How to Start an APN Run Pain Service: From Conception to Continuation

Mechele Fillman RN-BC, APRN, NP-C
Acute Pain Service Nurse Practitioner
Stanford Hospital and Clinics

Carrie Brunson RN-BC, APRN, ACNS-BC
Clinical Nurse Specialist Acute Pain Service
Exempla Healthcare

ASPMN NATIONAL CONFERENCE SEPTEMBER 2014

Conflict of Interest Disclosure

- I have no conflicts of interest to disclose
  - Mechele Fillman: Except…

Conflict of Interest Disclosure

- I have no conflicts of interest to disclose
  - Carrie Brunson: Except…
OVERALL OBJECTIVES

- State the most important factor in starting and maintaining an APN managed pain service
- List three steps involved in developing an APN managed pain service
- Describe one methodology to capture hours of productivity of the pain service
- Discuss challenges and opportunities in demonstrating organizational wide pain outcomes
OBJECTIVES: MECHELE FILMAN

- State the most important factor in starting and maintaining an APN managed pain service
- List three steps involved in developing an APN managed pain service

It all Started with a Dream......

- In one week there are 168 hours
  - 56 hours sleeping
  - 40 hours working
  - 35 hours bathing, traveling
  - 37 hours left is ENOUGH time to pursue your dream

THE PROBLEM

- Surgical patients without benefit of epidural catheters
- Nursing staff unfamiliar with the care of a patient with an epidural catheter and infusion
- Anesthesiologists unavailable to round on patients the next day
Administrative Inquiry

- Administration rounding with staff RNs
- Patient with epidural post-op day #4 still in ICU on non-rebreather secondary to high opioid utilization required to manage his pain
- Patient in the next room with epidural, leaving ICU post-op day #2 after same surgery
- Cha-ching $$$$ 

Historical Perspective

- Two other forms of the pain service at Joe’s in previous years
- RN/pharmacist based and RN only based
- Both failed
  - likely d/t no developed infrastructure and lack of administrative support

ADMINISTRATIVE SUPPORT IS THE MOST IMPORTANT FACTOR
1. The Building Blocks

- Develop job descriptions for:
  - Lead APN
  - RN

Team Charter
- Who
- Goals
- Membership
- Sponsor
- Scope
- Meeting
- Purpose
- Responsibilities
- Reporting

2. A Little Help From My Friends

- Organizational Development
  - Helped bring stakeholders to the table
  - Helped bring up items that may have been overlooked
  - Helped with team building

Dr. Robert Montgomery
- University of Colorado Acute Pain Service
- Unpaid consultant and advisor
FINANCE

- Developed “ghost” charges
  - Complex, moderate, simple consult
  - Inpatient day saved due to consult
  - Admission saved due to consult
  - OR time saved due to consult

“Street Cred”

- Certified NP
- Certified in Pain Management
  - Both certifications obtained while developing the program
- Attended Pain Resource Program
- Pain Service evaluated on site by Christine Rupprecht, CNS at the time for Walter Reed Army Medical Center
3. Practice

- Automated referral process
  - Referrals accepted from MD’s, RN’s, allied health, patients or patient families
- APN led consult service
- Collaboration with attending Anesthesia MD and primary team

Services

- Examination and assessment
- Initial consult note and daily follow-up (M-F)
  - In off hours Anesthesia took call on intervention patients and
  - In off hours pharmacy took call on non-intervention patients
- Recommendations for management of PCA, or and parenteral pain medications as well as adjuvant medications and regional techniques
Services Continued

- Recommendations for Equianalgesic dosing between opioids
- Follow up phone calls to patient’s primary physician to ensure comfort with pain management plan and continued management
- Patient and family discharge teaching
  - this often times included nursing and physician team

OBJECTIVES: CARRIE BRUNSON

- Describe one methodology to capture hours of productivity of the pain service

- Discuss challenges and opportunities in demonstrating organizational wide pain outcomes

Carrie Brunson APRN-BC, ACNS-BC
KPAINCNS@LIVE.COM

IF YOU BUILD IT THEY WILL COME
BE PREPARED
Consult Volumes Per Month Quadrupled Over 4 Year Period and Now Remain Static with an Average Monthly Consult Volume of 90

Average Number of Total visits Per Month Which Takes into Account Days on Service

- The number of formal monthly consults must be differentiated from the number of “visits” which represents a different workload.

The graph below depicts the steady increase in volume over time, and while there was a slight decline in 2012, the 2013 volumes have exceeded all other service years except 2011.
Approximately 50% of the Current consult volume is Surgical (with or without a catheter) and the Remaining 50% is Acute on Chronic Pain Medical

50% of All Consults are on Opioid Therapy Prior to Admission

Average morphine equivalents per day (MED) of Consult Volume is 120 MED; Now the high dose opioid “threshold”
Align Strategic Objectives with Organization

- A first Priority is to align the strategic objectives of the Acute Pain Service with Organizational Objectives.
- Without this alignment and a clear vision of scope and expected outcomes you will be ascending the mountain alone.

If the goals of the organization are not in alignment with the goals of the APS you will find yourself.....

Define Clear Expectations of Service, Scope & Accountabilities

- Who is your population? Ex. Will you treat pregnant patients?
- What training is required initially and annually to provide competent, attentive and safe management to that specific population?
- What “human resources” are available to support you with specific pain syndromes and/or patient populations?
- What pharmacy support is available and when?
- What are the minimum qualifications of the staff of the Acute Pain Service? Is it APN only? APN & BSN?
Before Hiring Investigate Scope of Practice with your State Board of Nursing to Ensure Goals of Organization are Met

BSN is Cost-Effective Up Front but can never Generate Revenue

A. BSN Nursing Education Preparation
1. Was the skillbase taught in your basic nursing program?
   - Basic principles of pain management, pathophysiology and pharmacology, physical assessment are all taught in general associate and baccalaureate nursing curriculum
2. If it was not included in your basic nursing education, have you since completed a comprehensive training protocol, which included clinical experience?
   - In addition to the basic nursing curriculum each Pain Nurse employed on the Acute Pain Service (APS) has completed extensive education and training beyond that of knowledge and skills obtained in a general nursing curriculum.

APN NON-BILLING MODEL UNDER NURSING OPERATIONS

• Anyone can initiate a consult
• How then do you track productivity and volumes as your service grows?
• What methods are available to leverage technology to track the data you need to demonstrate productivity
• You will need meaningful data to demonstrate and defend a case for FTE to grow the service if you are not generating revenue AND even if you are generating revenue

Demonstrate Productivity by Leveraging the EHR

• Statistical “productivity” criteria were established to document cost saving and APS Nursing time
• Includes OR Time Saved & Inpatient Day saved due to APS Consult
• Establishes Nursing Hours for FTE
Statistical (Not Financial) Charge Capture

- Each statistic associated with specific definition of services provided and clinical time required to provide consultation service
- Allows you to calculate number of total hours per month/FTE required to provide services

Example FTE Calculations

<table>
<thead>
<tr>
<th>Time to Consult</th>
<th>Total Visits</th>
<th>Time in Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statistic Simple Consult</td>
<td>0.5</td>
<td>51</td>
</tr>
<tr>
<td>Statistic Moderate Consult</td>
<td>1.5</td>
<td>25</td>
</tr>
<tr>
<td>Statistic Complex Consult</td>
<td>2.5</td>
<td>121</td>
</tr>
<tr>
<td>Statistic Ortho Simple</td>
<td>0.5</td>
<td>86</td>
</tr>
<tr>
<td>Statistic Ortho Moderate</td>
<td>1.5</td>
<td>8</td>
</tr>
<tr>
<td>Statistic Ortho Complex</td>
<td>2.5</td>
<td>18</td>
</tr>
<tr>
<td>Statistic Complex Chronic Pain</td>
<td>2.5</td>
<td>18</td>
</tr>
</tbody>
</table>

Total Hours Equals 510 divided by 160 Hours (which is the total hours for a 1.0 FTE) = 3.1875 FTE To Provide Clinical Care (Excludes Administrative or Education Services to Organization)
### Acute Pain Service Potential Portfolio

**What Formal Programs will you offer and support?**
- Clinical Consultation-Specify Population
- Acute Pain Management
- Acute on Chronic Pain Management
- Substance Abuse Disorders
- Referral to Outpatient Pain and/or Addiction Clinics
- Equianalgesic Calculations/Transitions
- Opioid Safety Inpatient and Community

**Specialized Diagnostic/Treatment**
- Moderate Sedation
- Catheter Management
- Nerve blockade

**Clinical Support Services**
- Nursing & Physician Education
- Policy and Procedure
- TJC Elements of Performance
- Pain Resource Nurse Program
• Support Services Must be Factored Into Account
• Routine Education
  – New Employee
  – Epidural Management
  – Opioid Safety
• Fact & Fiction of “Drug Seeking”
• Specific Requested Education
• Organization Wide Influence
  – Code Blue and RRT meeting
  – Shared Governance
  – Research
  – HCAHPs
  – Anesthesia/Surgical Services
• Policy, Procedure and Protocol Development & Review

How do you Establish Outcome Measures?
• What Data will be collected?
• Who will collect the data?
• Who will analyze and report the data and to whom?
• What data can be pulled from EHR?
• What do you do with the data when you have it?
• How do you use the data to demonstrate a cost savings? Increase in safety? Or Garner increased FTEs?
• What does the organization expect from the service?

Plan to Grow
• Pain Resource Nurse Essay:
  – To be considered a professional in any given field, it is essential for one to have an extensive knowledge and understanding of each of the various aspects that contribute to the overall picture of that field as a whole. Pain management is a large piece to that puzzle. Controlling someone’s pain is one of the hardest parts of being a nurse. The foundation for which pain management has been presented to us has included subjective self report as the strongest indicator of pain. Whatever the patient tells you is the pain they are having. Many questions arise in the nurse’s mind as she is assessing pain. Does this patient take anything at home for pain management? Does this patient get nauseated when taking pain medication? Is this patient safe to take this dosage of pain medication? These are some of the many questions that arise when assessing and managing pain. I am very interested in being a PRN nurse with the Acute Pain Service because I would like to share my knowledge and experience with pain management to better serve my patients and to support the staff around me.
Create A Vision that Engages
The heart, something that is
Important to Nursing and
Something that nurses want
To be a part of

• APS Provided 723 Hours Of Formal
Precepting in 2013

2014 EONS PRN DATA COLLECTION PRE ROUNDING N=28

- 25 (89%) believed my report of pain
- 25 (89%) had history of pain
- 3 (10%) did not have pain
- 3 (10%) did not have pain medication
- 13 (46%) had no history of pain
- 24 (86%) did not have pain
- 4 (14%) did not have pain medication

APS Transforming Practice through Education
2013 Number of Participants and Total Precepted Hours Per Month
• APS Provided >50 separate education offerings on pain in 2013 to cascade the pain knowledge to providers and clinical nursing staff
• Will Education Offerings be part of your Strategic Plan?
• How will you see patients and provide extensive education?

Transform One Nurse at a Time
• Live your Dream and Transform the Way Pain is Managed in Your Organization

Barriers
• Plan for when leadership changes
• Budget
• Only Hospital with APS
• Billing
• Variability with MD Practice
• Alignment
• Strategic Plan
• Volume
• Burnout
• Access to Chronic Pain Specialist
Building a Robust Pain Service-
Key Take Aways Summary

• You are Going to Need Some Help—Cannot be done alone
• FTE?
• Establish Credibility?
• Who are your resources?
• Once established, can you handle the volume?
• Who is the back up?
• How do you demonstrate outcomes?
• Initial and ongoing maintenance of competency
• Support Activities

2012 THROUGH 2014 HCAHPS SCORES

August 2012 through May 2014 St. Joseph Hospital Pain Scores
Ranking versus other Facilities

Since August of 2012 E&M Pain Reduction Scores have moved from 4th to the entire 81(16) to the 1st for the last 3 consecutive months of 2014


Carrie Brunson kpaincns@live.com & Mechelle Fillman Mechelie@hotmail.com