

**Pain Management Program
Strategic Plan**

**Dominican Santa Cruz Hospital
Santa Cruz, California**

**Developed by:
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**DOMINICAN SANTA CRUZ HOSPITAL
PAIN MANAGEMENT PROGRAM
STRATEGIC PLAN
STRATEGIC PLAN
1994-95**

- " VISION
- " Basic Assumptions
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VISION

By January, 1996, the Pain Management Program at Dominican Santa Cruz Hospital will be a center of excellence within the health care delivery system of Santa Cruz County.

**DOMINICAN SANTA CRUZ HOSPITAL
PAIN MANAGEMENT PROGRAM
BASIC ASSUMPTIONS
JANUARY 1995**

1. Dominican Santa Cruz Hospital considers it to be an ethical imperative to provide effective pain management for its patients.
2. Patients will continue to view pain management as a high priority and expectation of their care.
3. Federal guidelines and state initiatives will continue to pressure for more effective pain management programs.
4. Health care institutions will need to initiate accountability mechanisms to document continuous improvement of their pain management programs.
5. Timely and effective pain management has the potential to lower health care costs and often shorten length of stay in acute care settings.
6. Effective pain control strategies can help to decrease morbidity.
7. Dominican Santa Cruz Hospital's Pain Management Program will collaborate with other health professionals in promoting complementary approaches to pain control.

**DOMINICAN SANTA CRUZ HOSPITAL
PAIN MANAGEMENT PROGRAM
1994-95**

STRATEGIC GOAL TARGETS

1. Strategic Plan
2. Education Strategies
3. Quality Improvement/Service Excellence/Continuous Process Improvement
4. Community Education - Public Awareness
5. Patient Satisfaction
6. Ethical Implications
7. Strategic Pain Management Care Team
8. Policies, Procedures, and Standards.

**DOMINICAN SANTA CRUZ HOSPITAL
PAIN MANAGEMENT PROGRAM**

GOALS

1994-95

1. To develop a strategic plan for pain management for Dominican Santa Cruz Hospital by January 15, 1995. Obtain approval from the Strategic Pain Planning Committee, Medical Executive Committee, and review by the Bioethics Committee by March 1, 1995.
2. To assess the current knowledge and attitudes of the hospital's health care providers. To increase the awareness of the need for better pain management and to address the need through educational programs.
3. To perform quality monitors on concurrent patient charts assessing current treatment follows institutional pain management directives.
4. To develop and implement a plan to educate the public concerning pain management. To formulate an informational pamphlet on pain management for all hospital admissions. To arrange for media coverage whenever possible, starting with the outpatient pain clinic at Rehabilitation Campus.
5. To assess patient satisfaction with the Pain Management Program by performing patient questionnaire surveys on all patient care units. To develop and set service targets by February 1995. To create a system of evaluation and follow-up of surveys.
6. To identify current pain assessment and treatment procedures, policies, and standards. To have in place, policies, procedures and standards for an effective pain management program by June 1, 1995.
7. To emphasize to all health care professionals that human suffering is a moral outrage. To keep the Bioethics Committee informed of all reports and actions of the Pain Strategic Planning Committee.
8. To redesign the care team to be called the Strategic Pain Planning Committee. This team will be an interdisciplinary team in the approach to pain management, including, but not limited to, physicians, chaplain services, social services, pain resource nurses, anesthesiologist, nursing managers, pharmacist, hospice nurses, home care nurses, et al.

The Care Team will focus on outcomes, realizing that the failure to treat pain has a cost. Results of the failure to relieve pain include repeated admissions, prolonged hospital stays, and development of post operative complications. The Care Team will consider forming a group to make daily pain control rounds and intervene on difficult cases. Care team will consider developing care standards, guidelines, or algorithms for pain control.

**DOMINICAN SANTA CRUZ HOSPITAL
PAIN MANAGEMENT PROGRAM
IMPLEMENTATION**

Goal 1 Develop Strategic Plan

To develop Dominican Santa Cruz Hospital's strategic plan for pain management by January 15, 1995. Obtain approval from the Strategic Planning Pain Committee, Medical Executive Committee, and review by the Bioethics Committee by March 1, 1995.

Owners: Dr. Hess, L. Stratton, Sr. Jeanne Burns

Tasks	By Whom	When
• Initial Draft	Hess, Stratton, Burns	11/29/94
• Critique/Rework	Pain Strategic Planning Committee	11/30/94
• Necessary Consultation	Hess and Stratton	12/20/94
• Final Draft with committee approval	Hess, Stratton, Burns	3/7/95
• Secure Approvals/Review	Hess, Stratton, Burns	4/1/95
• Copy to City of Hope	Hess, Stratton	4/15/95
• Implementation	Mds, Nursing, Pharmacy	q 3-6 mo. scheduled education

**DOMINICAN SANTA CRUZ HOSPITAL
PAIN MANAGEMENT PROGRAM
IMPLEMENTATION**

Goal 2 Educational Strategies

To assess the current knowledge and attitudes of the hospital's health care providers. To increase the awareness of the need for better pain management and to address the need through educational programs.

Owners: L. Stratton, H. Bartlett, L. Merkhofer, B. Lesser, J. Goddard

Tasks	By Whom	When
• Perform needs assessment with staff regarding educational needs.	Education dept. - Lynda	2/95 for 1st class
• Assess classes, desired agenda, and instructors.	Lynda	prior to each class
• Arrange for continuing education for all classes	Lynda	as scheduled
• Pre-schedule classes at least every 6 mo. on some aspect of pain management.	Lynda	2/95 for NA 4/95 RN 5/95 NA
• Advertise classes to other local hospitals, convalescent facilities, etc.	Education & Public Relations	as scheduled
• Assess class evaluations and participation.	All	after each class

**DOMINICAN SANTA CRUZ HOSPITAL
PAIN MANAGEMENT PROGRAM
IMPLEMENTATION**

Goal 3 Quality Improvement\Service Excellence\Continuous Process Improvement

To restructure the Nursing Quality Improvement program by: developing a Nursing Executive Quality Improvement committee (NEQIC) who will ensure that the multi-unit based nursing clusters monitor pain management in their clinical outcomes.

Owners: P. Emmons, B. Flynn, K. Dean, B. Kurakowa

Tasks	By Whom	When
• Vision and goals of NEQIC developed and approved by	P. Emmons, K. Dean	1/95

core group. Goals to include pain management.		
• 1994 annual Quality Improvement reports presented by each Nursing area and evaluated.	NEQIC	3/1/95
• Nursing clusters to meet and develop plans for 1995 to include pain management.	Individual units	3/95-6/95
• Clusters to present plan and clinical outcomes (if available) to NEQIC.	Individual cluster reporter	6/95

**DOMINICAN SANTA CRUZ HOSPITAL
PAIN MANAGEMENT PROGRAM
IMPLEMENTATION**

GOAL 4 Develop plan for community education

To develop and implement a plan to educate the public about pain management. To formulate an informational pamphlet on pain management for all hospital admissions. To arrange for media coverage whenever possible, starting with the outpatient pain clinic at Rehabilitation Campus.

Owners: Sr. Jeanne Burns, Penny Jacobi, K. Johnson, Cherie Mooy, Elaine Beardsley, Emmi Schambeck

I. COMMUNITY EDUCATION

Tasks	By Whom	When
1. Determine 3 topics for 95-96, content, speakers, and their sequence, etc	Hess, Stratton	2-15-95
2. Write proposed plan for community education sessions for 1995-96 (evaluation instrument included).	Johnson, Jacobi, Golden, Burns	2-28-95
3. Present Plan to Education/PEP Dept. and to PR for implementation.	Jacobi	3-1-95
4. Promote and advertise programs through PR	Public Relations	Next Cycle for PEP Catalogue
5. Evaluate each session and make modifications in succeeding programs.	Stratton (Presenters responsible to have participants complete)	Ongoing
6. Report progress/results to Acute Pain Committee	Stratton	At each session of Committee
7. Plan follow-up education for 1996-97	Hess, Stratton Committee: Burns, Jacobi, Johnson, Schambeck, Beardsley	11-12-95

II. PAMPHLET ON PAIN MANAGEMENT FOR
ALL ADMISSIONS:

Tasks	By Whom	When
1. Prepare content using best samples, etc.	Stratton (approved by Pain Committee)	3-1-95
2. Secure approvals from appropriate persons.	Burns	Ongoing
3. Present to PR for approval and development.	Stratton	3-15-95
4. Print	P.R.	4-1-95
5. Orient Admitting and other personnel as to presentation and approach for distribution.	Stratton	4-15-95

III. MEDIA COVERAGE:

Tasks	By Whom	When
1. Assess coverage	PR	2-95
2. Develop plan for 1995-96 topics - take a developmental approach - 3 articles.	PR consulting with Hess, Stratton	3-1-95

3. Begin cycle of articles- First article in a series A Focus on Health@ - hospital publication.	PR interviewing Hess/Stratton or other resources.	4-95
4. Second Article	PR interviews	7-95
5. Third Article	PR interviews	10-95

**DOMINICAN SANTA CRUZ HOSPITAL
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Goal 5 Patient Satisfaction**

To assess patient satisfaction with the Pain Management Program by performing patient questionnaire surveys on all patient care units. To develop and set service targets by 2/95. To create a system of evaluation and follow-up of surveys.

Owners: L. Stratton, K. Bailey, D. Icaza, G. Metz

Tasks	By Whom	When
• Formulate past survey results in a graph form.	L. Stratton	2/95
• Present past survey data to Planning committee.	L. Stratton	2/95
• Develop and set service targets.	Committee	2/95
• Review satisfaction survey format.	L. Stratton, Sr. J. Burns	1/95
• Set-up patient care area schedule for 40 surveys to be done every 3 months.	K. Bailey	1/95
• Notify CPI team representative to present survey & timing to CPI teams.	L. Stratton, K. Bailey	2/95
• Collate all survey results and chart in graph form, presenting to committee every 3 mo.	L. Stratton	3/95 On-going
• Develop questionnaire for Pediatric population.	K. Russell, L. Stratton	6/95
• Perform questionnaire in ICU	D. Icaza set-up	6/95
• Develop questionnaire for ER	G. Metz, L. Stratton	6/95

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Goal 6 Ethical Implications**

To communicate and to illicit the support of the Bioethics Committee for the hospital-wide pain management process and to obtain a community perspective and feedback on issues regarding pain control.

Owners: Sr. Jeanne Burn, B. Lesser, J. Goddard

Tasks	By Whom	When
• Present the DSCH strategic plan for Pain Management to the Bioethics Committee, Bioethics Nursing Forum, and the Committee On the Dying.	L. Stratton	4-6/95
• To encourage the inclusion of the aspect of pain management in the case reviews and consultations when appropriate.	Bioethics Case Consultation Comm.	4/95 & ongoing
• To encourage discussions, conferences, or case consultations in relation to difficult pain management cases.	Nursing staff	4/95 & ongoing

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Goal 7 Pain Management Care Team**

To redesign the A care team@ to be called the Strategic Planning Pain Committee. This team will be an interdisciplinary team in their approach to pain management, including, but not limited to, anesthesiologist, pharmacist, Chaplain services, social service, nursing managers, pain resource nurses, etc. The Care Team will focus on outcomes, realizing that the failure to treat pain has a cost. Results of the failure to relieve pain include repeated admissions, prolonged hospital stays, and development of post-operative complications. Owners: Dr. Hess, P. Emmons, G. Robbins, K. Woodruff, Dr. Morse, Dr. Leff, L. Merkhofer.

Tasks	By Whom	When
•Begin framework for algorithms or guidelines by treatment modality; acute vs. chronic pain, etc.	Dr. Hess, G. Robbins, L. Merkhofer, Dr. Leff	3/95
• Review current policies and procedures for pain control. Benchmark and review literature and AHCPR guidelines.	Dr. Hess, G. Robbins, L. Merkhofer	3/95
• Consider forming a group to make daily pain control rounds.	Drs. Hess, Morse, Leff	4/95
• Review retrospectively number of pain control questions or problems which required pharmacist to intervene or provide information to physicians	G. Robbins	3/95
• Evaluate need and be available for physician pain control education programs.	Drs. Hess, Morse, Leff	6/95

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Goal 8 Policies, Procedures and Standards

To identify current pain assessment and treatment procedures, policies and standards. To have, in place, policies, procedures and standards for an effective pain management program by June 1, 1995.
Owners: J. Goddard, G. Robbins

Tasks	By Whom	When
• Review all current nursing, pharmacy, and other related departments' policies on pain control topics to determine if they require revision, deletion, or need for addition of new policies to reflect current pain control medical practice.	J. Goddard, G. Robbins, Dr. Hess	3/95
• Revise, delete, or add pain control policies to be consistent with pain control practice as described by the current medical literature, AHCPR guidelines, and benchmark hospitals.	J. Goddard, G. Robbins, Dr. Hess	6/95
• Ensure all nursing and other related departments have new and/or revised pain control policies in policy/procedure manuals.	J. Goddard, G. Robbins	6/95