

The background of the slide features a large, faint watermark of the Rutgers University seal. The seal is circular and contains the text "RUTGERS UNIVERSITY" around the perimeter. In the center of the seal is a sunburst design with a central figure. The watermark is semi-transparent and covers the entire slide.

RUTGERS

College of Nursing

Faculty Practice  
Development, Challenges  
& Lessons Learned

A Pain Management Practice

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Rutgers University

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# Rutgers-Newark



# St. Michael's Medical Center



- Founded by Franciscan Sisters of the Poor -1867
- 357 bed facility
- 7 multistory buildings
- Campus: one full city block
- Academic teaching hospital

The Peter Ho Memorial Clinic  
 The first and largest HIV/AIDS treatment clinic in New Jersey, the Peter Ho Memorial Clinic provides medical services, case management, psychological services, nutrition counseling, and substance-abuse counseling for people who are HIV positive or have AIDS.

College of Nursing



# The Proposal

- SMMC Peter Ho Clinic requested a faculty practice arrangement with Rutgers University CON for a pain management specialist
- Literature supported the role
- Goals for Pain Management:
  - eval/treat all patients c/o pain or requesting opiates
  - develop & implement pain management policy
  - decrease opiate dosage/use
  - evaluate for abuse/diversion

# Issues Prompting Proposal

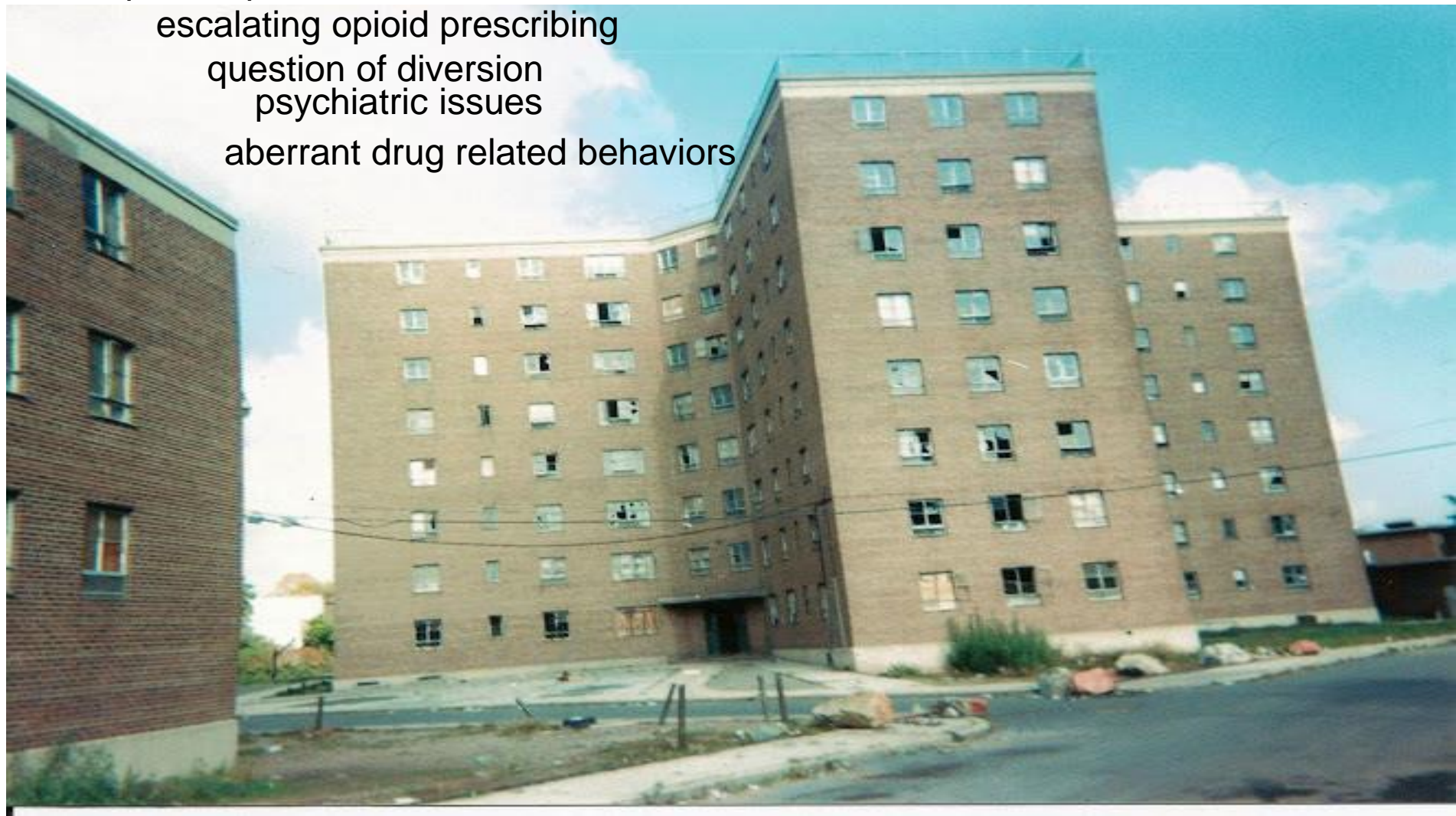
patient pain issues

escalating opioid prescribing

question of diversion

psychiatric issues

aberrant drug related behaviors



# SMMC Challenges

- Hospital Stability / Funding
- HCP Preconceived Perceptions of HIV/Pain
- HCP Prior Medical Practice
- Lack of Knowledge
  - Pain Management Best Practices
  - State/Federal Laws

# Patient Challenges

- > 50% prior history of drug abuse
- Uninsured
- Unemployment
- Noncompliance
- Addiction vs pseudo addiction
- Diversion

# Essex County Statistics

- **HIV by Transmission Category & Sex 12/31/12**

- **Injection drug use:**

• Male	%	Female	%	Total	%
5655	39	3111	37	8766	38

- **Total Transmission:**

• 14327	100	8467	100	22794	100
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- **Poverty Rate:**

Newark : 27%      NJ: 18%      US: 13.8%

- **Uninsured:**

Newark: 33.8%      NJ: 13.1%      US: 15.1%

- **Unemployment July 2013**

Newark: 14.2%      NJ: 8.6%      US: 7.4%



# Contract Agreement RU & SMMC

Practice

Teaching



Service

Research

# SMMC Benefits

- Practicing APN in Pain Management
- Academic faculty to provide educational seminars to Residents, Fellows, APNs, Nursing staff
- Ryan White Grant - Increase Comprehensive Services
- Interdisciplinary Research
- ID Fellows refer all requests for narcotics

## **RU Benefits:**

- Faculty Practice Site
- Clinical site for APN students
- Clinical site for RU HIV track students
- Clinical site to carry out DNP projects
- Interdisciplinary Education
- Interdisciplinary Research

# Key Outcomes

- Opiate Prescriptions Written
- Opiate Dose prescribed
- Rate of Illegal Drug Use
- Rate of Diversion (Prescription not used)
- Use of Multiple Providers
- Referrals : Number & Specialty
- Adjuvant Drugs Use
- Patient Follow-through with Plan
- Satisfaction: Patient & Staff

# The Contract

- **SMMC:**

- Hourly rate billed each quarter
- Yearly renewal based on need & funding
- RU student rotation & faculty research

- **RU:**

- 1-2 days/ 50 weeks
- Faculty Practice Contract: 10% Dean, 10% FP Plan, 10% University,
- 70% faculty / Workload release time

# The Practice Plan

- Prior to Start

  - Develop Program

  - Develop Pain Contract

  - Develop EMR Record

  - Develop Initial Pain Visit Form

  - Develop Return Visit Form

  - Develop Patient Handouts

  - Choose Urine Drug Screen

  - Credentialing

# Universal Precautions in Pain Medicine

1. Diagnosis with appropriate differential
2. Psychological assessment, including risk of addictive disorders
3. Informed consent
4. Treatment agreements
5. Pain and function assessments
6. Use of pain medications on a trial basis (particularly opioids)
7. Reassessment of pain, function, and behavior
8. Regular reassessment of the “4A’s”: Analgesia, Activities of daily living (ADL), Adverse events, Aberrant drug-taking behavior
9. Periodic review of diagnosis and comorbidities
10. Documentation

St. Michael's Medical Center

## **PAIN MANAGEMENT GUIDELINES AND CONTRACT**

Name \_\_\_\_\_ DOB \_\_\_ \_

Goals for Taking Opioid Medications: \_\_\_\_\_

I, \_\_\_\_\_, understand that compliance with the following guidelines is important to the continuation of pain treatment by \_\_\_\_\_

1. I will take medications at the dose and frequency prescribed. No other pain medications are to be taken unless discussed first with \_\_\_\_\_ Peter Ho NP/MD
2. I will comply with my scheduled appointments.
3. No pain medication will be refilled by phone. I understand that pain medication prescriptions will only be refilled at the scheduled clinic appointments.
4. I will not request controlled-substances or any other pain medicine from prescribers other than \_\_\_\_\_  
Peter Ho NP/MD \_\_\_\_\_
5. I will consent to random drug testing.
6. I will protect my prescribed medications. No lost or stolen medications will be replaced.
7. I will tell all my health care providers / physicians that I am receiving pain treatments through and/or from: Peter Ho Clinic NP/MD \_\_\_\_\_
8. I agree to participate in psychiatric, neuropsychology and substance abuse assessments.
9. This agreement will be placed in my medical record.
10. I understand that my medical records may be used anonymously for research.
11. I understand that if I have any questions or concerns regarding my pain treatment that I will call my primary care provider at : Peter Ho Clinic \_\_\_\_\_

I have read and understand the above guidelines.

_____	_____	_____	_____
Patient	Date	Health Care Provider	Date



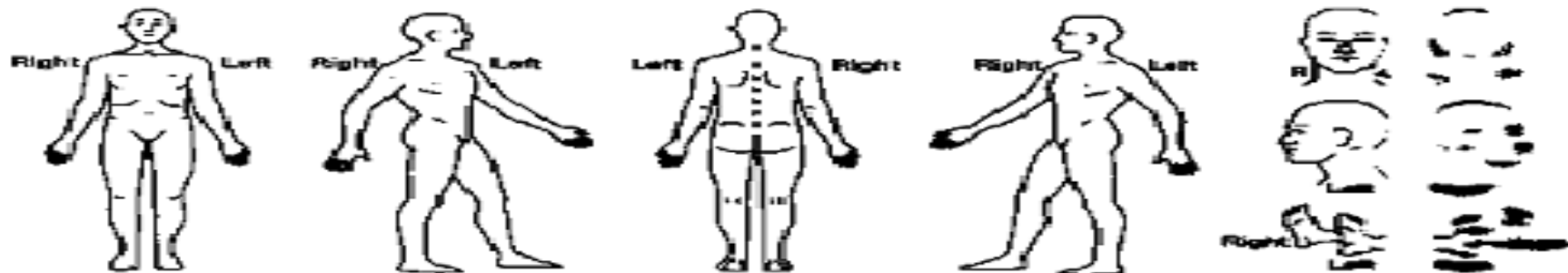
## Initial Pain Assessment Tool

Date: \_\_\_\_\_

Patient's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Health Care Provider: \_\_\_\_\_

### I. Location: Patient or nurse marks drawing



II. Intensity: Patient rates the pain. Scale used: \_\_\_\_\_

Present: \_\_\_\_\_

Worst pain gets: \_\_\_\_\_

Best pain gets: \_\_\_\_\_

Acceptable level of pain: \_\_\_\_\_

III. Quality: (Use patient's own words, e.g., prick, ache, burn, throb, pull, sharp)  
 \_\_\_\_\_

IV. Onset, duration, variations, rhythms: \_\_\_\_\_

V. Manner of expressing pain: \_\_\_\_\_

VI. What relieves the pain? \_\_\_\_\_

VII. What causes or increases the pain? \_\_\_\_\_

VIII. Effects of pain: (Note decreased function, decreased quality of life.)  
 Accompanying symptoms (e.g., nausea) \_\_\_\_\_  
 Sleep \_\_\_\_\_  
 Appetite \_\_\_\_\_  
 Physical activity \_\_\_\_\_  
 Relationship with others (e.g., irritability) \_\_\_\_\_  
 Emotions (e.g., anger, suicidal, crying) \_\_\_\_\_  
 Concentration \_\_\_\_\_  
 Other \_\_\_\_\_

IX. Other comments: \_\_\_\_\_  
 \_\_\_\_\_

X. Plan: \_\_\_\_\_  
 \_\_\_\_\_

# Follow-up Pain Assessment

## The 5th Vital Sign Pain

Wong-Baker FACES Pain Rating Scale



- General
- Reassess regularly
- Measure "5th vital sign" using tools (i.e. numeric scale, face scale); respond urgently to pain 8 or more
- Follow amount and duration of response
- Assess performance status
- Partner with patient/family in setting goals of care
- Balance function vs. complete absence of pain

From Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: Wong's Essentials of Pediatric Nursing, ed. 6, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc. Reprinted by permission.

Diagnosis: \_\_\_\_\_

Pain medications: \_\_\_\_\_

Pain scale rating: 0 1 2 3 4 5 6 7 8 9 10

Adverse effects:

None Nausea Vomiting Confusion Sleepiness Fatigue Constipation

Treatment of adverse effects: \_\_\_\_\_

Since the last clinic visit, how much relief have pain treatment and medication provided? Please circle the one percentage that shows how much relief you have received.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%  
 No relief Complete relief

Circle the one number that describes how, during the past 24 hours, pain has interfered with your:

**General activity**

0 1 2 3 4 5 6 7 8 9 10  
 Does not interfere Completely interferes

**Mood**

0 1 2 3 4 5 6 7 8 9 10  
 Does not interfere Completely interferes

**Ability to work (in or out of home)**

0 1 2 3 4 5 6 7 8 9 10  
 Does not interfere Completely interferes

**Interactions with other people**

0 1 2 3 4 5 6 7 8 9 10  
 Does not interfere Completely interferes

**Sleep**

0 1 2 3 4 5 6 7 8 9 10  
 Does not interfere Completely interferes

**Enjoyment of life**

0 1 2 3 4 5 6 7 8 9 10  
 Does not interfere Completely interferes

-----  
**PHYSICIAN TO COMPLETE**  
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Complaints/ROS: \_\_\_\_\_

Physical examination: BP: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_ Weight: \_\_\_\_\_

HEENT: \_\_\_\_\_ Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_ Focused examination: \_\_\_\_\_

**Impression**

- Goals Attained? Yes No Working on
- Progress? \_\_\_\_\_

**Plan/discussion**

- Medication prescription provided? Yes No  
 If yes, what drug and amount: \_\_\_\_\_
- Urine drug screen ordered or due? Yes No  
 If male, check testosterone periodically: Yes No
- Follow-up in: 1 2 3 months

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Exit Strategy Guide for Discontinuation of Opioid Therapy

Determine patient is not sufficiently responsive to opioid therapy to continue with such treatment

Suggested criteria:

- Intolerable side effects at the minimum dose that produces effective analgesia
- Reasonable attempts at opioid rotation unsuccessful
- Noncompliance with patient care agreement
- Clinically rational dose escalation without adequate analgesia
- Deterioration in physical, emotional, or social functioning attributed to opioid therapy

# Key Outcomes – Informal Findings

- Data Collection Ongoing
- Informal Findings:
  - ❖ Decrease in Diversion of Drugs
  - ❖ Decrease in Drug Abuse
  - ❖ Fellows/Attendings review/ order urine drug screen
  - ❖ Fellows /Attendings increased referrals
  - ❖ Overall decrease in opiate doses
  - ❖ Increased Orthopedic, Interventional Pain, Neurology, Rheumatology and Physical Therapy Referrals
  - ❖ All patients prescribed ajuvants

# Lessons Learned

- Time Management
- Rely on Clinical Judgment
- Use of PM tools for ALL patients
- Inquire about patient goals
- Reinforce functional goals
- Reinforce message to patients & providers
- Excellent Musculoskeletal & Neurological Assessment Skills