MHA Keystone Center

Blue Cross Blue Shield of Michigan

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A Voluntary Collaborative to Improve Quality and Save Lives

MHA Keystone: Pain Management

Collaborative Overview:
We are in the midst of an opioids crisis. In August 2012, The Joint Commission (TJC) released its only Sentinel Event Alert of the year, Safe Use of Opioids in Hospitals. Opioid analgesics rank among the drugs most frequently associated with adverse drug events, and TJC data revealed that significant morbidity and mortality result from inappropriate management of pain. Specific causes of concern included overuse of opiates, lack of multimodal therapies, lack of risk stratification and insufficient monitoring of at-risk patients.

In March 2014, the Center for Clinical Standards and Quality/Survey and Certification Group of the Centers for Medicare & Medicaid Services (CMS) released updated requirements for hospital medication administration, particularly intravenous (IV) medications and postoperative care of patients receiving opioids. TJC also released revisions to the pain management standard,[1] effective Jan. 1, 2015. The updated standards affirm that treatment strategies may consider both pharmacologic and nonpharmacologic approaches; but in addition, organizations should consider the benefits to the patient, as well as the risks of dependency, addiction and abuse of opioids. Further, element of performance 4 indicates the organization must either treat the patient's pain or refer the patient for treatment.

The concerns for patient safety have been reiterated frequently by Michigan hospitals. In response, the MHA Keystone Center has developed a new collaborative, MHA Keystone: Pain Management. This collaborative aims to reduce opioid-related adverse events, improve appropriate pain management, decrease the usage of opiates statewide and enhance patient expectation management.

Quality of pain management varies greatly among hospitals in the United States, yet pain control is the key driver determining overall satisfaction with inpatient care. A 2009 study[2] using Hospital Quality Alliance data derived from Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys found that patients in more than 2,400 hospitals strongly linked overall patient satisfaction with pain control. In addition to satisfaction, pain affects quality of care and patient safety. Inappropriate treatment can result in confusion, respiratory depression, sedation, constipation, urinary retention and death. Each of these opioid-related adverse events results in higher hospital costs, prolonged lengths of stay and substantial healthcare resource usage.

MHA Keystone Center commits to providing the following resources to support these efforts:

Resource 1: The Comprehensive Unit Based Safety Project (CUSP) follows a five-step iterative process to improve patient safety and the culture that drives safety attitudes and practices.

1 The Joint Commission. Provision of Care, Treatment, and Services Standard, PC.01.02.07.Oak Brook, IL: Joint Commission Resources, 2015.
2 Coley, Kim, et al. "Retrospective Evaluation of Unanticipated Admission and Readmissions After Same Day Surgery and Associated Costs." Journal of Clinical Anesthesia 14(200) 349-353.

Culture is a major focus because it is the set of shared attitudes, values, goals and practices that characterize an organization (or unit/clinical area). CUSP is continuous and should become a part of daily activities in each unit or clinical area.

Resource 2: Educational programs, including in-person and multimedia sessions, such as:

- ***Content and coaching webinars*** with industry experts, for teams to share success and challenges, ask questions, and network.
- ***Safe tables*** through MHA and IHA Patient Safety Organizations.
- ***Annual workshop*** that pull hospital teams together for an intensive learning session.
- ***Site visits*** for hospitals that require a more intensive support.
- ***Discussion board and blogs*** that allow real-time discussion on issues and questions relevant to the particular collaborative.

Resource 3: Implementation of a pain management toolkit including:

1. **Patient Screening:**
    - Michigan Opioid Safety Score (MOSS) tool for patients on IV opioids. This tool uses a standardized assessment of risk for pain, opioid sedation and respiratory depression.
    - Opioid naïve/opioid tolerant using Food and Drug Administration (FDA) definition or National Comprehensive Cancer Network (NCCN) definition.
        - FDA definition — Opioid tolerant: patients who are taking, for one week or longer, at least one of the following:
            - 60 mg oral morphine/day.
            - 25 µg transdermal fentanyl/hour.
            - 30 mg oral oxycodone/day.
            - 8 mg oral hydromorphone/day.
            - 25 mg oral oxymorphone/day.
            - An equianalgesic dose of any other opioid.
        - NCCN definition —
            - Opioid naive: patients who *are not* chronically receiving opioid analgesics on a daily basis.
            - Opioid tolerant: patients who *are* chronically receiving opioid analgesics on a daily basis.
    - Screening patients for obstructive sleep apnea (e.g. STOP BANG assessment(snoring, tired, observed, blood pressure, BMI, age, neck circumference, gender)) preoperatively.
    - Use of Michigan Automated Prescription System (MAPS) in the emergency department.

2. **Prescribing Information:**
    - Following the World Health Organization (WHO) analgesic pain ladder.
    - A sample of a Patient Controlled Analgesia (PCA) order set that includes Narcan/flumazenil rescue; nurses will be allowed to administer reversal agents per these protocols.
    - A sample of a medication administration record (MAR) reversal protocol that should be active for all patients with an active order for opioids and benzodiazepines.
    - Naloxone (Narcan) order with IV opioids.
    - Following the Michigan College of Emergency Physicians opioid prescribing recommendations.

3. Patient and family education templates.

2016 Keystone: Pain Management Events Schedule
For a complete list of upcoming events visit the MHA Community.

What the MHA Keystone Center will measure:

This program will be evaluated through the collection of both process and outcome measures, which are collected on a monthly basis.

We will strive to minimize the burden of data collection by using data that is already collected where feasible, to focus on methods to improve performance, and assist with member needs to promote improved patient outcomes.

Population:

- Adult patients - ≥ 18 years of age.
- Inpatients and outpatients included.

Process Measures: (n=numerator and d=denominator)

- Percent of inpatients having IV opioids administered (n=patients receiving IV opioids, d=total number of patients).
- Percent of emergency department (ED) patients having IV opioids administered (n= patients in ED receiving IV opioids, d=emergency department visits).
- Percent of ED patients being discharged with prescription oral opioids (n= patients in ED being discharged with a prescription of oral opioids, d=emergency department visits).
- Percent of patients on IV opioids that received an assessment for opioid naïve/tolerance (n= number of patients that received an assessment for opioid naïve/tolerance before first dose of opioids, d= total number of patients that received an IV opioid).
- Percent of patients on IV opioids that received a risk assessment (n=number of patients receiving IV opioids that received a risk assessment while on opioids [e.g. age, weight, OSA, recent surgery, frailty, etc.], d= total number of patients that received an IV opioids).
- Percent of patients on IV opioids that received a sedation level assessment (n= number of patients receiving IV opioids that received a sedation level assessment while on opioids [e.g. MOSS assessment, Pasero Opioid-induced Sedation Scale (POSS) assessment], d= total number of patients that received an IV opioid).

Structural Measures:

- Intervention Implementation Assessment.
- Gap Analysis.

Outcome Measures:

- Percent of patients treated with IV opioids having naloxone administered (n= number of patients treated with IV opioids who received naloxone, d= number of patients that received an IV opioid; exclusions: ED, obstetrics; inclusions: inpatients, outpatient departments where opioids are used [endoscopy, cardiology, radiology, ambulatory surgery])
- HCAHPS question 13 (during this hospital stay, how often was your pain well controlled?)

- HCAHPS question 14 (during this hospital stay, how often did the hospital staff do everything they could to help you with your pain?)
- HCAHPS question 21 (using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?)

Hospitals Commit to:

1. All patients will be screened to determine if they are opioid naïve or opioid tolerant prior to receiving any opioids.
2. All patients needing pain control will have multimodal analgesia. Providers will follow the WHO analgesic pain ladder when prescribing.
3. All patients receiving opioids will be formally assessed via the MOSS or POSS on a regular basis to prevent unintended sedation and respiratory depression.
4. Patients receiving opioids will not receive more than one concomitant sedative.
5. All patients receiving pain medications will be counseled on the medication they are receiving, any potential side effects and expectations of realistic pain management.
6. Policies and procedures will be established for patients who are no longer responding to treatment, directing that those patients receive increased monitoring, level of care, and appropriate pain consultation.
7. Patients requiring a PCA will be monitored via pulse oximetry and/or capnography.

The MHA Keystone: Pain Management collaborative seeks expert guidance and support from clinical experts made up of representatives from Michigan hospitals and related healthcare organizations. Each participating hospital forms a multifaceted improvement team/committee to guide the hospital's participation in this initiative.

To enroll in MHA Keystone: Pain Management please click here.