Evolution of a Cross-Continuum Pain Steering Committee
A Model of Interprofessional Shared Governance

Conflict of Interest Disclosure
No conflict of interest – Peggy Lutz

Objectives
- Identify strategic priorities to align with local pain initiatives
- List key stakeholders to address one pain deficiency at the local level
- Outline essential responsibilities of a pain steering committee within a shared governance leadership model
- Identify opportunities to utilize interprofessional shared governance to improve patient safety and clinical outcomes
A YEAR OF GROWTH

Ascension Health Ascension Wisconsin
Ministry Health Care Saint Joseph’s Hospital
Pain Mgmt. Advanced Nurse

15 hospitals 25 hospitals and clinics
45 primary care clinics 100 clinics
10,000 associates 24,000 associates
400 medical group physicians

A FOUNDATION OF A PAIN INITIATIVE

- Ascension Health Pain Summit
  - Address person-centered pain management across the care continuum
  - Shift from discharge to transitions of care
  - Action plan requirement – Advisory Board Achieving Care Continuity

- Summit theme: THE ANSWER WAS IN THE ROOM!

Building the Foundation

Opportunities
- Brainstorm with clinicians and leaders
- Identify initiative leadership structure
- Align action plan with strategic priorities

Challenges
- Think of opportunities instead of barriers and deficiencies
- Capitalize on existing resources instead of adding new FTE
- Organizational restructuring

From Pain Summit…

- Transitions
  - Metric
  - Integrative Therapies
  - Behavioral Health
  - PCMH

…to Action Plan in 90 days

- Networked with SYSTEM EXPERTS
- Partnered with nursing and physician SENIOR LEADERSHIP
- Enlisted leadership support from MEDICAL GROUP PHYSICIANS
- Sought input on action plan from KEY STAKEHOLDER GROUPS
  - Quality Council
  - Patient Care Leader group (inpatient and outpatient)
  - Pain Summit group
Alignment with Strategic Initiatives

- Adopt standardized pain scales by end of FY 16
- Patient and family engagement
- Patient satisfaction
- Care model and readmission reduction
- Palliative Care

Alignment with Existing Work Groups

- Standards Committee – pain management policy
- Patient Experience Council – HCAHPS toolkits and communication boards
- Ministry Medical Group clinicians – prescribing guideline
- Education and Development – pain certification review course, virtual study group

Pain Steering Committee

- Interprofessional, cross-continuum, shared governance
- Triad leadership model
  - APRN Pain Management
  - Family Practice Physicians
  - Nurse executive leader
- Executive sponsors: CNO and CMO
Pain Steering Committee Nominations

Anesthesia  Behavioral Health
Case Management  Emergency Department
Home Care/Hospice  Hospitalist
Nurse Executive Leader  Nursing associates – inpatient & outpatient
Nursing Director – Med Surg  Nursing Director – Clinic
Pain Management  Palliative Medicine
Patient Representative  Performance Excellence Lean
Performance Improvement  Pharmacy
Physical Medicine & Rehab  Primary Care
Rehab Services  Surgical Services

Early Challenges

• Budget concerns related to tight productivity targets
• Time commitment from leaders and clinicians
• Scheduling logistics
• Virtual environment

Committee Responsibilities

1. Support standardization of evidence-based, best practices, continually evaluating where it can achieve the largest impact with available resources
2. Serve in an advisory capacity to local pain initiatives; assist with identification of best practices and potential system-wide benefit
3. Prioritize action plan projects
Committee Responsibilities

4. Recommend project leaders, resources, and key stakeholders for advisory groups
5. Provide guidance on project issues/risks; assist with identifying cause(s) and develop recovery plan as applicable
6. Manage project scope as emergent issues force changes to be considered
7. Communication to organizational leadership, stakeholders, providers, and associates

Action Plan Prioritization

Three Themes Emerged
- Pain Resource Network
- Evidence-based Practice
- Education
Leadership Team Meeting: Lessons Learned

• Underestimated the need for team building
• Need to speak the same language

Inaugural Pain Steering Committee Meeting

Gallery Walk to identify high level tasks within each prioritized category…
  › Implement EBP for pain management
  › EDUCATION for clinicians
  › Build PAIN RESOURCE NETWORK; implement PRN role
Next Steps

- Prioritize based on care setting
  - Outpatient - opioid prescribing guideline
  - Inpatient - Protocol for management of acute pain for the opioid tolerant patient
  - Resource network (inpatient and outpatient)
- Meaningful, goal-oriented action items that directly impact patient care

Change Strategies

- Senior leadership – align to system goals, strategic priorities
- Clinicians – align behaviors
  - Performance gaps, priorities and perceived importance
- Clinical practice - align processes, standardization
  - Focus on safety, regulatory compliance
- Technology – use data to drive interventions

Key Messages

- Networking within the system and on a national level reaps big paybacks
- Pain action plan submitted as a formal initiative; requires monthly report out to executive leadership
- Promote initiative through site visits
- Communicate, communicate, communicate
Pain Committee: Challenges
Clinicians not interested in project management details
  - Pre-work a necessity, a lot of off-line networking
  - Balance completion of pre-work with need for active participation in the decision-making process

Shared Governance in Action: Project Review
OUTPATIENT OPIOID PRESCRIBING GUIDELINE

Prescribing Guideline: Purpose
- Provide an evidence-based, safe, team-based approach to treatment of chronic non-cancer pain
- Suggest approaches for treatment of comorbid mental health conditions
- Prevent misuse, abuse, and diversion
- Minimize risk of legal action against clinicians
Prescribing Guideline: Highlights

- Stratify patient risk
- Document patient informed consent
- Use of medication treatment agreement
- Approach all opioid initiation as a trial
- Follow-up visits and urine drug screen frequency based on risk assessment
- Utilization of state prescription drug monitoring database
- Provider designation – high or low risk prescriber

Boots on the Ground Campaign

- Primary care provider meetings
  - Identify gaps, resources, opportunities
  - Seek feedback on the prescribing guideline
  - Assess interest in high-risk prescriber role
  - Provide overview of the pain initiative
  - Introduce Pain Steering Committee leadership team

Stakeholder Feedback

- Supportive of guideline concepts
- Need “dedicated and knowledgeable resources”
- Concerned with time needed to properly manage complex patients and impact on productivity
- Approach as disease management model of care
- Need a referral network for high risk patients
Guideline Approval

• Guideline revised based on stakeholder feedback and CDC guideline
• Approved by Pain Steering Committee with recommendation to pilot prior to full implementation
• Approval by Quality Council to proceed with pilot
• Clinician feedback on proposed workflow to support guideline implementation

Purpose of the Pilot

• Is the guideline and workflow realistic in the primary care clinic?
• What further issues need to be addressed?
• What additional resources are needed?
  > Process, education & training, clinical support

Pilot: North Shore

• 12 clinicians Internal Medicine / Family Practice
• 3 clinicians prescribe 66% of the long-acting opioids
  > 2 clinicians involved in the Joy of Medicine program (2 RNs, 1 MA)
  > < 10% of patients on controlled substances have treatment agreements
  > Rarely do urine drug screens
Guideline: Implementation

- Leadership supportive of process
- Varying level of clinician engagement
- Clinicians requested a segmental approach
  - Focus on patients with MED ≥ 90; concurrent use of opioids and benzodiazepines
  - Controlled substance treatment agreement
  - State drug monitoring program
  - Patient education outlining philosophy on chronic pain treatment

Guideline: Implementation

- Lessons learned
  - Validate clinician commitment directly and often throughout the planning process
  - Communicate with the accountable leader early and often
  - Partnership with clinicians is critical
  - Alignment with clinician goals
  - Clinicians need to own the process
Guideline: Ripple Effects

- Standardization – agreements and UDS
- Point of care clinical support
- Patient education
- Data

Future Opportunities

- Pain Resource Network
- Redefine the role of the Pain Resource Nurse
- Expand the use of integrative therapies
- Work with Case Management and ED leadership teams to address clients with high-utilization of ED services

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