

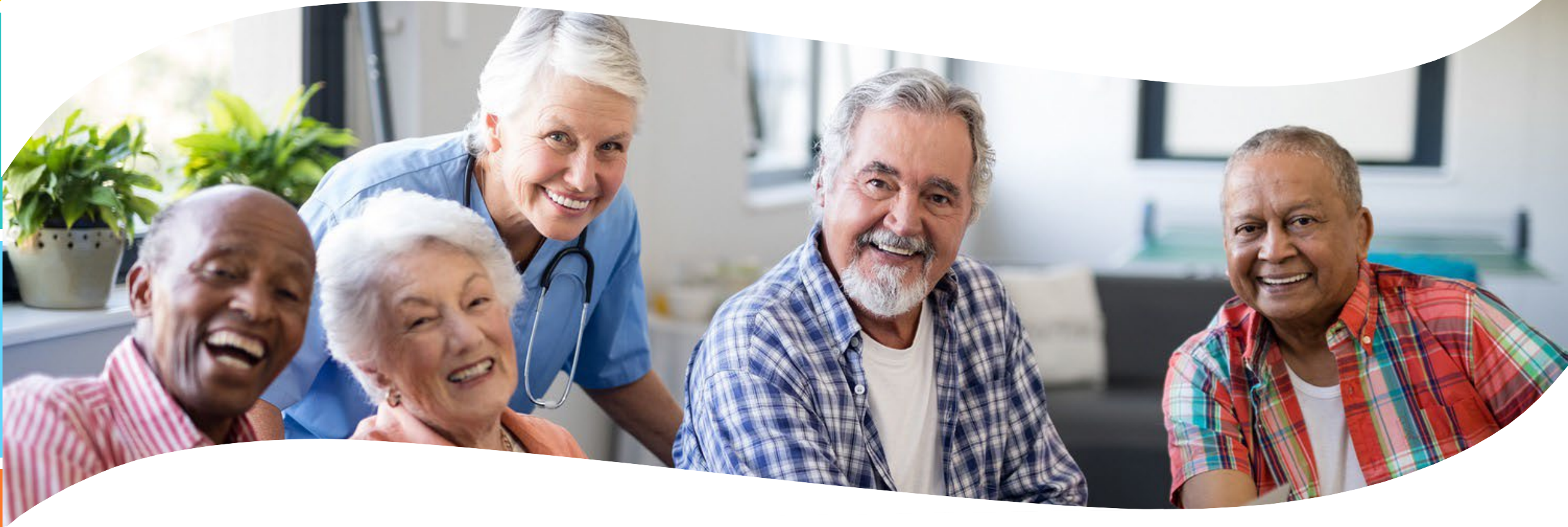
Opioids and the Eye of the Beholder: The Use of a Comfort Scale

Welcome!

- All lines are muted, so please ask your questions in Q&A.
- For technical issues, initiate chat with the Technical Support panelist.
- Please actively participate in polling questions that will appear on the lower right-hand side of your screen.

**We will get
started shortly!**

Opioids and the Eye of the Beholder: The Use of a Comfort Scale



Presented by:
Mary Andrawis, PharmD, MPH
Tanya Vadala, PharmD

February 8, 2022

 **ALLIANT**
HEALTH SOLUTIONS

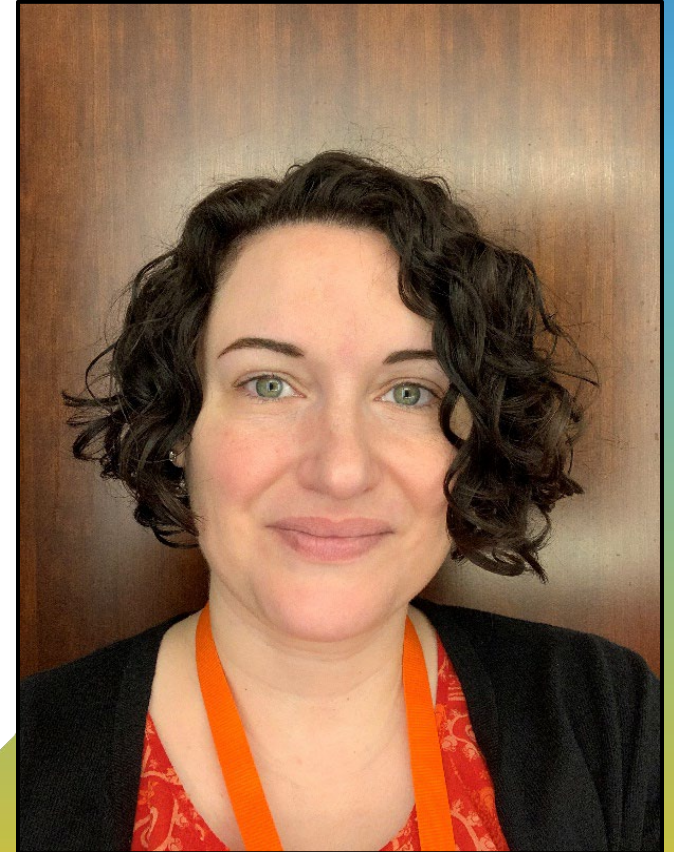
QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

Tanya Vadala, Pharm.D.

MEDICATION SAFETY PHARMACIST

Tanya is an IPRO pharmacist with 18 years of clinical pharmacy, community pharmacy, academia, quality improvement and medication safety experience. Prior to joining IPRO, she worked at various community pharmacies and taught at Albany College of Pharmacy and Health Sciences in Albany, NY. She specializes in Medication Therapy Management (MTM), medication reconciliation, opioids, immunizations, and patient self-care. Her formal teaching experience includes courses in pharmacy practice and clinical experiential teaching.

Contact: TVadala@ipro.org



Mary Andrawis, Pharm.D., MPH

FOUNDER AND PRESIDENT OF SERAFINA HEALTH STRATEGY

Mary Andrawis has more than 20 years of experience in quality improvement and patient safety, complex program planning, management, and leadership with expertise in medication safety, data analysis, strategic thinking and regulation interpretation. She founded Serafina Health Strategy in 2020.

Dr. Andrawis brings a unique perspective and a wealth of experience from her training at and leadership of various organizations, including CMS; HSAG, the nation's then-largest Quality Improvement Organization (QIO); HRET HIIN, the nation's then-largest Hospital Improvement and Innovation Network (HIIN); the American Hospital Association; the American Society of Health-System Pharmacists; and Johns Hopkins Hospital.

Contact: Mary@serafinahealth.com

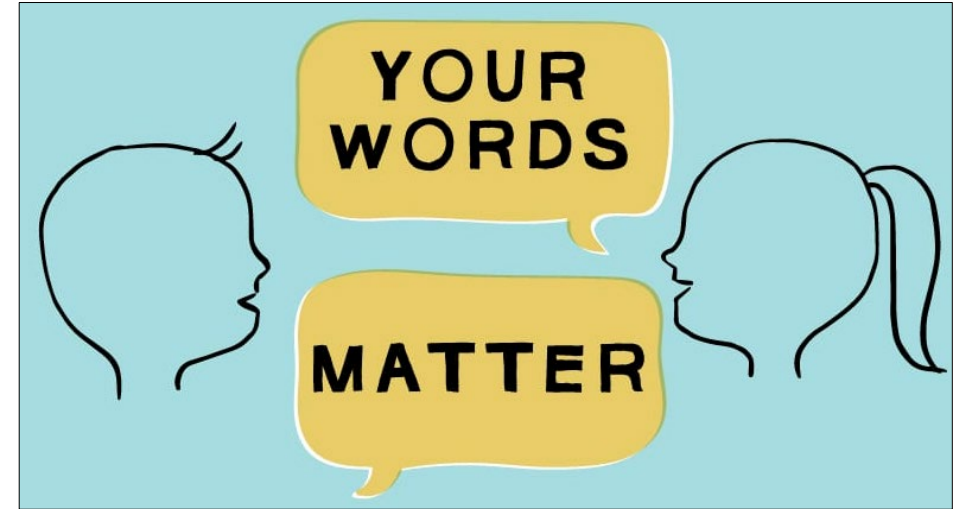


Objectives

- ✓ Establish the association between the use of suggestive words, such as “pain,” and the consumption of pain medications.
- ✓ Demonstrate the use of alternative language to assess patient comfort through a comfort scale and other comfort resources.
- ✓ Identify resources that can be customized and deployed by organizations to transition from pain to comfort-oriented tools.

Words Matter! Why “Comfort” Scale?

- Patients who were presented with a comfort scale instead of the traditional pain scale after surgery were less likely to request additional analgesia.
- Negative words related to pain can have nocebo effects.

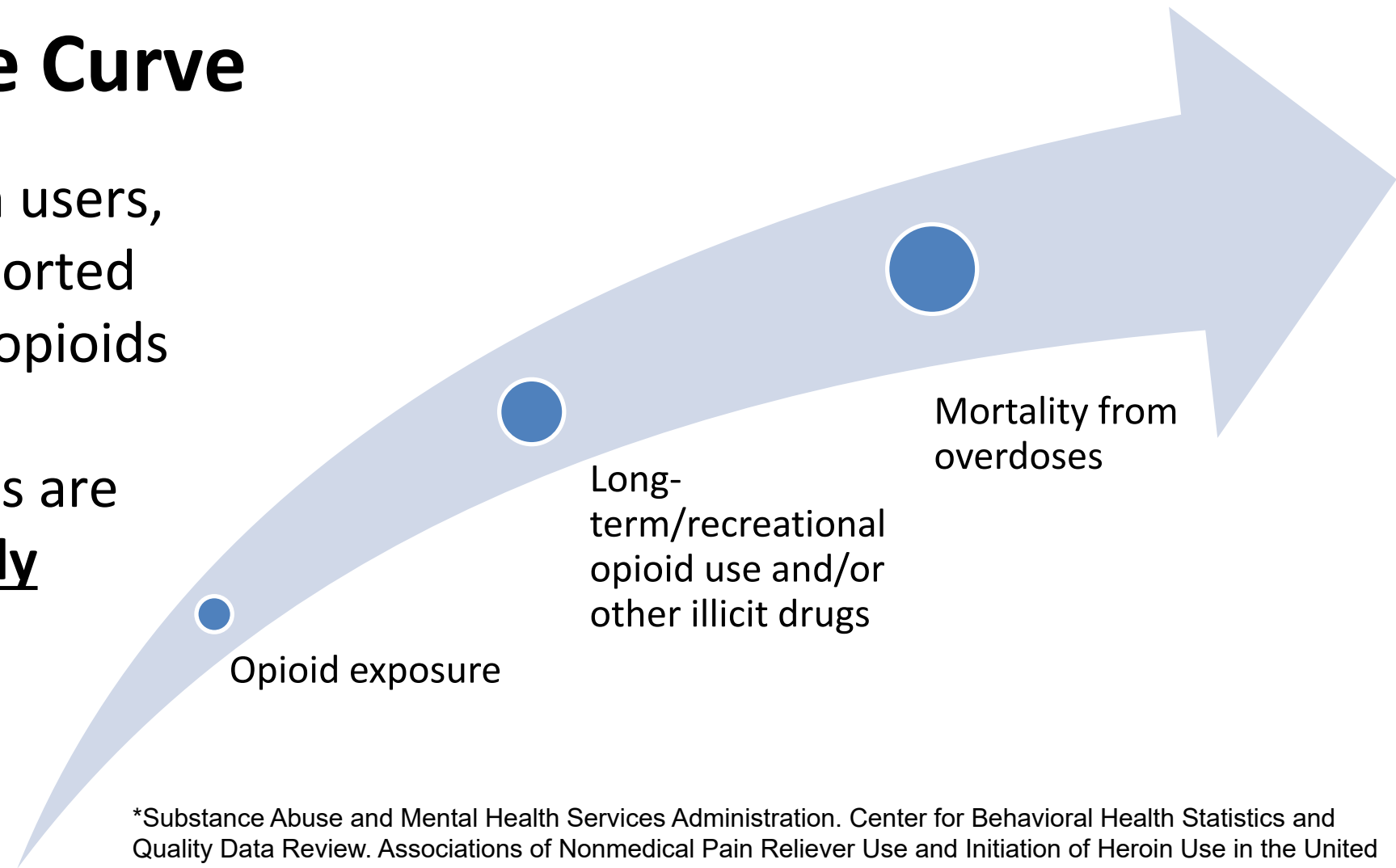


Selected Literature Showing Effects of Words

- Chooi C, White A, Tan S, Dowling K, Cyna A. **Pain vs comfort scores after Caesarean section:** a randomized trial. Br J Anaesth, 2013, vol. 110 950: (pg. 780-7).
- Lang EV, Hatsuopoulou O, Koch T, et al. **Can words hurt? Patient-provider interactions during invasive procedures,** Pain, 2005, vol. 114 (pg. 303-9).
- Varelmann D, Pancaro C, Cappiello E, Camann W. **Nocebo-induced hyperalgesia during local anesthetic injection,** Anesth Analg 2010, vol. 110 (pg. 868-70).
- Dutt-Gupta J, Bown T, Cyna AM. **Effect of communication on pain during intravenous cannulation:** a randomized controlled trial, Br J Anaesth 2007, vol. 99 (pg. 871-5).

Goal: Bend the Curve

- Among new heroin users, four out of five reported using prescription opioids first.
- In hospitals, opioids are the **most commonly prescribed** class of medications.*



*Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality Data Review. Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States. Aug 2013. <http://www.samhsa.gov/data/sites/default/files/DR006/DR006/nonmedical-pain-reliever-use-2013.htm>

Reducing Unnecessary Opioid Use Matters!

Research

JAMA Surgery | Original Investigation

New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults

Chad M. Brummett, MD; Jennifer F. Waljee, MD, MPH, MS; Jenna Goesling, PhD; Stephanie Moser, PhD; Paul Lin, MS; Michael J. Englesbe, MD; Amy S. B. Bohnert, PhD, MHS; Sachin Kheterpal, MD, MBA; Brahmajee K. Nallamothu, MD, MPH

Key Points

Question What is the incidence of new persistent opioid use after surgery?

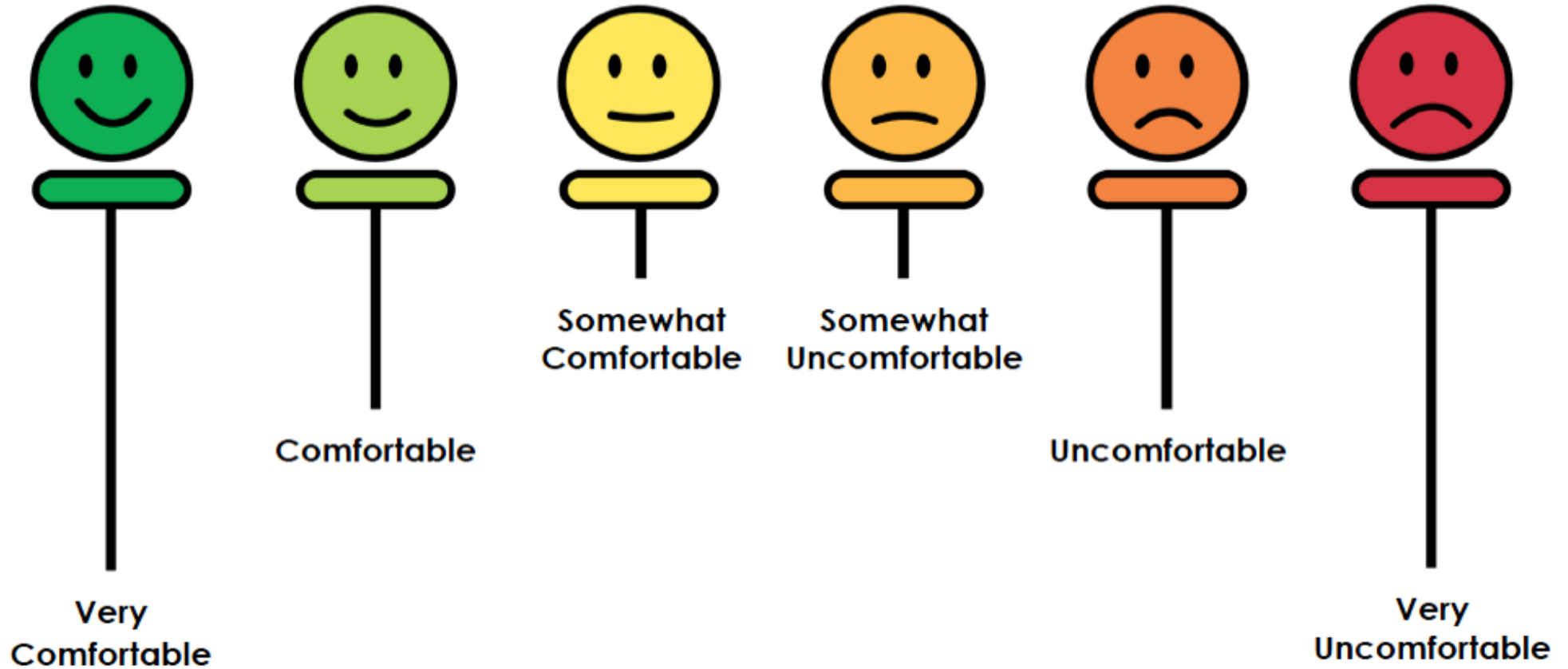
Findings In this population-based study of 36 177 surgical patients, the incidence of new persistent opioid use after surgical procedures was 5.9% to 6.5% and did not differ between major and minor surgical procedures.

Meaning New persistent opioid use is more common than previously reported and can be considered one of the most common complications after elective surgery.

Goal: Bend the Curve

- Reframe patient expectations to focus on comfort and functionality – **Comfort Scale**
- Create a culture of judicious opioid prescribing by optimizing comfort through systematically utilizing other options – **Comfort Menu**
 - Non-medication treatment options
 - Non-opioid medications
- Set clear treatment plans for any patient discharged on an opioid – **Comfort Plan**

IHC Comfort Scale





We want to do everything we can to make you more comfortable and help control any pain, discomfort, and/or anxiety. There are many ways to make you more comfortable without using medications. Your comfort is very important to us.

☒ Check items below that you are interested in trying...

Relaxation

- ☐ Stress ball
- ☐ Massage/handheld back massager
- ☐ Hand massage
- ☐ Visit from chaplain
- ☐ Reading visit
- ☐ Talking visit
- ☐ Relaxing music
- ☐ Soft background sounds/sound machine
- ☐ Guided Imagery Therapy: helping you imagine positive and relaxing things
- ☐ Quiet/uninterrupted time
- ☐ Pet therapy
- ☐ Essential oils
- ☐ Darkness
- ☐ Neck or lumbar pillow
- ☐ Temperature adjustment

Comfort

- ☐ Warm pack
- ☐ Cold pack
- ☐ Ice
- ☐ Warm blanket(s)
- ☐ Warm washcloth
- ☐ Cool washcloth
- ☐ Extra pillow(s) - (neck, knees, ankles, lumbar)
- ☐ Humidification for your oxygen source
- ☐ Saline nose spray
- ☐ Fan
- ☐ Repositioning
- ☐ Warm bath or shower
- ☐ Walking
- ☐ Gentle stretching
- ☐ Food or beverage

Entertainment

- ☐ Book (audio, large print)
- ☐ Magazine
- ☐ Movie
- ☐ Wi-Fi for your personal laptop or tablet
- ☐ Deck of cards
- ☐ Puzzle book (crossword puzzles, word searches, Sudoku)
- ☐ Notepad and pen
- ☐ Coloring book
- ☐ Board games
- ☐ Arts & crafts
- ☐ Your favorite music
- ☐ Television
- ☐ Handheld electronic game
- ☐ Activity apron/blanket

Feel Better

- ☐ Lip balm
- ☐ Toothbrush/toothpaste/dental floss
- ☐ Deodorant
- ☐ Comb or brush
- ☐ Q-tip/cotton swab/nail file
- ☐ Shampoo/conditioner
- ☐ Scalp massage
- ☐ Robe
- ☐ Hair band
- ☐ Mouth swab/mouth wash
- ☐ Lotion
- ☐ Lollipop/Lozanges
- ☐ Chocolates
- ☐ Sunshine
- ☐ Prayer
- ☐ Pet visit
- ☐ Pajama (from home or from staff)
- ☐ Pedicure/Manicure

Sleep

- ☐ Ear plugs
- ☐ Eye shield/mask
- ☐ Weighted Blanket
- ☐ Night light
- ☐ Television/Music/Sound Machine
- ☐ Uninterrupted sleep time
- ☐ Quiet

Other/Additional Info:

*Ask staff about safety procedures for items brought into the facility.

https://quality.allianthealth.org/wp-content/uploads/2020/10/Comfort-Menu-AlliantQuality ComfortMenu-12SOW-AHSQIN-QIO-TO1NH-20-166_508-1.pdf

IHC Comfort Menu

INSERT HOSPITAL NAME HERE

The comfort menu has been created to assist you and your healthcare team to work together to reach your comfort goals. Your role as the key member of the healthcare team is essential in designing your treatment plan. We encourage the use of menu options listed below prior to moving to medication. We hope the comfort menu will assist in identifying comfort options that will make you feel confident in your treatment plan. These comfort options can be used at home as well. If you have any questions or comments, please speak with a member of your healthcare team.



Comfort

- Eye drops
- Extra pillow
- Fan
- Moisture in your oxygen
- Cold pack
- Warm pack
- Mouth sponge
- Pillow under your knees/ankles
- Saline spray for your nose
- Warm blanket
- Warm washcloth
- Pajamas
- Non-skid socks



Personal Care

- Comb
- Brush
- Shower cap
- Hair ties
- Deodorant
- Lip balm
- Lotion
- Nail file
- Shaver
- Shaving cream
- Shampoo
- Conditioner
- Toothbrush
- Toothpaste
- Dental floss



Comfort Actions

- Shower
- Whirlpool
- Range of motion
- Gentle stretching
- Repositioning
- Walk in the hall
- Birthing ball

Hospital Logo Here



Relaxation

- Ear plugs
- Eye cover
- Massage therapy
- Music therapy
- Chaplain visit
- Visitors
- Quiet, uninterrupted time with your nurse
- Stress ball
- Aromatherapy
- Window shade down
- Lights out
- Door closed
- Playing cards



Medication

- Discuss realistic comfort goals with your healthcare team
- Discuss allergies, side effects and your current medication to ensure any new medications are safe and effective
- Medication options may include Tylenol, Advil, Naproxen, and Cymbalta
- Opioids have their place, they should be started at a low dose and stopped as soon as possible
- Ask about where and how to dispose your medications



Developed in collaboration with Broadlawn Medical Center.



The Compass Hospital Improvement Innovation Network (HIIN) is supported by contract number HHSN-500-2016-00070C from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the views of the U.S. Department of Health and Human Services or any of its agencies.

IHC Comfort Treatment Plan

For Acute Conditions

My Realistic Comfort Goals

Timeframe	At Rest	When Moving	Plan to Reach Realistic Goals
First eight hours			
First full day			
Next three days			
Next seven days			
Next two weeks			

Comfort Scale



Very
Comfortable



Comfortable



Somewhat
Comfortable



Somewhat
Uncomfortable



Uncomfortable



Very
Uncomfortable

Pain Relief Options

- Use of Comfort Menu items/alternative pain relieving measures – circle those that you want to try at home (see back of this sheet)
- Pain Medication (name, dose, how often, instructions):
 - 1.
 - 2.

Discussion

CMS 12th SOW Goals



Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services



Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce C. diff in all settings



Chronic Disease Self-Management

- ✓ Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- ✓ Identify patients at high-risk for developing kidney disease & improve outcomes
- ✓ Identify patients at high risk for diabetes-related complications & improve outcomes



Quality of Care Transitions

- ✓ Convene community coalitions
- ✓ Identify and promote optimal care for super utilizers
- ✓ Reduce community-based adverse drug events



Nursing Home Quality

- ✓ Improve the mean total quality score
- ✓ Develop national baselines for healthcare related infections in nursing homes
- ✓ Reduce emergency department visits and readmissions of short stay residents

Making Health Care Better *Together*



JoVonn Givens

JoVonn.Givens@AlliantHealth.org

Alabama, Florida and Louisiana



Leighann Sauls

Leighann.Sauls@AlliantHealth.org

Georgia, Kentucky, North Carolina and Tennessee

Program Directors



Upcoming Events

Hospital Quality Improvement Contractor (HQIC)

HQIC Quality Improvement Basics Series

1-1:30 p.m. ET/12-12:30 p.m. CT

February 3, March 3 and April 7

Shop Talk

3rd Thursday of the month

2-3 p.m. ET / 1-2 p.m. CT

Visit: <https://quality.allianthealth.org/virtual-educational-events/>

Upcoming Events



Learning and Action Webinars

Combined Community Coalitions and Nursing Homes LAN

Part 2: Applying Evidence-Based Best Practices To Prevent, Mitigate and Manage Delirium
Across Care Settings

Thursday, February 24, 2022 at 12:30 p.m. ET | 11:30 a.m. CT

Visit: <https://quality.allianthealth.org/virtual-educational-events/>

Making Health Care Better *Together*



ALABAMA • FLORIDA • GEORGIA • KENTUCKY • LOUISIANA • NORTH CAROLINA • TENNESSEE



@AlliantQIO



Alliant Health Solutions



@AlliantQIO



AlliantQIO

This material was prepared by Alliant Health Solutions, a Quality Innovation Network – Quality Improvement Organization (QIN – QIO) and Hospital Quality Improvement Contractor (HQIC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.
Publication No. 12SOW-AHSQIN-QIO TO1 - NH TO1 - CC--1385-01/24/22

 **ALLIANT**
HEALTH SOLUTIONS

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
EQUALITY IMPROVEMENT & INNOVATION GROUP