

Success Story:

Nonpharmacologic Approach to Reduce Pain Pays Off

It took persistence, a culture of change and the power of the human touch to successfully reduce moderate to severe pain ratings at the Powell Valley Care Center (PVCC) of Wyoming.

“It takes the entire facility to bring about change and make that change permanent,” said Sabrina Gines, RN and Minimum Data Set (MDS) coordinator of the PVCC. “The power of human touch cannot be fully measured in numerical ratings, as its impact is far more powerful to the human psyche than pharmacological treatments.”

Trish Shorb, MS and therapeutic support specialist at PVCC, elaborated, “Touching someone with care is a more intimate level of touching. It’s about compassion and it’s about being there for them. I think we often forget that.”

Background

Data showed that pain levels were on a consistent increase at the nursing home, so the center’s resident treatment team implemented a three-pronged approach to reduce pain levels using pharmacological interventions, heat therapy and repositioning techniques. After the interventions were in place, the team reviewed the Certification And Survey Provider Enhanced Reports (CASPER) and MDS report, which showed no significant decreases in pain levels. A different set of interventions was clearly needed, so the team rolled up their sleeves and started researching alternatives.

Research yields solutions and forms a plan

The care center’s team began scouring clinical research on various holistic treatment modalities; including therapeutic massage, aromatherapy, guided imagery and music therapy. That research helped narrow down which treatments the team would implement. The team then reviewed evidence-based practices relating to comfort, relaxation, stress reduction and improved quality of life from the Mayo Clinic and the National Association for Holistic Aromatherapy.

Utilizing the research and clinical findings, the team created a Performance Improvement Project (PIP). The PIP included primary goals that established measurements of the efficacy of interventions to test the outcomes over a four-week period.

To measure progress throughout the project’s duration, the team utilized a pain assessment scale and the Patient Health Questionnaire (PHQ-9) Depression Indicator (a screening

instrument that measures the severity of depression). Prior to beginning and ending each session, every resident's pain was assessed and recorded onto their individual charts. Throughout the session the care center's team also visually observed the resident's body mechanics, facial features and treatment impacts, and residents were routinely asked throughout the sessions if they had experienced improved mood, sleep or enhanced relaxation. All of those answers were then charted in the comments section of each individual's chart. After the four-week session the CASPER data was analyzed and placed into a graph to show the decline in the signs and symptoms of pain. In addition, the first PHQ-9 results were compared with a post-comparison PHQ-9 assessment to determine if overall signs and symptoms of depression had decreased.

The data showed that the interventions worked. The team successfully reduced moderate to severe pain from 96% to 67%, which in turn helped the residents sleep throughout the night, reduced anxious behaviors and helped them relax more - all without medications.

"I think this honestly facilitates a healing process when the body is allowed to get adequate sleep," said Shorb. "Non-interrupted sleep helps a number of things like cognition, thinking and reducing anxiety. When our residents are not sleeping they are more tired and they are not steady on their feet."

The initiative also leads to other medication reductions, including benzodiazepines, which are tranquilizers that carry a "black box" warning because of the serious hazards associated with the drugs.

"If we can reduce the medications the risk for falls also goes down," said Gines. "And the risks of antipsychotic medications will also reduce permanent harms as well."

The care center team also used hand massage and aroma therapy modalities on its staff to reduce stress and tensions. The approach worked as staff reported less pain while feeling more relaxed.

Overcoming barriers

Initially there was some resistance to the proposed treatments from staff and residents alike. There was apprehension from staff due to the progressive thinking of the group that initiated the project. The selected resident population also had some reservations about the changes because they had to adapt to a different routine, including new methods of treatment for pain symptoms. Residents and staff had to develop closer relationships to build trust.

“I think one of the apprehensions and challenges we had was in the medical profession,” said Shorb. “When some of these holistic therapies were introduced I think members of the team were skeptical. We had to overcome some of the barriers in our team.”

To reduce the apprehension, the center’s team provided education to staff and residents. The resident’s primary care physicians were also consulted and educated on the proposed treatment modalities. The center’s residents were also provided one-on-one sessions with consistent staff. Using consistent staff during the one-on-one sessions helped foster trust where the emphasis was on a therapeutic, trusting relationship.

A culture of change drives improvements

The care center’s team determined that in order to decrease a resident’s physiological and psychological symptoms of pain, the team needed to change the culture in the way the organization viewed pain management.

To create change, the team brought leadership into the initial planning sessions to share their vision of the initiative and to also have leadership support the team and the project. Leadership immediately recognized the impacts the treatments would have on the quality of life for the resident population and fully supported the project.

A new model of care and a bright future

The project was so successful that a second phase was rolled out to reach more of the center’s resident population. Staff training on the treatments occur on a regular basis to the entire facility. And the treatments will be offered in the evenings to promote sleep and throughout the day as a resident’s pain increases.

“I think the cool thing about this is that these modalities will be tried first before pharmacological interventions, and I think this will be something the medical community will embrace,” said Shorb.

If you are interested in establishing a nonpharmacological pain reduction intervention, Gines and Shorb recommend

- research holistic treatments prior to making a facility plan,
- educate staff and residents about alternative treatment modalities,
- stress the importance of enhancing the quality of life,
- treatment plans should focus on holistic modalities to ensure patient-centered care.

If you’re interested in more information about this initiative, contact Sabrina Gines or Trish Shorb at: sgines@pvhc.org or tshorb@pvhc.org

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