

1030-1200

PATIENT CENTERED VS STANDARDIZED PROCESSES & DOCUMENTATION FOR PAIN MANAGEMENT

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Objectives



Identify

Identify processes and tools to optimize the implementation of a new pain assessment tool



Demonstrate

Demonstrate tools used to prepare for successful implementation of a new pain assessment tool



Understand

Understand the balance between standardization and customization as they pertain to patient-centered care, clinical practice, and documentation



Discuss

Discuss how use of non-standard documentation affects implementation of the pain information model

Exercises



PROBLEM
STATEMENT



FISHBONE DIAGRAM



WORK BREAKDOWN
STRUCTURE



SMART GOALS



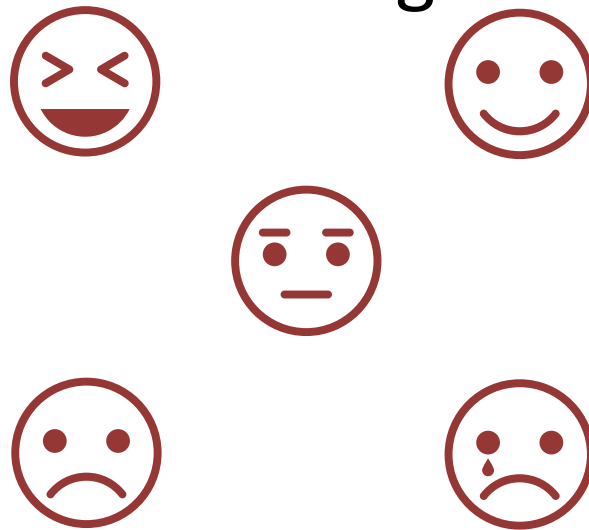
PROJECT PLAN



OUTCOMES
MEASUREMENT

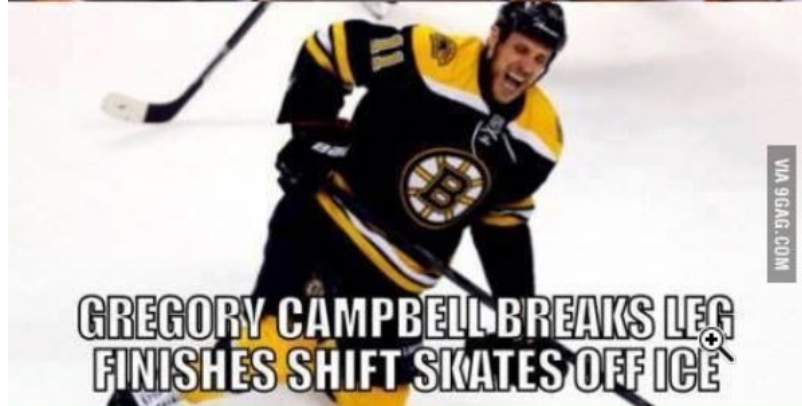
Situation

Your pain champion needs your help investigating supplemental or alternative pain assessment tools for use in an adult inpatient setting.



How would you rate your pain on a scale from 0-10, 0 being no pain and 10 being the worst pain you can imagine?





<https://i.pinimg.com/originals/f7/fa/be/f7fabledcf9183fef0d7a2f6554029de0.jpg>

"Problem Statement"

There must be something better!



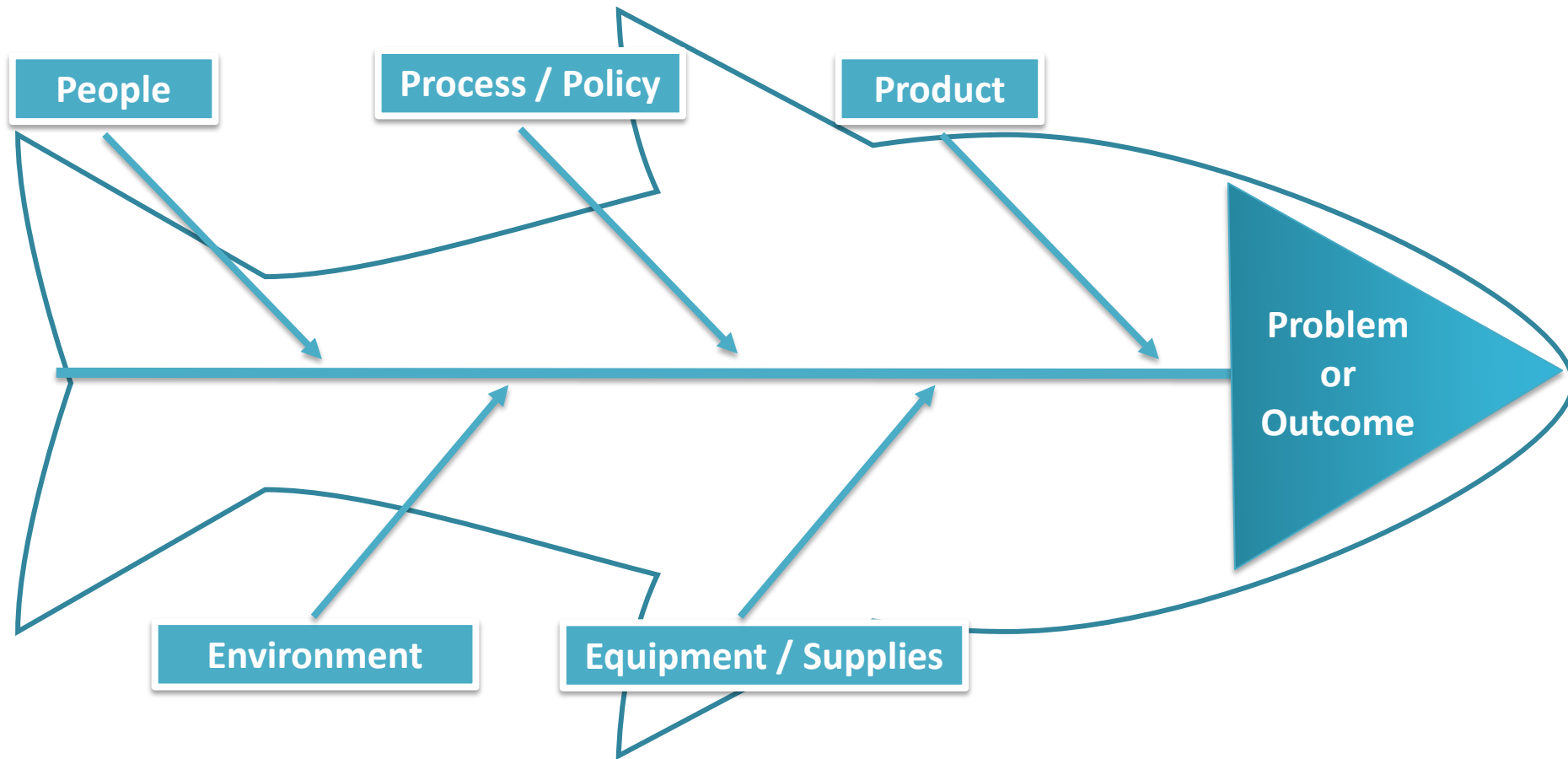
Numeric Rating Scale

PROS	CONS
Standardized tool	Number influenced by multiple factors internal & external
Easy to use	Unable to use in all situations
Patient's subjective report of their pain	Report is subjective for patient and clinician
Measurements can be tracked & trended over time	Single measurement at a single point in time independent of other factors
Comparable within the tool	Cannot compare across pain tools
Shareable, Interoperable	Not semantically interoperable

Exercise 1

- Define your problem statement
- Share with two of your neighbors

Fishbone Diagram



Exercise 2

- Complete a Fishbone Diagram for your problem statement

Search Results


- Clinically Aligned Pain Assessment tool (CAPA©)
- Assesses pain using a transactional conversation between patient and clinicians
- Copyright: Donaldson & Chapman, 2013, University of Utah
 - Modified for use (with permissions) at University of Minnesota Medical Center

How has your
comfort level
been?




It's manageable
except when I get
up to go to the
bathroom.





Is this a change
for you?



No; the pain is
better than
yesterday.

I see you've been taking 1 Percocet every four hours; how effective has that been to address your pain?



It's been effective. I'd like to try taking it every 6 hours instead.



CAPA[©] Tool (modified; original in blue)

The conversation leads to documentation- not the other way around.

Question	Response
Comfort	<ul style="list-style-type: none"> •Intolerable •Tolerable with discomfort •Comfortably manageable •Negligible pain
Change in Pain	<ul style="list-style-type: none"> •Getting worse •About the same •Getting better
Pain Control	<ul style="list-style-type: none"> •Inadequate pain control <i>Inadequate pain control</i> •Partially effective <i>Effective, just about right</i> •Fully effective <i>Would like to reduce medication (why?)</i>
Functioning	<ul style="list-style-type: none"> •Can't do anything because of pain •Pain keeps me from doing most of what I need to do •Can do most things, but pain gets in the way of some •Can do everything I need to
Sleep	<ul style="list-style-type: none"> •Awake with pain most of night •Awake with occasional pain •Normal Sleep

From, Donaldson & Chapman, 2013.

Drew & Topham, 2014

CAPA[©]

PROS	CONS
Standardized tool	Newer tool; less used
Guided patient – clinician conversation	Requires conversational skills
Considers multiple factors of the pain experience over time	Measurements difficult to track & trend visually over time
Comparable within the tool	Cannot compare across tools
Improved semantic "operability"	Not interoperable

Goal Definition



S

Specific

Who, What, Where,
When, Why, Which

Define the goal as much
as possible with no
ambiguous language.

WHO is involved, WHAT
do I want to accomplish,
WHERE will it be done,
WHY am I doing this
(reasons, purpose),
WHICH constraints /
requirements do I have?



M

Measurable

From and To

Can you track the
progress and measure
the outcome?

How much, how many,
how will I know when
my goal is
accomplished?



A

Attainable

How

Is the goal reasonable
enough to be
accomplished? How so?

Make sure the goal is
not out of reach or
below standard
performance.



R

Relevant

Worthwhile

Is the goal worthwhile
and will it meet your
needs?

Is each goal consistent
with other goals you
have established and
fits with your
immediate and long
term plans?



T

Timely

When

Your objective should
include a time limit. "I
will complete this step
by month/day/year."

It will establish a sense
of urgency and prompt
you to have better time
management.

<https://www.livechatinc.com/wp-content/uploads/2017/12/customer-service-smart-goals@2x.jpg>

Process & Outcome Measures

Process Measures

- Weekly documentation compliance by unit
- Identification of continued NRS use by user

Outcome Measures

- CAPA outcomes
- Patient satisfaction scores

Exercise 3

- Adapt these process and outcome measures into SMART goals

Process Measures

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- Continued NRS use by user

Outcome Measures

- CAPA outcomes
- Patient satisfaction scores

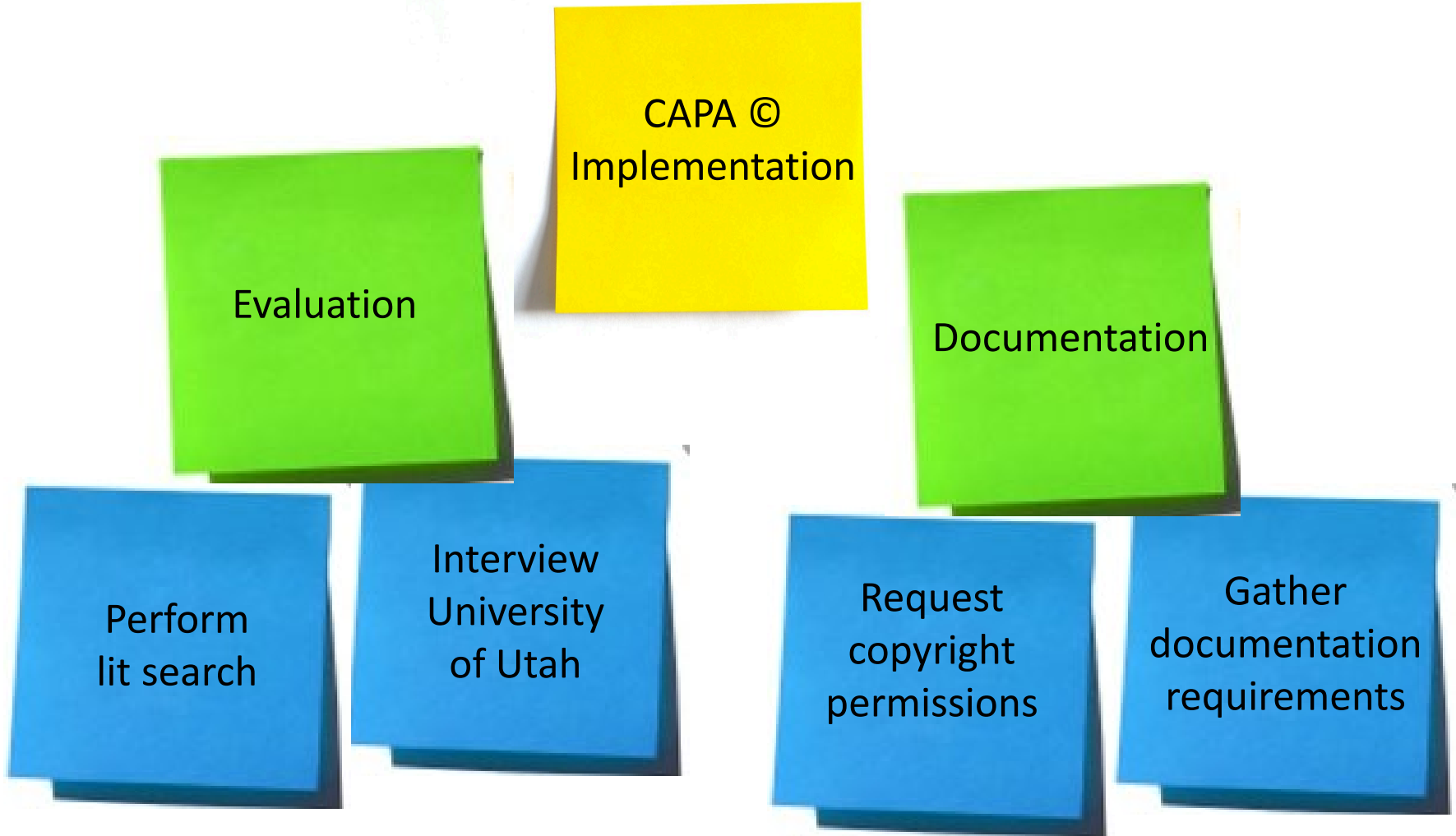


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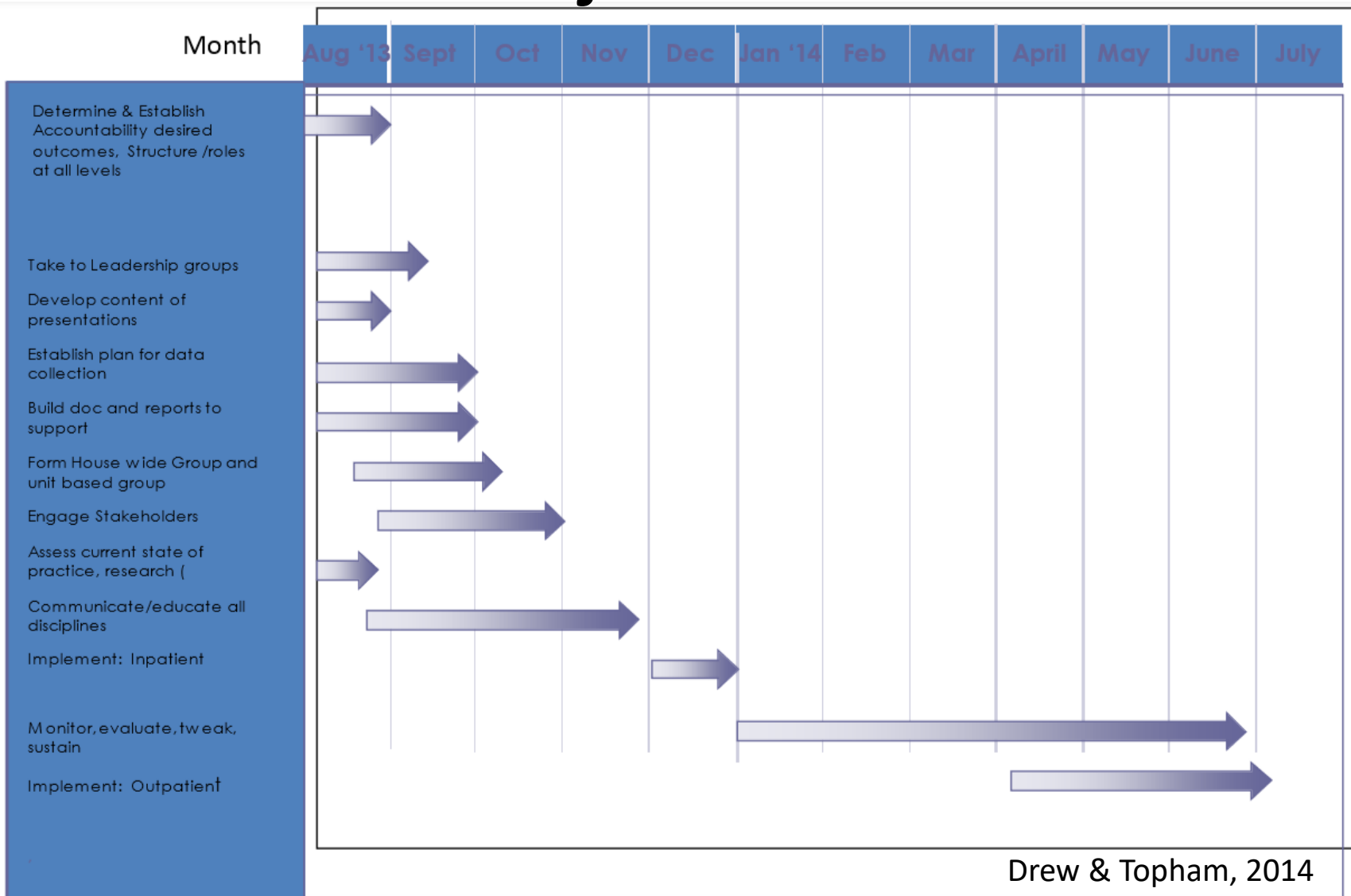
WBS Example



Exercise 4

- With your table, begin your work breakdown structure.

Project Plan



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Exercise 5

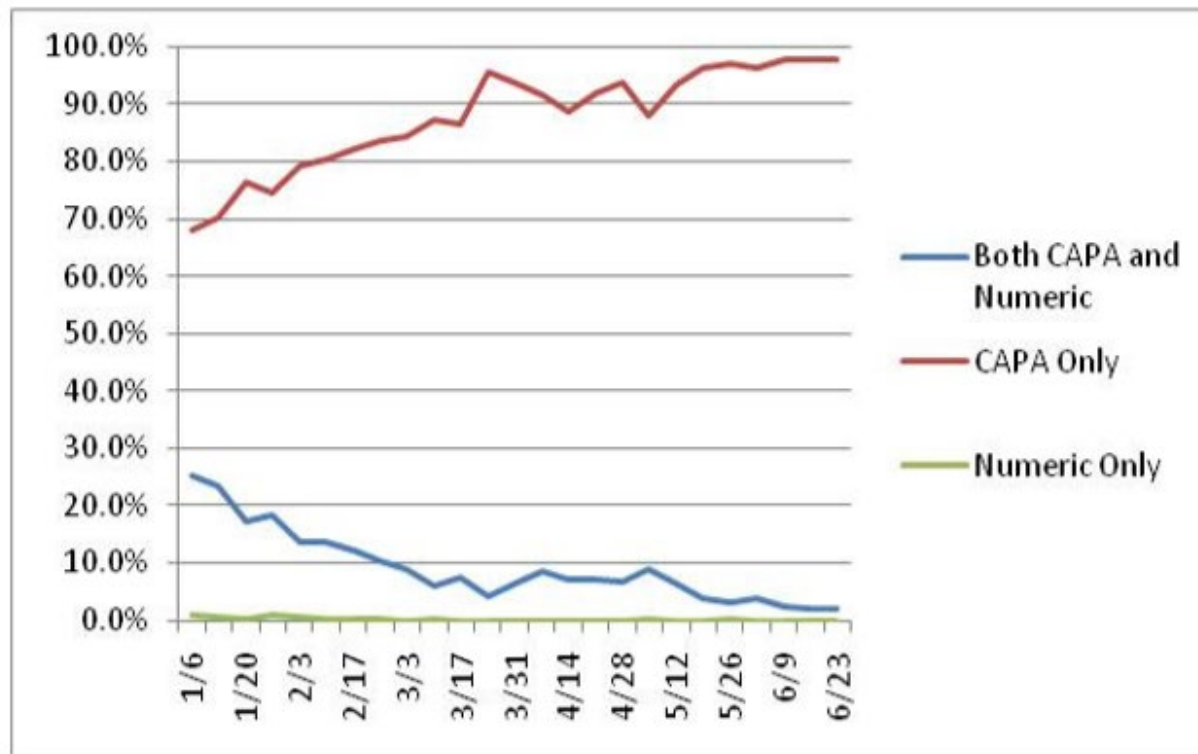
- Use the WBS to create a high-level project plan.

Measurement

- Think about how you would visualize your process and outcome metrics

Tracking Tool - Documentation

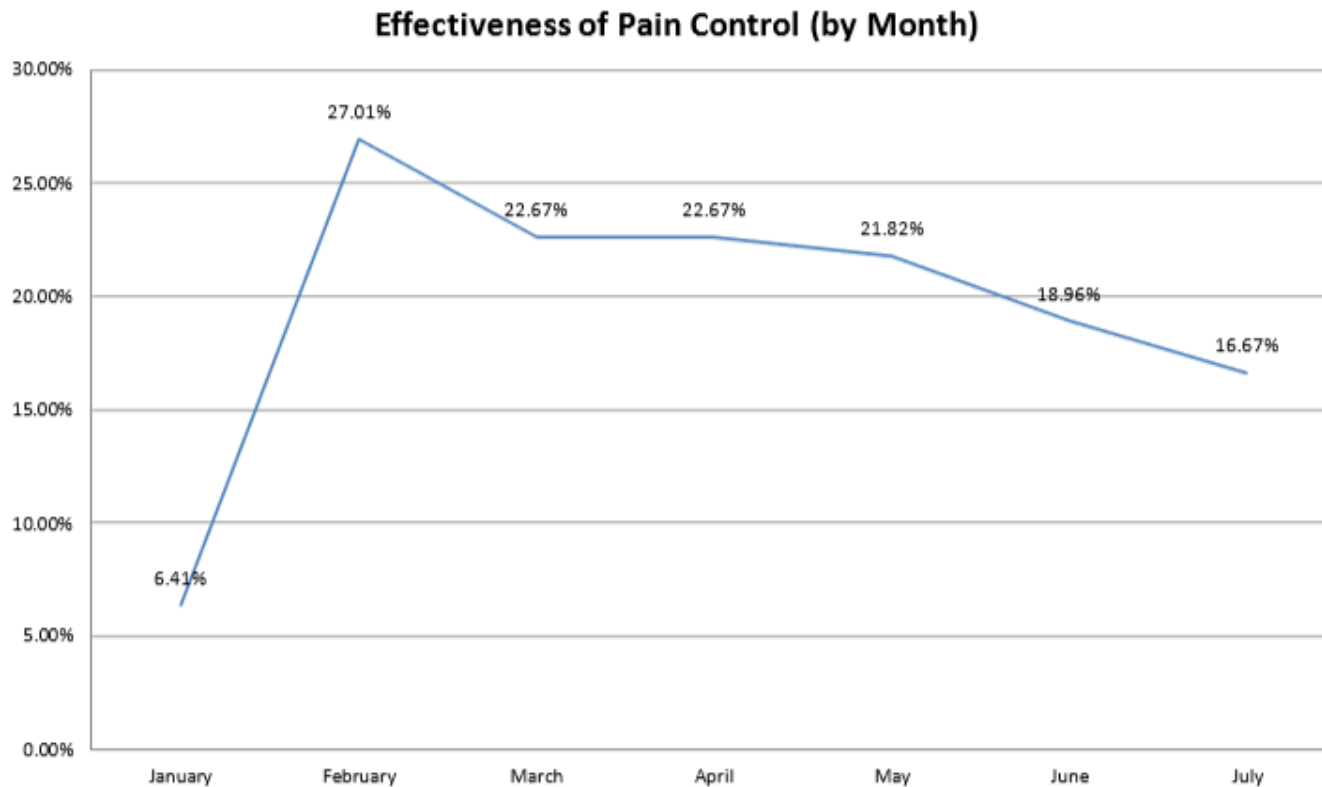
Process Measures CAPA © Compliance



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Tracking Tool – Patient Survey

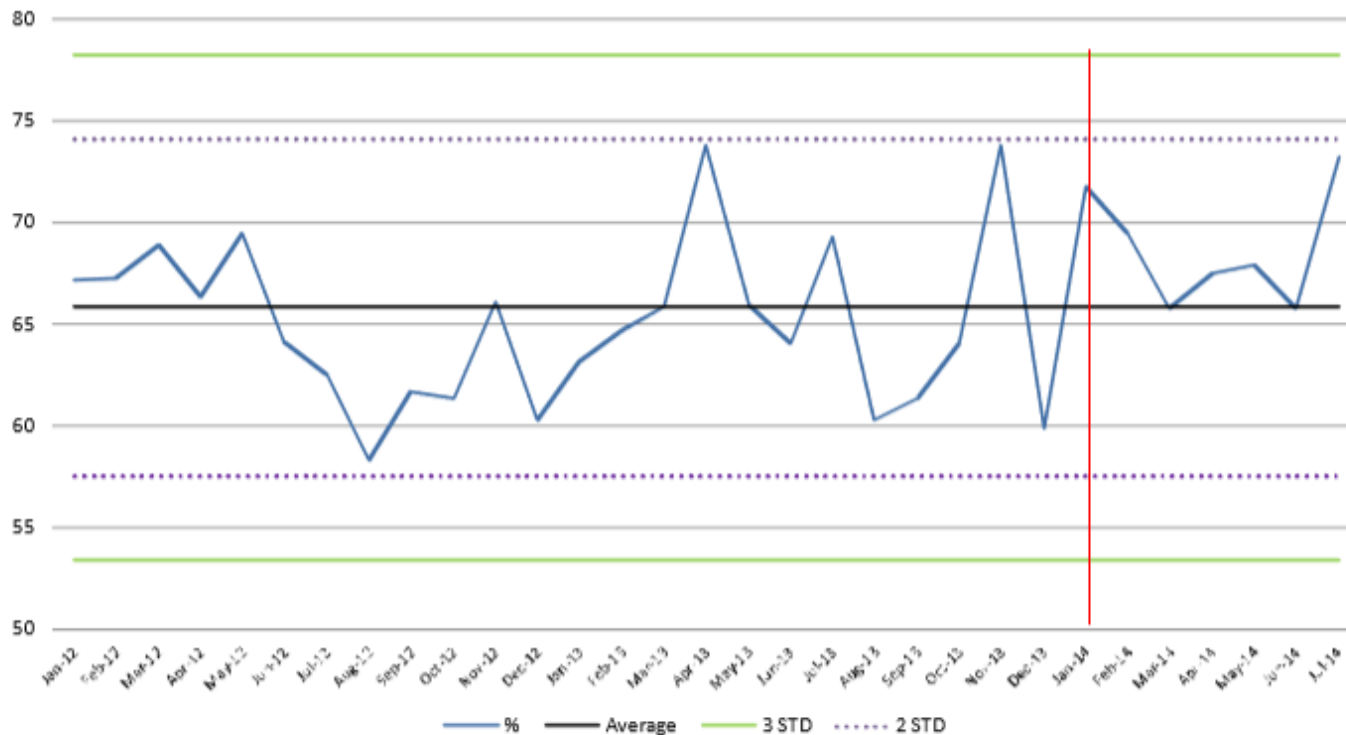
Outcome Measures - CAPA[©]



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Tracking Tool

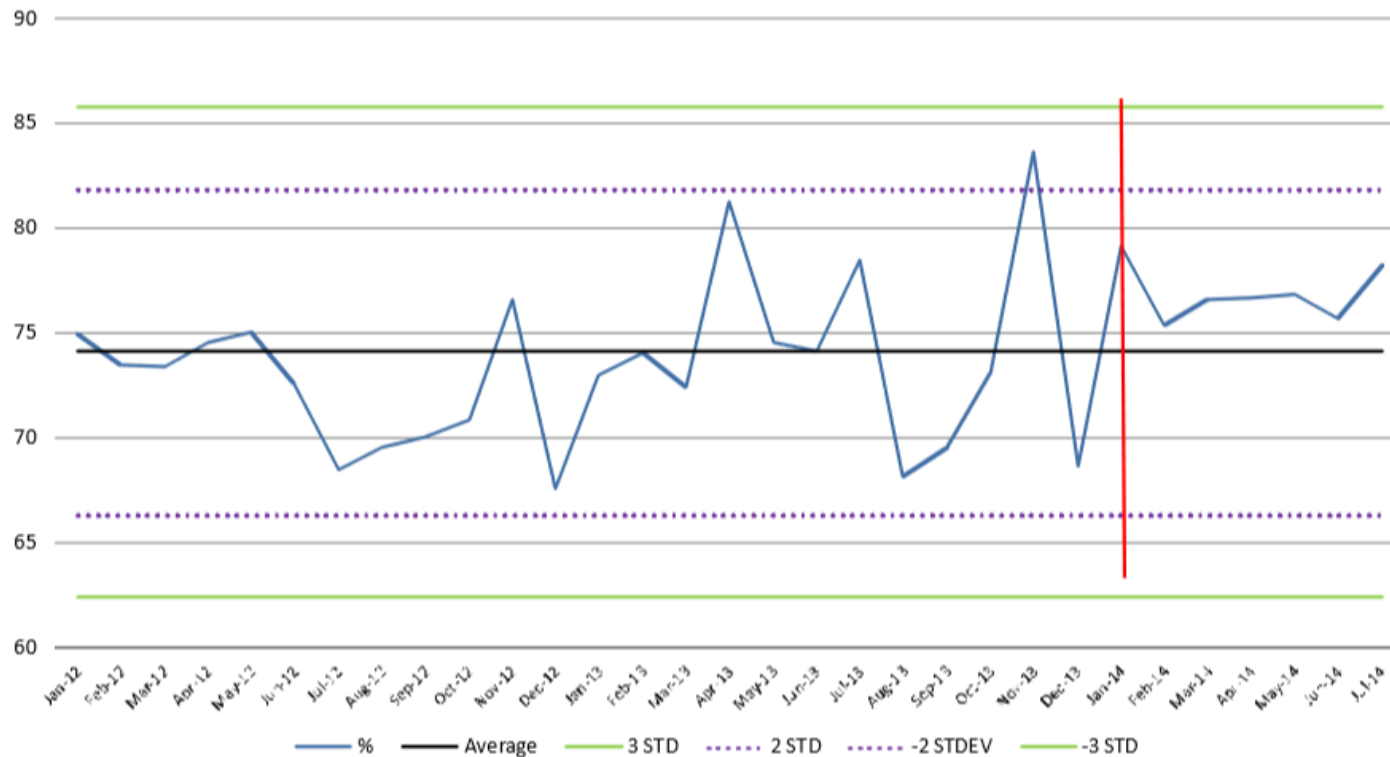
Press Ganey[©] - Overall Pain Management (by month)



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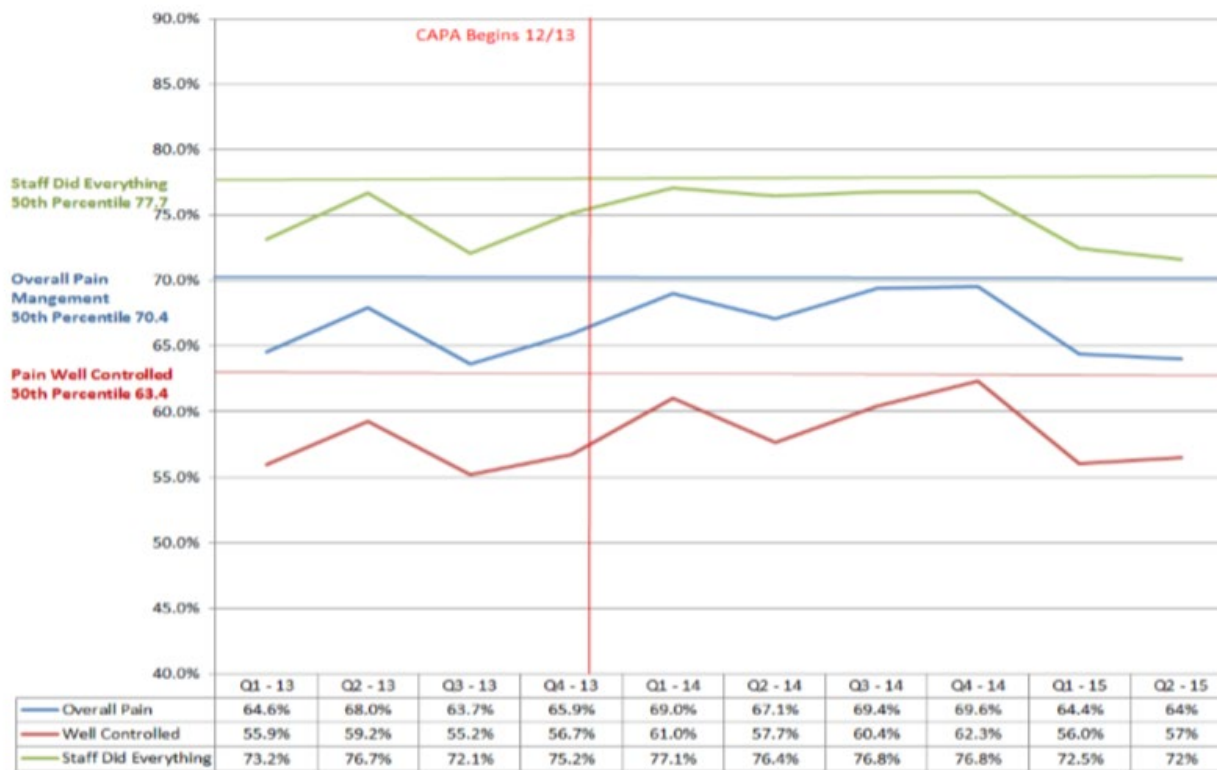
Tracking Tool

Press Ganey[®] - Staff Did Everything to Control Pain (by Month)



Tracking Tool

Press Ganey[©] Scores Pre and Post CAPA Implementation by Quarter



Drew & Topham, 2014



Discussion

- As a new pain assessment tool, what effect does the use of CAPA© have on patient-centered care, clinical practice, and documentation?
- How would you address CAPA© in the context of the pain information model?
- Should CAPA© be mapped to Snomed-CT & LOINC as part of the pain information model?



References

- Donaldson, G. & Chapman, C. R. (2013). *Pain management is more than just a number*. University of Utah Health / Department of Anesthesiology. Salt Lake City, Utah: Department of Anesthesiology.
- Drew, D. J. & Topham, D. (2014). *Implementation of the CAPA© (Clinically Aligned Pain Assessment) Tool: Pain is More than Just a Number©*. Retrieved from: <http://www.aspmn.org/Documents/2014%20Conference%20Documents/Friday/Drew%20To%20pham%20CAPA.pdf>
- University of Utah Health Care. (2012). *Give patients voice, not a number*. Retrieved from: <https://healthcare.utah.edu/nursinginnovation/docs/2012-u-of-u-health-nursing-report.pdf>

