

The Clinical Connection

Improving Pain Management

By Bo Hansen, RN, MBA – Consultant, HealthStream

Overview

Pain is one of the nation's leading public health problems, and it often goes under-treated. It is difficult to diagnose and challenging to talk about. Open lines of communication and strong patient-professional relationships are vital to effective pain management.

The majority of adults in this country (approximately 57 percent) have experienced chronic or recurrent pain, yet a significant barrier to effective pain management is that both clinicians and patients are often reluctant to talk about pain. Many people who live with pain, for example, say that their pain is not believed nor taken seriously by their healthcare professionals and that they are concerned about being misunderstood by their friends and loved ones. Many pain patients are also fearful about becoming addicted to certain pain medications. Side effects related to treatment can also have a negative impact on the management of pain.

Healthcare professionals have serious concerns when treating pain, such as:

- Whether they will be able to help manage the patients' pain appropriately
- Fears about contributing to substance abuse and addiction in our society
- Concerns about regulatory scrutiny
- Concerns about patients' perceptions of side effects
- Knowing that their patients will sometimes abandon treatments that have the potential to improve the quality of their life

Such concerns, held by patients and healthcare professionals, contribute to the complexity of pain management. All of these concerns can affect the care and management of their patients who are in pain. It is critical for healthcare professionals to engage their pain patients in personalized conversations about their experience and the impact pain has on their lives. People with pain should learn how to advocate effectively for themselves and communicate their needs openly with their healthcare professionals and caregivers.

HCAHPS measurements of effective pain management are the consumer's assessment of these specific components of hospital care:

- How often was your pain well controlled? (Q13)

The Clinical Connection column is written by one of HealthStream's clinical experts, all of whom have significant nursing experience.

HealthStream's Clinical Resources:

- **Bo Hansen, RN, MBA** (*Consultant*)
- **Gwen Faust, RN, MS** (*Consultant*)
- **Lynn Howe, RN, MS, CEN, CCRN** (*Director Competency and Performance Management*)
- **Nancy Hudecek, RN, BSN, MS** (*Director of Risk Management and Patient Safety*)
- **Trish O'Neill, RN** (*Executive Director, Clinical Learning Strategies – Nursing Solutions*)

- How often did the hospital staff do everything they could to help you with your pain? (Q14)

Pain management is considered a "summary measure" because it consists of two questions from the survey reported as one measure. By combining related questions into summary measures, similar questions are tied together. The Centers for Medicare & Medicaid Services report that the statistical reliability of HCAHPS measures increases with the use of summaries.

The best way to manage pain is to encourage people affected by pain and their healthcare professionals to talk more about pain, to listen actively, and to act in ways that improve care for people who live with pain. Ultimately, with improved communication and understanding between healthcare professionals and their patients, meaningful change can occur in the therapeutic outcomes and the patient's quality of life.

Recommendations

Remember: TALK → LISTEN → ACT

- **For Organizations and Department Managers:**

Most hospitals, nursing homes and other healthcare facilities are now required to assess and treat pain. 47 States have some combination of statutes, regulations, guidelines, or policy statements regarding pain. (<http://www.painpolicy.wisc.edu/matrix.htm>)

Following a two-year collaborative effort between the Joint Commission and the University of Wisconsin-Madison Medical School, in 1999, the Joint Commission developed standards that address the assessment and management of pain in hospitals and other health care settings. The standards acknowledge that patients have a right to effective pain management, and require that the presence of pain be routinely assessed for all patients. Pain management is an emerging National Patient Safety Goal focus area and is part of the Joint Commission Speak Up program.

Pain is a symptom of nearly every disorder. Every clinical discipline must be trained to understand and treat the pain associated with the diseases and disorders they treat, and to use the information they get when the patient says they hurt. This is a tall order, and to maintain Joint Commission Staffing Effectiveness Standards this means that each clinical service area at the patient unit level must address the clinical competency of its staff regarding pain management.

Remember: TALK → LISTEN → ACT

- Have managers **talk** with each staff member and with their staff as a department to understand and address staffing effectiveness issues regarding pain management.
- **Listen** to what employees are saying about the management of patients and the competency as a whole.
- **Act** to ensure that all staff complete HealthStream's [HCAHPS Pain Management Module](#), which trains staff to recognize the relationship between their everyday behaviors and actions and the patient experience of care and experience of pain management.

- **Act** to ensure a patient's right to effective pain management is being achieved by the staff in your clinical area(s).

- **For Practitioners**

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TALK

Developing open lines of communication with your patient is critical to achieving successful treatment outcomes and breaking down communication barriers. Research has shown that simply acknowledging your patient's pain can have profound therapeutic results.

Here is a list of questions that can help to build open communication with patients:

- Where is the location of your pain?
- What is the character of your pain?
- How and when did the pain start?
- Is the pain continuous or intermittent?
- What are the exacerbating and relieving factors of your pain?
- What makes it feel better or worse, including medication, rest, activity, stress, sleep, or hot showers?
- What is the effect of stress on your pain, as well as the source of stressors?
- Any sleep disturbances?
- Any ongoing medical concerns?
- How does pain affect functioning at school or work?
- How does pain affect quality of life functions, such as relationships, sex or recreation?
- What does the patient expect from medications or other treatments in terms of analgesia or recovered functions?

LISTEN

Effective listening requires behaviors on the part of the provider that demonstrate caring and paying attention.

ACT

- Every clinical discipline must be trained to understand pain and to use the information we get from listening to the patient when they say they hurt. Make sure you are

competent to manage pain in your clinical domain, and take steps to stay informed and abreast of current developments in related care issues. Pain is a symptom of nearly every disease process, and provides diagnostic clues as to what is wrong with the patient.

- When the symptom of pain itself becomes a disease, (i.e., when the alarm system of pain reaches a point where it is broken), and when the symptom becomes the disease, know that this is a place many patients and clinicians need to (yet do not) ask for help. Refer patients to more experienced professionals when it exceeds your purview and ability to manage in concert with the patient.
- Complete HealthStream's HCAHPS Pain Management Module, which trains you to recognize the relationship between your everyday behaviors and actions and the patient experience of care and their experience of your pain management intervention.
- Know what the experts say on http://www.letstalkpain.org/health_care/experts.html.

HealthStream's Core Regulatory Courses

HealthStream's industry-leading learning management system, the [HealthStream Learning Center](#), comes out of the box with 52 Core Regulatory courses, including one that focuses on educating staff on Pain Management in compliance with Joint Commission standards. [Click here for more information.](#)

References and Resources

Let's Talk Pain Coalition

<http://www.letstalkpain.org/>

The Joint Commission

One Renaissance Blvd.
Oakbrook Terrace, IL 60181
Phone: 630-792-5000

Helpful links:

- http://www.jointcommission.org/PatientSafety/SpeakUp/Speak_up_pain_management.htm
- <http://www.jointcommission.org/NR/rdonlyres/C581F557-BD6C-4139-8C5B-149214C0AE27/0/painmanagementbrochure.pdf>
- http://www.jointcommission.org/GeneralPublic/Speak+Up/about_speakup

Pain & Policy Studies Group

406 Science Drive, Suite 202
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<http://www.painpolicy.wisc.edu/index.htm>

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The National Foundation for the Treatment of Pain

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<http://www.paincare.org/index.html>

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Learning Modules

HealthStream's [HCAHPS Pain Management Training Module](#)

Expert Input From:

Dr. Scott Fishman, Chair and President of the American Pain Foundation and Chief of the Division of Pain Medicine and Professor of Anesthesiology at the University of California at Davis.

Dr. Abraham Cherrick, Medical Director for the Department of Physical Medicine at INOVA Alexandria Hospital. He is Board Certified in Physical Medicine and Rehabilitation and a Diplomate of the American Academy of Pain Management.

Listed internet resources, in particular, http://www.letstalkpain.org/health_care/experts.html accessed December 3, 2008 at 12:28 PM Central Time.