HRET HIIN WAKE UP
Virtual Event

Managing Pain, Avoiding Oversedation
October 26, 2017
WELCOME AND INTRODUCTIONS

Shereen Shojaat | Program Manager, HRET
Poll: How did you hear about today’s virtual event?

a. HRET HIIN flyer
b. HRET HIIN website
c. HRET LISTSERV
d. State hospital association
e. QIN-QIO
f. Your organization/colleague
g. Other, please specify
Poll: What best describes your role or discipline?

a. Surgical Leader
b. ICU Leader
c. Physician
d. Staff Nurse
e. Pharmacist
f. Patient Advocate/ Advisor
g. State Partner / QIO
h. Other
## Agenda for today

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Description</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00-11:03 a.m.</td>
<td>Welcome and Introductions</td>
<td>Introduction to today’s event and agenda overview.</td>
<td>Shereen Shojaat, MS Program Manager, HRET</td>
</tr>
<tr>
<td>11:03 – 11:13 a.m.</td>
<td>The UP Campaign</td>
<td>Discuss how to utilize the UP Campaign to reduce the craziness of harm reduction!</td>
<td>Maryanne Whitney, RN, CNS, MSN Improvement Advisor, Cynosure Health</td>
</tr>
<tr>
<td>11:13-11:17 a.m.</td>
<td>Three Steps to Optimal Pain Management</td>
<td>Pain management is far more than the pain score. Learn how setting and managing pain expectations, using multiple modalities and the use of standard assessment tools help balance the risks and benefits of pain management.</td>
<td>Steven Tremain, MD, FACPE Improvement Advisor, Cynosure Health</td>
</tr>
<tr>
<td>11:17-11:35 a.m.</td>
<td>WAKE UP in the ICU</td>
<td>Sedation management in the ICU is vital to improving outcomes. Listen and learn how a leading institution makes it work.</td>
<td>Heidi Engle, PT, DPT UCSF Medical Center San Francisco, California</td>
</tr>
<tr>
<td>11:35-11:52 a.m.</td>
<td>Implementing the Pasero Opioid-Induced Sedation Scale (POSS)</td>
<td>Listen how a hospital that performs over 10,000 surgeries annually uses the POSS to avoid oversedation and the need for naloxone.</td>
<td>Paula Kobelt, MSN, RN-BC OhioHealth Grant Medical Center Columbus, Ohio</td>
</tr>
<tr>
<td>11:52-11:57 a.m.</td>
<td>Your Turn</td>
<td></td>
<td></td>
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<tr>
<td>11:57 a.m.-12:00 p.m.</td>
<td>Wrap Up</td>
<td>Close today’s event with a discussion on action items and next steps.</td>
<td>Shereen Shojaat, MS Program Manager, HRET</td>
</tr>
</tbody>
</table>
THE UP CAMPAIGN
Maryanne Whitney, RN, CNS, MSN
Improvement Advisor, Cynosure Health
Can we streamline and simplify making it easier for front-line staff and still improve safety?
**SURGICAL SAFETY CHECKLIST (FIRST EDITION)**

### Before induction of anaesthesia

<table>
<thead>
<tr>
<th>SIGN IN</th>
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</thead>
<tbody>
<tr>
<td><strong>PATIENT HAS CONFIRMED</strong></td>
</tr>
<tr>
<td>• IDENTITY</td>
</tr>
<tr>
<td>• SITE</td>
</tr>
<tr>
<td>• PROCEDURE</td>
</tr>
<tr>
<td>• CONSENT</td>
</tr>
<tr>
<td><strong>SITE MARKED/NOT APPLICABLE</strong></td>
</tr>
<tr>
<td><strong>ANAESTHESIA SAFETY CHECK COMPLETED</strong></td>
</tr>
<tr>
<td><strong>PULSE OXIMETER ON PATIENT AND FUNCTIONING</strong></td>
</tr>
<tr>
<td><strong>DOES PATIENT HAVE A:</strong></td>
</tr>
<tr>
<td><strong>KNOWN ALLERGY?</strong></td>
</tr>
<tr>
<td>• NO</td>
</tr>
<tr>
<td>• YES</td>
</tr>
<tr>
<td><strong>DIFFICULT AIRWAY/ASPIRATION RISK?</strong></td>
</tr>
<tr>
<td>• NO</td>
</tr>
<tr>
<td>• YES, AND EQUIPMENT/ASSISTANCE AVAILABLE</td>
</tr>
<tr>
<td><strong>RISK OF &gt;500ML BLOOD LOSS (7ML/KG IN CHILDREN)?</strong></td>
</tr>
<tr>
<td>• NO</td>
</tr>
<tr>
<td>• YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED</td>
</tr>
</tbody>
</table>

### Before skin incision

<table>
<thead>
<tr>
<th>TIME OUT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE</strong></td>
</tr>
<tr>
<td><strong>SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM</strong></td>
</tr>
<tr>
<td>• PATIENT</td>
</tr>
<tr>
<td>• SITE</td>
</tr>
<tr>
<td>• PROCEDURE</td>
</tr>
<tr>
<td><strong>ANTICIPATED CRITICAL EVENTS</strong></td>
</tr>
<tr>
<td><strong>SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?</strong></td>
</tr>
<tr>
<td><strong>ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNS?</strong></td>
</tr>
<tr>
<td><strong>NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?</strong></td>
</tr>
<tr>
<td><strong>HAS ANTIBiotic PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?</strong></td>
</tr>
<tr>
<td>• YES</td>
</tr>
<tr>
<td>• NOT APPLICABLE</td>
</tr>
<tr>
<td><strong>IS ESSENTIAL IMAGING DISPLAYED?</strong></td>
</tr>
<tr>
<td>• YES</td>
</tr>
<tr>
<td>• NOT APPLICABLE</td>
</tr>
</tbody>
</table>

### Before patient leaves operating room

<table>
<thead>
<tr>
<th>SIGN OUT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NURSE VERBALLY CONFIRMS WITH THE TEAM:</strong></td>
</tr>
<tr>
<td><strong>THE NAME OF THE PROCEDURE RECORDED</strong></td>
</tr>
<tr>
<td><strong>THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)</strong></td>
</tr>
<tr>
<td><strong>HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)</strong></td>
</tr>
<tr>
<td><strong>WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED</strong></td>
</tr>
</tbody>
</table>
| **SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT**

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This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.
Checklist for Prevention of Central Line Associated Blood Stream Infections


For Clinicians:
Promptly remove unnecessary central lines
- Perform daily audits to assess whether each central line is still needed

Follow proper insertion practices
- Perform hand hygiene before insertion
- Adhere to aseptic technique
- Use maximal sterile barrier precautions (i.e., mask, cap, gown, sterile gloves, and sterile full-body drape)
- Perform skin antisepsis with >0.5% chlorhexidine with alcohol
- Choose the best site to minimize infections and mechanical complications
  - Avoid femoral site in adult patients
- Cover the site with sterile gauze or sterile, transparent, semipermeable dressings

Handle and maintain central lines appropriately
- Comply with hand hygiene requirements
- Scrub the access port or hub immediately prior to each use with an appropriate antiseptic (e.g., chlorhexidine, povidone iodine, an isopropyl, or 70% alcohol)
- Access catheters only with sterile devices
- Replace dressings that are wet, soiled, or dislodged
- Perform dressing changes under aseptic technique using clean or sterile gloves

For Facilities:
- Empower staff to stop non-emergent insertion if proper procedures are not followed
- “Bundle” supplies (e.g., in a kit) to ensure items are readily available for use
- Provide the checklist above to clinicians, to ensure all insertion practices are followed
- Ensure efficient access to hand hygiene
- Monitor and provide prompt feedback for adherence to hand hygiene
  http://www.cdc.gov/handhygiene/Measurement.htm
- Provide recurring education sessions on central line insertion, handling and maintenance

Supplemental strategies for consideration:
- 2% Chlorhexidine bathing
- Antimicrobial/Antiseptic-impregnated catheters
- Chlorhexidine-impregnated dressings
# Sepsis Checklist Board

**Patient Name:** ___________________________  **Patient ID:** ___________________________  **Date:** ___________________________

**Pre-Disposition:**

1. Immuno-Compromised
2. Age < 5 or > 65
3. > Girth
4. Type 2 Diabetes
5. Renal Dx
6. Asthma Dx
7. Burn or Trauma Dx

**Symptoms:**

1. Orientation Change
2. Temp. < 36°C or > 38°C
3. Chills/Shaking
4. Warm Skin or Rash
5. Tachypnea > 20 bpm
6. Tachycardia > 100 bpm
7. Hypotension < 90/60
8. Decreased Urine Output

**Labs:**

1. Decrease % of Lymphocytes
2. High or Low WBC Count
3. High or Low Platelet Count
4. Elevated Liver Enzymes
5. Elevated CRP
6. Elevated Procalcitonin
7. Elevated Lactic Acid >36 mg/dL
8. Hypophosphatemia
9. Coagulation Deficiencies
10. Acidosis - pH < 7.35

**Notes:**

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For best results use only Checklist Board™ markers, other markers may stain the surface. Use a clean dry cloth to wipe clean after every use, do not use harsh chemicals. Order markers and Checklist Boards at 503-386-0152 or checklistboards.com.

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American Hospital Association

HRET

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# Transition Intervention Activities

**Name:**

**MR#**

**Date of Contact:** ___/___/___

| Location: ___ Home ___ Telephone ___ Other (specify: ____________ ) |
| --- | --- | --- | --- |

<table>
<thead>
<tr>
<th>Medication Management</th>
<th>Discharge Planning</th>
<th>Psychosocial Assessment</th>
<th>Patient Training</th>
<th>Follow-Up</th>
</tr>
</thead>
</table>
| ___ Compare pre-hospital medications with medications on hospital discharge list | ___ Review discharge instructions | ___ Palliative Care:  
  ____ Y ___ N  
  If yes, did patient agree?  
  ____ Y ___ N | ___ Assess patient ability to self manage condition | ___ Assess adequacy of support system and need for ongoing case management |
| ___ Identify medications that were prescribed but not obtained | ___ Make plan for patient to set up follow- up appt | ___ Hospice Care  
  ____ Y ___ N  
  If yes, did patient agree?  
  ____ Y ___ N | ___ Discuss & teach self management of condition(s) as needed | ___ Connect patient to necessary community resources |
| ___ Identify medication discrepancies | ___ Identify problems that require immediate PCP or specialist visit | ___ Advanced care plan?  
  ____ Y ___ N | ___ Discuss target symptoms/side effects to monitor & what to do if they arise | ___ Connect patient with KP services (specify: ____________ ) |
| ___ Develop a plan to resolve discrepancies | ___ Clarify whether patient will need to obtain follow up tests and/ or results | ___ Depression:  
  ____ Y ___ N | ___ Discuss when PCP should be called | Case Referred to:  
  ____ SCM  
  ____ TCM  
  ____ HH  
  ____ HO/PC  
  ____ PCP  
  ____ Other |
| ___ Answer questions about medications | ___ Provide teaching for how to obtain follow- up tests and results | ___ Home Safety:  
  ____ Y ___ N | ___ Discuss pain mgt | |
| ___ Alert patient to potential adverse drug reaction(s) | Other | Other | Discuss constipation | Other |
| ___ Assess patient’s ability to manage meds and implement meds mgt plan if needed | Other | Other | Other | Other |
| ___ Identify medications needing refills and/ or barriers to refill | Other | Other | Other | Other |

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Why the “UP” Campaign?

- Increases impact on harm reduction
- Generates momentum in your organization
- Focuses support from leadership
- Engages front line staff
  - connects the dots
  - creates a vision
- Applies throughout organization
- Simplifies patient safety implementation
- Help patients recover faster and with fewer complications
# 1 Opioid & Sedation Management

**ADE**
Failure to Rescue
Delirium
Falls
Airway Safety
VTE
VAE

**W A K E - U P**

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# 2 Early Progressive Mobility

Falls  PrU  Delirium  CAUTI  VAE  VTE  Readmissions

GET UP

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# 3 Hand Hygiene

CDI  CAUTI  SSI  VAE  CLABSI  Sepsis  MDRO

S O A P - U P
#4 Optimize Medications

- ADE
- Readmissions
- Falls
- CDI
- CAUTI
- SSI
- VAE
- CLABSI
- Sepsis
- MDRO

SCRIPT-UP
FOUNDATIONAL QUESTIONS:

1. Is my patient awake enough to get up?
2. Have I protected my patient from infections?
3. Does my patient need any medication changes?
THREE STEPS TO OPTIMAL PAIN MANAGEMENT

Steven Tremain, MD, FACPE
Improvement Advisor, Cynosure Health
The MUST DO’s

1. Establish expectations

2. Pair POSS and pain

3. Manage with multiple modalities
Establish Expectations

• Is a pain score of zero a realistic goal?
• How about comfort?
  – What’s your comfort score?
• Begin the discussion early
• Include the family
• Include the plan: walking, toileting, PT, OT...
  – Set time expectations
  – Minimize surprises
Pair Pain and POSS

• Avoid tunnel vision on the pain score
• Use the Pasero Opioid-Induced Sedation Scale on every patient receiving opioids
  – Before administration
  – 15 minutes after administration
  – Hourly thereafter
• More to come...
Manage with Multiple Modalities

- Comfort care
  - Music, quiet, lights off, warm blanket, pets!
- Local measures
  - Ice, heat, massage
- Non-opioid medications
  - Topical OTCs, acetaminophen, NSAIDs, gabapentin, IV lidocaine (kidney stones)
- Last...and only when necessary...and only in necessary doses and frequencies....opioids
ICU SEDATION: TOO MUCH TEMPTATION?

Heidi Engle, PT, DPT
University of California, San Francisco
Poll: What is your awareness/use of the POSS?

a. This is the first time I am hearing about POSS
b. I have heard about POSS, but I need to learn more
c. I am knowledgeable but have not implemented POSS
d. We have implemented POSS in part of the organization
e. We have implemented POSS in all inpatient areas and in outpatient sedation areas
IMPLEMENTING THE POSS

Paula Kobelt, MSN, RN-BC, OhioHealth
YOUR TURN!
WRAP UP

Shereen Shojaat | Program Manager, HRET
Continuing Education Credits

• Launch the evaluation link in the bottom left hand corner of your screen.
• If viewing as a group, each viewer will need to submit separately through the CE link.
WAKE UP Resources

• UP Campaign here
• ADE Change Package here
• Join the **LISTSERV**
  – Ask questions
  – Share best practices, tools and resources
  – Learn from subject matter experts
  – Receive follow up from this event and notice of future events

Thank You!

Find more information on our website: www.hret-hiin.org

Questions or Comments: HIIN@aha.org