call Bell and Phone
2. White Board in room: Pain levels are listed where staff and patient can see them, and treatment options discussed
3. **A take-home, must-do Pain Management Checklist** - developed, approved and updated by your Pain Control Team
4. Pain Management Flow Sheet
5. The "Ouch" Baby
6. Best Apps to Help Kids Manage Pain (from Children's Hospitals and Clinics of Minnesota, collected by Stefan Friedrichsdorf, MD)
    1. **Balloonimals**: Absolutely groovy – kids love it!
    2. **The Healing Buddies Comfort Kit**: CAM for kids
    3. **Easy Bake Treats**: Kids bake, decorate, eat

    More Apps for Kids:

    4. **Koi Pond**: Gaze at fish, turtles and more
    5. **Fruit Ninja**: Squishy, splatty fruit carnage
    6. **Tesla Toy**: Interactive "particle toy"
    7. **Drums**: This is a drum kit
    8. **Simply Being**: Meditation without prior experience
7. Tool – *Recommended Reading/Videos/Websites:*
    - The **Speak Up**™ videos from **JCAHO** online at **www.jointcommission.org/speakup**
    - **Pain Treatment Topics**: **http://Pain-Topics.org** Clinical news, information, research, and education for better understanding of evidence-based pain-management practices
    - **Pain.com** – **www.pain.com** Free web-based CME, articles, and pain journals (all free to view).

    Recommended Pain Management Reading:

    - *Something for Pain: Compassion and Burnout in the ER* by Paul Austin (paperback) (2008)
    - *Conspiracies of Kindness: The Craft of Compassion at the Bedside of the Ill* by Michael Ortiz Hill (2010)
    - *Principles and Practice of Managing Pain: A guide for nurses and allied health professionals [Paperback]* by Gareth Parsons & Wayne Preece (2010)
    - *Advancing Nursing Practice in Pain Management* by Carr, Layzell, & Christensen (2010)
    - *Compact Clinical Guide to Acute Pain Management: An Evidence-Based Approach for Nurses* by Yvonne D'Arcy
8. Smartphone Apps

Which tools will you put to work for your patients *now?*

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3 Staff Skills and Behaviors

Non-Verbal Communication and Empathic Listening

The **Goal** of Pain Management:

- To improve the quality of the patient's life, increase function and reduce suffering.
- Communication and the building of the therapeutic relationship through listening are the keys.
- Relieving Pain…is Job #1!

Are you a good **body-reader**?

- The body never lies. Not yours. Not your patient's.
- Can you read the messages your *patient's body* is sending you?
- Are you aware of the messages *your body is sending?*

The power of **Intentional Presence**:

- Use "**open**" body language.
- Your "**soft eyes**" convey empathy.
- A simple **touch** comforts someone in pain who feels isolated and estranged.
- These hallmarks of ***intentional presence*** convey compassion.

Listen Well:

- It's one of the most important things you can do for a person in pain.
- Listen for more than what's being said.
- What's left unsaid?

*Do you know the **humble inquiries** that **start a conversation**?*

With **reluctant patients**, try these:

- *"Please share with me why you're hesitant to…"*
- *"Patients are often concerned about XYZ. Do you have some of the same concerns?"*
- *"Patients often ask me about XYZ. I've had some experience with it. Would you like me to share a few proven strategies with you?*

Verbal First Aid:

There is no right way to move through pain. *Pacing* people, moving with them as they ride through the ups and downs is a gentle but powerful gift.

- *"I know..." "I hear you..." "I'm with you…"*
- *"That's really hard…" "That's scary…"*
- *"I'm sorry…" "You're so brave…"*
- Or, *"You don't have to be brave…"*

-from *The Worst Is Over: Verbal First Aid to Calm and Relieve Pain* by Judith Acosta, LCSW & Judith Simon Prager, PhD (2002)

What 'verbal first aid' can you offer?

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Staff Skills and Behaviors (cont'd)

***Recommendation**:*
"We must become better at asking – and do less telling – in a culture that overvalues telling."
-Edgar H. Schein, *Humble Inquiry (2013)*

Asking vs. Telling:
- As a 'helper,' establish the therapeutic relationship by asking "open" questions.
- It's smart to ask before jumping in with solutions to a patient's problem.

Here are some samples, use skillful 'open' questions:
- *"Describe what you see as possible causes of..."*
- *"What efforts can you make to turn the pain around?"*
- *"Can you share the pain care benefits you've discovered in meditating daily?"*
- *"What advantages come with your new idea to reduce pain?"*
- *"Please tell me what you think of the doctor's pain care plan."*

4 Staff Scripting Recommended "Conversation Starters" Examples

Words That Work: They Help Relieve Pain

Empathy First:
- *"I can tell you've had a tough time."*
- *"I can see why you're discouraged."*
- *"I can tell you're disappointed."*
- *"I'm sorry you're in pain."*
- *"What a difficult time for you."*
- *"That* ***is*** *frightening!"*

Empathy with Children:
- *"I can see the boo-boo, and that it hurts a lot."*
- *"I know burns can make you cry sometimes…"*
- *"Will you be my partner and help me now so we can get this all better real fast? Good!"*

Your accompanying action-statement might sound like this:
- *"Your pain is a real challenge to you, and here are the steps I'll take to relieve it…"*
- *"The situation can be fixed. Here's what I'm going to do..."*
- *"Here are two possibilities..."*
  (You're offering choices; they feel in control)

More Choices:
- *"Another way we can manage your pain is..."* (Suggest an alternative therapy)
- *"What if we did XXX and then YYY?"* (Choices again.)
- *"What's the one thing I can do to make this moment easier for you…?"*

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Staff Scripting Recommended "Conversation Starters" Examples (cont'd)

At all costs, avoid:
- Responding to patients' pain with criticism
- Being judgmental: every person's pain is different
- Offering easy reassurances
  - *"I understand…"*
  - *"I know what you're going through..."*
  - *"You'll just have to live with it…"*
  - *"You'll get over it…"*

Reinforcing "Pain Positives"
- When in pain, positive qualities are often forgotten and self-esteem suffers.
- Remind patient of personal strengths now being overlooked:
  - *"How are you managing to cope so well?"*
  - *"What helps you get through this?"*
  - *"What helps you the most to handle this?"*
  - *"What other supports or strengths do you have?"*
  - *"You have endured so much, what keeps you going?"*

Empowering your patient
- *"How may I be most helpful to you?"*
  (This question empowers because it hands control to the patient in pain.)
- **Remember:** Your positive spirit, humor, and humanity can shift the patient's mood, optimism, and perception.

Question:
What's your best empathizer?

5 Collaboration Required from other Leaders/Departments

"No one profession owns pain"
-Paul Arnstein, PhD., CPE Massachusetts General Hospital

We need an acute awareness by all clinicians that everyone has a role in alleviating pain and its symptoms.

The Physician's Role:
- Teaming with nurses.
- Sharing knowledge and educating about pain care with RN's – and with patients.
- Leaving clear orders for pain meds – and always being available when Rx for increased pain meds are needed.

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Collaboration Required from Other Leaders/Departments (cont'd)

The Nurse's Role
The key player in the multi-disciplinary pain team

- Patient education (including self-management of pain).
- Pain assessment.
- Analgesic interventions.
- Assess patient response to pain interventions.
- Documentation.
- Patient advocacy.

Pharmacist's Role

- Set up a system to enable staff members to request consultation with clinical pharmacist on difficult pain problems.
- Timely, safe delivery of meds.
- Availability on evenings and weekends.
- Close relationship between Pharmacy and Nursing.
- Best Practice: party together!

Psychologist/Social Worker's Role

- Familiarity with pain caused by challenges in living.
- Great team player with nursing.
- Enough counselling strategies to manage and reduce *"the gray drizzle of horror induced by depression, that takes on the quality of physical pain."* -William Styron, Novelist

Case Managers/Patient 'Navigators'

- Collaboration and teamwork are at the heart of what you do.
- Use your complete repertoire of communication skills to assure the whole clinical team is on the same pain care page.
- Remember: *"Competence is no substitute for charm."*

Information Technology's Role
Collaborate with clinicians to develop and revise computer programs to include graphic prompts for appropriate assessment and documentation of "Pain as 5th Vital Sign."

Education Department

- Develop a 'pain management library.'
- Allow staff easy access to journals with pain content. Collect pain journals used on other units (anesthesia, oncology).
- Include pain management content on in-hospital television channel.
- Create colorful posters teaching pain care principles.
- Frame and post large pain rating scale in every room for easy reference.

Post-Discharge Phone Callers

- Successful in teaming and sharing patient information with nurses.
- Use this phone opportunity to team with patient, help manage pain in recovery.

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Collaboration Required from Other Leaders/Departments (cont'd)

Pain Control Resource Team

Recommendation: *Charter a Pain Control Resource Team*
This inpatient team consists of:

- CEO and CNO (ex-officio)
- Pain Management Physician
- Bedside Nurses from Clinical Units
- Nurse Practitioner
- Anesthesiologist or CRNA
- Pharmacist
- Psychologist/Social Worker/Others (on call)

Question: *Do you have a robust pain control program?*

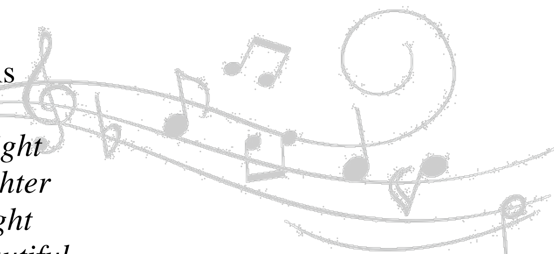
- Is it a coordinated, interdisciplinary effort?
- Is it led by a comparable group as described here?
- An effective team is fastest way to institutionalize your pain care efforts and gain buy-in.

6 Three Questions asked three ways to guarantee a Satisfied Discharge Experience

Pain Care Angels
We believe that Nurses are Angels

"Nurse Angel, nurse angel
You sparkle and you're bright
You're like the old lamplighter
Lighting someone else's light
Nurse angel, you're so beautiful
You've got this loving heart
You're perfect for the work you're in
Your work's a work of art"

-Leo Peters

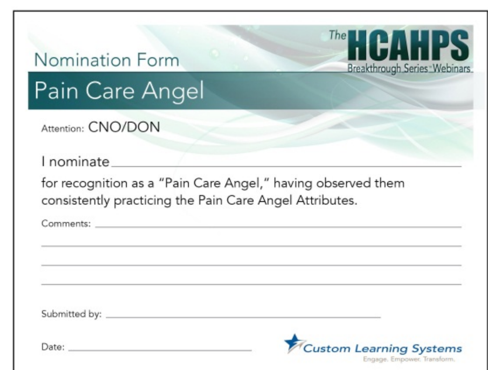


Recommendation:

- Recognize and honor your *"Pain Care Angels,"* one nurse at a time.
- By presenting an Angel Lapel Pin.

Start **Creating Your Culture of Compassionate Pain Care** Now!

- Patients & peers can nominate.
- Recommended by Director/Manager.
- Selected by CNO/DON, and or Nurse Director Team.
- Conduct a brief ceremony in front of peers.
- Be specific about behaviors observed.
- Challenge everyone to become one!


The HCAHPS Breakthrough Series: Webinars

Nomination Form

Pain Care Angel

Attention: CNO/DON

I nominate ______________________

for recognition as a "Pain Care Angel," having observed them consistently practicing the Pain Care Angel Attributes.

Comments: ______________________

Submitted by: ______________________

Date: ______________________

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Team DO IT Plan

- ☐ 1. Continuously affirm and remind that relieving pain is Job #1
- ☐ 2. "Come with Me." Take a caregiver along with you at every opportunity, so they can see you actively model compassionate care
- ☐ 3. Empower your unit team to author their own pain control mission statement
- ☐ 4. House-wide, select and use one pain rating scale to gauge discomfort in most patients. Select alternative scales for special populations *(neonates, young children, non-English speaking patients, the cognitively impaired)*
- ☐ 5. Support your RN's assertively and professionally, communicating patient pain medication needs, with physicians as required
- ☐ 6. Schedule an in-service to:
    - a. Educate & promote the use of Complimentary Alternative Medicine therapies
    - b. Reinform the Critical Imperatives of **Empathetic Listening**, non-verbal communication, and sentence/conversation starters
    - c. **"The enemy to compassion is judging."** Discuss and discard myths and misconceptions that are not evidence based
    - d. Train clinical staff to **ask for pain scale ratings at regular intervals**. Teach all staff to accept and act on a patient's report of pain
- ☐ 7. Conduct a review of your Pre-discharge patient education protocol, and post discharge phone call process, to insure Pain Care is a priority focus
- ☐ 8. Ensure every unit has its own "Pain Care Guru." If not, recruit champions and send them for additional training
- ☐ 9. Establish or your revitalize an interdisciplinary Pain Control Resource Team. Utilize the Charter available from this webinar
- ☐ 10. Based upon your implementation of this DO IT Plan, update your hospital's pain control/ management policy
- ☐ 11. Institute an ongoing Pain Care Angel Award Program to honor exceptional nurses, and create ongoing awareness of the importance of pain control *(based upon the "12 Attributes" provided)*
- ☐ 12. Ensure everyone submits their webinar evaluation forms to obtain their *(Free)* Compassionate Pain Care – Tool Bundle including;
    - ☐ Pain Control Resource Team Charter
    - ☐ Pain Management Flow Chart Form
    - ☐ Mini-Poster – Attributes of a Pain Care Angel
    - ☐ Nomination Cards – Pain Care Angel Award

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Tools & Resources

TOOLS

To support your team to achieve its HCAHPS performance improvement goals, we are pleased to offer these value added Educational Resources and Implementation Tools. For more information give us a call at 800-667-7325, or email webinars@customlearning.com.

☐ **One Hour** *(Free)* **Coaching Call**
Problem solve & overcome barriers with this powerful value added Webinar Series benefit.

☐ **The Everyone's a Caregiver™ App**
A time-sensitive web-based learning tool to educate and empower everyone in your hospital, and improve patient satisfaction scores.

☐ **The CEO's Service Excellence Initiative™** *(no charge – travel expenses only)*
A comprehensive 2 day Service Audit and dynamic 4 hour HCAHPS Leadership Seminar

☐ **HCAHPS HOPE Plan™** - Implementation System
A systematic Blueprint/Tool Kit to continually improve and sustain HCAHPS scores.

☐ **The Frontline Culture of Engagement Initiative™**
Create a sustainable culture of employee empowerment as an Employer of Choice

☐ **The DO IT Implementation Meeting™** – Train-the-Trainer Course
A "How-To" System to engage everyone in continuously improving HCAHPS and the Patient Experience.

☐ **Transforming the Patient Experiences™** - Self Study System
A turnkey, interactive, and engaging cost effective skills based learning system.

☐ **The 17th Annual HealthCare Service Excellence** - www.HealthCareServiceExcellenceConference.com
- February 6 - 8, 2017, Hilton Long Beach, Long Beach, CA
- National Symposium on HCAHPS Success – February 6, 2017

☐ **Brian Lee,** CSP, **Onsite Keynote Presentation**
- The Magic of Engagement™
- The Six Secrets of a World Class Patient Experience™
- The HCAHPS Hospital of Choice™

V1-R7

Participant Satisfaction Report **PLEASE PRINT**

This Evaluation Page can also be found at: www.lads.customlearning.com/feedback.php
Email: review@cls.com **Password:** 123456
Or, Email/Fax this form: webinars@customlearning.com, / 403-228-6776

You've just heard from us, now we'd like to hear from you. Thank you.

We **totally employ** about #_________ full and part time staff, at _________ facilities.

1. **For me, the most valuable idea I learned and intend to use is**: ____________________________

   ____

   ____

2. **What I would tell others about the quality of the speakers and value of the content**: __________

   ____

   ____

   ____ O.K. to quote me: YES NO

3. **Presentation improvements I would suggest**: ____

   ____

   ____

4. **On a scale of 1 - 5, this presentation:** (Met My Expectations) 5 4 3 2 1 (Did Not)
5. ***Featured Implementation Tool:***

   Yes A. **Nurse Angel** Nomination Cards and Mini-Poster

   Yes B. **Pain Management** Flow Sheet Sample

   Yes C. Interested in Scheduling Our **Team Coaching Call**

6. **P.S. – My Best Tip**: ____

   ____

   ____ ❑ More on Reverse

PLEASE PRINT

First/Last Name:____

Organization: ____________________________ Position:______________________________

Address:____ Zip: ______________

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*Email:____

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