

ALLINA PAIN STANDARDS

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United

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DISCLOSURE

- I have nothing to disclose

OBJECTIVES

- Outline how the system is organized around pain management
- Describe historical approach to pain management
- Outline current guidelines from various expert organizations
- Explain how we have adapted those guidelines

System Organization

- Governed by Executive Pain Steering Committee
 - Multidisciplinary
 - Add in areas of focus
- Most sites have a "pain committee", although size, membership and purpose vary
- Various programs within the system
 - Courage Kinney
 - United Pain Clinic
 - Palliative Care
 - Inpatient services
 - Primary care

Take Direction from....

- Pathophysiology of pain
 - Physical
 - Mental
 - Emotional
- Evidence
 - Pharmacokinetics
 - Pain is what the patient says it is
 - Pain scales – functional pain scale, UTAH pain scale
- Expert Consensus

Take Direction from....

- JOINT COMMISSION
 - Recognized under treatment of pain, especially in oncology patients
 - Pain as the 5th vital sign
 - Patient experience



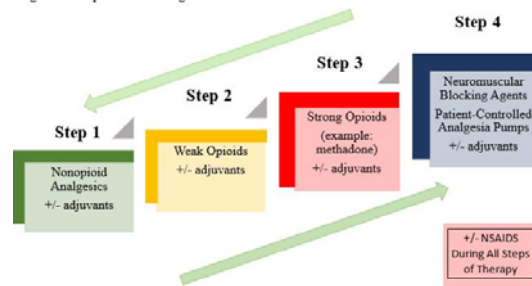
Other Guidelines

- Department of Human Services
 - Prevent people from transitioning from opioid use for acute pain following an injury or surgery to long-term opioid use.
 - Reduce the variation in opioid prescribing practices among Minnesota health care providers.
 - Ensure that people who are on long-term opioid therapy for chronic pain are carefully monitored and patient safety is a top concern.
- ICSI
- CDC Opioid Guidelines
- Professional Organizations
 - American Society of Pain Management Nurses
 - American Society of Pain Management Providers
 - American Society of Pharmacy

What you will see

- Multimodal approach to pain
 - Treat what's hurting
 - Approach from different perspectives
 - Reduction in therapeutic duplication on ordersets
- "Morphine Equivalents"
- Prescription Monitoring Database in Excellian
 - Changes to pain policy – jc regulations, documentation, etc.
- Stepwise approach to pain
 - Start with the most effective medication with the last side effects
 - Des-escalate quickly

Figure 1. Adapted WHO Analgesic Ladder for Cancer Pain¹⁴



Talking to patients

- Consistent messaging – manage expectations, treat the pain with pain meds
- [Allina pain video](#)
 - 4 videos which address:
 - Realistic expectations
 - Rating your pain
 - Pain treatment options
 - Home pain management

<https://www.allinahealth.org/health-conditions-and-treatments/health-library/patient-education/what-you-need-to-know-about-surgery/after-surgery/managing-your-pain/pain-management-videos/>

- Shared decision making aid

[Should you use an opioid for acute pain?](#)

- Comfort menus

For Staff

Values are number (proportion).

Rating	Description
0	No pain
1	Tolerable (and does not prevent any activities)
2	Tolerable (but does prevent some activities)
3	Intolerable (but can use telephone, watch TV or read)
4	Intolerable (but cannot use telephone, watch TV or read)
5	Intolerable (and unable to verbally communicate because of pain)

On the other hand

- Constraints in our the overall health care system supports to manage pain outside of pills
 - Comprehensive pain programs are not reimbursed well
 - Time to manage administrative burden of prescribing and monitoring opioids will be expensive
 - Therapies are expensive and time consuming
 - Some chronic pain patients do well on long term opioids

Where are we headed?

- Advertise what works
- Integration of different programs to meet needs of all patients
- Adoption of guidelines that make sense for patients
- Continuing education on how we communicate, treat, and teach people to self manage pain
- Continuous review of the evidence to offer the most effective treatments

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