

# PAIN MANAGEMENT: A PROCESS TO MEET THE CHALLENGE

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## INTRODUCTION:

A skilled nursing facility that provides service for both long-term and subacute residents was concerned about the inability to quantify whether their residents were receiving proper pain assessments and pain control.

## OBJECTIVE:

Our objective was to create a pain management program responsive to this need.

## METHOD:

With medical direction and facility leadership, support and oversight, the quality improvement process (QIP) included: lecture and education focused on pain and palliative medicine; development of a Medication Administration Record facilitating documentation of pain levels before and after medication administration (figure 1, addendum 1); educating staff and residents of appropriate administration of pain medication for pain levels less than severe; creating a monthly summary tool to determine each residents overall pain levels and response to medication (figure 2) (with monthly analysis at the Quality Assurance Meeting) (figure 3); enabling staff to achieve a comfort level of selecting the appropriate pain scale; and most importantly, the enthusiasm of a nurse champion dedicated to this challenge.

FIGURE 1

ADDENDUM 1

FIGURE 2

FIGURE 3

## RESULTS:

When the project began, we were unaware of the number of residents receiving pain medications, the medication's effectiveness, and what appropriate changes were needed to achieve resident comfort. Currently staff and residents collaborate to develop pain goals and determine if goals are being met. Staff identifies residents who would benefit from medication changes and communicate this information with medical providers.

## CONCLUSION:

Outcomes of our pain management QIP were enhanced by medical direction, administrator support for a pain program, a dedicated nurse, ongoing education, appropriate measurement tools, consistent monitoring, and resident, staff and medical provider communication.

## CHALLENGES AND PEARLS LEARNED THROUGH THIS QUALITY IMPROVEMENT PROCESS:

- An ongoing education process is imperative to assist nurses and residents to use the subjective data of pain levels in an objective manner
- Providing understanding of the different types of pain (neuropathic, visceral, somatic) and the appropriate medication selections for each type of pain enhanced the outcomes
- Managing pain for residents with prior addictions to street drugs created greater challenges than managing similar pain experienced by residents with dependency on prescription drugs
- An accurate assessment of each resident's pain could be seen most clearly by those who know or work with that individual on a regular basis, observing both the resident and the documentation
- Nurses perception, resident fears and cultural aspects of pain management are essential elements that need to be addressed in the ongoing education process
- Identification of a dedicated nurse who coordinates and oversees the process and serves as the channel for communication between the patient, the nursing staff, and the medical providers is an essential key to success
- This quality improvement process is vital in identifying residents who may benefit from a palliative medicine consult for pain management