UC San Diego Health	Project Name: **Inpatient Pain Reassessment Improvement Project**	Team Leader(s): Tim Furnish MD, Cassia Yi RN	Event Dates: FY15/16
	Sponsor(s): Margarita Baggett CCO, Angela Scioscia CMO	Event Location(s): Hillcrest and La Jolla	Facilitator: Anthony Biondo, MBA	A3 Last Updated: 7/21/17

Pain Management Committee: Tim Furnish MD, Cassia Yi RN, Sally Rafie PharmD, Kyle Edmonds MD, Chih Hsu PharmD, Rabia Atayee PharmD, Shobha Kolan Pharmacy Analyst, RN Unit Based Champions

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1 – Reason for Action

Problem Statement: Patients not reassessed after receiving PRN "when necessary" opioid medications are at greater risk of patient harm due to uncontrolled pain or respiratory depression.

Aim: Increase adherence to pain and sedation assessments following PRN opioid administrations to ensure effective and safe pain management.

Scope: UCSD Inpatients (including ED encounters), project completed by Q4 FY16/17

2 – Initial State

PROCESS MEASURE:

- 62% of inpatient PRN pain medication administrations have a documented pain reassessment within guidelines for monitoring: 0-45 min for IV, 45-75 min for Oral (PO)

OUTCOME MEASURES:

- 1.56% of inpatient encounters receiving opioids also receive Naloxone as a rescue intervention during their stay *(UHC/Vizient benchmark is 1.64%)*
- 0.07 Opioid-Related Med Errors Causing Harm per 1,000 Patient Days
- 44th percentile / 79.1% "Always" for "During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?" *(Patient Satisfaction UHC/Vizient benchmark)*

3 – Target State

PROCESS MEASURE:

- 80% of inpatient PRN pain medication administrations have a documented pain reassessment within guidelines for monitoring

OUTCOME MEASURES:

- Decrease the % of inpatient encounters receiving opioids that also receive Naloxone as a rescue intervention during their stay
- Decrease the rate of Opioid-Related Med Errors Causing Harm per 1,000 Patient Days
- Improve above the 50th percentile for % "Always" for "During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?"

4 – Gap Analysis

Why are patients that receive PRN opioids not reassessed timely to ensure safe and effective pain management?

Root Cause A: Staff may not be familiar with the guidelines for reassessing and IV and PO PRN pain medications during the peak effect times following administration.

Root Cause B: Staff caring for multiple patients may be distracted by or occupied with other patient care activities.

Why are nurse leaders and staff not working to improve their pain reassessment documentation compliance rates?

Root Cause C: Nurse leaders do not have access to unit or staff level performance data to review performance or identify staff members for recognition or coaching.

Root Cause D: Nursing leaders and staff incentives are not aligned to make pain reassessment documentation a patient care priority.

5 – Solution Approach

If we...

A) educate staff on pain reassessment guidelines for IV and PO pain medications and its importance for safe and effective pain medication management,

B) provide tools to help staff remember to complete and document their reassessments timely,

C) provide nurse units and leaders with unit and individual staff level performance feedback,

and **D)** align leadership and staff incentives to improve their performance…

...then we expect

to improve documentation compliance rates for reassessing effects of PRN IV and PO opioids within guidelines, reduce utilization rates of naloxone rescue medications, decrease the frequency of opioid-related medication errors with patient harm, and improve patient satisfaction with pain management.

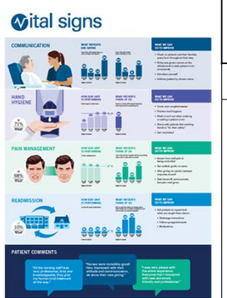
6 – Process Improvements

A) Educate staff on the importance of completing pain reassessments and the differences between IV and PO pain medications and their peak effect times following medication administration. **– Completed Sept., 2015**

B) Promote the use of electronic medical reminders for staff to review their pain assessment documentation throughout their shift and to use reminders as part of shift hand-off. **– Completed Jan., 2017**

C1) Develop monthly reports with individual nurse unit and staff member performance rates. **– Completed Sept., 2015**
C2) Provide nurse managers with medication administration data to use during 1-on-1 coaching. **– Completed Sept., 2015**
C3) Post unit level compliance rates and trends on quarterly Vital Signs quality assurance and performance improvement (QAPI) posters. **– Completed Jan., 2016**

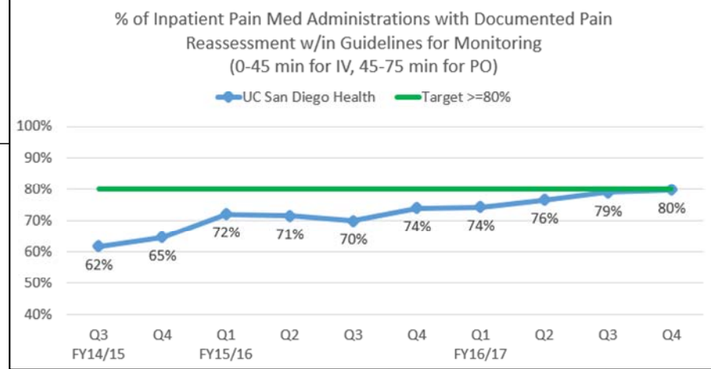
D) Incorporate measure in leader and nurse unit employee incentive goals **– Completed Sept., 2016**



7 – Completion Plan

Action	Who	When
Continue to monitor reassessment rates for sustainment and to use Pareto analysis to identify nursing units for outreach and coaching.	Pain Management Committee	Ongoing

8 – Confirmed State



Metric	Baseline	Target	Current
Naloxone Rescue Utilization %	1.64%	<1.64%	1.20%
Opioid-Related Med Errors Causing Harm per 1,000 Patient Days	0.07	<0.07	0.03
Patient Satisfaction: "During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?"	79.1% "always" (44th %ile)	>50th %ile	80.1% (56th %ile)

9 - Insights

- Health system met organizational goal for Q4 FY16/17.
- Pain Management Committee has also seen reduction in inpatient opioid-related medication errors reported with harm and a decrease in naloxone rescue utilization over the same time period.
- The committee will continue to monitor performance for sustainment and provide outreach education to low performing nurse units.
- Next steps are to apply lessons learned to improve Pasero Opioid-induced Sedation Scale (POSS) reassessment documentation rates.
- Shift change hand-off has been identified as a system level weakness related to pain medication reassessments. A nursing hand-off team is being formed to address this and other safety concerns related to patient hand-offs.