

An Innovative Approach to Pain

A case study in the creation of a multi-disciplinary pain management team in an Idaho regional tertiary center.

By Jo Kiester, PharmD

*Post-Graduate Year 1 Pharmacy Resident
Eastern Idaho Regional Medical Center*



Uncontrolled pain creates suffering for patients that every hospital wants to avoid. In addition, new standards for pain assessment and treatment established by The Joint Commission in 2001 challenge all hospitals to improve patient comfort not just in philosophy, but from a regulatory perspective.

Eastern Idaho Regional Medical Center is a 332-bed regional tertiary center located in Idaho Falls, Idaho, with specialty services ranging from a Level 2 Trauma Center, Level 1 Critical Care Service, Level 3(b) NICU, full-spectrum oncology care, open-heart surgery, neurosciences and more. With a broad spectrum of patient acuity, EIRMC

has historically used a variety of approaches to successfully manage acute and acute-on-chronic pain, but in 2011, we challenged ourselves to do even better, and thereby improve the patient experience. As a result, in April 2011, we initiated a pilot program to test the impact of a small, multi-disciplinary pain management team. Our goal in the pilot was to improve outcomes of patients experiencing uncontrolled pain.

The team is comprised of a pain specialist physician, clinical psychologist, nurses, pharmacists, physical and occupational therapists, and social workers. Our pain team additionally offers spiritual care services through a hospital-based chaplaincy, as well as numerous non-pharmacological interventions.

While the obvious objective of these approaches is increased patient comfort in the hospital, another major benefit is that the pain management team can emphasize patient ownership of pain-related issues. Awakened the recognition, "I have some control here," empowers and strengthens the patient's own active participation in the process. In addition, nurses and pharmacists on the pain management team use

their expertise to prepare patients for successful pain management at home, so the benefits last long after the hospital stay.

Much thought and planning went into developing the pilot pre-launch. A series of meetings were held for literature review, discussion of best practices, and other research. This learning process resulted in our ability to develop research-based guidelines to govern our approach for improving patient comfort, enhancing functionality, and supporting a smooth transition to home life.

With the structure in place, we were ready to provide support. But the team understood that a critical success factor would be communicating the availability of the pain management team as an internal resource to the entire hospital. We therefore created a Continuing Education seminar, obtained approval for CEU credits from the Board of Pharmacy, and invited hospital personnel in to hear about the new team, as well as consider how they could incorporate referrals to the team's services, into their own daily work with patients. We focused the teaching on medications, but also touched on the non-pharmacological aspects of pain management, as well as height-

ened sensitivity to pain awareness overall.

The pilot functioned with a narrow focus of the surgical unit only so we could learn, correct course, and modify our approaches as we went along, before a larger-scale roll-out. Then, after the success of the pilot program, a hospital-wide pain management team was introduced in July 2011.

Our current model does not encompass a team “touch” with every patient; instead, we focus on those patients with greatest need for our expertise. Before we enter the picture, nursing staff may request pharmacy support to establish the patient’s pain and medication histories, reconcile home medications, and optimize orders currently ordered by the physician. Pharmacy/nursing recommendations are then made to the attending physician, who may activate the pain management team. The request for a team consult may be either nurse or physician-driven. Specific triggers for requesting a team consult include uncontrolled acute pain despite current opioid pharmacotherapy; home use of suboxone or methadone; chronic pain with opioid use; and/or a history of substance abuse or addiction.

Once a pain consult is requested by an electronic order process (Meditech-based), it initiates a case review by the team during pain rounds, which occurs daily at 0745, Monday through Friday. During pain rounds, six or seven

team members (typically including a physician pain specialist, clinical psychologist, nursing, pharmacy, physical therapy, and case manager) work together to optimize treatment for the patient on the consult. In the event that the pain specialist is not consulted or available, any and all recommendations are made by contacting the attending physician.

The interventions made by the pain team range from medication optimization to psychological consults

and counseling, to referral to a pain specialist. Many different modalities for treating chronic pain are frequently employed by the pain team. Heat/cold therapy, physical/occupational therapy, visual/music therapy, and psychiatric counseling are considered adjunctive to any pharmaceutical plan for managing acute on chronic pain. Chaplain services are available, and current work includes enhancing a massage therapy component. Reduction in opioid use by

optimizing adjunctive muscle relaxants and other medications, optimizing PCA use in patients unable to take oral medications, and minimizing opioid adverse effects are just a few examples of successful interventions by the pain management team.

The efficacy of the pain team’s work is determined by daily monitoring of patient pain levels, which are obtained during daily bedside interviews, as well as monitored and charted by nursing throughout the patient’s stay. We also follow the patient’s functionality in terms of number of nursing assists and distance walked. Patient safety is emphasized with daily pharmacist attention to appropriate doses, dosing schedules, and side effect management.

Importantly, we also regularly review our HCAHPS scores in the pain domain, and have been encouraged about the efficacy of our work as we observe consistent improvement in patient-reported satisfaction regarding their pain management since we began the program in July. (See Figure 1.)

A pharmacy resident tracks and trends data differentiating pain scores and functionality from consult day 1 through discharge, and also conducts a brief patient survey to determine the patients’ perceptions of the whether our team made a difference.

Our new multi-disciplinary pain management team’s primary goal

Figure 1 HCAHPS Inpatient Survey Results for Pain Management (2nd Qtr through 4th Qtr*)	
2011 Qtr	HCAHPS Score Pain Management
2nd Qtr	71%
3rd Qtr	69% - initiated hospital-wide pain management program
4th Qtr	74%
*4th Qtr Surveys received as of Dec. 1, 2011, for patients discharged during 4th quarter	

is to provide the best care for improved pain outcomes and enhanced patient experience. Physicians are key to the success of the program, and continued partnering with them to establish the shared objective of superior patient outcomes has been critical to their understanding and support of the team.

Current limitations include manpower (limited pain specialist coverage, with consequent inability to accept all IP and OP pain management follow-up). Consequently, our current focus is limited to helping manage only the most complex pain cases. With continued successes and growth of the pain team, however, we plan to expand on the base, offering more services to more patients.

Future goals include standardizing the patient interview process, establishing weekly physician-led bedside rounds, emphasizing the focus on improving patient comfort level, and expanding services to meet our patients' needs.

Although we have ambitious future goals for the team, even with our short five-month track record, the conclusion is inescapable that we are making a significant impact in keeping our patients more comfortable, and increasing not only their satisfaction with their hospital experience, but equipping them to sustain their gains at home. It is gratifying to see the "cause" and "effect" results of our efforts, which fuels the project's momentum and

inspires the team to find additional ways to bring the hospital's mission to life: improving the lives of those we touch.

Jo Kiestler is a Post-Graduate Year 1 pharmacy resident at Eastern Idaho Regional Medical Center. She graduated in May, 2011 from the Idaho State University College of Pharmacy in Pocatello, Idaho. She is currently conducting research to measure outcomes of the new multidisciplinary pain management team and has worked together with the team and hospital staff to improve current processes, including submitting a pain data audit for corporate approval. Her future goals include working in a health-systems facility as a clinical pharmacist.

Reprinted with permission from the Idaho Healthcare News. To learn more about the Idaho Healthcare News visit idhcnews.com.