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A Model Pain Management Program

Levels of patient satisfaction with care received at Deaconess Hospital in Oklahoma City, Okla., consistently reach the 98 percentile, a ranking that Deaconess Cancer Center Director Helen Southerland largely attributes to the responsiveness of Deaconess nurses and staff. "Our nurses are providing quality care and attention to patients twenty-four hours a day," Southerland said. "They know our patients better than anyone."

Responsiveness to patients has become a Deaconess trademark. On the oncology/med/surg unit, certified nurses are preparing to provide ambulatory infusion services to patients twenty-four hours a day, seven days a week. Patients who received chemotherapy as inpatients travel to the same setting to receive

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Founded in 1903 as a home for unwed mothers, Deaconess Hospital opened its facilities to the general public in 1944. The nonprofit hospital is accredited by JCAHO and ACoS and is a member of the Voluntary Hospitals of America, a network of more than 630 nonprofit hospitals. Deaconess Cancer Center provides a complete program for the prevention, diagnosis, and treatment of cancer. Deaconess offers patients a wide range of protocols through the Southwest Oncology Group and pharmaceutical studies.

VITAL STATISTICS

- Total hospital bed size: 216
- Dedicated cancer unit beds: 28
- Number of analytic cancer patients seen each year: 550
- Managed care penetration in the state: 15 percent

PATIENT SUPPORT SERVICES

- A licensed clinical psychologist staffs cancer support programs such as "I Can Cope," "Healing Through Grief," and private counseling.
- Cancer screenings include prostate, skin, colon, and breast cancer screenings.
- A member of Oklahoma City's Community Cancer Coalition, Deaconess Cancer Center participates in the annual Fall Wellness Weekend Retreat for adults with cancer and their support persons.

it as outpatients, where it is often administered by the same nurse.

The ambulatory infusion unit is one example of Deaconess' ability to provide needed services in a cost-efficient manner, which, when coupled with its state-wide reputation, sets the hospital apart from competitors in negotiating managed care contracts.

Southerland expects Deaconess to thrive in the face of managed care. "Everyone will have to bring costs down to survive, and level of quality will be a decisive factor," she said. "We have built a solid reputation for quality and a commitment to patients that payers and patients will value."

A COMMITMENT TO PAIN CONTROL

Deaconess Hospital in Oklahoma City, Okla., has instituted a pain management program to help clinicians better assess and treat pain in patients with cancer and other chronic diseases. Linda Avery, R.N., M.S., C.N.A.A., vice president of patient services, initiated the program to educate health care professionals and patients about the realities of using pharmaceutical interventions to relieve pain.

According to Avery, pain is one of the most frequent reasons why patients seek help from health professionals. However, fears and myths about pharmaceutical intervention for pain abound within the medical community and among patients, Avery stated. Fear of psychological and/or physical addiction, coupled with a lack of knowledge about appropriate interventions, are examples of the many barriers that have prevented patients from receiving adequate pain control from their health care providers.

As the chief nursing officer for the organization, Avery saw the need for a more comprehensive approach to pain management, as recommended by the Joint Commission on Accreditation of Healthcare Organizations and other regulatory bodies. A team of nurses across hospital departments and the Oklahoma Pain Initiative have updated hospital policies and procedures related to pain management. "We are emphasizing that pain control is a basic right of all patients," Avery said. "It's more than palliative care."

Education of physicians, nurses, and pharmacists is at the heart of the Deaconess pain management program. Through the Oklahoma Pain Initiative education, ongoing support, and structure for modeling the program are provided. Physicians, nurses, and pharmacists are teamed by specialty and receive classroom instruction about appropriate pharmacological interventions for chronic, and in the case of oncology, malignant pain. Through the educational component clinicians also learn about the importance of trusting the patient's self-report of pain. "The patient's own description of pain, while subjective, is the single-most important indicator of pain," Avery said.

PAIN AS A VITAL SIGN

Since May 1997, JoAnn Thomas, R.N., pain management coordinator, has organized a pilot study on the hospital's oncology/med/surg unit to test documentation of pain management efforts. Pain assessments are conducted regularly on the unit as part of nursing rounds, along with readings of vitals signs, to document when patients report pain, the levels of pain they report, and those interventions used to treat the pain. "We want nurses to treat a patient's pain rating as a fifth vital sign," Thomas said.

At each visit, nurses enter in their notes any patient report of pain within the last eight hours, document any intervention given to alleviate the pain, and report the percentage of relief attained and how long it lasted. Nurses also ask patients to rate their levels of pain on a numeric pain scale that ranges from zero to ten. As these numeric ratings are reported throughout the day, nurses chart these numbers on a pain intensity graph.

Instances of pain reports above a rating of five are reported to the lead nurse on the unit. The lead nurse then may authorize an appropriate dosage of an ordered medication to alleviate the pain. If pain persists, the lead nurse contacts the patient's case manager, who requests a consult with the patient's physician and the oncology pharmacist to review the patient's treatment plan.

The pilot study also monitors patients following release from the hospital. At discharge each patient receives a pain management plan in which he or she documents medications taken, the time of each dosage, any side effects, and percentage of relief. Providing multiple opportunities for patients to talk about and assess their own pain will hopefully encourage patients to be more forthcoming in reporting pain, Thomas said.

"Too often patients have a 'grin and bear it' attitude for a number of reasons, usually based on misconceptions about medication," explained Thomas. For that reason, patient education is another ongoing component of the pain management program and the pilot study. Thomas expects the documentation project will expand throughout the entire hospital by year's end.