

St. Mary's Hospital views pain management as an integral component of patient care and has made an organizational commitment to providing effective pain treatment.

At St. Mary's, patients of all ages and in all settings have the right to:

- express their pain and have that expression accepted and respected as the most reliable indicator of pain;
- have their pain assessed systematically and thoroughly;
- have their pain managed according to the most currently accepted practices;
- receive a prompt response to unrelieved pain;
- be informed and involved in all decisions regarding all aspects of their pain care.

To spearhead this effort, a multidisciplinary Pain Management Committee was formed in August 1999. The mission of the committee is to promote and advocate available opportunities to decrease patients' numeric pain ratings and improve outcomes. A Physician Advisory Board, comprised of physicians from general surgery, orthopedics, obstetrics, family practice, internal medicine and pediatrics, serves in a supportive capacity to this committee.

St. Mary's team approach also gives patients and families an active role in pain management. Patients, in consultation with their doctor and other medical professionals, determine an acceptable level of pain and develop realistic expectations for achieving that goal.

Hospital-wide goals and objectives regarding pain management include:

- a) The Patients Rights brochure is given to all

patients and includes rights to pain management. In addition, surgical patients and appropriate medical patients receive the booklet "Managing Your Pain: A Team Effort" during pre-surgical evaluation or upon admission. The pain management booklet is being translated into Spanish for our Hispanic population.

- b) Every patient is asked their acceptable level of pain, which is documented on the standardized Pain Flow Sheet (*see exhibit 1*). The hospital goal is to achieve this level 90 percent of the time.

- c) Upon admission, every patient is assessed for pain (*see exhibits 2, 3, 4*). Pain is reassessed a minimum of every four hours around-the-clock and within two hours of any PRN analgesic. Specialty areas conduct more frequent ongoing pain assessments (Post-Anesthesia Care Unit [PACU] every 30 minutes, Outpatient Nursing Center [OPNC] every hour). Based on this information, physicians and nurses assess pain, plan a course of treatment, and modify prescribed treatment as needed.

Exhibit 1: Patient's acceptable pain level identified

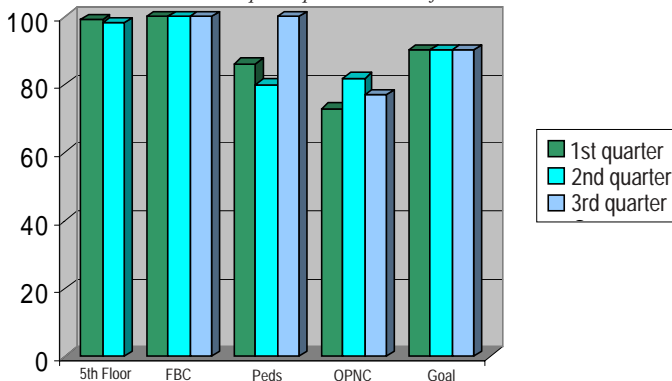


Exhibit 2: Pain level assessed at least every 4 hours (1/2 hour for PACU and 1 hour for OPNC)

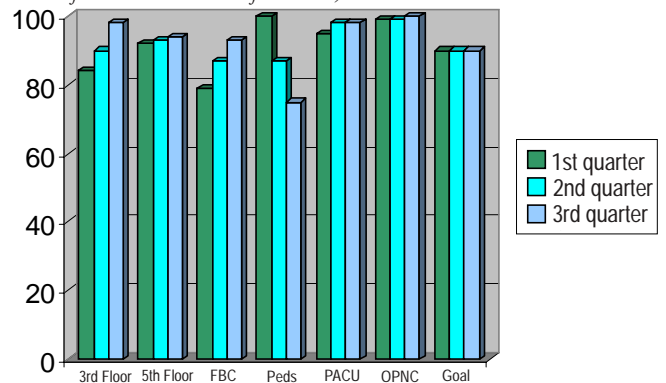


Exhibit 3: Pain level reassessed within 2 hours of PRN pain medicine (15 minutes for PACU and 1 hour for OPNC)

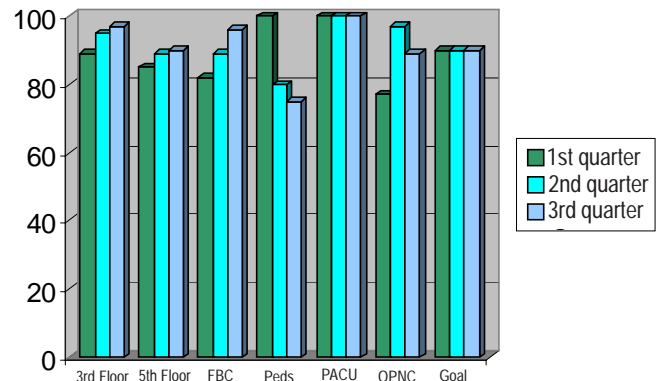
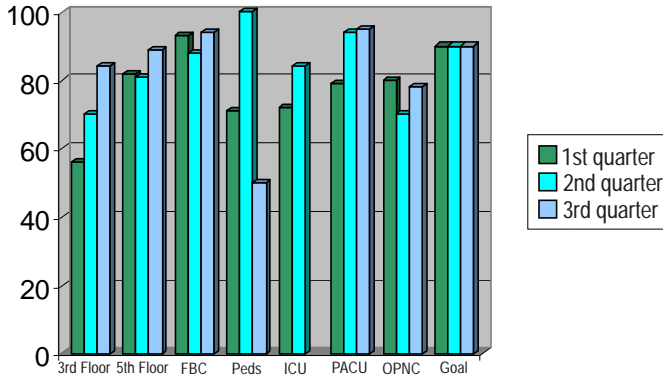


Exhibit 4: Patient pain level @ or below acceptable level within 2 hours following PRN meds (discharge for PACU/OPNC)



- d) Population-specific pain assessment tools are utilized: numeric 0-10 scale for adults, FACES pain rating scale for pediatrics and behavioral pain rating scale for the cognitively impaired.
- e) The Pain Management Reference Guide and Equianalgesic Chart for analgesics was incorporated into the St. Mary's Formulary.
- f) Ongoing education on pain management is provided to hospital staff and physicians through yearly competency and continuing medical education.
- g) To incorporate complementary therapies into health care management, a complementary alternative medicine committee was established. Alternative pain treatment measures at St. Mary's include: breathing, imagery, distraction, massage, music therapy, heat and cold therapy, progressive muscle relaxation, and spiritual practices and resources.

St. Mary's has monitored the appropriateness and effectiveness of pain management since May 1999, with standardized pain monitoring indicators used by all inpatient-nursing areas, with comparable indicators for OPNC and the emergency department. The goal of monitoring is to achieve 90 percent compliance. Hospital-wide efforts demonstrate improvement in practice and patient outcomes:

- Consistent around-the-clock pain assessment improved from 61-88 percent to 87-99 percent.
- Keeping patient's pain level at or below their acceptable level has improved from 58-65 percent to 70-100 percent.

New indicators have been added to identify if additional interventions are being pursued when pain levels are not at the acceptable level. Additional interventions are pursued when pain levels are not at the acceptable level:

- different non-drug treatment used;
- primary analgesic increased or PCA bolus given;
- analgesic time frame shortened to smaller interval;
- different category of analgesic given;
- acceptable pain level reassessed/changed;
- physician notified and orders changed.

St. Mary's is also a member of the Community Pain and Comfort Team, which collectively coordinates community initiatives regarding Pain Management and Education. This city-wide committee implemented Demerol Use Guidelines, approved by Pharmacy and Therapeutics and Physician Advisory Group, and identified appropriate pain assessment tools for the confused, pediatric and neonate populations.

For more information, call (920) 498-4583.

