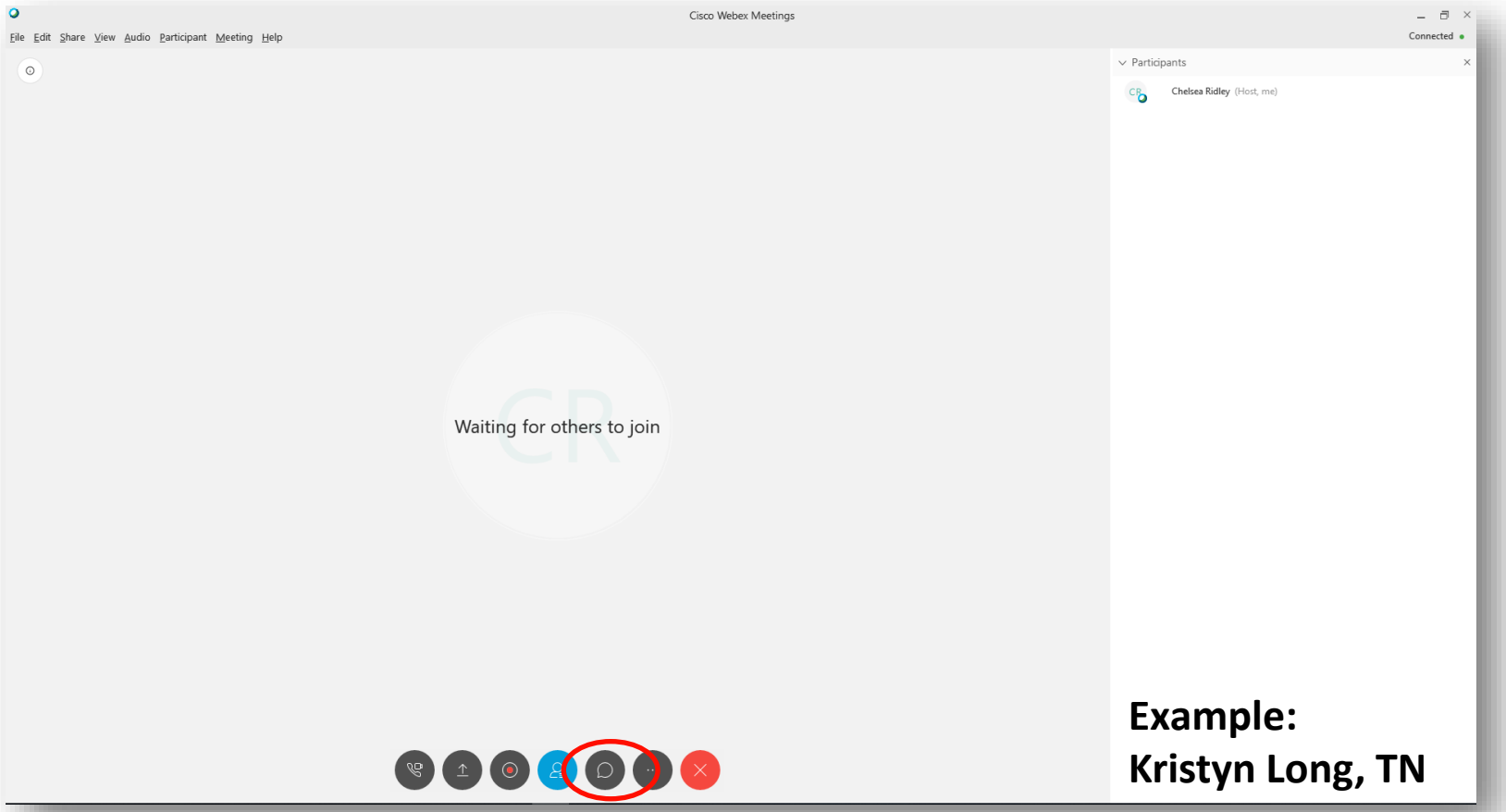
National CMP Reinvestment Network: Innovative Approaches to Nursing Home Pain Management/Open Discussion

March 25, 2021 - 1:00 pm CST

Hosted by Oklahoma and Tennessee

Chat Box


Cisco Webex Meetings
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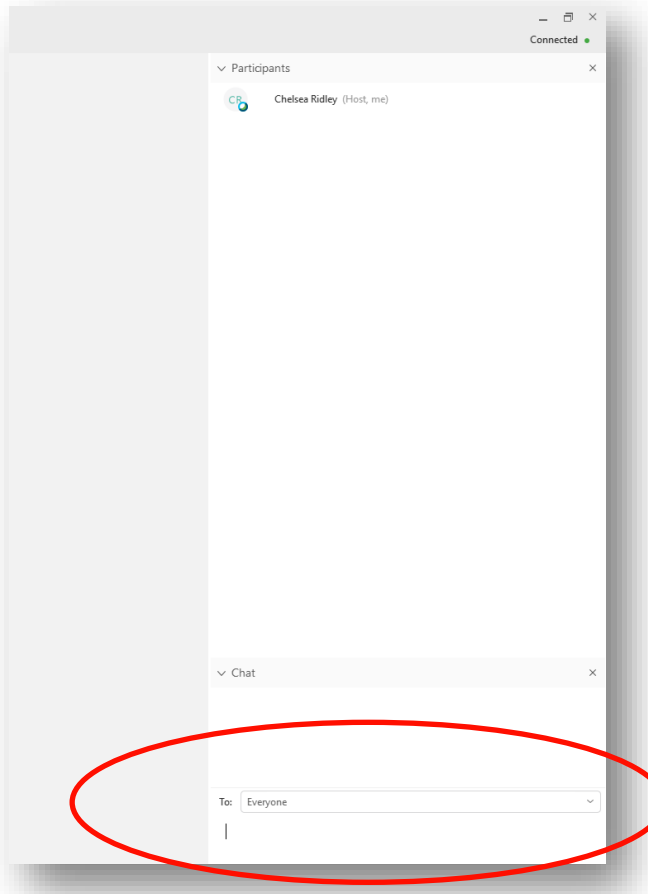
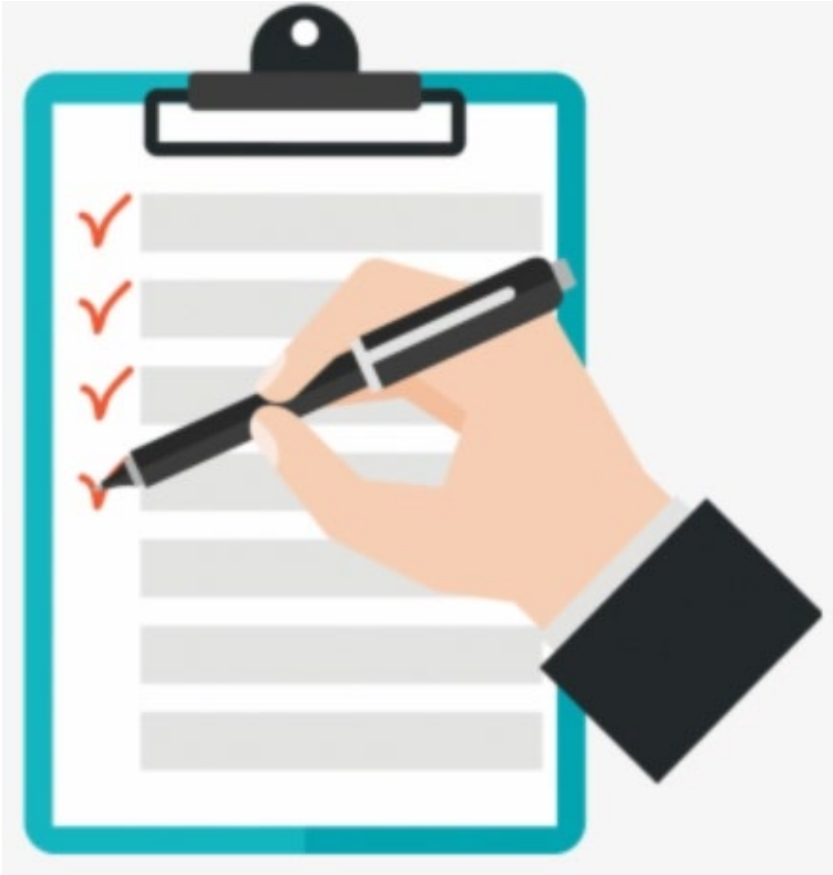
Participants
Chelsea Ridley (Host, me)
Waiting for others to join
Example:
Kristyn Long, TN


Connected
Participants
Chelsea Ridley (Host, me)
Chat
To: Everyone

Today's Agenda

- Purpose Statement
- Qsource: Innovative Approaches to Nursing Home Pain Management
- Q & A
- Open Discussion
- CMP National Network Survey Results
- Wrap-Up



Our Purpose

A national network to share experiences, challenges, and successes with the reinvestment of CMP funds to improve care in nursing homes.

TN Department of Health

Josefina Batton, RN, MSN-HCSM

Long-Term Care Quality Director, Qsource

Innovative Approaches to Nursing Home Pain Management

Josefina Batton, RN, MSN-HCSM
LTC Quality Director

Sarah Sutherland RT(R), MBA
Quality Program Manager

Qsource

Session Overview

- Project rationale
- Summary of project components
- Project goals and current data
- Resident and facility success stories
- Comfort menus and benefits to the nursing home setting
- Lessons learned and next steps

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Opioid Misuse affecting Quality of Life

Falls (SS/LS)	Opioids are associated with increased fall risk
Depression (LS)	Ineffectively treated pain many cause or worsen depression
Weight loss (LS)	Opioids can cause nausea and vomiting
Help with ADLs (LS)	Sedation and poorly treated pain may lead to need for increased ADL assistance

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2546472/pdf/cia-0302-273.pdf

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Opioid Misuse affecting Quality of Life

Quality Measure	Connection to Pain Management and Opioids
Improvement in function/ability to move independently (SS/LS)	Sedation and poorly treated pain may lead to difficulties with locomotion, transfer, and walking
Pressure ulcers (SS/LS)	Opioids cause sedation which can increase risk of pressure ulcers
Bladder incontinence (LS)	Opioids decrease bladder contraction which can cause or worsen overflow incontinence, sedation can cause or worsen functional incontinence
Physical restraints (LS)	Ineffectively treated pain can cause or worsen behaviors for which restraints might be used

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2546472/pdf/cia-0302-273.pdf

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What is Innovative Pain Management in Nursing Homes?

"A gentleman came to us with a right femur fracture [a year ago] and his [opioid] pain medication has stayed on board since then. His pain level when he did take it was between a 2 and 3, so that's something we've discontinued. We've added [acetaminophen]. He also has osteoarthritis in his right knee and has diclofenac cream for that. Between that and therapy, that seems to be working really well for him without the opioids. . .He's definitely a success story through this program for us."

-- Nurse at Participating Facility

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Nursing Home Pain Management Challenges

- Almost 40% of pain in nursing homes is untreated or undertreated[1]
- Despite opioid use, pain is still prevalent in nursing home residents and evidence for opioids in chronic non-cancer pain is lacking[2,3]
- Nursing home residents are at higher risk for opioid adverse effects[1]
- Opioids are sometimes the best option for residents, even outside of end-of-life care
- How do we address these challenges and bring balance?

1. J Am Med Dir Assoc. 2019 Mar;20(3):273-274
2. Pain Medicine 2019; 20: 50–57.
3. JAMA. 2016 Apr 19;315(15):1624-45.

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AMDA Resolution and Position Statement on Opioids In Nursing Homes

AMDA – The Society for Post-Acute and Long-Term Care Medicine has two primary policies related to opioids in nursing homes:

1. Provide access to opioids when indicated to relieve suffering and to improve or maintain function, and

2. Promote opioid tapering, discontinuation and avoidance of opioids when the above goals are not achievable, to prevent adverse events, dependence and diversion.

Specific opioid stewardship strategies in nursing homes include the following:

First, nursing home practitioners who prescribe opioids should do so based on thoughtful inter-professional assessment indicating:

- **A clear indication for opioid use**

https://paltc.org/opioids%20in%20nursing%20homes

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Project Summary

In Person Trainings for Nursing Home Staff

- Types of Pain
- Pharmacology
- Pain management strategies
- QAPI

One-on-One Support

- 1:1 Technical Assistance calls
- Ongoing technical assistance in implementing new processes

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Project Summary

Tools and Resources

- Binders
- Online resource portal
- Increased options for pain management (comfort menus)

Monthly data collection – Feedback

- Collected data on a monthly basis
- Provided feedback reports to each facility

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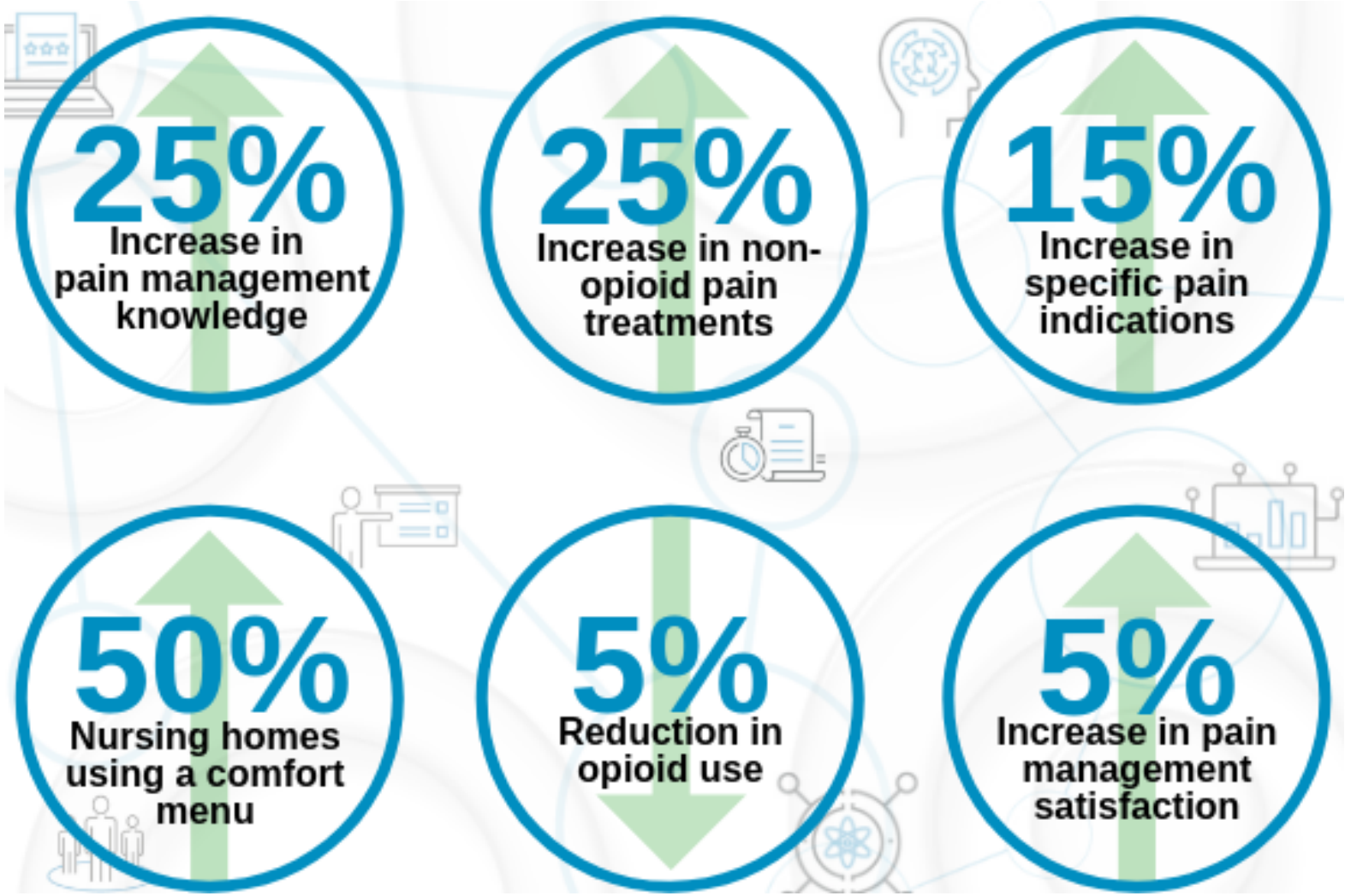
Goals and Expected Project Successes



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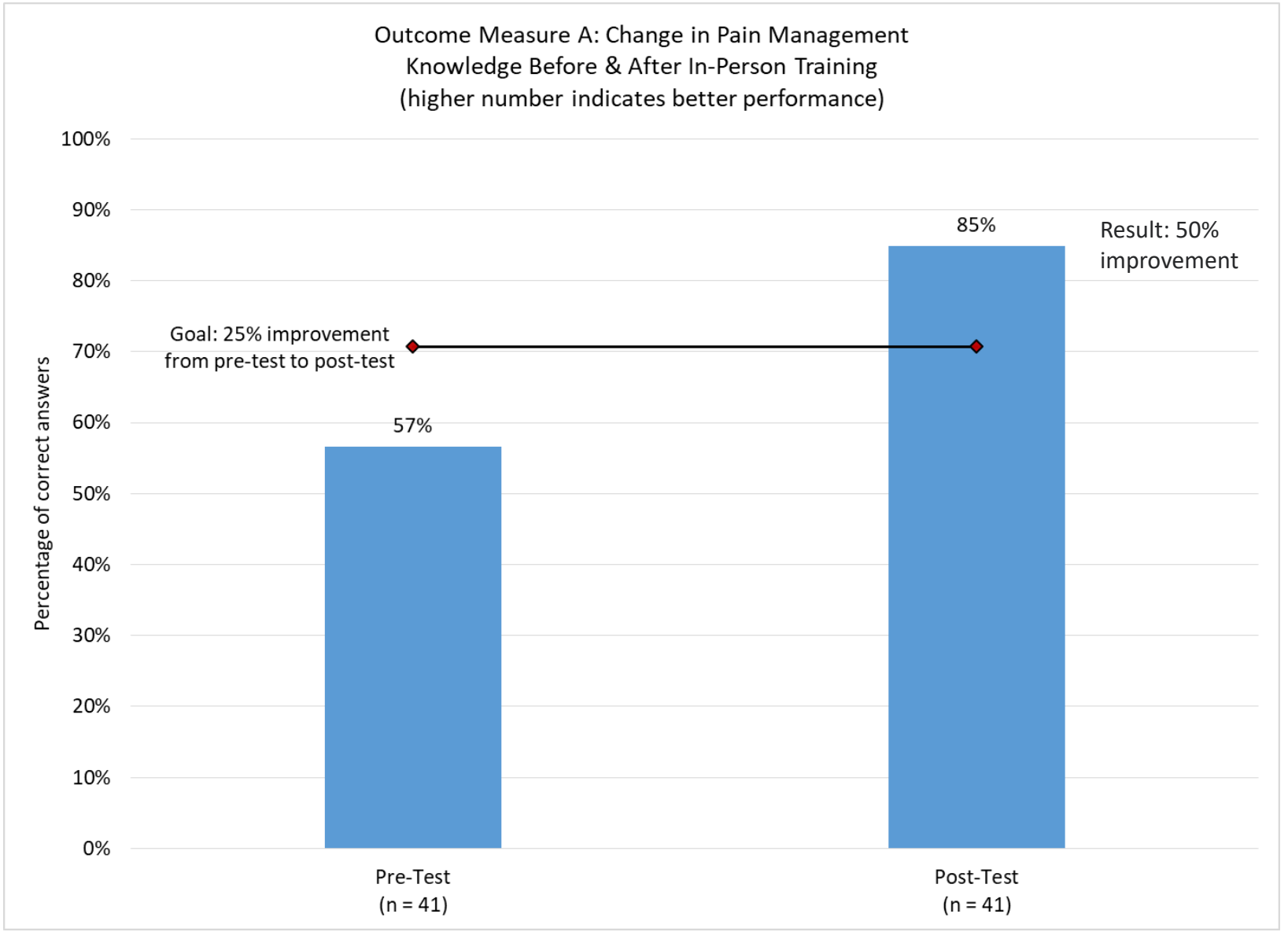
Pain Management Knowledge



Outcomes Measures

	Baseline (Aug 2019)	End of Year 1 (March 2020)	Goal
Average number of **non-opioid treatments** offered per facility. *Higher is better.*	5	18	6.3 (25% RIR) Exceeded Goal
Percent of residents taking opioids with at least one **specific pain indication**. *Higher is better.*	35%	73%	35% (15% RIR) Exceeded goal
Percent of participating nursing homes using a **comfort menu**. *Higher is better.*	10%	67%	50% Exceeded Goal
Percent of residents with at least one **order for opioids**. *Lower is better.*	41%	39%	39% (5% RIR) Met Goal
Resident **satisfaction with pain management** assessed by the Pain, Enjoyment, and General Activity (PEG) Scale. *Lower is better.*	5.05	3.7	4.8 (5% RIR) Exceeded Goal

Resident Success Stories

“We used the training provided to obtain a specific indication for opioid use. During this process, we discovered the resident's pain was caused by her cholesterol medication. This medication was discontinued and the resident no longer needed her opioid.

When we were able to identify this resident’s specific cause of pain, we were able to implement other treatments and decrease his opioid dose. He has since started participating in more activities and is actually learning to read! ”

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Facility Success Stories

“We have had success treating osteoarthritis pain with extended release acetaminophen instead of opioids for some residents. We also began scheduling pain medications at bedtime and have had success with this.

We started using computers with Skype capability to allow residents to video chat with their family members. This, along with other non-pharmacological options for pain, has improved pain management.”

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Comfort Menus for Pain Management

Menu of Comfort Items Available

Sleep
- Warm bath or shower
- Essential oil
- Darkness
- Night Light
- Quiet
- Music
- No interruptions
- Herbal tea
- Snack or sandwich
- Massage
- Television
- Sound machine

Relaxation
- Soothing sounds recording
- Stress ball
- Aromatherapy

Entertainment
- Adult coloring book
- Book (large print, audio)
- Magazine
- Deck of cards
- Reading visit
- Talking visit

Feeling Better
- Shampoo
- Scalp massage
- Toothbrush and floss
- Mouthwash
- Pet visit
- Prayer
- Pastoral care visit
- Meditation
- Deep breathing
- Guided imagery
- Sunshine
- Lollipop
- Chocolate
- Walk in the hallway
- Gentle stretching

Comfort
- Warm blanket
- Warm washcloth
- Extra pillows
- Ice pack
- Hand massage
- Neck pillow
- Temperature adjustment
- Lotion
- Lip balm
- Repositioning
- Straightening bed linens

Nursing Home's Name

Nursing Home's mission statement

Nursing Home's Logo

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Benefits to Nursing Home Setting

- Minimal to no cost items
- Post at bedside and/or throughout facility and discuss with each resident
- Add to admission packet
- Helps with consistent messaging across facility

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Lessons Learned

- Provide additional training on data collection and submission
- Confirm technical assistance sessions the day before
- Provide immediate data feedback earlier in the project
- Provide a checklist for comfort menu items

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Next Steps

- Year 2 (October 1, 2020)
  - Provide customized technical support
  - Compilation of baseline data
  - Supported facilities through pandemic
- Year 3 (April 2021)
  - Increased number of facilities
  - Spread project
  - Enact sustainability solutions with NHs

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Questions?

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Thank you! Connect with us…

Facebook

https://www.facebook.com/QsourceLiveWell

Twitter

https://twitter.com/Qsource

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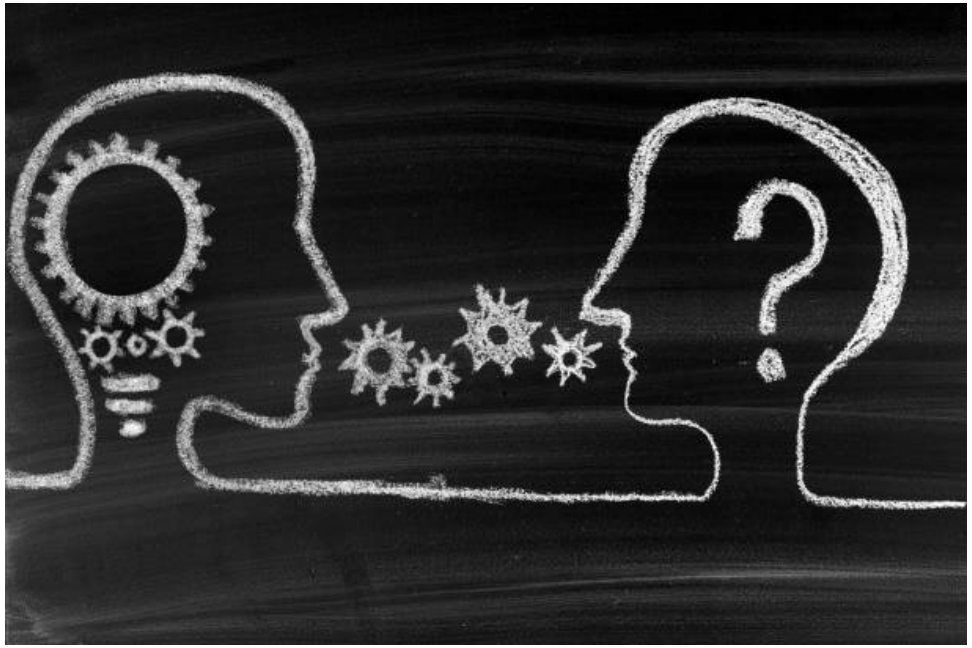
This presentation and related material were prepared by Qsource, the Quality Innovation Network-Quality Improvement Organization (QIN-QIO), under a contract with the Centers for Medicare & Medicaid Services (CMS), a federal agency of the U.S. Department of Health and Human Services.. Contents do not necessarily reflect CMS policy. 20.TCMP.01.002

Open Discussion

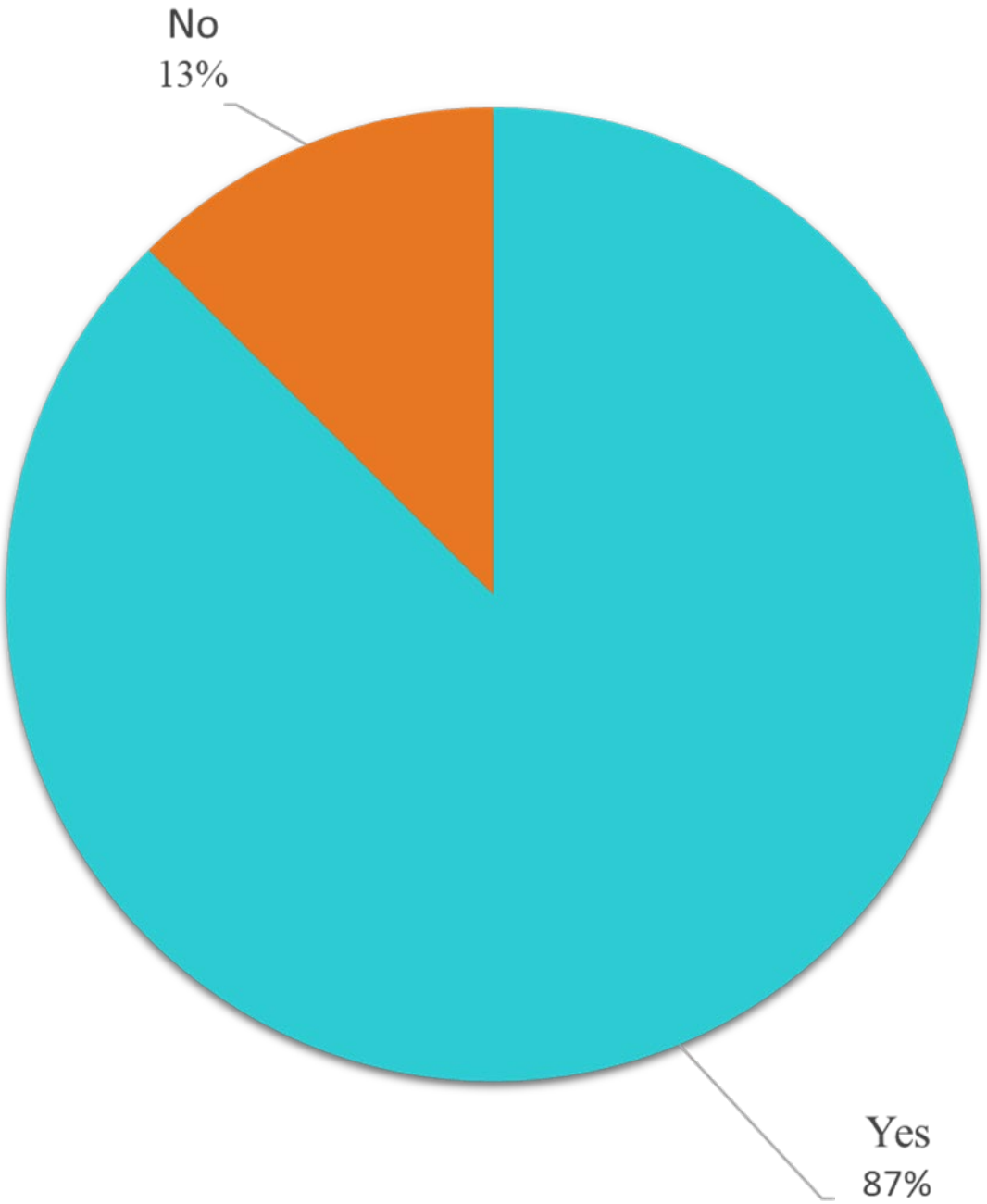
Open Discussion

- COVID-19 Communication Technology/In-Person Visitation Aid Applications
- Best Practices
- Marketing Efforts
- Key takeaways – CMP Application Submissions and Process

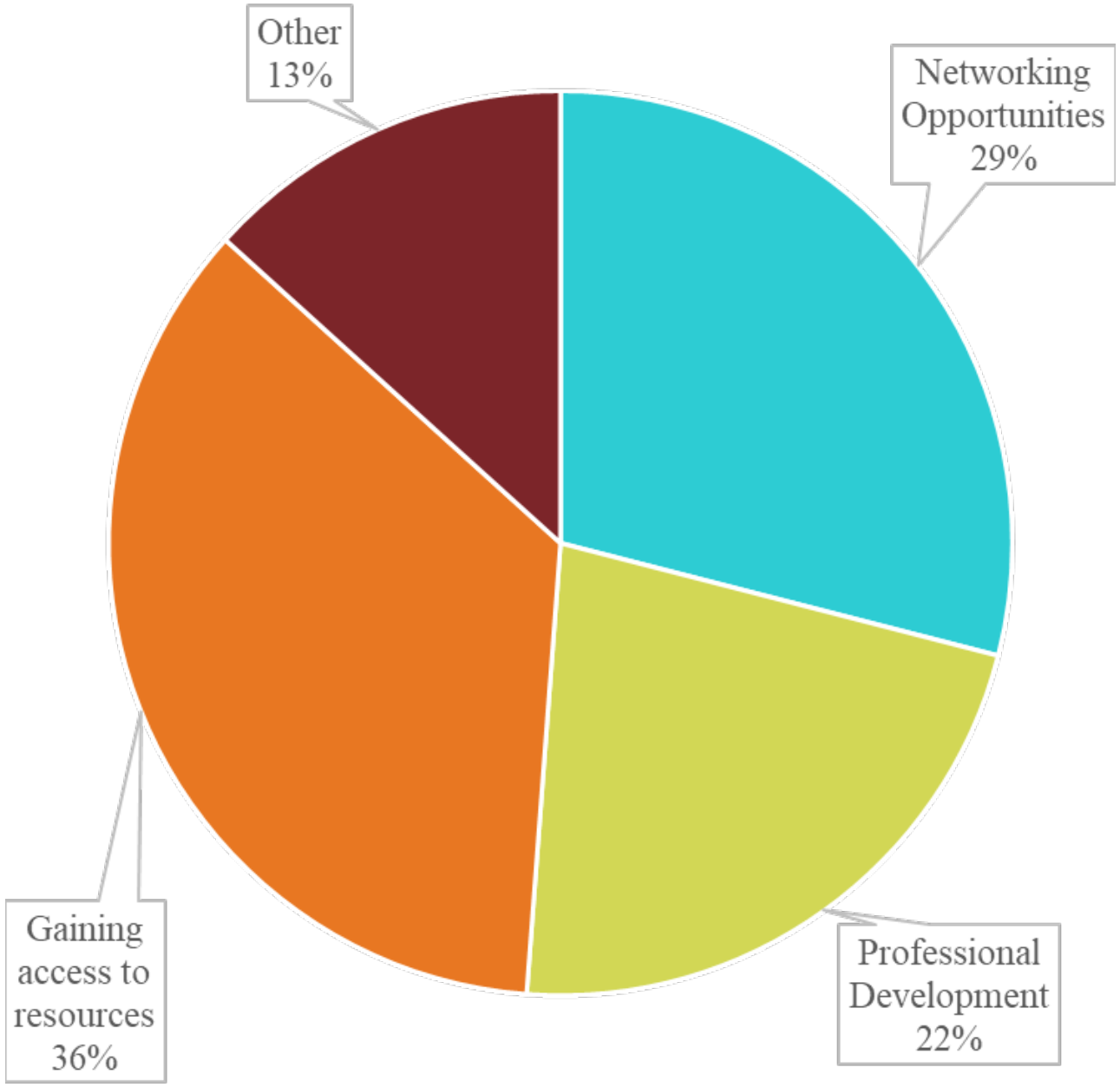


CMP National Network Survey Results

87% of participants reported that CMP National Networks calls are engaging and beneficial to their program



Q: In what ways does your CMP Program benefit from the National Network Calls?

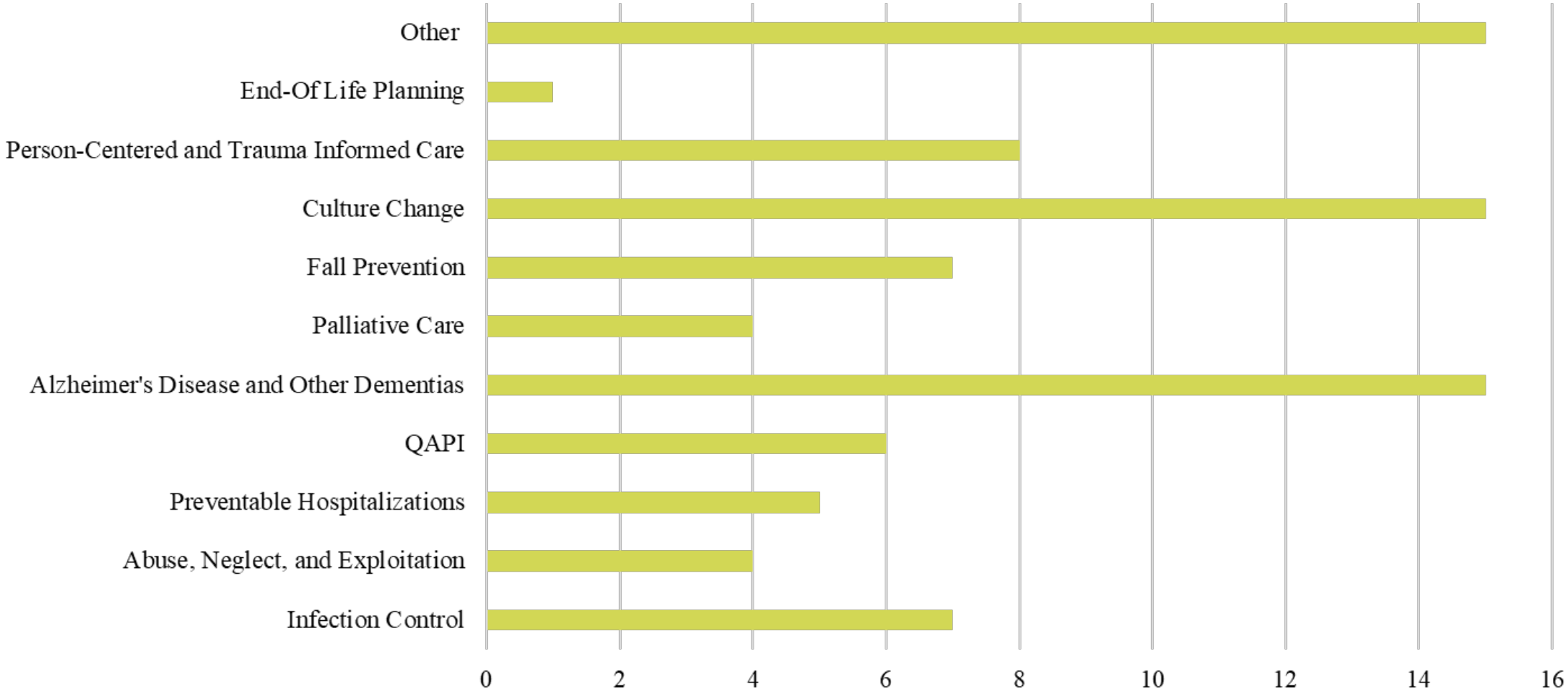


Topics During CMP National Network Calls

Q: What topics do you think should be featured during future CMP National Network Calls?

- Successful projects
- Other states application, reviewing, and monitoring tools
- Project and marketing ideas
- Training on allowable cost
- Other states management process for projects

Q: What topics do your CMP projects focus on?



Topics mentioned by participants that selected “other”:

Improving CMP National Network Calls

Q: How can we improve future CMP National Network Calls?

- Using SharePoint to distribute training and other resources
- Compile application documents, reporting tools, and other information about other states processes
- Variety of topics and speakers
- More time for discussion and Q&A
- Presentations of successful projects

Evaluating Effectiveness

Q: How are you evaluating project effectiveness?

- Using Quarterly Reports for the effectiveness of the project
- Checking in with grantees and visiting sites (when possible)
- Resident and targeted audience satisfaction
- Review and evaluate project proposals before approval
- Evaluate state goals of projects and that they goals are being met

Wrap-Up

- A recording of today's webinar and PowerPoint slides will be available on the **TN CMP website**

- Save the date for our next webinar:
  - June 24, 2021 at 2:00 pm CST
  - Topic is TBD

- Please send questions/comments to:
  - Kristyn.long@tn.gov
  - Shaquallah.shanks@tn.gov
  - CMP@health.ok.gov

Thank you!