



Abstracts from the September 2018 American Society of Pain Management Nursing conference

General Sessions
Reducing Inpatient Opioid Consumption: Creating a Therapeutic Foundation with Breakthrough Analgesia Based on Patient Function


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AIM OF INVESTIGATION

Implementation of a multi-modal pain management plan to reduce variation in prescribing, reduce opioid consumption, and individualize pain treatment to patient and provider goals while maintaining regulatory excellence.

METHODS

Seton Medical Center, Texas, developed a standardized pain management plan that included a multimodal foundation of scheduled non-opioid analgesics, medications for neuropathic pain and opioid effect maximization, and consistent use of integrative therapies as well as a plan for breakthrough pain. The care team partnered with the patient and family to identify Therapeutic Activity Goals (TAG) based on the patient's baseline level of function, treatments necessary for recovery (treatment pathway), activities of daily living, and ability to sleep and rest. Goals were reviewed daily during multidisciplinary rounds. The TAG was used as a method to evaluate need for PRN analgesics, set and reach treatment goals, and involve patients and caregivers in treatment.

RESULTS

The pain management plan was piloted with the orthopedic surgeons and obstetricians. Surgeons and nurses report patients met treatment goals, were less sedated, allowing for better participation in therapy, and required less opioid analgesics. They significantly decreased the use of patient-controlled analgesia since starting the pilot (8 months) and had less opioid-related over sedation events. Quantitative evaluation of opioid reduction is in progress. The TAG pain management plan has subsequently been implemented in all nine Ascension Texas hospitals. The pilot expanded to St. Vincent's HealthCare, Jacksonville with one orthopedic surgeon. Initial results demonstrated (n=275): 76% decrease in post-operative opioid use; Decrease in average pain score from 4.5 to 4; 52% decrease in number of opioids dispensed at time of discharge.

CONCLUSIONS

The standardized pain management plan drives compliance, promotes a foundation of evidence-based pain management and links opioid treatment to function which has demonstrated a reduction in opioid use and effective pain management.

The Impacts of Law, Regulation, and Enforcement on Pain Care: An Update


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Approximately 64,000 people died from drug overdose in 2016, which is the largest annual increase in U.S. history. As the drug overdose epidemic has reached new heights, opioid prescribers have fallen under intense scrutiny by lawmakers, regulators, and law enforcement. At the same time,

suicide rates are at a 30-year high. People with persistent pain are twice as likely as the general population to end their lives by choice and need access to and coverage of comprehensive, medically-appropriate treatment. Yet, government action aimed at reducing the supply of prescription opioids and limiting prescriber discretion is becoming the new norm. Is the U.S. getting any closer to finding a middle ground between protecting public safety and improving public health? In this session, ASPMN's Government Affairs Director and the Managing Partner of a Washington, DC-based health law firm will discuss recent legislative and regulatory activity at the federal and state levels, and trends in criminal enforcement and payer coverage policies. They will analyze the anticipated benefits, drawbacks, and unintended consequences of such actions on people with pain and those who care for them, especially pain management nurses. Federal topics will include recent and anticipated legislation, including CARA 2, Jessie's law, and legislation that would authorize pharmacies to deliver controlled substances to prescribers; the opioid-focused initiatives of federal agencies, including FDA's Opioid Policy Steering Committee and updated blueprint for prescriber education for ER/LA opioid analgesics; and criminal enforcement trends. State-specific subjects will include initiatives aimed at requiring coverage of alternative treatment modalities; state opioid dosing and duration limits; legislative proposals to require coverage of treatment for persistent pain; and controlled medication opt-out legislation. The moderator, a former ASPMN president with three decades of pain-management practice and policy experience, will share her own perspectives and facilitate a lively discussion, drawing questions from session participants.

Concurrent Sessions
1B Implementation of Overdose Education and Naloxone Distribution in a Health Care Setting: Part 1

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The opioid epidemic in the United States is an absolute crisis. Over 500,000 people have died of this epidemic between the years 2000-2015. Furthermore, the Center for Disease Control (CDC) reports that opioid overdose deaths have quadrupled since 1999. The CDC now recommends distributing naloxone for any patients with a morphine equivalent greater than 50 mg. Most available literature on naloxone distribution is related to substance abuse programs, focusing on heroin users and needle sharing programs. However, the CDC currently reports more than 6 out of 10 deaths are due to a prescription opioid overdose rather than heroin overdose. This demonstrates the importance of providing Overdose Education and Naloxone Distribution (OEND) training embedded within any health care setting in which clinicians prescribe opioids. The Mayo Clinic Pain Rehabilitation Center (PRC) is an interdisciplinary program for functional based pain management, reducing reliance on healthcare services and medications for chronic pain. Inspired by the loss of patients to the opioid epidemic, the nursing staff felt the need to provide education to prevent more tragedy. The PRC transformed the standard naloxone distribution from emergency response services to the people most likely to be the first responder, the family and friends of individuals using prescription