Documentation and Outcome Measurement of Assessment and Recommendations of a Pain Advisory Team (PAT) using a Customized Note in the Electronic Medical Record (EMR)

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Conflict of Interest Disclosure

• Conflicts of Interest for ALL listed contributors.
  • Vicki Holmes, Jean Zink, Jo Ann Frey, Thomas Imhoff, Helen Koselka, Lynn Kaseff, Greg Nocito, and Wayne Rongo have no conflict of interest.
  • Lynne Brophy – Individual stock in Amgen, Schering, and Johnson & Johnson

  A conflict of interest is a particular financial or non-financial circumstance that might compromise, or appear to compromise, professional judgment. Anything that fits this should be included. Examples are owning stock in a company whose product is being evaluated, being a consultant or employee of a company whose product is being evaluated, etc.

Pain

• Pain is a difficult subject to broach
• Pain discussions may stir up issues that the clinician doesn’t know how to or want to handle
• Some clinicians fear that if opioids are necessary to control pain, it will cause addiction or death by respiratory depression.
Pain

• Pain assessment is generally avoided because of the fear of asking about one’s pain, highlights the pain.
• Literature review shows that when patients are asked to rate their pain, it usually lowers not raises the pain level (Pasero & McCaffery, 2011).
• Clinicians often do not recognize pain as a primary problem, but a complicating problem.

Pain Assessment

• Relatively new concept
• Essential in the prevention of inadequate pain relief
• Important in the monitoring of pain response to treatment

Good Pain Assessment

• Identify new or persistent pain issues
• Chronic pain – is the current treatment plan effective?
• When creating a pain assessment tool we based our documentation on the Initial Pain Assessment tool created by Pasero and McCaffery.
Initial Pain Assessment Tool (Pasero & McCaffery)
• Location – all sites
• Intensity
• Is the pain constant?
• Pain quality
• Onset, duration, rhythms

Initial Pain Assessment Tool (Pasero & McCaffery)
• Manner expressing pain
• What relieves the pain?
• What causes or increases the pain?
• Effects of pain – ADLs & psychosocial effects

Pain Documentation
Needs to be
• Timely
• Accurate
• Useful
• Accessible
Pain Scale: Numerical Rating Scale (NRS) and Wong-Baker FACES Pain Rating Scale

Setting

- TriHealth is a large multihospital setting in Southwest Ohio
  - Good Samaritan Hospital  592 licensed beds
  - Bethesda North Hospital  426 licensed beds
- The documentation model was piloted on two inpatient units, a surgical unit and a medical unit
- Documentation appeared in the progress notes titled “Pain Advisory Team.”
### TriHealth Initial Pain Assessment Tool

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<th>Location of Pain</th>
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[Image of the TriHealth Initial Pain Assessment Tool]

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Data Mining

- Utilizing data that is ported into the record and data from “smart text” drop downs, a narrative report is provided for each patient encountered by the team.
- Smart text data was not able to be sorted in the system, nor could it provide a cumulative report.
Prospective Data Retrieval

- To be more efficient we asked our Computer Support group to provide a list of patients with a pain score 5 or greater in the last 24 hrs.
- Could only see an isolated pain value, not a range of values.
- Patient information was not robust. Information could be 12 – 24 hours old.

Outcomes and Lessons Learned

- This was a Performance Improvement project
- Tool was easy to use except having to manually enter medications patient is receiving
- Title of note easily identifiable in the Notes section of EPIC
- Learning curve in completing documentation for completion and accuracy
Outcomes and Lessons Learned

- If no follow up visit couldn’t evaluate pain relief except by nursing assessment.
- Biggest problem: mining the data by fields.
- We developed a progress report template but much of the data was not able to be used in customized reports.
- We will continue to explore other opportunities for data management.

References


