Under the Patronage of the Minister of Public Health

Mr. Wael Abou Faour

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ADVANCING PATIENT CARE THROUGH INTERPROFESSIONAL COLLABORATION

April 15th, 2016 - Metropolitan Hotel

April 16th, 2016 - LAU Byblos Campus

Continuing Education Credits for Medicine, Nursing and Pharmacy Offered

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Pain Management though Collaborative Practice:

An Optimal Use of Available Resources

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Acute Pain Medicine: The Evidence

Impact of uncontrolled acute pain:

- **Clinical Perspective:** Increased morbidity, ↑pulmonary and cardiac complications, ↑ risk of thrombosis.
- **Patient Perspective:** Poor sleep, fear, anxiety, limited mobility, low autonomy, reduced quality of life.
- **Administrative Perspective:** increased costs- higher rates of complications, ↑ hospital stay, ↑ risk of chronic pain development.

Acute Pain Medicine: The Practice

US: >70% of patients who undergo surgery report postop pain.

Europe: (PATHOS) in 7 countries, fewer than half of postop patients receive adequate pain relief.

Lebanon: Private hospitals - 21% of POP is managed by anesthesiologists, 70% of hospitals do not dispose of PCA.

Gaps between Evidence and Practice

Problems List & Suggested Solutions (ISSP 2011)

- **Healthcare professionals**

Inadequate attitudes & knowledge, Opiophobia, Inadequate resources, Clinical inertia.

Education, pain management inclusion in clinical pathways, research and guidelines

- **Patients & the Public**

Out-of-date ideas, satisfaction with inadequate pain control, lack of awareness of the importance of pain control.

Education and empowerment in pain management strategies.

- **Problems related to the healthcare system**

Economic problem, practice restrictions, education

Establishing national strategies and frameworks.

Learning Objectives

- Optimize contexts which influence pain management through interprofessional collaboration.
- Promote teamwork and shared understanding of roles between professional groups.
- Identify patient, provider, and system factors that can facilitate or interfere with effective pain management.

Pain Management though Collaborative Practice

Activity: Let's meet Mrs. Barakat
Small group discussion- Group debriefing

Pain Assessment & Management - Vanda Abi Raad

Pain Management - Myths & Facts - Maya Abdul Rahman

Pain Management & IPE Role- Aline Saad

Conclusion

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LAU-Clinical Simulation Center

" Using Simulation Education To Improve Patient Safety and Quality In Healthcare"

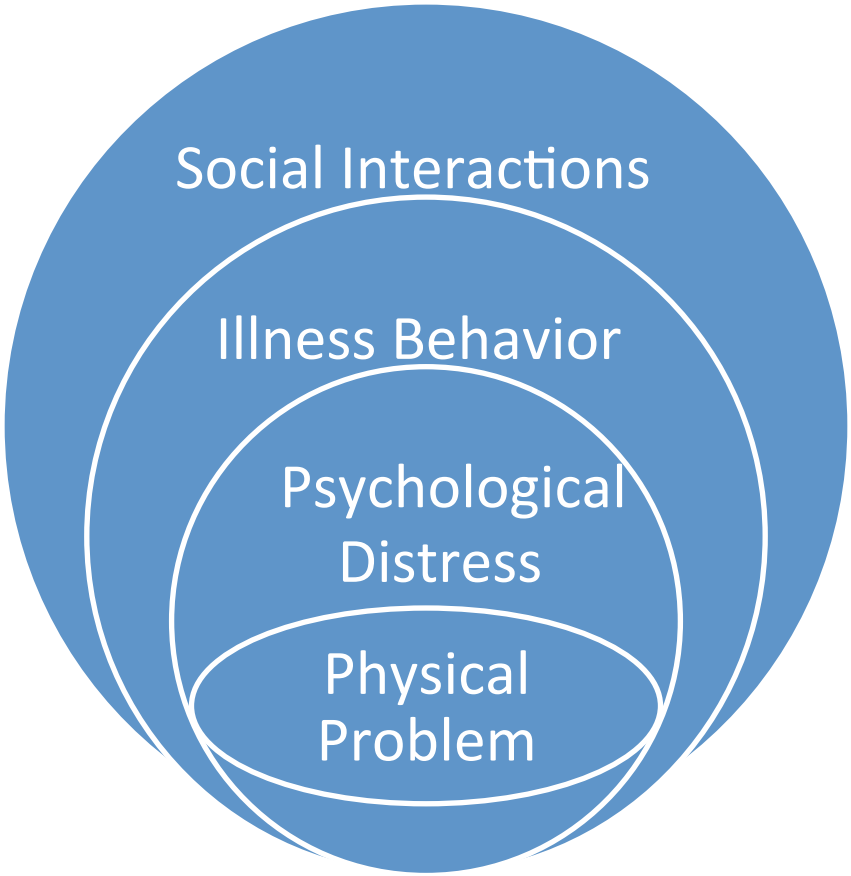
Meet Mrs. Barakat

Our Patient

Mrs. Barakat is a healthy 47 y-old who underwent Rt mastectomy + axillary lymph node dissection. She is now on the surgical ward 8h postop.

- History: Hypertensive, smoker 1 PPD
  Mother died due to ovarian cancer at 52
- Labs: Normal
- Medications: Zestril (Lizinopril) 10 mg (for HTN) OD
  Perfalgan (Paracetamol) 1g IV q 6h PRN
- Allergies: Tramadol
- Vital Signs: HR 130 bpm, RR 22/mn, BP 140/94, SpO2 98%

Pain Assessment



Pain as Biopsychological Phenomenon

- Pain is multidimensional- Its complexity makes it hard to measure.
- The intensity of pain correlates poorly between patient's self-assessment and caregivers' assessment.
- Under rating results in under treatment.

Pain Assessment

- **Regular** and **routine** assessment of pain results in improved pain management.
- Use a pain measurement tool **appropriate** to patient's mental status, age and language.
- Measure pain scores both **at rest** and **at movement** to assess the impact on functional activity.
- **RE-ASSESS** pain regularly and before/after administering analgesics.
- **Document** pain measurements as part of routine observations to **Make Pain Visible.**

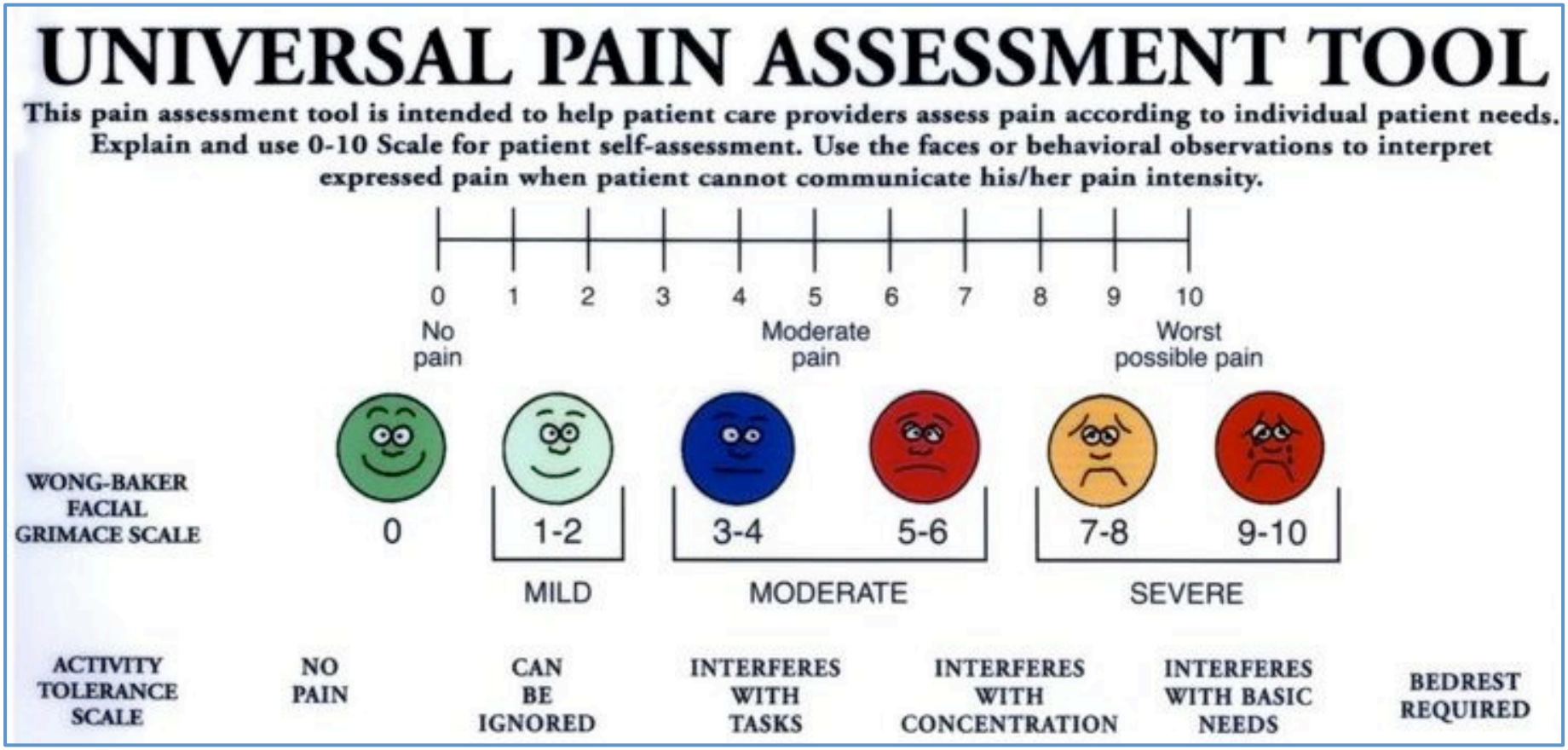
Pain Assessment

Pain assessment is a part of the initial clinical evaluation:

- Location, irradiation, quality, frequency, duration, aggravating and alleviating factors, intensity at rest and at movement.

- Previous treatments, current medications.
- Functional changes induced by pain.
- Basic psychological assessment: patient's tolerance of pain and desires for pain management.

Pain Assessment Tools



Pain Assessment Tools

Behaviour Pain Assessment

Face	**0** Face muscles relaxed	**1** Facial muscle tension, frown, grimace	**2** Frequent to constant frown, clenched jaw	**Face score:**
Restlessness	**0** Quiet, relaxed appearance, normal movement	**1** Occasional restless movement, shifting position	**2** Frequent restless movement may include extremities or head	**Restlessness score:**
Muscle tone*	**0** Normal muscle tone	**1** Increased tone, flexion of fingers and toes	**2** Rigid tone	**Muscle tone score:**
Vocalisation**	**0** No abnormal sounds	**1** Occasional moans, cries, whimpers and grunts	**2** Frequent or continuous moans, cries, whimpers or grunts	**Vocalisation score:**
Consolability	**0** Content, relaxed	**1** Reassured by touch, distractible	**2** Difficult to comfort by touch or talk	**Consolability score:**
Behavioural pain assessment scale total (0–10)				**/10**

Used in patients who are unable to provide a self-report of pain.
Ex: cognitively impaired, confused or who have language difficulties.

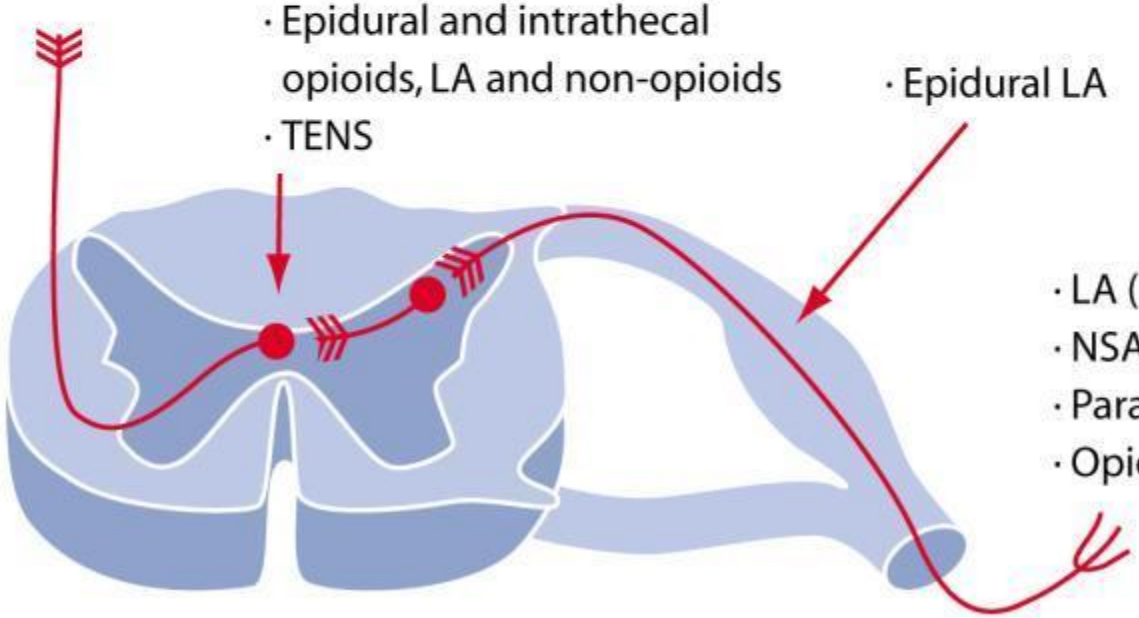
Functional pharmacological options for pain management

· Systemic opioids
· Psychological methods

CNS

· Epidural and intrathecal opioids, LA and non-opioids
· TENS

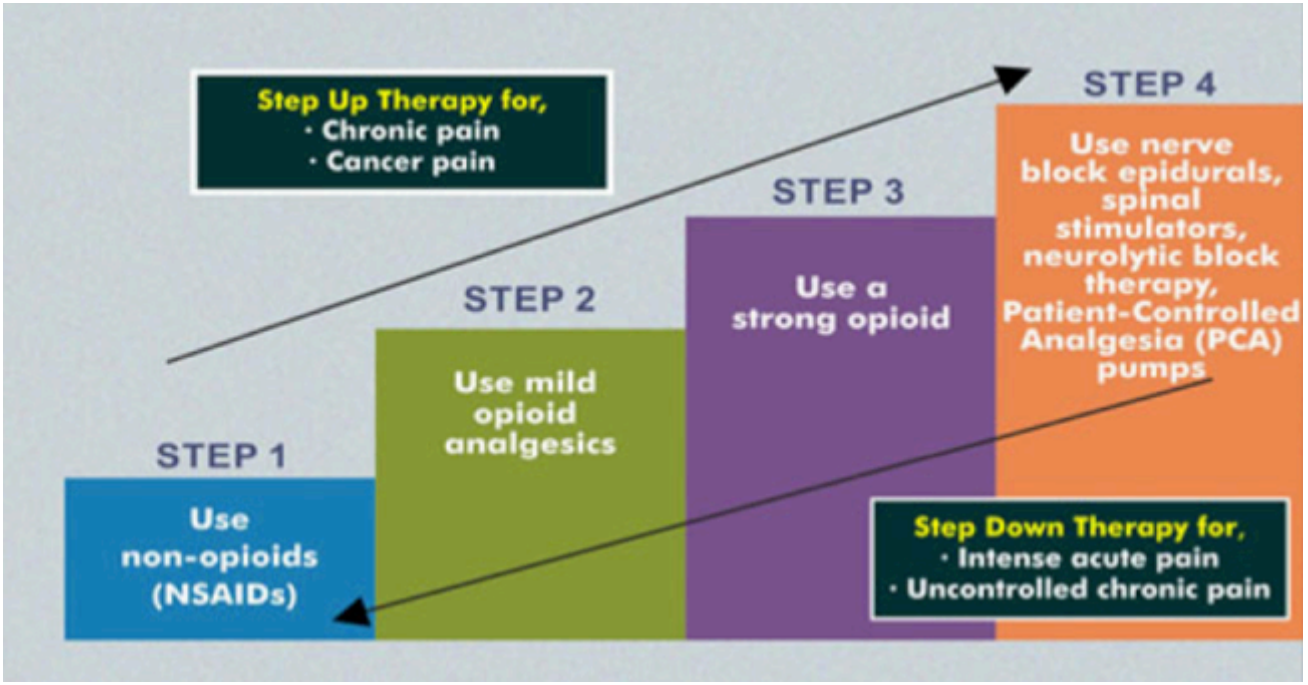
· Epidural LA



· LA (infiltration, PNB)
· NSAIDs
· Paracetamol
· Opioids

Principles of Pain Management

By mouth, By the clock, By the analgesic ladder



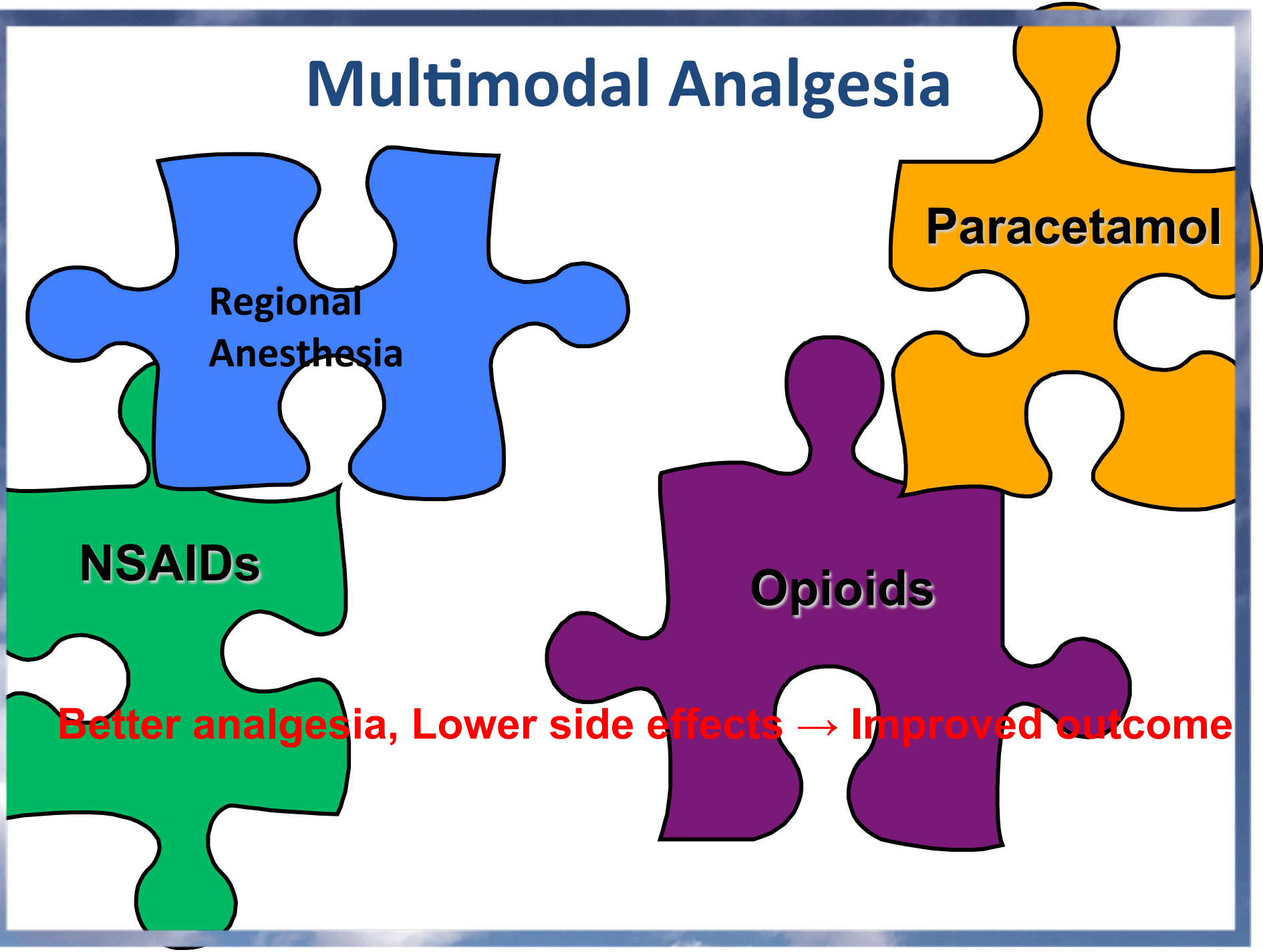
The revised WHO Analgesic ladder for Acute Pain, Chronic Non-cancer, and Cancer Pain.

Multimodal Analgesia

- No single drug or technique is perfect.

- Targeting more than one pathway with 2 or more analgesics with # mechanisms of action provides additionnal analgesia due to synergistic/additive effects

Multimodal Analgesia



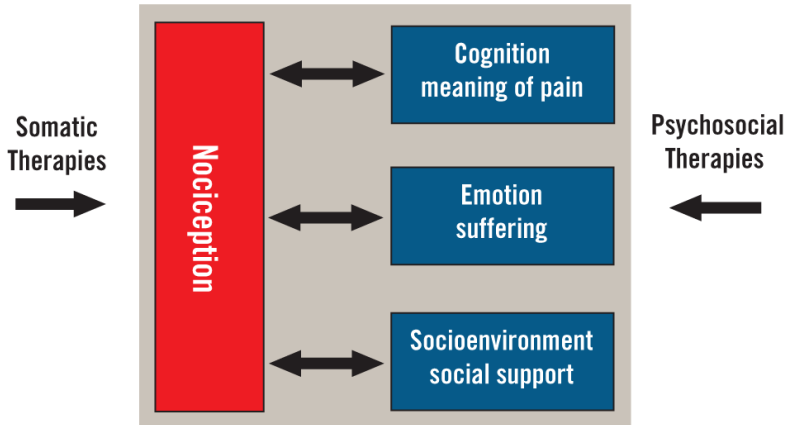
Better analgesia, Lower side effects → Improved outcome

Principles of Pain Management

Pain is what the patient reports

Measure and record systematically

Use a multidisciplinary approach



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Barriers to Pain Management

Maya Abdul Rahman, MSN, RN

Pain Management Nurse

American University of Beirut-Medical Center

Love is the spirit that motivates the artist's journey.

Eric Maisel

Barriers to Pain Management

Health Practitioners

- Inadequate knowledge
- Inadequate assessment
- Misconceptions

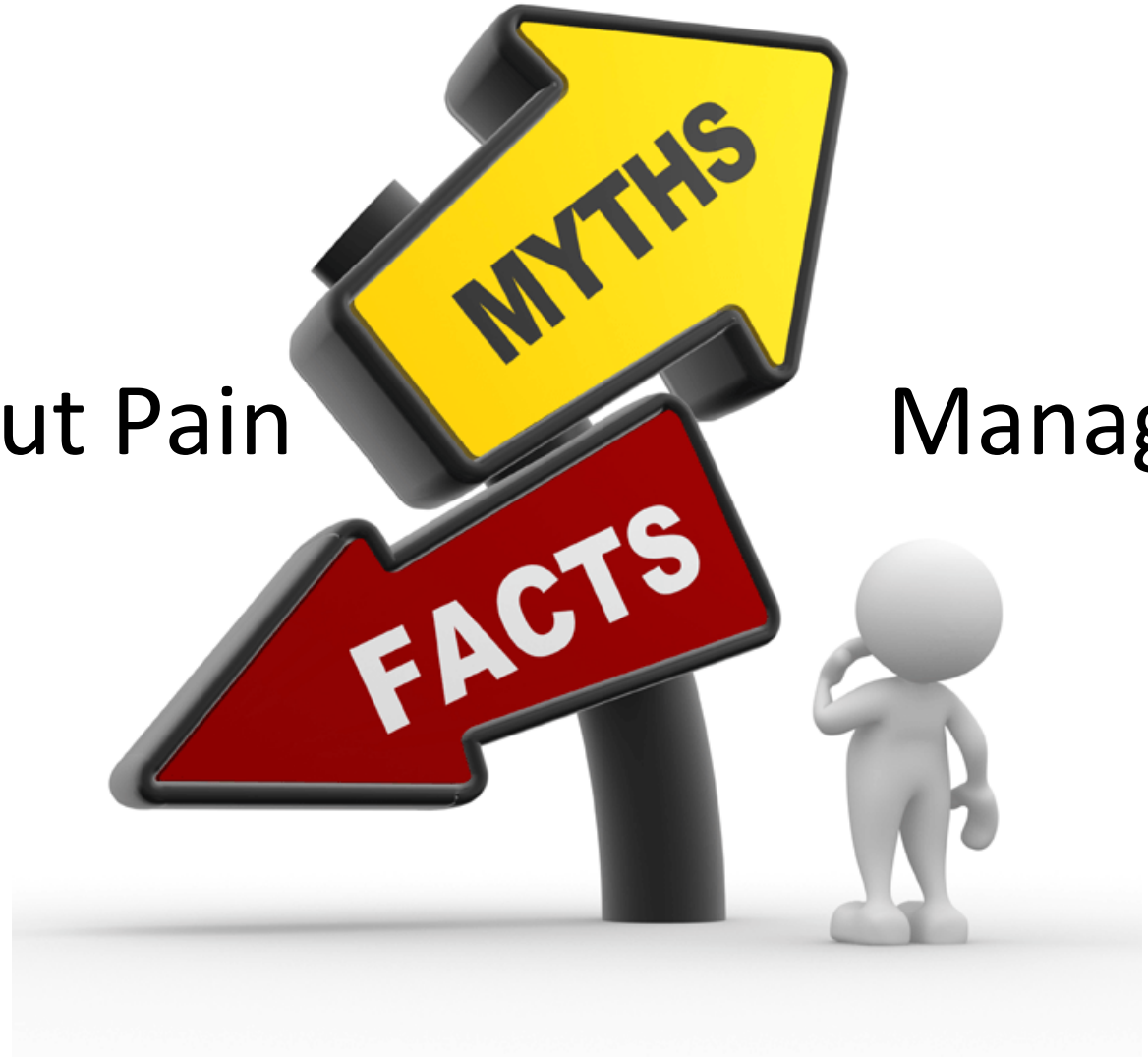
Health Care System

- Low opioid quota
- Restricted supply
- Limited opioid availability

Patient

- Cultural taboo over morphine
- Fear of side effects
- Misconceptions about tolerance and addiction
- Cultural and religious beliefs

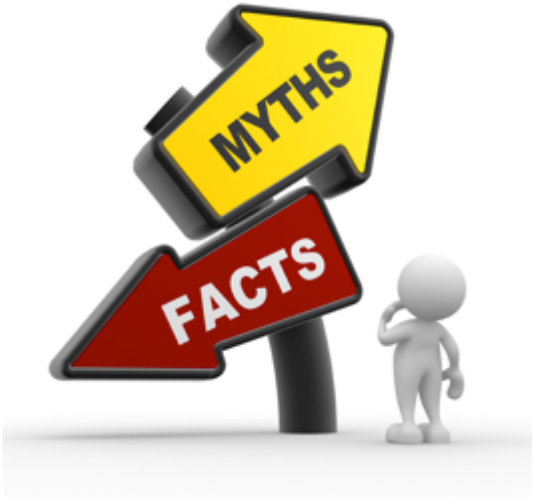
About Pain



Management

Pain Expression

- Visible signs, either physiologic or behavioral, accompany pain and can be used to verifv its existence & severity

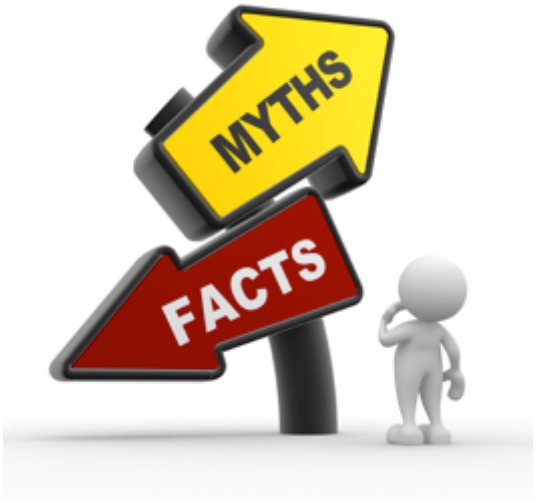


- Physiologic and behavioral adaptation occur, leading to periods of minimal or no signs of pain
- Lack of pain expression does not necessarily mean lack of pain

(Pasero. C. & McCaffery, M., 2011)

Pain Stimuli

- Comparable noxious stimuli produce comparable pain in different people. The pain threshold is uniform.



- Comparable stimuli do not result in the same pain in different people. After similar injuries, one person may suffer moderate pain while another person may suffer severe pain

(Pasero, C. & McCaffery, M., 2011)

Opioids for Pain

- Patients on opioids are likely to establish respiratory depression

- The likelihood of establishing a clinically significant, opioid-induced **respiratory depression is less than 1%** when given through I.M., I.V. or epidural routes

(Pasero. C. & McCaffery, M., 2011)

Opioids in Special Populations

- Narcotic analgesics should be avoided in very young and older patients

- Start LOW and go SLOW

(Pasero. C. & McCaffery, M., 2011)

..Makes PERFECT!!

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Pain Management through Interprofessional Collaboration

Health Care Deja vu

Interprofessional Collaboration-IPC

- Difference in concepts:
  - Multidisciplinary
  - Interdisciplinary
  - Interprofessional
- Through IPC: we learn with, from and about one another to empower individual and team capacity for timely, safe and effective patient-centered care.

Definition of Interprofessional Collaboration

Interprofessional Collaboration- The Evidence

- Improving patient care around postoperative pain management requires ***regular communication*** and ***collaboration*** among health care providers

  - Guidelines for pain management emphasize the importance of multimodal, interprofessional care, which incorporates a team-based approach as well as a combination of non-pharmacological and pharmacological treatment modalities.

  - Literature is full of successful models of such teams with proven positive outcomes for the patients: acute pain services, integrated pain clinics, opioid reassessment clinic…

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Pain Management though Collaborative Practice- Outcomes:

- In-depth pain assessment
- Multimodal treatment recommendations
- Thorough monitoring for efficacy and safety
- Follow-up and care coordination
- Patient engagement and education
- Increased patient and providers satisfaction
- Improved patients' outcomes
- Development of standard protocols to encourage effective prescribing
- Audit and evaluation of pain practice

Interprofessional Collaboration Outcomes

- Trust and respect among health care providers and patients
- Knowledge and value of other professionals role
- Less tension and conflict among health care providers
- Sharing power and decision making
- Maximizing patient-centered care


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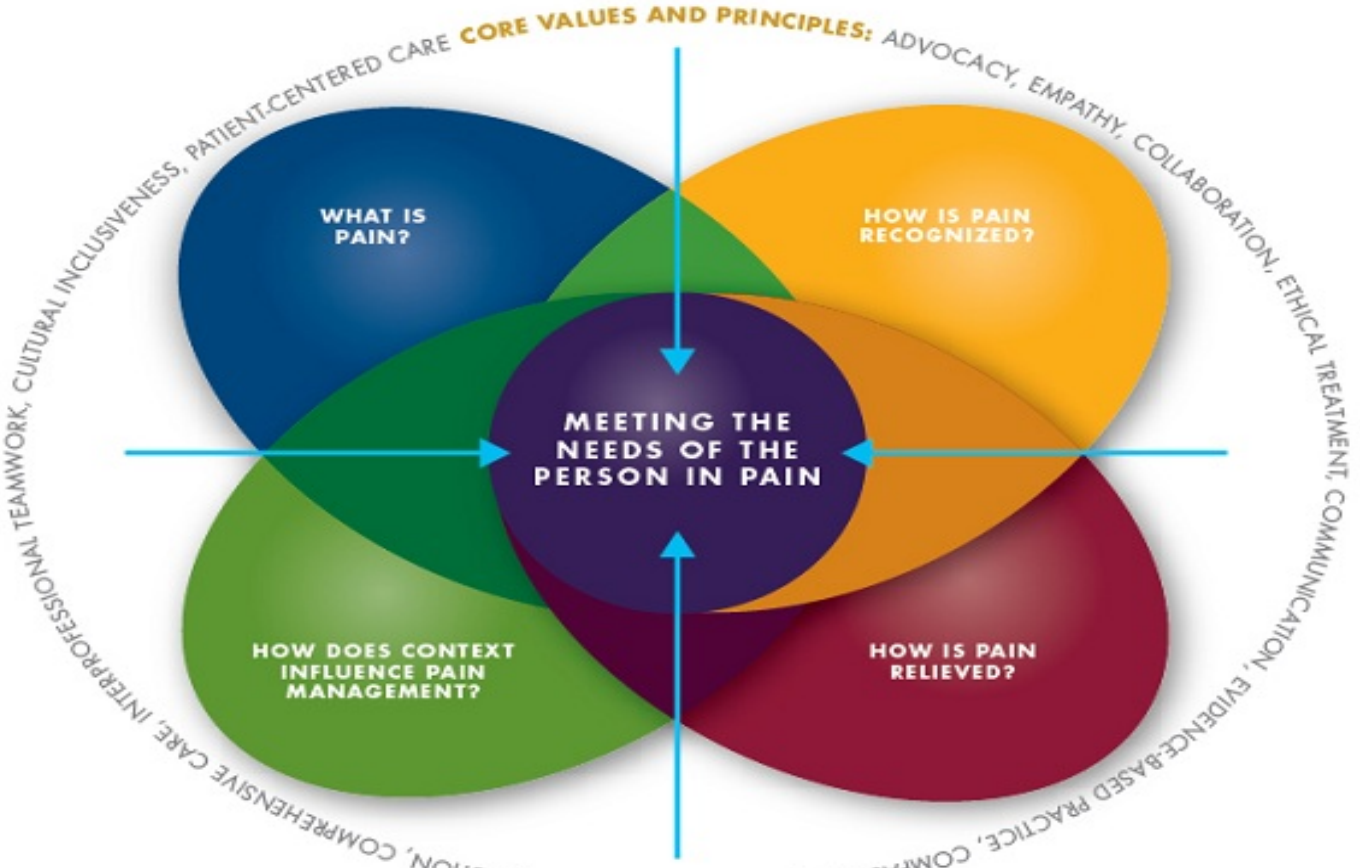
Core Competencies for Pain Management



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The Road to IPC

- Must build competence through IPE
- Senior leadership support
- Change leaders in the education and practice settings to embrace IPC
- Resources

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Take Home Message- Getting Started

- Determine your goals for Interprofessional collaboration
- Gain support from leadership at all levels
- Conduct audit to identify strengths and areas of improvement
- Document and promote IPC in pain management

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