

Compassionate Pain Care

Pain Care

HCAHPS Breakthrough Series

Thank You
Partners

NORTH CAROLINA ASSOCIATION FOR
HEALTHCARE QUALITY





Compassionate Pain Care™

Pain Care

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

Question:

What was your worst pain experience?

*“What’s more awful in life than **feeling** pain, and what’s more important in life than **relieving** pain?”*

– Brian Lee, CSP

“Relieving Pain is Job #1!”

– Brian Lee & David Dworski

Why Pain Care Matters

HCAHPS Domain – Pain Management – (discontinued 2019)

The Future – HCAHPS Pain Survey Questions

- CMS **discontinued** the required **use** of the pain care questions in 2019/2020
- Hospitals do have the option to continue asking them, as **supplemental questions**

Survey Question #1:

“During this hospital stay, did you have any pain?”

Survey Question #2:

“During this hospital stay, how often did hospital staff talk with you about how much pain you had?”

Survey Question #3:

“During this hospital stay, how often did hospital staff talk with you about how to treat your pain?”

Recommendation

1. Keep Measuring
2. Keep Improving

PAIN ALERT!

- Pain is **still** one of the main drivers of the patient’s overall Patient Experience
- It is **vital to provide kind pain care** regardless of CMS reporting requirements

The Keys to compassionate pain care:

- **Continuously assess pain**, drawing upon a range of helpful tools.
- Proactively manage patient’s expectations **ahead of time**.
- Employ all means possible to quickly **respond to patient’s concerns about their pain**.
- Be **non-judgemental**, and avoids myths and misconceptions, and anything not evidence based.
- Apply the **healing power of touch**, intentional presence, and empathetic non-verbal communication.
- Be proactive in preparing the patient for a **pain-free recovery at home**.



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

Domain Leadership Owners

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

Domain Staff Owners

Nurses and Physicians

Pain is the 5th Vital Sign

“Pain is whatever the patient says it is. It exists wherever he says it does.”

– Margo McCaffery, MS, RN, FAAN

The Need for Pain Care

- 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

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**.

Benefits of Good Pain Care

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



Be Aware of the “Pain Myths”

Question:

What pain myths and misconceptions have you unknowingly bought into?

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 taking pain meds “too soon,” before “really needed.”
- Believe that pain is inevitable, or that they “deserve it.”

Question:

Are you (*or any of your staff*) carrying prejudices against patients who are different from you? Are *you* free from personal bias?

Accountability & Misconceptions

- “One of the greatest challenges has been to hold clinicians accountable for accepting and treating a patient’s report of pain.”
- “This involves addressing many misconceptions, such as addiction.” — Margo McCaffery, MS RN
FAAN, Pain Consultant

Do you have caregivers 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?

Empathetic Inadequacy

“Empathetic inadequacy” is the polite term for today’s prejudicial behavior.

Sadly, it can lead to under-treatment or over-treatment of pain.

Recommendation:

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

If prejudice is in the air:

Educate staff to an awareness of the cultural diversity in your community.

Guide staff to understand how their own cultural background can adversely influence how a clinical encounter plays out.



Managing Pain Expectations

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.

"If you don't manage their expectations,
you won't manage their pain."

Remember:

- Your presence, **empathy, compassion** and professional demeanor let patients know you are there to help.



Medicating for Pain Relief

Question: “How do you see your role as pain medication patient advocate?”

As the patient’s advocate, your role is:

- Call the MD. Even in the middle of the 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 Manager & CNO.

Alternative Pain-Reduction Strategies

- | | |
|-------------------------|-------------------------|
| 6. Ancient Therapies | 6. Meditation |
| 7. Energy Therapies | 7. Spiritual Guidance |
| 8. Music Therapy | 8. Pet Therapy |
| 9. Touch Therapy | 9. Sun Shine |
| 10. Behavioral Medicine | 10. Simple Comfort Care |

Question: How many of these Complimentary Alternative Medicine treatments are you familiar with?

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?

Skillful Pain Care Communication

Question: “What is your personal goal for your patient’s pain care management?”

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?

- What piece of information can you give a patient in pain, that he can cling to?
- What can you say that will bring relief?
- What alternative outcome, what promise of relief based on fact, can you suggest?

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."*

In Summary:

The body never lies



Pain Care Sentence Starters

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...?"*

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?

The Accountability First Step:

Who Will do What by When & How?

What’s the BEST idea you’ve heard on this webinar?

- _____
- _____
- _____

How **soon** will you put it/them to use?



Pain Care 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 Care Team
4. Pain Management Flow Sheet – Tool provided
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)
 - **Balloonimals:** Absolutely groovy – kids love it!
 - **The Healing Buddies Comfort Kit:** CAM for kids
 - **Easy Bake Treats:** Kids bake, decorate, eat
 - **Koi Pond:** Gaze at fish, turtles and more
 - **Fruit Ninja:** Squishy, splatty fruit carnage
 - **Tesla Toy:** Interactive “particle toy”
 - **Drums:** This is a drum kit
 - **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*?

Tools & Resources

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 x2202, or email webinars@customlearning.com.

Tools

- ☐ **Thirty Minute Coaching Call** *(Complimentary)*
Problem solve & overcome barriers with this powerful value added Webinar Series benefit.
- ☐ **Brian Lee, CSP, HoF, Live Stream Keynote Presentation**
 - Magic of Engagement™ (90 minutes)
 - How to Win Back Every Single Patient™ (60 minutes)
 - How to Inspire Caregiver Heroes Everyday™ (60 minutes)
 - Reignite Your Community Reputation™ (60 minutes)
- ☐ **Ignite the Patient Experience™** (Administrative fees only)
A comprehensive 2 day Service Engagement and dynamic 4 hour HCAHPS Leadership Seminar
- ☐ **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.
 - HCAHPS based Patient Experience Skills for Everyone™
 - Relationship based HCAHPS Skills for Nurses™
 - The Patient Centered Clinic™
 - Transform the Resident Experience™
- ☐ **HealthCare Service Excellence Conference** - HealthCareServiceExcellenceConference.com
 - HealthCare Service Excellence Live Stream Summit
 - HealthCare Service Excellence Full 3 day Destination Conference
 - Includes the Annual CAHPS Symposium

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Participant Satisfaction Report

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HCAHPS Breakthrough Leadership Series

This Evaluation Page can be accessed online: [Click Here](#) to complete online.

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You've just heard from me, now I'd like to hear from you. Evaluation is the "genius" of growth and we sincerely value your contribution to this learning experience. 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. **Pain Care Resource Team Charter**

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

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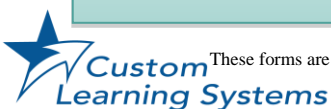
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