# Pain Management Pearls and Whole System Quality

# Opioid versus opioid-free analgesia after surgical discharge: a systematic review and meta-analysis of randomised trials

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- Meta-analysis, n=6607
- Minor and moderate surgical procedures
- Opioid prescribing did not reduce self-reported pain intensity compared with opioid-free analgesia
- Opioids were associated with increased risk of vomiting, nausea, constipation, dizziness, and drowsiness
- General surgery: in US 95% of patients got opioids, on 5% in European, Asian, and south American locations



## Timely Information for Providers in South Carolina

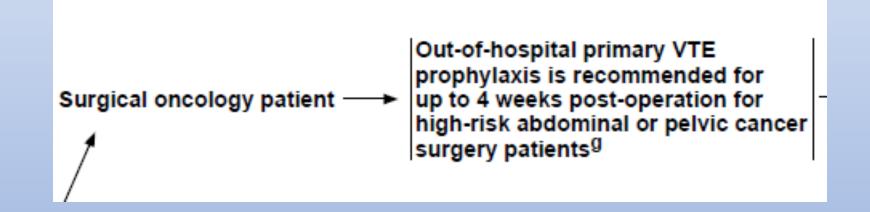
# February 2021 - Issue No.12 NON-DRUG STRATEGIES FOR NON-CANCER ACUTE AND CHRONIC PAIN

SELECT NON DRUG STRATEGIES	ACUTE PAIN			CHRONIC	PAYER COVERAGE <sup>2</sup>		SELF-	RESOURCES FOR		
SELECT NON-DRUG STRATEGIES	LOW BACK PAIN (LBP)	SPRAINS/ STRAINS	POST-OP	PAIN	MEDICAID	BCBS	CARE	SELF-DIRECTED CARE	COMMENTS	
Aromatherapy	-	√3	<b>√</b> ⁴	√5	-	-	✓	https://www.hopkinsmedicine.org/health/wellness-and- prevention/aromatherapy-do-essential-oils-really-work	Through olfactory system or absorption through skin; Lavender is the most commonly studied essential oil associated with decreased pain	
B Cognitive Behavioral Therapy (CBT)	-	√3	√6,7	√6,8	-	✓	-		May reduce psychosocial distress in chronic pain patients; American College of Physicians (ACP) recommended for chronic low back pain	
H Distraction Techniques	-	√5,9	√5,9	✓^4	-	-	✓	https://www.aci.health.nsw.gov.au/chronic-pain/ painbytes/pain-and-mind-body-connection/how-can- distraction-be-used-to-manage-pain	Common techniques include counting, deep breathing, bubbles, drawing/coloring, listening to music, crafts, virtual reality	
Guided Imagery	-	√4	✓^4	√5	-	-	✓	https://www.youtube.com/watch?v=cl.JwbSk5_B4	May reduce fear of reinjury; May reduce pre- and post-operative anxiety, pain, and medication use; May increase patient satisfaction; May reduce chronic pain medication use	
Meditation/ Mindfulness	-	-	-	✓⁴	-	-	✓	https://www.headspace.com/ https://mobile.va.gov/app/mindfulness-coach		
Mindfulness Based Stress Reduction (MBSR)	√4	-	√5,10	√6,8	-	-	✓	https://palousemindfulness.com/index.html	Typically delivered as a structured 8-week program; ACP-recommended for chronic LBP	
L Music Therapy	-	√3	√6,8	√6	-	-	✓	https://www.theacpa.org/pain-management-tools/the- art-of-pain-management/music-to-help-you-relax/	May reduce post-operative aroiety and medication use; May increase patient satisfaction; Decreases psychosocial distress in a variety of chronic pain conditions	
Sleep Hygiene	-	-	-	√5	-	-	✓	https://msp.scdhhs.gov/tipsc/sites/default/files/healthy_ sleep_habits_handout_06_press.pdf	A good night's rest should always be part of a patient's care plan, especially when dealing with pain, stress, and illness.	
Acupuncture	√6,8	√6	√6	√6,8	✓	-	-		May decrease post-operative medication use; ACP-recommended for acute, subacute, and chronic LBP	
Chiropractic	✓	-	-	✓	-	√¹2	-		Licensed professional that utilizes multiple non-drug strategies	
Cold Packs	✓	✓	✓	✓	-	-	✓	https://www.uofmhealth.org/health-library/hw47901	The use of ice and heat as a standard of care in pain management is largely based on anecdotal evidence with limited studies available	
P Heat Packs	✓	Х	-	✓	-	-	✓	nttps://www.uomneattn.org/neattn-iiorary/nw4/901		
Y Massage	√ <sup>4,8</sup>	-	√6	√6,8	-	-	-		May improve patient satisfaction in acute LBP; May reduce post-operative anxiety; ACP-recommended for acute, subacute, and chronic LBP	
Occupational Therapy	-	-	✓	✓	✓	✓	-		Licensed professional that utilizes multiple non-drug strategies	
C Physical Therapy	✓	✓	✓	√°s	✓	✓	-		Licensed professional that utilizes multiple non-drug strategies	
L Spinal Manipulation	√6,8	-	-	√6,8	<b>√</b> 11	<b>√</b> 12	-		ACP-recommended for acute, subacute, and chronic LBP	
Tai Chi	√5	-	-	√6,8	-	-	✓	https://www.youtube.com/watch?v=B0QDRqHNNE8	ACP-recommended for chronic LBP	
Transcutaneous Electrical Nerve Stimulation (TENS)	√5	-	√6,8	✓4	-	-	✓	https://uklahrancom/vs/_https://myclawakrokahr.com/haalth/haatmarts/15840- taracuteracus-alacthoid-nove-atmalaton-tara,Abt. RwTagFYOhmWRCEgsy- fisaZWk_ISoz_RoXsAoS_TwQosgdq/MMTsdwWKOayALos	May decrease post-operative medication use	
Yoga	-	-	-	√6,8	✓	-	✓	https://www.youtube.com/user/yogawithadriene	ACP-recommended for chronic LBP	

### Basic Pain Management

- Acetaminophen is first-line treatment for mild-moderate acute pain
- NSAIDS (Ibuprofen, naproxen) are also first line, can be combined with Tylenol
- Opioid combinations are more effective than opioid alone
  - Patients take lower amounts of opioids when combined with NSAIDs or Tylenol and have better pain scores than opioids alone.
- Codeine only improves pain by 10-15% over acetaminophen alone.
- Tramadol is less effective than hydrocodone/acetaminophen and is secondtier for pain management
- Gabapentinoids slightly improve pain control but can have significant negative effects

## NCCN Guidelines Version 3.2021 Cancer-Associated Venous Thromboembolic Disease



Date Range: 01/13/2015 - 05/13/2022

CPT Codes: All

		Surgeon	Site	scsqc
	Number of Cases	1,090	7,717	43,667
	Length of Stay (Days) Mean	5.2	4.5	3.2
Report	Length of Stay (Days) Median	4	2	1
Information	Surgical Time (Minutes) Mean	148.7	119.5	83.3
	Mortality	7 (0.6%)	105 (1.4%)	644 (1.5%)
	Overall Morbidity	155 (14.2%)	749 (9.7%)	2,940 (6.7%)
	SSI - Superficial	7 (0.6%)	73 (0.9%)	435 (1.0%)
Surgical Site	SSI – Organ Space	50 (4.6%)	208 (2.7%)	529 (1.2%)
Infection	SSI – Deep Incisional	2 (0.2%)	22 (0.3%)	122 (0.3%)
	SSI – AII	58 (5.3%)	299 (3.9%)	1,067 (2.4%)
	Pneumonia	12 (1.1%)	97 (1.3%)	403 (0.9%)
	Unplanned Intubation			
	(Intraop and Postop)	8 (0.7%)	89 (1.2%)	390 (0.9%)
	VTE			1
	(Pulmonary Embolism and Deep Vein			
	Thrombosis req. Therapy)	17 (1.6%)	88 (1.1%)	285 (0.7%)
	Myocardial Infarction			
Morbidity	(Intraop and Postop)	4 (0.4%)	23 (0.3%)	85 (0.2%)
	Sepsis (All)			
	(Sepsis and Severe Sepsis)	31 (2.8%)	160 (2.1%)	697 (1.6%)
	Urinary Tract Infection (Any)			
	(SUTI and CAUTI)	27 (2.5%)	120 (1.6%)	331 (0.8%)
	Acute Renal Insufficiency and/or Failure	27 (2.5%)	117 (1.5%)	433 (1.0%)
	Stroke/CVA	1 (0.1%)	11 (0.1%)	57 (0.1%)
	Cardiac Arrest req. CPR			
	(Intraop and Postop)	5 (0.5%)	33 (0.4%)	219 (0.5%)
	Cardiac Arrhythmias	27 (2.5%)	107 (1.4%)	354 (0.8%)
	C-Difficile	14 (1.3%)	40 (0.5%)	186 (0.4%)
	Central Line-Associated Bloodstream	* *		, , , , , ,
	Infection (CLABSI)	4 (0.4%)	12 (0.2%)	26 (0.1%)
	Transfused (All)			
	(Preop, Intraop and Postop)	79 (7.2%)	425 (5.5%)	1,900 (4.4%)
6-1	Anastomotic Leak			
Colorectal /	*Percentages based on number of			
Colectomy	colorectal/colectomy cases	32 (3.5%)	38 (2.7%)	122 (1.8%)
<b>5</b> '	Unplanned Reoperation	40 (3.7%)	325 (4.2%)	1,438 (3.3%)
Discharge	Readmission	216 (19.8%)	1,443 (18.7%)	5,095 (11.7%)
Events	Return to the ED	153 (14.0%)	1,309 (17.0%)	5,873 (13.4%)

## Whole System Quality

Institute for Healthcare Improvement Framework



## Quality

Continuously, reliably, and sustainably meet the evolving needs of patients, populations, and communities

## Definitions and Principles

- Whole System Quality is the organization-wide pursuit of quality by facilitating knowledge exchange and leadership principles that foster a culture of learning
- Integrates quality planning, quality control, and quality improvement activities to build organizational alignment and maintain an organization-wide customer-centric approach to quality
- Foster a culture that promotes inquiry, reflection, systems thinking, and purpose

## Quality Planning

The process to identify customer needs, define quality goals, and design/deploy a strategy to meet the identified needs.

## Quality Control

Quality Control involves building performance standards, creating information systems to track performance, identify gaps, and apply processes to close the gap.

## Quality improvement

Structured approach to system redesign to achieve new levels of performance

#### Management Practices

Pursue an integrated set of activities that support an infrastructure for learning across the organization to ensure alignment of quality efforts

Whole System Quality

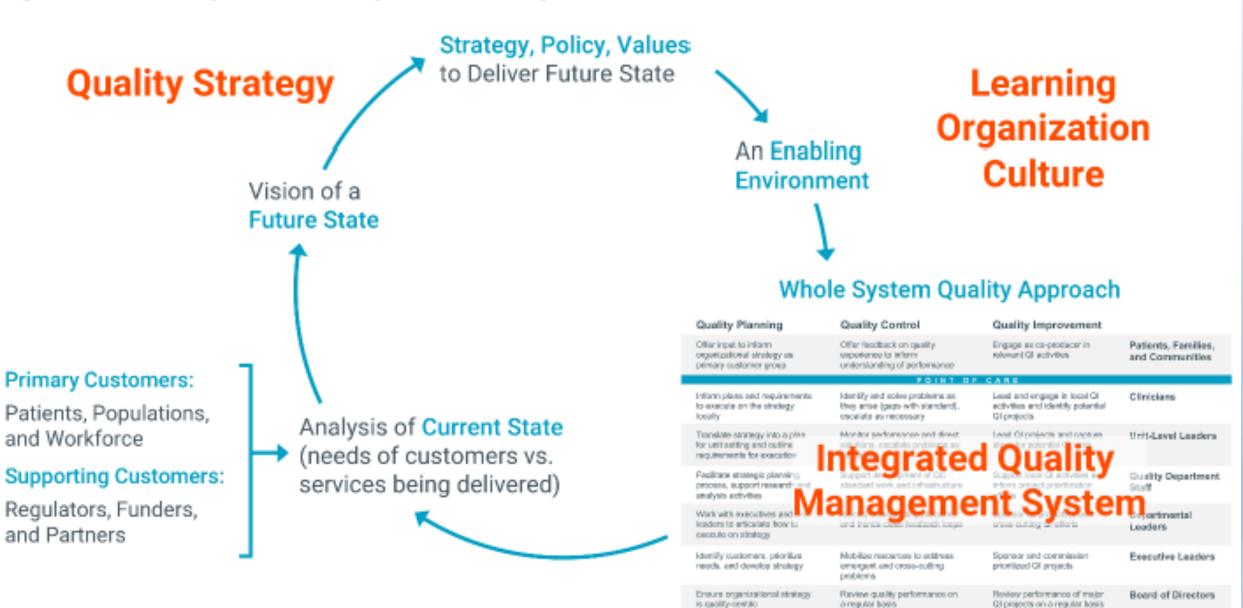
#### Leadership Principles

Engage in the disciplines of a learning organization to foster a culture that promotes inquiry, reflection, systems thinking, and purpose

## Quality Leadership Principles

- Sense of purpose (e.g. what matters)
- Systems thinking (process maps)
- Collective learning and dialogue (what and how, not who and why)
- Personal inquiry and reflection (unconscious bias)

#### Figure 4. Journey to Whole System Quality



<b>Quality Planning</b>	<b>Quality Control</b>	Quality Improvement	
Offer input to inform organizational strategy as primary customer group	Offer feedback on quality experience to inform understanding of performance	Engage as co-producer in relevant QI activities	Patients, Families, and Communities
	POINT OF	CARE	
Inform plans and requirements to execute on the strategy locally	Identify and solve problems as they arise (gaps with standard), escalate as necessary	Lead and engage in local QI activities and identify potential QI projects	Clinicians
Translate strategy into a plan for unit setting and outline requirements for execution	Monitor performance and direct solutions, escalate problems as necessary	Lead QI projects and capture ideas for potential QI work	Unit-Level Leaders
Facilitate strategic planning process, support research and analysis activities	Support development of QC standard work and infrastructure	Support local QI activities and inform project prioritization efforts	Quality Department Staff
Work with executives and unit leaders to articulate how to execute on strategy	Identify cross-cutting problems and trends close feedback loops	Sponsor QI projects, lead cross-cutting QI efforts	Departmental Leaders
Identify customers, prioritize needs, and develop strategy	Mobilize resources to address emergent and cross-cutting problems	Sponsor and commission prioritized QI projects	Executive Leaders
Ensure organizational strategy is quality-centric	Review quality performance on a regular basis	Review performance of major QI projects on a regular basis	Board of Directors

### Learning Culture

- Psychological safety anyone can voice concerns
- Culture of trust respect, opinions are valued
- Constancy of purpose apply organizational values to everything
- Commitment to avoid inequity
- Innovation adopting new practices or abandoning ones that no longer work

## Elements of a Learning Organization

- Shared sense of purpose cohesive, unified vision
- Systems thinking complex, dynamic, interconnected / change by patterns not isolated events
- Collective learning and dialogue inquiry, challenge assumptions, alternative ways of thinking, harness data
- Personal Inquiry and reflection understand how belief structures influence behaviors

## Quality Planning

- Understand customer needs
  - Prioritize needs
  - Vision, mission, values
  - Organizational definition of quality
- Design a strategy and quality goals that meet customer needs
  - Analyze existing system and find opportunities to improve
  - Breakthrough objectives and annual goals
- Build a delivery system that responds to the organizational strategy
  - Actionable plans and requirements
  - Align goals and measures
  - Quality management infrastructure

## **Quality Control**

- From Change to Sustainability
- Monitor performance against goals and adjust as needed
- High reliability: consistent excellence in quality and safety across all services maintained over long periods of time.

## 6 Drivers of Quality Control

- Standardization (e.g. SOPs)
- Accountability (review execution of work, huddles)
- Visual management (provide performance information)
- Problem-solving (point of care fixes, rounding)
- Escalation (when not fixable a point of care)
- Integration (coordination across units)

Quality control should mean staff empowerment

#### **Quality Planning**



#### **Quality Improvement**



#### **Quality Control**

 Identify the quality strategy, priorities, goals, and measures

- Operationalize the quality strategy at the unit and departmental levels by chartering improvement projects to achieve quality goals
- Ensure the necessary structures and resources are in place to bring performance to a new level and to achieve quality goals

 Monitor performance using measures related to quality goals, make adjustments as needed, and continuously execute on standard work

#### Miscellaneous bullets

- The most important job of quality staff is to build Quality Improvement capability in others
- Organizations should not have more than 5 major improvement initiatives happening at one time
- Find your pockets of excellence and work to link efforts so quality penetrates the whole organization
- Avoid reactive quality management addressing issues caused by poor quality rather than designing systems to prevent them altogether. Embed quality into your enterprise



## Your Psychological PPE



to Promote Mental Health and Well-Being

These recommendations are based on a review of published literature and the experience of health systems. For more information visit ihi.org.

#### Individual



Take a day off and create space between work and home life



Avoid publicity and media coverage about COVID-19



Receive mental health support during and after the crisis



Facilitate opportunities to show gratitude



Reframe negative experiences as positive and reclaim agency

#### Team Leader



Limit staff time on site/shift



Design clear roles and leadership



Train managers to be aware of key risk factors and monitor for any signs of distress



Make peer support services available to staff



Pair workers together to serve as peer support in a "buddy system"

## Questions