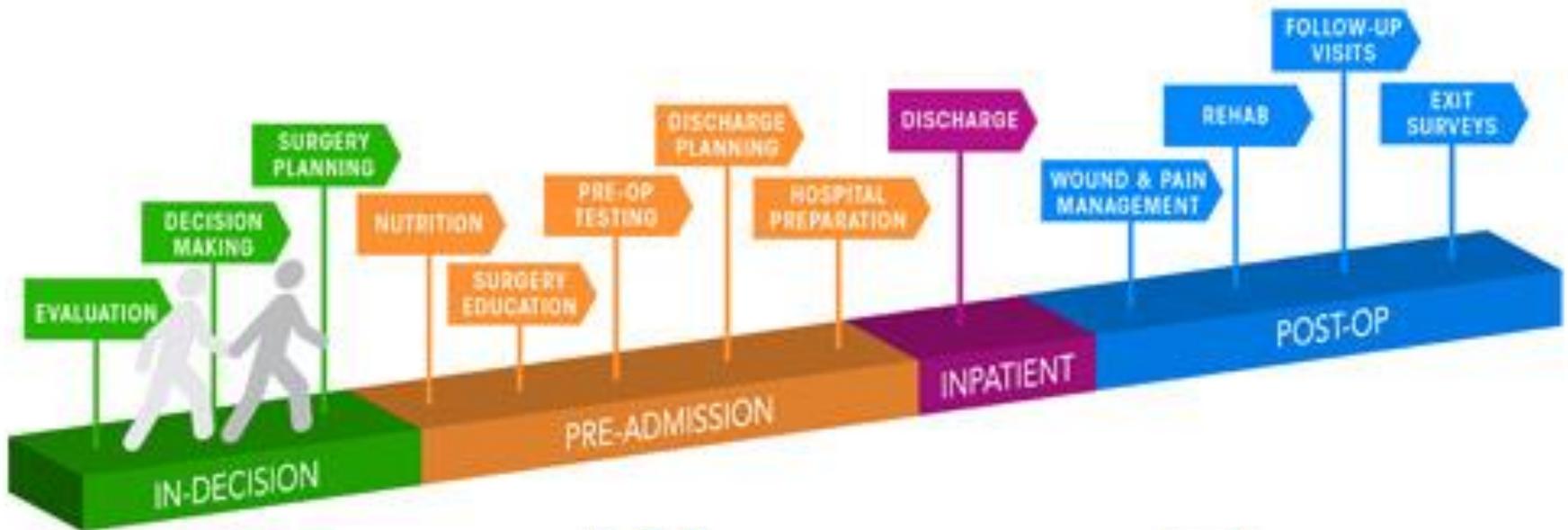


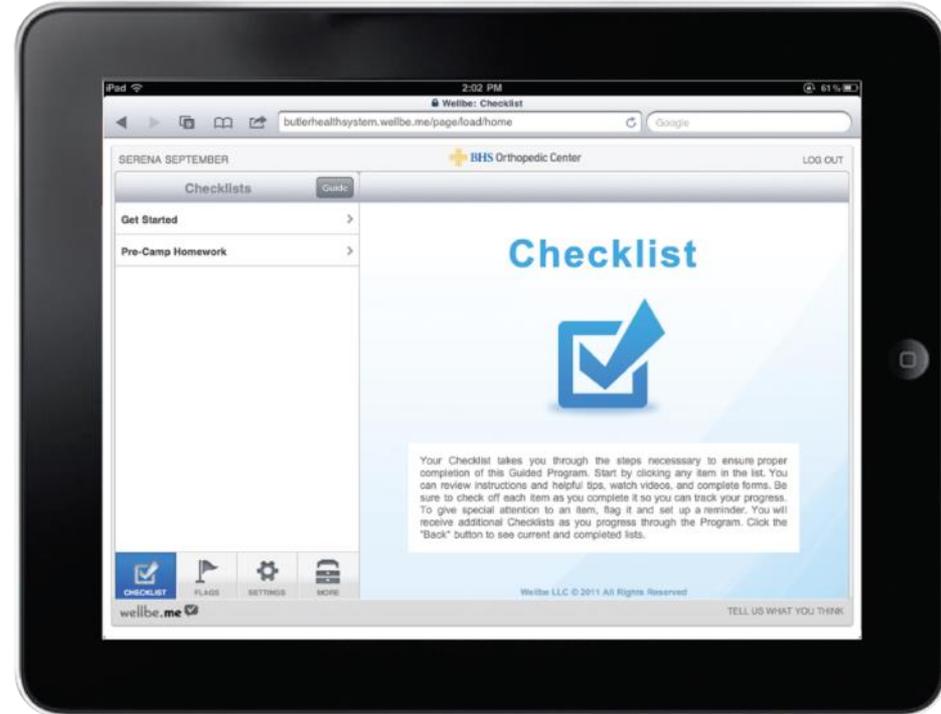
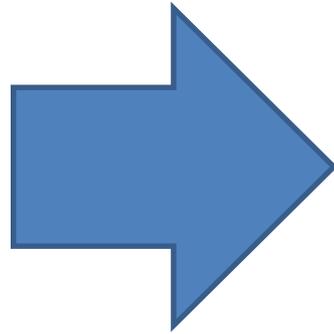
# The Patient Journey

A Guided CarePath helps create a single streamlined patient experience through the entire journey of a surgical procedure.



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# Guided CarePath



Smart  
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# Patients, Pain & their Perceptions

Presented by  
Edward Leigh, MA



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# Terms used in the Presentation

- **Patient:** this is the person experiencing the medical issue or seeking preventative services.
- **Professional:** this is the person with healthcare training, such as a doctor or nurse.
- **Caregiver:** this is the person who is a family member or friend helping to care for the patient.

# Program Objectives

- Surefire methods of communicating with patients through the continuum of care: pre-hospitalization, in-patient and post-hospitalization.
- Top tips to improve your bottom line by increasing reimbursement via increasing scores on this common patient satisfaction survey question, “How often was your pain well controlled?”
- How to avoid patients from becoming angry and frustrated regarding their pain management. Also, how to handle patients who have become angry.
- Reworking the commonly used “1-10 pain scale” to focus on a more detailed, yet simple to administer method.
- Communicating with patients about the addition of non-pharmaceutical methods of pain management.



Providing an overview ... agenda  
What's coming next ...

# Rapport Before Report

We connect with each other through emotion, not information. We could present to a patient simple carefully-prepared information, but unless the patients feel a sense of comfort and trust, they may not follow the information. Here are tools to connect:

**Empathy:** reflect back the patients feelings, such as by stating, “Sounds like you are feeling very stressed.” Then explain how you will relieve their stress.

**Personal life discussions:** listen for cues as to the patients personal life experiences. For example, if you in the process of admitting a patient for surgery and they mention their daughter is getting married in three months, mention the wedding! For example, you can say, “Congratulations. How exciting for you!”



**Shirley MacLaine in the film, Terms of Endearment**

# HCAHPS and Pain Management

In the United States, for the time period of 10/1/2011 - 9/30/2012, **71 percent** of hospitalized patients responded “always” to the HCAHPS composite question, “How often was your pain well controlled ?”

With 71 percent of the patients stating their pain was always controlled -- this indicates that roughly 1/3 of patients do not feel their pain was always well controlled.

Patients do not have to have their pain completely eliminated to give high patient satisfaction ratings. It is all matter of perception.

# Pre-Hospitalization Pain Management

Before the patient is admitted to the hospital for a procedure, it is vital that pain management is discussed.

These items need to be addressed:

-- Mentioning to the patient, "We will do everything possible to be sure you are as comfortable as possible."

-- Discussing that sometimes there could be a small amount of pain even while on pain medications. Discuss how the dose of pain medication is monitored so we do not give too much medication. This discussion is VITAL! Some patients mistakenly assume they will have no pain. When they do experience minor pain, they feel their pain management care is poor.

-- Providing written information. However, do not just hand the patient a brochure. Briefly review the brochure as this will enhance comprehension.



# Inpatient Pain Management



# 0-10 Pain Scale

Source:

[http://lane.stanford.edu/portals/cvicu/HCP\\_Neuro\\_Tab\\_4/0-10\\_Pain\\_Scale.pdf](http://lane.stanford.edu/portals/cvicu/HCP_Neuro_Tab_4/0-10_Pain_Scale.pdf)

## **No Pain.**

O. Feeling perfectly normal.

## **Minor**

Does not interfere with most activities. Able to adapt with medication or devices such as cushions.

### **1. Very Mild**

Very light barely noticeable pain, like a mosquito bite.

### **2. Discomforting**

Minor pain, like lightly pinching the skin.

### **3. Tolerable**

Very noticeable pain, like an accidental cut. Still manageable.

# 0-10 Pain Scale

## **Moderate**

Interferes with many activities. Requires lifestyle changes but still independent. Unable to adapt.

## **4. Distressing**

Strong, deep pain, like an average toothache or stubbing your toe real hard.

## **5. Very Distressing**

Strong, deep, piercing pain, such as a sprained ankle when you stand on it wrong or mild back pain.

## **6. Intense**

Strong, deep, piercing pain so strong it seems to partially dominate your senses, causing you to think somewhat unclearly.

# 0-10 Pain Scale

## Severe

Unable to engage in normal activities. Feeling disabled and unable to function independently.

### 7. Very Intense

Same as 6 except the pain completely dominates your senses, causing you to think unclearly about half the time..

### 8. Utterly Horrible

Pain so intense you can no longer think clearly at all.

### 9. Excruciating, Unbearable

Pain so intense you cannot tolerate it.

### 10. Unimaginable, Unspeakable

Pain so intense you will go unconscious shortly.  
(Most people have never experience this level of pain.)

# Inpatient Pain Management

## Teamwork

- During shift change carefully discuss the patients pain management plan. Bedside shift reporting is very helpful to incorporate the patient into the discussion.
- Coordinate pain medication with other services, such as physical therapy or scans

## Hourly Rounding

- Discuss pain control each hour with the patient. This emphasizes to the patient we are doing everything we can to control your pain.
- Decreases patient stress to know you are checking on him / her every hour..
- Mention when the next dose of pain medication is due to prepare the patient. In this way, the patient will not be wondering when the next dose is coming.
- Use a whiteboard to keep track of the patients pain medication – keep track of when the next dose is due.
- Celebrate victories, which is decreased pain over time.

# Inpatient Pain Management

## The White Board

### Updates

My Pain Medication: \_\_\_\_\_

Last Dose Given: \_\_\_\_\_

Next Dose Administered: \_\_\_\_\_



Having this information readily available to patients and family members reassures them you are **doing everything possible** to manage their pain.

# Avoiding Angry Patients

- Carefully discuss pain management **early** with all patients to avoid a "Terms of Endearment" meltdown. Once the pain has escalated out of control, it will be difficult to manage the patient's perception. This results in low patient satisfaction scores.
- Discuss what "controlled pain" means. Emphasize this does not mean complete absence of pain.
- Use a detailed 1-10 pain scale to determine where the patient currently is and goals to reduce pain.
- Discuss patients' pain expectations and seek agreement of pain levels. Discuss how much medication can be given. Be sensitive with patients who want more medication and where that could be a problem.

# Managing Angry Patients

Angry patients will always be a part of healthcare. Angry people are challenging for healthcare professionals and handling the situation poorly can make an already unpleasant situation far worse. Helpful tips:

- DO NOT say, “Calm down.” That statement makes people even angrier.
- Start with empathy. In non-emergency situations, clinicians need to address the psychosocial before the medical.
- Do not get angry yourself. This is never productive and only makes the angry patient more frustrated. Just because a patient is unpleasant does not mean you have to be unpleasant. Speak to them in a quieter voice and in most cases the patient will settle.
- Let the patient talk. Do not interrupt until the patient has completely told you their story.
- Provide information. A major source of anger is lack of understanding.

# Post-Hospitalization

## **Discharge Paperwork**

Be sure the patient clearly understands their pain management plan for returning home (or going to another healthcare facility). Explain any jargon in discharge report. If the plan is very complicated, use the “Teach Back” method to verify patient understanding.

## **Patients returning home**

For patients returning home, be sure to contact the patient to see how they are doing. At this time, address pain management needs.

## **Patients going to rehab**

When handing off the patient, ask the receiver of the information to repeat your instructions. Handoffs are a major source of medical errors. We could minimize errors via this “repeat back” method.

# Complementary and Alternative Therapies

## Complementary Therapies

is used **together with** conventional medicine. An example of a complementary therapy is using aromatherapy to help lessen a person's discomfort following surgery.

## Alternative Therapies

is used **in place of** conventional medicine. An example of an alternative therapy is using a special diet to treat cancer instead of undergoing surgery, radiation, or chemotherapy that has been recommended by a conventional doctor. These therapies can be very risky!



## Complementary Therapies for Pain Management

**Mind-body therapies** use various approaches including relaxation techniques, meditation, guided imagery, biofeedback, and hypnosis.

**Massage** is being increasingly used by people suffering from pain, mostly to manage chronic back and neck problems. Massage can reduce stress and relieve tension by enhancing blood flow.

**Dietary Approaches, Nutritional Supplements and Herbal Remedies.** These items are still investigational. If they are used **WITH** traditional treatment, they would be considered complementary. Talk to your patients about the risks of these items. For example, some herbal remedies may interfere with traditional medications.

**Acupuncture.** Although the World Health Organization currently recognizes more than 30 diseases or conditions that can be helped by acupuncture treatment, one of the main uses of acupuncture is for pain relief.

# Breathe with your patients!

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# Communication

"Most people do not listen with the intent to understand; they listen with the intent to reply."

— Stephen R. Covey

(Author of, "*The 7 Habits of Highly Effective People*")

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