A Better Approach to Pain: Interdisciplinary Pain Committees

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Conflict of Interest Disclosure

Authors Conflicts of Interest;

– T. Timmons, No Conflict of Interest.
– J. Sklar, No Conflict of Interest.

Objectives

• Attendee will be able to define the term Interdisciplinary Pain Committee
• Attendee will be able to state the data on Interdisciplinary Pain Committees
• Attendee will be able to describe at least one method for establishing an interdisciplinary pain committee.
• Attendee will be able to state one threat to committee disengagement and ways to overcome that
Topic Importance

• Prevalence of pain among hospitalized patients 38% - 77%
• Joint Commission on Accreditation of Healthcare has focused on pain management since 1999
• Source of dissatisfaction for patients and clinicians
• Uncontrolled/unmanaged pain impacts patients’ outcomes negatively
  – Physically & psychologically
• Financial impact
  – One report states pain costs about $560-$635 billion annually
  – Reimbursement may be tied to management of pain
  • Value based purchasing
  • Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Literature Review

• Quality Improvement Pain Measures:
  – Introduction of Pain Specialty teams
  – Review Policies and procedures
  – Review tools
  – Promotion of interdisciplinary/multidisciplinary care plans
  – Staff education
  – Patient education
  – Audits for compliance
  – Dedicating a clinical person to round for improvement (often referred to as a pain resource nurse)
  – Creation of an interdisciplinary/multidisciplinary committee

What the Literature Showed

• Raising awareness can be the first step in creating a dialogue
• Interdisciplinary versus multidisciplinary
  – Multidisciplinary was usually physician focused
• Utilizing evidence based practice and interventions correlated with increased success
• Analyze for strengths and weakness
Literature Review

- Data driven Interdisciplinary programs/task forces/committees
  - Increase service referral to complementary alternative medicine
  - Increase HCAHPS pain domain score average between 6%- 28% (dependent on study)
  - Increased staff response to awareness regarding the topic of pain management and assessment on post surveys
  - May improve opioid management

Pain Committees

- Pain Committees can be a way to create sustainability of goals
- No one strategy may be a perfect fit, committee should be tailored to the organizational need
- Value for the creation of interdisciplinary work is difficult to justify – collecting data becomes important
- The work will be cyclical

Our Impetus

- Cancer Treatment Centers of America® (CTCA) at Eastern Regional Medical Center developed an Interdisciplinary Pain Committee in response to two factors:
  - Statistical data received from HCAHPS surveys regarding the pain domain
  - Patient population.
Our Background

- Late stage cancers tend to correlate with a greater prevalence of pain.
- Our population is composed mainly of patients with late stage cancers.
- Depending on stage and patient characteristics prevalence of pain in cancer patients may be as high as 86%.

Our Journey to Creation

- Began as a nursing task force in response to patient needs
- Goal was to gather data and make recommendations
- Due to scope of task recommendation: establish an interdisciplinary pain committee

Goal

- Increase Educational Pain Opportunities for Staff
- Increase Awareness of Pain Management Options
- Increase Utilization of Services
- Creation of Interdisciplinary Committee
Creating the Pain Committee

- Obtain “buy in from leadership”
- Create charter
- Determine what membership and composition looks like
- Recruit
- Understand what is within the scope of your committee and out of scope

Composition

- Physicians
- Nursing
- Pain management
- Rehabilitation services, Chiropractic Services, Naturopath Mind Body Medicine (CAM)
- Pharmacy
- Leadership
- Case management
- Education
- Pastoral
- Quality
- Informatics
- Outpatient services

*Adhoc members & guest speakers as needed

After Implementation

- An improvement in Press Ganey top box percentile regional ranking for the HCAHPS question “Staff Do Everything To Help With Pain” from 74 in calendar year 2012 to 92 in calendar year 2013, a 24.32 percent increase. Positive results continued throughout calendar year 2014 with a 93rd percentile regional ranking.
**Threats/Barriers**

- Staff engagement
  - Was the issue important to them
  - Making it valuable
- Leadership engagement
- Consistency
- Scheduling
- Conflicting priorities
  - What’s the agenda? What is the focus?
  - How do you not get “derailed”
- Stagnation

**Keeping Engagement**

- Celebrate gains/focus on wins
- Share pertinent data
- Utilize expertise of members
- Have a strategy
- Long term & short term goals
- Recognize staff and appreciate the work
Plan for the Future

- Continue improving patient satisfaction and clinical outcomes regarding comfort, pain assessment, and pain management.
- Focus on research