Multi-hospital implementation of the Pasero Opioid Sedation Scale (POSS) Assessment to meet CMS requirements for safe opioid administration

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Disclosure

• Mary Lyons- Nothing relevant to disclose
• Pamela Bolyanatz-Nothing relevant to disclose
Objectives

1. Outline the CMS 2014 guidelines on nursing practice related to the administration of IV opioids and sedation assessment.
2. Describe the process for implementing the CMS guidelines utilizing the DMAIC Framework across a hospital system.
3. Summarize project outcomes plans for system expansion.

Pre-Presentation Audience Survey

How comfortable are you with the content of the 2014 CMS Standards regarding administration of IV medications and post operative care of patients receiving IV opioids?
A. My hospital has implemented changes to meet the requirements or we had current policy in place to meet the standards.
B. I'm aware of the requirements but unsure how they relate to my practice.
C. I have some knowledge of the requirements but there have been no changes in hospital policy/practice.
D. I'm not familiar with the requirements.

CMS Highlights

Requirements pertinent to opioid administration

1. Hospitals must have policies and procedures related to the use of high alert medications including IV opioids for post op patients. Must address at a minimum:
   A. Process for risk assessment
   B. Who conducts the assessment
   C. Monitoring frequency
   D. Duration of monitoring
   E. What is to be monitored
   F. Method of monitoring
   G. Specific circumstances where prescribers are allowed to establish different protocols that vary from the hospital policy (less rigorous monitoring for palliative or hospice patients)
CMS Highlights
Requirements pertinent to opioid administration

2. Minimum monitoring for IV opioids administered to post op patients must include:
   A. Vital signs
   B. Pain level
   C. Respiratory status
   D. Sedation level

3. The assessment and monitoring process must be explained to the patient &/or the patient's representative, to communicate the rational for vigilant monitoring, including that it might be necessary to wake the patient to assess the effects of the medication.

Intro to the Framework
DMAIC is a step by step methodology used to solve problems by identifying and addressing the root causes of a problem:

- DEFINE
- MEASURE
- ANALYZE
- IMPROVE
- CONTROL

Define
What is the Problem or Improvement Opportunity?
Gap Analysis
Multi-Hospital Gap Analysis

<table>
<thead>
<tr>
<th>CMS Standard</th>
<th>Current Practice at each hospital</th>
<th>Gap</th>
<th>Proposed change to eliminate gap &amp; status</th>
<th>Responsible Party</th>
<th>Due Date</th>
</tr>
</thead>
</table>

**Policies impacted**
- Prescribing of Medication Policy
- Medication Processing and Administration Policy
- High Alert medication Policy
- Administration of Intravenous Medication/Procedure
- Administration of Blood and Blood Products
- Patients Own Medication Policy
- Obstructive Sleep Apnea (OSA) Assessment & Monitoring Protocol
- PCA policy
- Epidural Policy
- Pain Management Policy

**By the numbers**
- 8 page document with the above headings
- 16 Standards addressed
- 10 Policies/Procedures Impacted

**Engaging the Team**

Realizing it's bigger than us!

Steps to implementing practice change at each hospital
1. APN Presentation to the Nursing Shared Decision Practice Councils
2. Manager Input and Guidance
3. Involve Quality Leadership
4. Recruitment of the Multidisciplinary Team
   - System Chief Medical Officers
   - Pharmacy Directors
   - Respiratory Directors
   - Professional Development Specialists
   - Patient Safety Liaisons
   - Accreditation and Compliance Managers
   - Pain Management APN's

Measure

How is the Process Currently Measured & What is Your Performance?

DEFINE MEASURE ANALYZE IMPROVE CONTROL

Audit Tool Development
Pain Resource Nurse (PRN) Education for Data Collection Plan
Baseline & Monthly Audit Chart review

<table>
<thead>
<tr>
<th>Measure Title</th>
<th>Process Performance</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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<tbody>
<tr>
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<td>Metric Description</td>
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### Analyze

**What are the Root Causes of Poor Performance & Can They be Prioritized?**

- Process Analysis
- Eliminating Causes
- Review of Pain Policy
- Review of Epic Flowsheet Rows
- Nursing Workflow Analysis

### Improve

**What Improvements Can be Developed to Reduce Poor Performance?**

- Pain Policy Revisions
- Pain Policy
- Nursing Education
- Mandatory Policy Education with CE
- Epic Tip Sheet
- PRN Peer Coaching
- Epic Changes
- POSS Added to RN Worklist
- POSS Added to MAR
- POSS Flowsheet Moved

### Significance to Nursing

**What was ours to fix**

**Pain Management Policy Re-design**
- Nursing assessment of sedation as a mandatory component of the pain assessment and reassessment was identified as the missing component of the minimum monitoring requirement for safe opioid administration.
- Goal: Incorporate the Pasero Opioid Sedation Scale (POSS) as a required element for pre and post opioid administration allowed us to meet the new CMS standard
- Decision to expand the standard to include ALL IV and PO assessments related to opioid administration
### Key Pain Policy Changes

#### Requirements for pain assessment

<table>
<thead>
<tr>
<th>Frequency of Assessment</th>
<th>Evaluated - Recidified</th>
<th>Evaluated - Recidified</th>
<th>Evaluated - Recidified</th>
<th>Evaluated - Recidified</th>
<th>Evaluated - Recidified</th>
<th>Evaluated - Recidified</th>
<th>Evaluated - Recidified</th>
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</thead>
<tbody>
<tr>
<td>Every shift (unless otherwise specified)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>NA</td>
<td>X</td>
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<tr>
<td>At least every 8 hours or sooner as needed</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>NA</td>
<td>X</td>
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</table>

#### Development of opioid tolerance & respiratory risk assessment grid

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>All (for “Low-Risk” patients)</th>
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<td>All (for “Low-Risk” patients)</td>
</tr>
<tr>
<td>Communicate with patient &amp; family about pain management strategies</td>
<td>Communicate with patient &amp; family about pain management strategies</td>
<td>Communicate with patient &amp; family about pain management strategies</td>
<td>Communicate with patient &amp; family about pain management strategies</td>
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<td>Communicate with patient &amp; family about pain management strategies</td>
<td>Communicate with patient &amp; family about pain management strategies</td>
</tr>
<tr>
<td>Ongoing assessment every 4 hours</td>
<td>Ongoing assessment every 4 hours</td>
<td>Ongoing assessment every 4 hours</td>
<td>Ongoing assessment every 4 hours</td>
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#### Pasero Opioid Sedation Scale (POSS)

Scale displays in the MAR administration window for ease of documentation
PCA & Epidural Policy
Addressing gaps in patient/family education

Using a PCA Pump

For your safety the nurse will be checking on you frequently to ensure you are making any side effects. They may need to wake you up to do their assessment. If you have any difficulties breathing or other side effects please call your nurse immediately.

Measuring Compliance
Dramatic improvements in compliance with ongoing process improvement

Control
How do we sustain improved performance?

Pain Management Pearls
Staff Education Created by PRNs

Changing POSS documentation to be a hard stop requirement while in MAR
Expansion of POSS for all System Hospitals

- POSS: Assessment must be performed at the time of an opioid intervention/administration. Assessment is within PCA documentation to do every 4 hours. The scale is listed in flowsheet row information. Built into MAR administration details and flowsheet row documentation.

- Sedation Scale: Assessment is within the PCA/PCEA assessment forms to do every 4 hours.

- Do not complete for patients receiving PO opioids, or even PRN IVP meds—only PCAs and epidurals.

West - Pasero Opioid Sedation Scale

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Alert, Awake</td>
</tr>
<tr>
<td>1</td>
<td>Slightly drowsy, easily aroused</td>
</tr>
<tr>
<td>2</td>
<td>Frequently drowsy, arousable, drifts off to sleep during conversation</td>
</tr>
<tr>
<td>3</td>
<td>Somnolent, minimal or no response to verbal and physical stimulation</td>
</tr>
</tbody>
</table>

Central and North - Modified, Redline Sedation Scale

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Normal sleep, RR &gt; 8 per minute</td>
</tr>
<tr>
<td>1</td>
<td>Somnolent, difficult to arouse</td>
</tr>
</tbody>
</table>

Pasero Opioid Sedation Scale EPIC Documentation
Incorporation of tolerance & risk assessment concepts

- **Opioid Tolerance**: Sensitive or Negative previous experience with opioid/delirium, intolerance/frail elderly
- **Standard Dose**: Not sensitive
- **High dose**: Requiring opioid on a daily basis for chronic pain at doses greater than:
  - Morphine 60 mg/day
  - Hydrocodone 60 mg/day
  - Oxycodone 30 mg/day
  - Hydromorphone 8 mg/day
  - Transdermal fentanyl 25 mcg every 72 hrs

- **OSA Status**: + OSA or STOP BANG score 6 or greater
- **CAUTION**: Consider dose reduction based on presence of OSA

- **Other Sedating Agents**: Benzodiazepines, sleep medication, and other sedating medications
  - **CAUTION**: Concurrent use with opioids may cause additive sedation
  - **Consider dose reduction of opioid with concurrent use of benzodiazepines**

Guiding Principles for Safe and Effective Pain Control

1. Assessment of the patient’s opioid tolerance (previous opioid exposure) must be performed by the prescriber for all patients PRIOR to ordering opioids. (ILPMP available to all caregivers in EPIC-verify for ALL patients).
2. A respiratory risk/OSA assessment must be performed on all patients. This in conjunction with the patient’s opioid tolerance level will provide guidance for opioid prescribing stratification.
3. Multimodal interventions should be incorporated in all pain care plans for opioid sparing effects.
4. Eliminate/reduce potential risk for therapeutic duplication.
5. Limit variability and improve reliability.

CONCLUSIONS

- Pain management API’s determination for safe opioid administration led to a successful multi-hospital plan to close the gaps toward meeting the 2014 CMS clinical standards
- Future clinical outcome monitoring will be measured by evaluating naloxone use data prior to and after implementation of required POSS assessments, correlating the nurse’s ability to identify early signs of sedation/respiratory depression with opioid interventions.
Post Presentation Audience Survey

True or False

1. My hospital has policies and procedures related to the use of high alert medications including IV opioids for post-op patients as outlined in the presentation?

2. My hospital includes a sedation assessment as a minimum monitoring requirement with opioid interventions?

3. My hospital includes patient and family education to communicate the rationale for vigilant monitoring including that it might be necessary to wake the patient to assess the effects of the medication?

Questions?

Thank You
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