



Collaborating To Manage Pain

Under the auspices of CMS and two QIOs, a group of nursing facility companies joins forces to test nontraditional remedies.

A COLLABORATIVE PROJECT AMONG major nursing facility companies, designed to promote information sharing of best practices on key clinical topics, has shown that nontraditional remedies, such as aroma therapy and massage therapy, are effective adjuncts to medication-based pain management, according to the Centers for Medicare & Medicaid Services (CMS), which is funding the project. The Colorado Foundation for Medical Care and Quality and the Quality Partners of Rhode Island, both nonprofit quality improvement organizations (QIOs), are coordinating the collaborative, termed “a groundbreaking approach” by David Gifford, MD, chief medical officer for Quality Partners of Rhode Island.

Training Is Critical

“The key to implementing the program design was in the training involved and the willingness of companies to participate,” says Irene Fleshner, senior vice president of clinical practice at Genesis Healthcare Corp., Kennett Square, Pa., which sought volunteers from three regions of the country to test nontraditional pain remedies.

Genesis followed a step-by-step process for implementing pain management criteria. The process began when members of the Genesis leadership team attended group learning sessions conducted by CMS and the QIOs. These training sessions provided an overview of the collaborative; introduced “the change packet,” a tool that had been developed by the Boston-based Institute for Health Care Improvement (IHI), a QIO, and laid out basic care measures for managing

pain. Once the leadership had been trained and individual facilities chosen, “train the trainer” sessions were conducted. In these sessions, those individuals who attended the CMS training sessions taught facility staff about how to use the IHI tool and how to apply seven care measures for pain. Nonmedical personnel, such as hairdressers and maintenance and housekeeping personnel, were important members of facility teams because of their often close relationships with patients.

Process-Of-Care Measures

Facility trainers developed special assessments for these nonmedical personnel. One facility used the thumbs up or thumbs down technique. If a patient gave the “thumbs up” sign to a housekeeper when asked about pain intensity, it was a sign that the patient was comfortable and not in pain. If the patients gave the “thumbs down,” it was a sign that pain was not adequately controlled. Facility teams, however, used process-of-care measures to assess patient pain and to plan and evaluate pain interventions:

- **Comprehensive pain assessment** The location and intensity of a patient’s pain was identified, and staff determined which interventions were effective and which were not.

- **Notification of physician** Whenever patients were in pain, staff communicated with their physicians to make sure there were current orders for pain medications or other pain treatments such as aroma therapy or massage therapy.

- **Pain diagnosis** Every patient was given a diagnosis to ensure that staff understood the pain’s nature and source.

- **Nonpharmacologic therapies** Each facility that participated in the collaborative had the opportunity to try different types of pain management techniques. If the techniques worked, they were incorporated into a patient’s pain management regimen. Some facilities brought in aroma and massage therapists to teach those techniques.

- **Regularly scheduled medication** Facility staff worked to get patients off of a PRN, or “as needed,” schedule for pain medication. The goals were to keep patients pain-free all of the time.

- **World Health Organization (WHO) II or WHO III medication** All facilities used pain medications that were categorized into WHO classifications. WHO II medications are nonopioid, nonsteroidal analgesics such as Tylenol or ibuprofen. WHO III medications contain an opioid or morphine compound.

- **Pain intensity scale** For purposes of consistency, all facilities used the same scale.

- **Change in medication** Members of a facility’s pain collaborative team would meet and discuss why a specific medication should be replaced or eliminated. In some cases, other nonpharmacologic pain treatments, such as aroma therapy, might be controlling pain so well that the medication could be eliminated, or its frequency reduced.

One of the most important steps in this process was determining what pain care measures were effective and why. This was done by developing facility-specific quality measures that all nursing

NICHOLAS H. GILBERT, J.D., is a health care consultant based in Cambridge, Mass.

facilities were responsible for implementing and measuring and through chart audits that were conducted at the beginning, midpoint, and at the end of the pain collaborative. After careful evaluation of quality measures for pain, process of care measures, and input from multidisciplinary facility pain collaborative

teams, changes were made quickly. "Perhaps the most important tool that we used in the collaborative was rapid-change cycle," says Karen Kline, Genesis' director of clinical compliance. "If we found that a new process worked better in managing pain, we implemented it quickly."

While CMS has not published final results, initial data collected one month prior to the study's conclusion indicated that nursing facility companies participating in the project have seen a 45 percent improvement in pain management. Although the focus of the project was on the long-stay, or permanent, nursing facility patient, data collected during the same interval indicated a 21 Percent improvement in short-term-stay patients. Genesis, for example, found that, before participating in the collaborative, about 10.5 percent of its nursing facility patients were experiencing some type of pain. At the end of the study, the number of patients with pain had declined to 3 percent. Likewise, pain in the post-acute, short-term patients declined from 24.5 percent to 15.3 percent.

What Worked

According to Gifford, "the project demonstrated the importance of assessing every nursing facility closely and responding with a creative personal approach that meets the patients' unique needs and experience." Gifford emphasized that it was the collaborative effort of all participants that led to significant improvement in pain management and that a willingness to share best practices constitutes "a groundbreaking approach."

Using a "plan-do-study-act" approach, facility teams used "rapid-cycle testing," by which care measures that reduced or eliminated pain were implemented immediately, rather than through policy and procedure development, testing, and revision at the corporate level.

According to Genesis, the project demonstrated CMS' interest in setting up a program that would lead to collaboration and sharing of best practices. This was new ground and proved to benefit all of the participating nursing companies, both at the facility and corporate levels. Many facilities found that survey teams did not take issue with different approaches, as long as established policies for the assessment and treatment of pain, including medication, were used as the primary approach. ■