

Pain Management

A Systems Approach to Improving Quality and Safety

Module 4 – Launch and Control

The New Pain Management Process

Pilot Testing

- Have you implemented any new initiatives?
- What changes have occurred?
- Do you see the need to make adjustments?

After pilot testing your newly-designed (or redesigned) pain management program, the organization's pain management performance improvement (PI) team will be able to address these important questions.

The Deployment Plan

Effective launch and control includes the incorporation of a deployment plan, which identifies activities, who is responsible, and when relevant implementation will occur. A deployment plan provides clarity around the sequence of activities needed to initiate and maintain effective change.

What? Changes	How? Actions	Who? People	When? Start	When? Complete	Measure? Results
People (new pain resource nurse)					
Process					
Equipment (new patient-controlled analgesia [PCA] pumps)					
Materials					
Environment/location					
Replicate					

The deployment plan requires oversight. A monitoring plan requires a process owner to take responsibility and sustain the new process. A solid communications strategy is essential for sustainability of the new pain management process – use multiple communication approaches to reinforce understanding and support for your new pain management process:¹

- People remember 10% of what they read
- People remember 20% of what they hear
- People remember 35% of what they see
- People remember 50% of what they read, hear, and see
- People remember 70% of what they say
- People remember 90% of what they do

Communication between providers and across practice settings aligns with the continuity of care needs and patient satisfaction, both of which can positively impact the market share of institutions.

Does your institution have the capacity to launch and control a new or redesigned pain service?

To answer this important question, an organization should have already assessed the current pain management process, built a pain management PI team, applied a systematic PI methodology to identify root causes, and developed a measurement system to evaluate changes from the current state to one that fills gaps and provides the vision for design of the new or ideal pain management service. These next five factors will provide insight as to how quickly and successfully improvement can be implemented.

Site Visit Feedback

The five health care organizations in the national pain initiative reported on their progress, post-visit, no longer than four months following the initial consultant site visit. The post-visit questions and highlights of the responses are listed here:

1. **What priorities or system opportunities did the pain team identify in the gap analysis? Explain how your organization addressed them. (For example, if lack of education was perceived as a priority, you may have developed an orientation program.)**
 - One site identified five priorities for improvement:
 - To ensure appropriate, safe, and timely pain management, the inventories and functioning of PCA devices, epidural infusion pumps, and oximeters were reviewed. Required equipment is now available and functional
 - Processes were established to improve patient safety. For example, order forms now use standardized drug concentrations; hard limits on highest and lowest infusion rates are programmed on all pumps used for pain control; the pharmacy does not process orders provided in any format other than on the standard pain relief order forms; and policies for pain are now cross-referenced across departments for consistency
 - Education programs are provided for orientation, nurse residency programs, the pain resource nurse program, and both physician and pharmacist education are regularly reviewed and revised, as needed
 - Evidence-based tools are used. For example, the organization is now using literature, surveys of community hospitals, standards of practice for PCA and epidurals, and the Critical Care Pain Observation Tool (CCPOT)
 - Documentation opportunities have arisen with new flow sheets and policies
 - Another site identified four opportunities:
 - Providers at multiple pain management sites need to collaborate
 - Standards regarding handoffs and transitions of care are lacking and must be strengthened or developed and then implemented
 - Efforts must be made to address the wide variety of information technology systems that do not speak to each other
 - The process map needs to be finalized to convey the total system view

A review of these questions can provide insights into an organization's capacity to launch and control.

- Can a trial test (pilot) be easily conducted?
- Is the change difficult to understand?
- Compared to current practice, what value-added change does the change offer?
- Is the change compatible with the organization's environment and culture?
- How easy is it for leaders and opinion makers to view the benefits of the change?

- Collectively, the sites indicated the following priorities:
 - Developing a process for clinicians to ask questions and/or relay concerns
 - Competency-based pain education is needed for all clinicians
- Sites also identified other needs as they redesigned their pain programs:
 - Identifying an executive sponsor
 - Restructuring reporting relationships for pain personnel
 - Realigning the pain program with the strategic goals and performance improvement framework for the entire system
 - Enhancing the electronic medical record
 - Reviewing chronic pain services available in the continuum of care
- A community hospital reported the following:
 - The need for education, toolkits, and resources for pain management
 - Unit-based/service-line pain resource nurses
 - Pain management orders for new admissions from the emergency department
 - Sanctioning of a pain management task force

2. **What have been the most significant challenges to implementing the improvements?**

- Lack of structure for discussion and resource sharing across services
- Struggle to define a metric for ROI and identify appropriate resources for the business model
- Competition with other organizational priorities
- Difficult procurement process for purchasing and problematic budget and capital planning cycle
- Scheduling training so that it does not compete with clinical care needs of patients
- Lack of time
- Selection of an interdisciplinary pain team
- Finding a dedicated interdisciplinary pain consulting service

3. **What were the strengths you identified in your organization's pain management system, and how have you expanded them or used them as a basis for moving forward? Some of the following existed already, and others were in the new design plan:**

- Unit-based pain champions, including pharmacists
- Physician champion volunteering during the redesign process
- Healing touch program
- Steady increase in referrals to the pain service
- Support for outpatient clinic pain interventions
- Financial support
- Full compliance with Joint Commission pain standards
- A learning center

- An interdisciplinary approach
- Patient identification of their own pain goals
- Integrated therapies such as TV, music, Wii, and massage
- Resources available to clinicians 24/7
- Evidenced-based practices and clinical guidelines
- Order sets and assessment flow sheets
- Six Sigma classes at one organization

4. **What additional needs does your organization have in order to continue its commitment to improving pain management?**

- An advisory panel of high-level leaders
- Filling of clinical vacancies
- A physician champion
- A model for the transition of care across the continuum
- Various methods of pain relief measures
- Ongoing education
- Identification of performance measures
- Continued leadership support
- Continued collaboration and motivation with national pain practices
- Creation of an annual plan
- Sanctioning of a pain management resource service
- Engagement of the community

5. **What three activities of Joint Commission Resources consultant site visit were most helpful?**

- The presence of outside consultants quickly organizing, collating, analyzing, and presenting concrete, specific site data; participation of high-level leaders; and new insights gained
- The use of the pain tracer survey method, which has improved communication between disciplines
- PowerPoint tools using specific site data in a process map,

SWOT analysis, and a cause-and-effect diagram, which provided greater understanding of current state; sharing feedback on leading practices; appreciation for the business opportunities

6. **What could be different, in terms of support from Joint Commission Resources?**

- A more specific site visit agenda and schedule
- A full narrative summary in addition to the PowerPoint presentation
- Identification of data elements for measurement
- Periodic webinars and networking opportunities for pain clinicians
- Earlier contract review
- More time with the final presentation and recommendations
- A broadened tracer that includes medical patients

Feedback following the consultant visits revealed both similarities and differences between organizations. Use these questions to understand the findings and needs in your own organization.

Core objectives for this module include the following:

- Pilot test your new pain management process
- Create a deployment plan to set the new process into place smoothly
- Develop communication strategies that provide information vertically and horizontally to all stakeholders in your health care organization, at ambulatory sites, and with community physicians and other clinicians
- Plan celebrations to honor and showcase the team and its accomplishments
- Share lessons learned
- Reinforce the performance improvement framework to improve and sustain change

Reference

1. Arthur J.: *Lean Six Sigma Demystified*. New York: McGraw-Hill, 2007.

