Evidence translated into Non-Pharmacologic Pain Planning (NPPP) in primary care

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ASPMN
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Target Audience

- The overarching goal of PCSS is to train a diverse range of healthcare professionals in the safe and effective prescribing of opioid medications for the treatment of pain, as well as the treatment of substance use disorders, particularly opioid use disorders, with medication-assisted treatments.
Outline

• Review theoretical model, background, structure, aim
• Review protocol, algorithm, keys to success, and barriers
• Apply protocol to case study and adapt to inpatient case study
• Close-up review of tools to guide the conversation
Educational Objectives

• At the conclusion of this activity participants should be able to:
  ▪ Describe the nonpharmacologic protocol
  ▪ Apply the protocol to a patient to determine “Comfort Bundles© (Pharmacologic and nonpharmacologic treatment combinations)
  ▪ Create a plan of care balancing pharmacologic and nonpharmacologic
Late 30-year-old obese female, hospitalized for acute knee pain related to muscle strain.

Extended hospital stay due to difficulty progress from IV opioid pain medication. Also, c/o trauma history, back pain & HA.

Late 40-year-old male with history or chronic back pain. Diagnosis: Spinal stenosis, lumbar region without neurogenic claudication, Depression.

Greater than 5 years chronic opioid use: Morphine Sulfate 30 mg SR and Hydrocodone 10 mg/Acetaminophen 325 mg
WHAT DO YOU BELIEVE?

- Comfort
- Pain
- Drug-Seeking
- Clinician-Patient Relationship
- Comfort-Seeking
Reducing the number of opioid prescriptions has been the main response by prescribers to the opioid epidemic.

Considering non-pharmacologic pain treatments as first line requires direction on how to integrate these treatment options into care.

**Joint Commission Issue** 44 2019 Nonpharmacologic first line pain treatments

**Agency for Healthcare Research and Quality** (AHRQ) 2020 #227 Update.

**AHRQ # 228 2020**


**BACKGROUND**
Evidence Based Medicine

Figure 1 (Nichols, 2020)

Framework
The Six Building Blocks was developed by the University of Washington Department of Family Medicine and Kaiser Permanente Washington Health Research Institute.
**Structure: Model for Improvement**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Activities</th>
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<tbody>
<tr>
<td><strong>What are we trying to accomplish?</strong></td>
<td>Setting Aims</td>
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<tr>
<td><strong>How will we know that a change is an improvement?</strong></td>
<td>Establishing Measures</td>
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<tr>
<td><strong>What change can we make that will result in improvement?</strong></td>
<td>Selecting Changes</td>
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Integrate non-medicine options and create Comfort Bundles

No change or decrease opioids/Personal Goal/ Functioning

Adapted from IHI website http://www.ihi.org/resources/Pages/HowToImprove/ScienceofImprovementHowToImprove.aspx
**AIM**

**Inpatient:** Improve comfort, increase functioning, and maximizing safety

**Outpatient:** Develop and integrate a non-pharmacological pain plan (NPPP) protocol at a primary care setting + Inpatient Aim
Nonpharmacologic Pain Protocol

Advancing Understanding

Pre-visit planning

Shared Decision (consist of two structured conversations)
- Initial
- Shared Decision Making: Treatment Selection, Follow-up, Referral
Components Descriptions

• **Component 1: Advancing understanding** of non-pharmacologic pain treatment for both the healthcare professional, patient, and integration into the workflow.

• **Component 2: Pre-visit planning** focused on the care of complex patients in pain using the Chronic or Weekly opioid reports.

• **Component 3: Shared-Decision Making (SDM)** between the clinician and patient.
Advancing Understanding

Understanding Pain
https://www.youtube.com/watch?v=C_3phB93rvI
NPPP Protocol Workflow Part I
**Pain/Comfort Vision Statement:** In line with our guiding behaviors, we believe pain is what the patient says it is. Through inter-professional collaboration, we are all keepers of the patient story, and therefore, all accountable for the patient's comfort. Since pain can be more than physical, we partner with the patient and family honoring the pain experience; using a caring holistic approach free from biases, to address emotional, psychological, and spiritual comfort.
KEYS TO SUCCESS

- Contract of Agreement between all interested parties
- Protected time with team (biweekly)
- Regular weekly meetings with community partner
- Regular on-site meeting times
- Four Luncheons
- Making sure staff do not see this as one more thing
MOST REVIEWED NONPHARMACOLOGIC PAIN TREATMENTS
Nichols, 2019

- Acupressure
- Acupuncture
- Aromatherapy
- Cognitive Behavioral Therapy
- Guided Imagery
- Heat and Ice
- Massage
- Meditation/Mindfulness
- Mindfulness-Based Stress Reduction
- Music Therapy
- Occupational Therapy
- Physical Therapy
- Progressive Muscle Relaxation
- Spinal Manipulation
- Tai Chi
- Yoga

PCSS
Providers Clinical Support System
Setting a personal goal – Returning to college

Acetaminophen 1000 mg q 8 or 6 hours
Ice & Elevate leg and warm blanket to prevent chills
Auricular Acupuncture
Massage
Sexual Assault Counseling
NSAID IV 24 hours than 600 mg q 8 hours
GI support
Information about taking a college course at a community college
COMFORT BUNDLES
PRIMARY CARE CASE STUDY

Education to Advance understanding

Contact insurance company

Develop SMART Goals

Resources for requested information

Patient and Family Education: Non-Medicine Choices for Pain

We are excited to partner with you in this journey of shared decision making in selecting non-medicine choices to improve your comfort and quality of life. It is important that we all have a shared understanding of chronic pain. This understanding is based on the person’s personal experience, functional status, and overall well-being. It’s important to understand your own experience and the experience of those who are similar to you.

Your next step is to develop a smart goal to determine your progress toward achieving your goal to be more active.

SMART GOALS are:
- Specific
- Measurable
- Achievable
- Relevant
- Time-bound

For example, contact your insurance company within 5 days to ask about non-medicine choices.

When you contact your provider you requested more information on Yoga.

Yoga video online:
- 11 Best Yoga Videos for Beginners on YouTube of 2015
- Yoga arrives Online: 10 day free trial

Yoga classes in your community:
- Memorial Yoga has yoga classes
- 250 Sennett Rd Ste 250, Norton Shores, MI 49444 Phone: (231) 688-4111
- Wellspring Yoga: 250 Sennett Rd Ste 250, Norton Shores, MI 49444 Phone: (231) 688-4111
- Buffalo Church: 3003 Thompson Avenue Shelby Township, MI 48315 Phone: (586) 784-0017
- First Evangelical Lutheran Church: 12010 Woodview Road, Shelby Township, MI 48315 Phone: (586) 754-1416
- Yoga classes begin at 7pm on Tuesdays and are available between 8:15 and 8:30pm

For more information on breathing techniques ask your yoga instructor

Square Breath: Breathing Techniques

© Manner of Death
TOOLS TO GUIDE THE CONVERSATION
Invites them to partnership to better understand their pain and plan for comfort.

Explain the three components of the protocol.
CAPTURING THE PATIENT STORY

Where did the pain begin?

What have they tried?

Self-Care impacting pain

Introductions to non medicine choice

What is or is not working.

Personal goal & What else?
Non-pharmacologic Pain Interventions

Patient and Family Education:
Non-Medicine Choices for Pain Worksheet

What is your next step in any pain plan?
Discuss this non-pharmacologic pain plan with your doctor or doctor’s team. Your team will help you select the best options for you.

Note: Medicine Choices for Pain
You can consult with their pharmacist or internist, medicine internist. Pick two or three to try for a month or more while you see how much improvement toward your goals.

PERSONAL GOAL:

<table>
<thead>
<tr>
<th>TRADITIONAL</th>
<th>NOTES</th>
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<tbody>
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<td>Physical Therapy</td>
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<td>Occupational Therapy</td>
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Benefits: Aim to improve mobility, less pain, and provide ways to improve flexibility, strength, coordination, and overall function.

Caution: Discuss any re-injury or new injury with provider. Mistakes for warning with hot and cold.

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<td>Expressive Writing</td>
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<td>Music Therapy</td>
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Benefits: This may enhance your health and improve your quality of life. Mind-based therapies are effective in reducing pain.

Caution: Talk with your provider about any history of trauma or seizures.

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<th>BODY</th>
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<td>Acupuncture</td>
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<td>Water Exercise</td>
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<td>Nutrition</td>
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<td>Exercise</td>
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<td>Essential Oils (Aromatherapy)</td>
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<tr>
<td>Acupuncture and Acupressure</td>
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<tr>
<td>Transcutaneous electrical nerve stimulation (TENS)</td>
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<td>Yoga/Tai Chi</td>
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Benefits: These therapies activate sensor in health, touch, smell, and sound to alter the perception of pain.

Caution: Ask practitioner about measures to minimize side effects that licensed

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<td>Prayer</td>
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<td>Taiji / QiGong</td>
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Benefits: These therapies help develop coping skills and a positive mindset.

Caution: Talk with your provider about any history of trauma or seizures.
Results

**Education**
- 25-staff completed education

**Population**
- 32 People with Chronic Pain
- 48% Male/52% Women
- Age range 41-80
- Established patients with provider

**Data**
- 100% Pain and Comfort Questionnaire
- 80% personal goals documented in EMR
- 64% documented baseline PEG
- MME ranged 3 – 298 mg per day
- 1-3 non-pharmacologic pain treatments tried

**Impact on Opioids**
- 3 patients MME went down
- 2 patients MME increased
- 27 patients stayed the same

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EMR – Electronic Medial Record
PEG - Pain, Enjoyment, General Functioning
MME – Morphine Milliequivalent
PUBLICATIONS

ARTICLES AND ESSAYS

Comfort as a Multidimensional Construct for Pain Management

Tara Nichols, MS, APRN, CCRN, CCNS, AGCNS-BC

Pain is a multidimensional phenomenon which each person experiences in a different manner. However, practice stories delineate patterns in the best pain experience that can broaden healthcare professionals’ perspectives of care needed in the moment. Intentional analysis of practice stories about pain and discomfort led to a theoretical model to guide clinical practice, interventions, and research. Recurring patterns and themes from these stories supported a central phenomenon: dimensions of comfort and relationships between comfort, pain, and internal and external predictors. The author proposes a paradigm shift from common to comfort, expressed in the Nichols-Nelson Theoretical Model of Comfort. The model, composed of seven dimensions of comfort that can be impacted by internal and external predictors, focuses on comfort, function, and safety and on the clinician-patient relationship.

Keywords: pain; comfort; patient-clinician relationship; practice stories; caring scientific quality

Pain is a global issue affecting an estimated 30% of the world’s population (Guldberg & McAee, 2011). The effectiveness of traditional pain management is now being questioned for many reasons (e.g., undertreatment and treatment of pain, the opioid crisis, and the chronic pain crisis). Every day healthcare professionals all over the world discuss practice stories that generate thoughts or theories about patients’ pain and comfort.

This article describes the development of a practice theory and research model implied by practice stories. After 26 years of professional nursing, caring for people, and collecting stories about alleviating pain and discomfort while supporting people through difficult times, Tara Nichols partnered with nurse statistician John Nelson, PhD, to develop the Nichols-Nelson Theoretical Model of Comfort (NNTM). Two of the practice stories, woven throughout the article, provide the patient perspective.

Story 1: Sarah is recovering from hip replacement surgery. She asked her nurse to call the pain nurse specialist because the morphine in her patient-controlled

The Role of the Doctor of Nursing Practice in Promoting Nonpharmacologic Pain and Comfort Management

Tara Nichols, APRN, DNPM, CCNS, AGCNS-BC

In this article, the author presents her vision for integration of nonpharmacologic treatments, many taken from whole systems of care (Yerges et al., 2005), for both pain and comfort management. By connecting the evidence-based practice expertise of the clinical nurse specialist role with the knowledge of innovation, systems thinking, health policy, and implementation science acquired in the Doctor of Nursing Practice program, she is engaging interprofessional teams to join her vision.

Keywords: doctor of nursing practice; nonpharmacologic; evidence-based practice; practice-based evidence; pain and comfort management; process improvement

The foundation of the clinical nurse specialist (CNS) role is evidence-based practice (EBP). The Doctor of Nursing Practice (DNP) level of preparation includes innovation, systems thinking, health policy, and implementation of evidence from research findings. According to Porter-O’Grady (2005), DNP graduates’ knowledge base of the sciences facilitates rapid translation of research findings into the practice environment to impact patient outcomes. I use my expertise in EBP and the implementation of research findings in pain and comfort management to facilitate translation of the best evidence available for nonpharmacologic pain and comfort management, to educate clinicians, provide holistic care, and advocate for patients.

EVIDENCE-BASED PRACTICE AND PAIN MANAGEMENT

According to Seckel, Rosenberg, Gray, Haynes, and Richardson (1996), EBP can be visualized as a three-legged stool: the best evidence available, practice-based evidence (PBE), and


References


• Nichols, T (2020)


• Understanding Pain Video Retrieved from [https://www.youtube.com/watch?v=C_3phB93ryI](https://www.youtube.com/watch?v=C_3phB93ryI)
PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid addiction.

- PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medication-assisted treatment.
  
  • 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
  
  • No cost.

For more information visit: pcssnow.org/mentoring
PCSS Discussion Forum

Have a clinical question?

Ask a Colleague
A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

Ask Now
**PCSS** is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

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<tr>
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<td>American Society of Addiction Medicine</td>
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<td>American Society of Pain Management Nursing</td>
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<td>Association for Medical Education and Research in Substance Abuse</td>
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<td>International Nurses Society on Addictions</td>
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<td>National Association of Drug Court Professionals</td>
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<td>American Medical Association</td>
<td>Southeastern Consortium for Substance Abuse Training</td>
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<td>American Osteopathic Academy of Addiction Medicine</td>
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