



ESRD Network 17

# Quality Improvement Activity (QIA) D Positively Impact the Quality of Life of the ESRD Patient: Focus on Pain Management LAN

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September 18, 2018

# QIA Pain Assessment Data

## Baseline data:

- 54.8% (1,903\*/3,474) of patients with *no documentation of pain assessment and no reason given*
- Based on CROWNWeb data from October 2016–June 2017
- Includes 28\*\* hemodialysis facilities in the Network 17 service area

## Current data:

- 0.0% (0\*/2,960) of patients with *no documentation of pain assessment and no reason given*
- Based on CROWNWeb data from January–August 2018
- Includes 28\*\* hemodialysis facilities in the Network 17 service area

\*Eligible patients

\*\*26 Hemodialysis facilities and two exclusively home dialysis facilities

# Network 17 Pain Assessment: Progress Sustainment

Efforts to sustain pain assessment progress at the facility level include:

- Identifying a **staff lead** for the Pain Assessment QIA.
- Conducting **audits** to ensure proper pain assessment completion.
- Using a **tracking** and **monitoring** system to ensure pain assessments are completed on all eligible patients.
- Reviewing the Pain Assessment QIA in **Quality Assessment Performance Improvement (QAPI)** meetings.
- **Involving patients, family members, and caregivers** when implementing a pain assessment intervention or follow-up plan.

# Network Collaboration for Pain Assessment Improvements: External Resources/Facilities

## External Partners

- California Quality Improvement Network- Quality Improvement Organization (QIN-QIO) and Hospital Improvement Innovation Network (HIIN)
  - Collaboration resulted in a patient handout, titled *Keep Comfortable on Dialysis*

## Dialysis Facilities

- Increased knowledge about batching data to CROWNWeb
- Pain trends in the dialysis patient population
- Facility and Centers for Medicare and Medicaid Services (CMS) pain assessment reporting requirements

# Network Collaboration for Pain Assessment Improvements: Patients

## The Network:

- Consulted patient subject matter experts (SMEs) for feedback on patient and staff educational materials.
- Instructed facilities to review the patient handout, *Keep Comfortable on Dialysis*, and collect patient feedback about the handout.

# Network Collaboration for Pain Assessment Improvements: Patients (cont.)

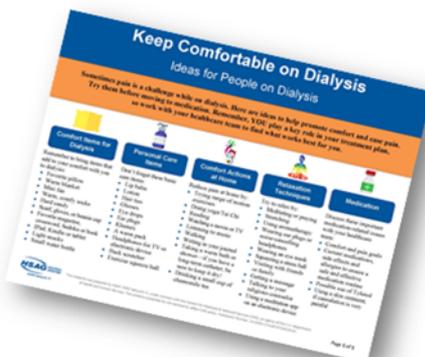
## Keep Comfortable on Dialysis patient feedback form

**HSAG** HEALTH SERVICES ADVISORY GROUP  
ESRD Network 17

### Keep Comfortable on Dialysis: Feedback

A dialysis staff member recently shared a patient handout with you called, *Keep Comfortable on Dialysis: Ideas for Patients on Dialysis*.

Please answer the five questions below based on the information you received and *your* experience with pain or discomfort. The information you provide will be used to help improve ways to enhance comfort and ease pain for all dialysis patients.



1) Do you feel that the ideas in the *Keep Comfortable on Dialysis* handout will help improve your comfort and ease your pain?

Yes    No

2) Has the dialysis staff discussed ways to improve your comfort and ease your pain?

Yes    No

3) Please list the ideas in the *Keep Comfortable on Dialysis* handout that you like the most, plan to use, or are currently using.

4) What other information would you like to receive about improving comfort and easing pain

Staff Please Tally Results      Total: \_\_\_\_\_ Yes      \_\_\_\_\_ No



# Thank You!

## Network 17 Quality Improvement Team



# Kapahulu Dialysis Center

Ryan Espresion, RN  
*Clinical Coordinator*

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Kapahulu Dialysis Center

# Pain Assessment QIA Facility: Kapahulu Dialysis Center

- Is located on the island of O'hau in Hawaii.
- Is a hemodialysis facility with a current census of 109 patients.
- Batches pain assessment data in July and December, prior to the Quality Incentive Program (QIP) reporting deadline.

# Facility Approaches and Interventions

- Use **multiple monitoring** and **tracking** processes to ensure proper pain assessment completion.
  - Facility has four tracking and monitoring systems, including calendar reminders, to ensure pain assessments are not missed.
- Conduct **audits** in CROWNWeb to ensure pain assessments were completed and reported properly.
  - A Nurse with CROWNWeb access and Clinical coordinator is pursuing CROWNWeb access.

# Facility Approaches and Interventions (cont.)

- **Communicate with the Network** about:
  - Completing pain assessments in CROWNWeb.
  - Network activities for the Pain Assessment QIA.
- **Anticipate the needs of the patient** when pain or discomfort is present.
  - A patient consistently reporting lower back pain no longer reports pain or discomfort.
    - Staff monitored the patient's comfort level and re-positioned the patient and pillows during treatment to optimize the patient's comfort.

# Facility Approaches and Interventions (cont.)

- **Involve patients/family members/caregivers** in pain assessment follow-up plans or interventions.
  - Promote two-way communication between facility staff and patients/family members/caregivers.
    - Educate patients/family members/caregivers to report any changes in patient's condition.
  - Continuously follow up with patients/family members/caregivers.
    - Facility staff should inquire about medical appointments and medication regime.
  - Participate in Network activities.
    - Review the *Keep Comfortable on Dialysis* handout with patients.



# Thank You!

## Kapahulu Dialysis Center

This material was prepared by HSAG: ESRD Network 17, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CA-ESRD-17A308-09142018-01



*The Florida ESRD Network*

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End Stage Renal Disease (ESRD) Network 7  
September 18, 2018

# QIA Pain Assessment Data

## Baseline data:

- 68.5 percent (2,184\*/3,186) of patients with *no documentation of pain assessment and no reason given*
- Based on CROWNWeb data from October 2016–June 2017
- Includes 44 hemodialysis facilities in the Network 7 service area

## Current data:

- 3.4 percent (98\*/2,857) of patients with *no documentation of pain assessment and no reason given*
- Based on CROWNWeb data from January– August 2018
- Includes 44 hemodialysis facilities in the Network 7 service area

\*Eligible patients

# Pain Assessment: Progress Sustainment

Efforts to sustain pain assessment progress at the facility level include:

- Educating staff about conducting pain assessments, to include:
  - Facility policy and procedure regarding pain assessments.
  - Centers for Medicare & Medicaid Services (CMS) Quality Incentive Program (QIP) pain assessment reporting requirements.
  - Identifying chronic versus acute pain.
  - Non-medication strategies for pain management.

# Pain Assessment: Progress Sustainment (cont.)

- Conducting a root cause analysis (RCA) with the Network to determine reason(s) for uncompleted pain assessments.
- Formulating a system to track and monitor pain assessments.
- Referring patients to a primary care provider (PCP) or specialist for pain management.
- Documenting appointments related to pain management in the electronic medical record.

# Network Collaboration for Pain Assessment Improvements: External Resources

- Centers for Disease Control and Prevention (CDC):  
*Nonopioid Treatments for Chronic Pain*
  - Educational resource for patients and staff
- Agency on Healthcare Research and Quality (AHRQ):  
*Make Referrals Easy and Follow Up With Patients*
  - Tools that outline a process for patient referrals and follow up to clinicians who coordinate care with you
- Participation in the CMS Medication Management and Opioid (MMO) Affinity Group
  - MMO Pledge to improve medication management and opioid misuse

# Network Collaboration for Pain Assessment Improvements: Dialysis Facilities

- Review CROWNWeb data versus facility electronic medical record (EMR) data.
- Establish a tracking process that includes tracking pain assessment follow up plans.
- Provide educational resources on non-medication strategies for pain management.

# Network Collaboration for Pain Assessment Improvements: Patients

- Patient Subject Matter Experts (SMEs) provided feedback on education for dialysis staff regarding:
  - What should be included in the staff education handout titled, *Non-Pharmacological Interventions: Recommendations for Staff*.
    - The Network instructed facilities to review the handout with staff and consider handout recommendations when conducting pain assessment follow-up plans with patients.

# Network Collaboration for Pain Assessment Improvements: Patients (cont.)



## Non-pharmacological Interventions for Pain: Recommendations for Dialysis Staff

Pain is prevalent in over 50 percent of the dialysis population with common causes ranging from headaches and arthritis to musculoskeletal pain. This pain is commonly controlled using opioid medications. In fact, approximately 36 percent of dialysis patients with chronic pain report the use of opioids. The Centers for Disease Control and Prevention (CDC) recommend only the most judicious use of opioids, however, there are currently no protocols or guidelines establishing a safe or effective way to dose opioids in the dialysis patient population. Therefore, the CDC has provided non-pharmacological recommendations for the following common causes of pain:

- **Low back pain**  
Exercise, physical therapy, and cognitive behavioral therapy
- **Osteoarthritis**  
Exercise, weight loss, and patient education
- **Fibromyalgia**  
Low-impact aerobic exercise (e.g., brisk walking, swimming, water aerobics, or bicycling), cognitive behavioral therapy, biofeedback

Evidence provided by the National Center for Complementary and Integrative Health (NCCIH) that alternative interventions are also proven pain relievers:

- **General chronic pain**  
Yoga, tai chi, music, mindfulness/meditation, hypnosis, and cannabinoids (especially CBD)
- **Headache**  
Acupuncture has the most evidence of effectiveness
- **Neck pain**  
Acupuncture, frequent and long neck massages

Feedback from Network Patient Subject Matter Experts (PSMEs) indicate that the following techniques for pain relief are effective for them:

- **Meditation**
- **Exercise**
- **Warm bath/shower**
- **Listening to music**
- **Cold cloth/compress**
- **Warm compress**

Successfully addressing patients' pain can be a challenge, yet rewarding, when it results in improved quality of life. As a best practice, include the patient, the patient's primary care provider, and your facility's interdisciplinary team (IDT) when exploring possible options for pain management.

To learn more about non-opioid treatments to pain management, visit this CDC link:  
[https://www.cdc.gov/drugoverdose/pdf/nonopioid\\_treatments-a.pdf](https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf)

## Educational Tool created with the feedback from Network 7 Patient SMEs

Feedback from Network Patient Subject Matter Experts (PSMEs) indicate that the following techniques for pain relief are effective for them:

- **Meditation**
- **Exercise**
- **Deep breathing**
- **Stretching**
- **Warm bath/shower**
- **Listening to music**
- **Prayer**
- **Yoga**
- **Cold cloth/compress**
- **Warm compress**
- **Walking**
- **Tai Chi**

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**Thank You!**

**Network 7 Quality Improvement Team**



*The Florida ESRD Network*

# North Boynton Beach Dialysis Center

Patricia Feeley, RN, BSN

*Facility Administrator*

Karen Garvin, RN

*Staff Nurse*

North Boynton Beach Dialysis Center

# Pain Assessment QIA Facility: North Boynton Beach Dialysis Center

- Is located on the southeastern coast of Florida.
- Is a hemodialysis facility with a current census of 43 patients.
- Formerly batched pain assessment data at least monthly.

# Facility Approaches and Interventions

- Evaluate facility **internal tracking tool versus CROWNWeb** data to ensure pain assessments are properly completed and documented.
- Ensure that pain assessment follow-up plans include **patient interviews** for information on pain status.
  - Do follow-up on medication regime and medication management as part of the pain assessment.
- Refer patients with chronic arthritis **to a pain management provider**.
  - Improvement in patient pain with new prescription from pain management physician.

# Facility Approaches and Interventions (cont.)

- **Educate staff** on non-medication techniques for pain.
  - *Non-Pharmacological Interventions: Recommendations for Staff*
- Review education on Nonopioid Treatment for Chronic Pain **with patients** who have pain.
  - CDC tool on *Non-opioid Treatments for Chronic Pain*

# Approaches and Interventions: CDC Tool

## NONOPIOID TREATMENTS FOR CHRONIC PAIN

### PRINCIPLES OF CHRONIC PAIN TREATMENT

Patients with pain should receive treatment that provides the greatest benefit. Opioids are not the first-line therapy for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. Evidence suggests that nonopioid treatments, including nonopioid medications and nonpharmacological therapies can provide relief to those suffering from chronic pain, and are safer. Effective approaches to chronic pain should:

Use nonopioid therapies to the extent possible

Identify and address co-existing mental health conditions (e.g., depression, anxiety, PTSD)

Focus on functional goals and improvement, engaging patients actively in their pain management

Use disease-specific treatments when available (e.g., triptans for migraines, gabapentin/pregabalin/duloxetine for neuropathic pain)



Use first-line medication options preferentially

Consider interventional therapies (e.g., corticosteroid injections) in patients who fail standard non-invasive therapies

Use multimodal approaches, including interdisciplinary rehabilitation for patients who have failed standard treatments, have severe functional deficits, or psychosocial risk factors

### NONOPIOID MEDICATIONS

MEDICATION	MAGNITUDE OF BENEFITS	HARMS	COMMENTS
Acetaminophen	Small	Hepatotoxic, particularly at higher doses	First-line analgesic, probably less effective than NSAIDs
NSAIDs	Small-moderate	Cardiac, GI, renal	First-line analgesic, COX-2 selective NSAIDs less GI toxicity
Gabapentin/pregabalin	Small-moderate	Sedation, dizziness, ataxia	First-line agent for neuropathic pain; pregabalin approved for fibromyalgia
Tricyclic antidepressants and serotonin/norepinephrine reuptake inhibitors	Small-moderate	TCAs have anticholinergic and cardiac toxicities; SNRIs safer and better tolerated	First-line for neuropathic pain, TCAs and SNRIs for fibromyalgia, TCAs for headaches
Topical agents (lidocaine, capsaicin, NSAIDs)	Small-moderate	Capsaicin initial flare/burning, irritation of mucus membranes	Consider as alternative first-line, thought to be safer than systemic medications. Lidocaine for neuropathic pain, topical NSAIDs for localized osteoarthritis, topical capsaicin for musculoskeletal and neuropathic pain



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

LEARN MORE | [www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html)

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## RECOMMENDED TREATMENTS FOR COMMON CHRONIC PAIN CONDITIONS

### Low back pain

**Self-care and education in all patients;** advise patients to remain active and limit bedrest

**Nonpharmacological treatments:** Exercise, cognitive behavioral therapy, interdisciplinary rehabilitation

#### Medications

- First-line: acetaminophen, non-steroidal anti inflammatory drugs (NSAIDs)
- Second-line: Serotonin and norepinephrine reuptake inhibitors (SNRIs)/tricyclic antidepressants (TCAs)

### Migraine

#### Preventive treatments

- Beta-blockers
- TCAs
- Antiseizure medications
- Calcium channel blockers
- Non-pharmacological treatments (Cognitive behavioral therapy, relaxation, biofeedback, exercise therapy)
- Avoid migraine triggers

#### Acute treatments

- Aspirin, acetaminophen, NSAIDs (may be combined with caffeine)
- Antinausea medication
- Triptans-migraine-specific

### Neuropathic pain

**Medications:** TCAs, SNRIs, gabapentin/pregabalin, topical lidocaine

### Osteoarthritis

**Nonpharmacological treatments:** Exercise, weight loss, patient education

#### Medications

- First-line: Acetaminophen, oral NSAIDs, topical NSAIDs
- Second-line: Intra-articular hyaluronic acid, capsaicin (limited number of intra-articular glucocorticoid injections if acetaminophen and NSAIDs insufficient)

### Fibromyalgia

**Patient education:** Address diagnosis, treatment, and the patient's role in treatment

**Nonpharmacological treatments:** Low-impact aerobic exercise (e.g., brisk walking, swimming, water aerobics, or bicycling), cognitive behavioral therapy, biofeedback, interdisciplinary rehabilitation

#### Medications

- FDA-approved: Pregabalin, duloxetine, milnacipran
- Other options: TCAs, gabapentin



LEARN MORE | [www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html)



# Thank You!

## North Boynton Beach Dialysis Center

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