

Managing Pain to Avoid Opioid Misuse

Background

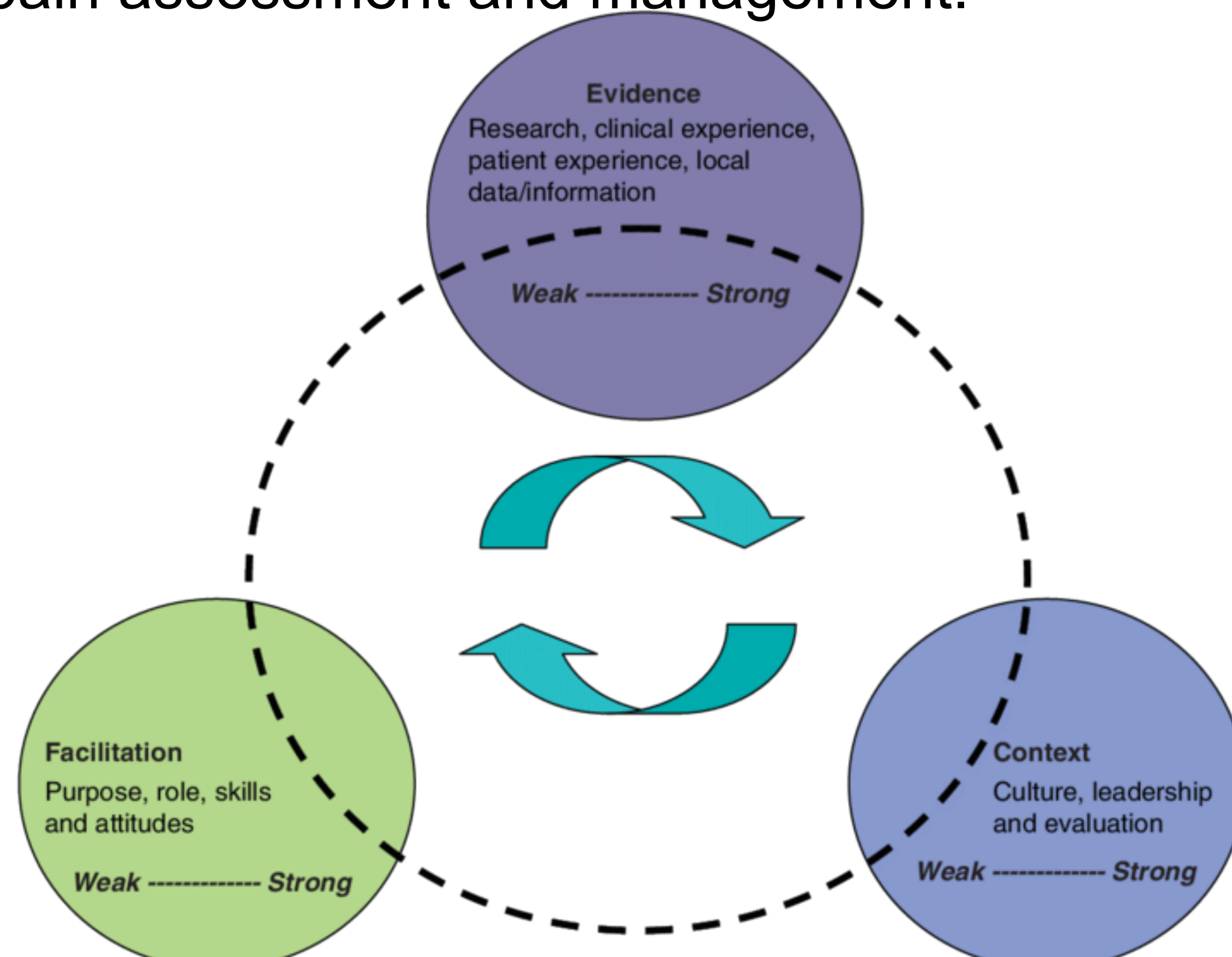
- In a cross sectional study performed by two separate hospitals, pain was reported as the primary factor that brought 71.1% of all patients to the hospital.
- 1 in 5 of American adults report chronic pain
- Decreased cohesion within the healthcare system results in decreased pain management, poor patient outcomes, opiate addiction and financial burdens on both patients and healthcare systems.

Importance of Issue

- Overprescription : 60% of opiates go unused and 6-7% of prescribed opiates are being used up to 6 months past expected recovery
- A community Issue: In San Joaquin County, opiate related overdoses have increased 200% over the past two years.
- The current opiate crisis has lead to a 500 billion-dollar deficit annually
- Inadequate pain management leads to longer hospitals stays. Medical expenses alone are responsible for 60-65% of all bankruptcies

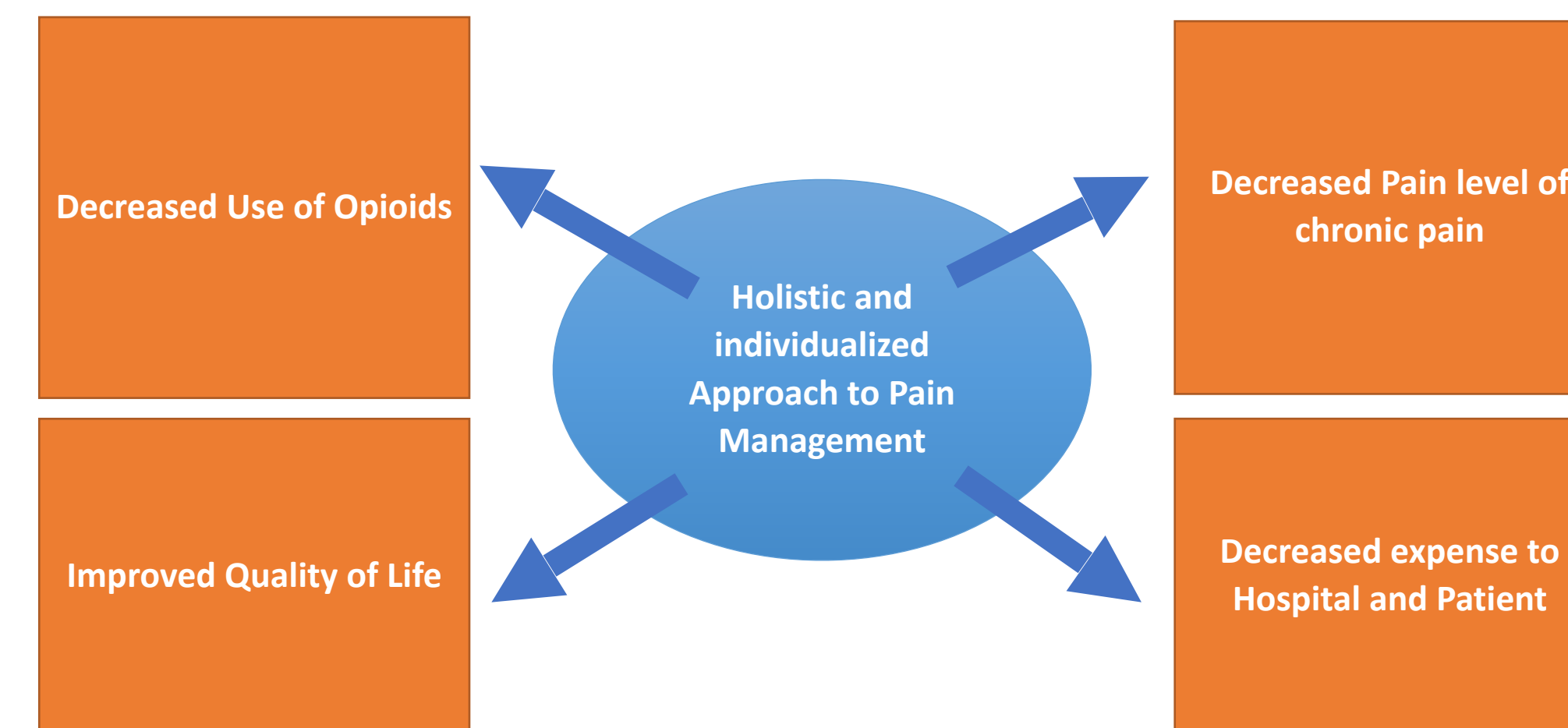
Framework

- The PARIHS QI Model was used to identify the current systems readiness to change in regards to pain assessment and management.



Key Concepts & Outcomes

Within 3 months of using a combination of CAM therapy, PPCAT, ERAS, and Subjective/Objective Pain level evaluation, Patients with chronic pain will report a decrease in perceived pain by 10% with reduced opiate usage.

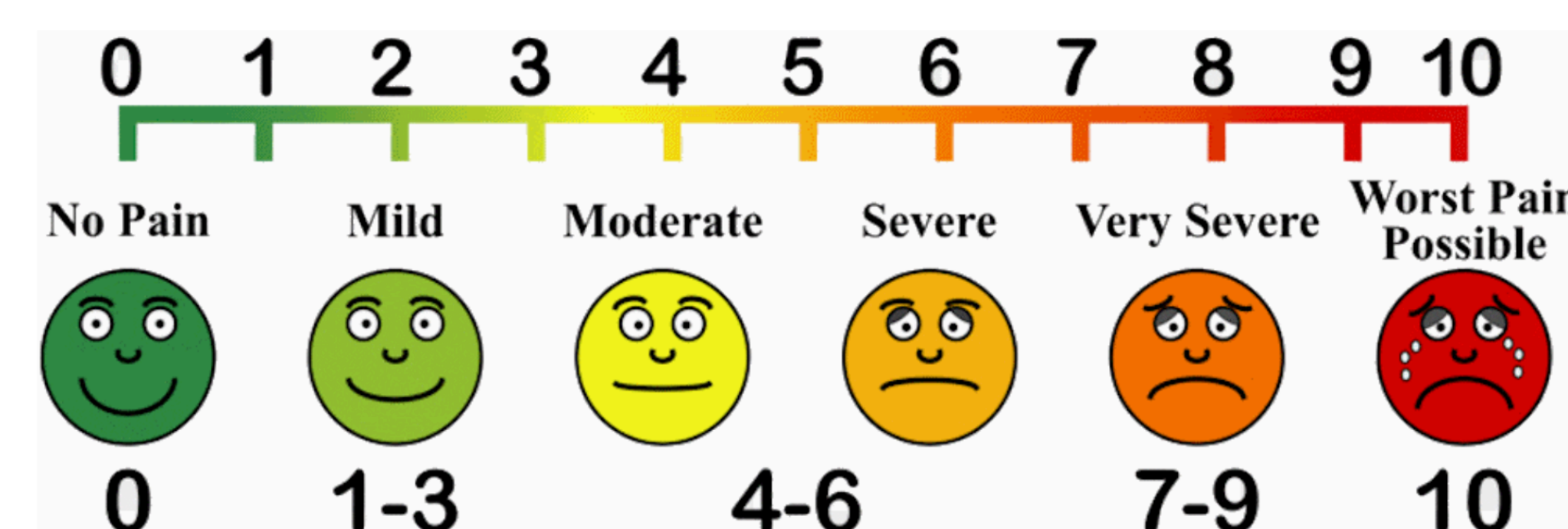


Interventions & Solutions

Individual Intervention: Patients experiencing chronic pain will be educated on CAM (complimentary and alternative medicine) to be given the tools to better manage their pain at home autonomously.

Healthcare Provider Interventions: Healthcare will still use subjective numeric pain scales but also consider objective signs of pain that can be seen in vitals signs and physical assessment. Doctors will begin to use ERAS (Enhanced Recovery After Surgery) to move away from opiate dependent management

Policy and system Intervention: Hospitals will be required to refer all patients re-admitting to hospitals for pain management to a Pain Program for Active Coping and Training (PPACT)



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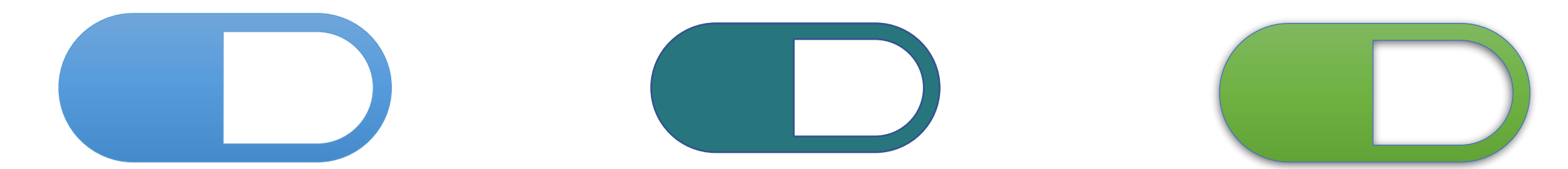
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Key Players

Patient Population: Individuals between the age of 30 and 70 suffering from chronic pain.

Key Players: Patients, Family of Patients, Nurses, Doctors.

Community Partners: Hospitals (inpatient and outpatient), community pain management clinics.



Evaluation

Process Evaluations

- Conduct chart audits ensuring patients being readmitted for pain management are being referred to PPCAT.
- Evaluate compliance of the ERAS protocol in patients with chronic pain to evaluate opiate prescription frequency.

Impact Evaluations

- Patient satisfaction Surveys will be used to identify effectiveness of pain management and intervention.
- Quantitative pain scales will be used pre and post intervention to evaluate interventions.

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