


Innovations in Process Management/Optimizing Patient Management

Leslie S. Zun, MD, MBA, FAAEM

Chairman & Professor
Department of Emergency Medicine
Chicago Medical School and Mount Sinai Hospital
Chicago, Illinois


Objectives

- **Primary Objective:** Enhance pain treatment in the emergency department
- **Secondary Objectives:**
 - Systematic pain assessment and pain treatment
 - Rapid determination of the appropriate dose for the complaint
 - Proper documentation and QI review of the process
 - Proper patient education

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Why Optimize Patient Management?

- Ensure that patients who need pain medications get them
 - Minority patients
 - Pediatric patients
- Reduce errors in administration of pain medications
- Prevent inadequate dosing
- Improve proper medication selection
- Increase pain dosing schedules
- Reduce variability in patient care

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What can be undertaken to improve patient pain treatment?

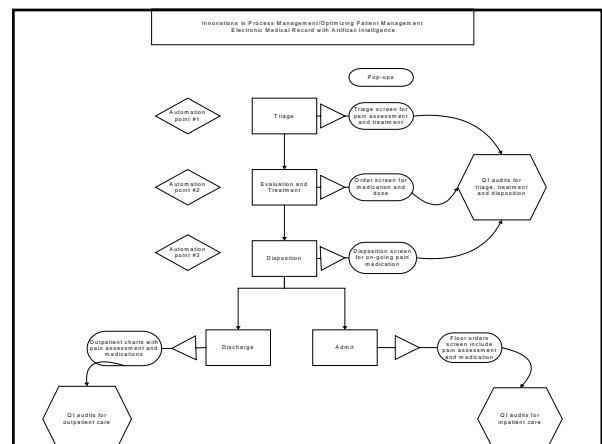
- Charting systems
- Treatment guidelines for complaint
- Establish criteria for administration of pain medications based on pain scales
- Matching complaint, medication and frequency and dose
- Input into a quality improvement process

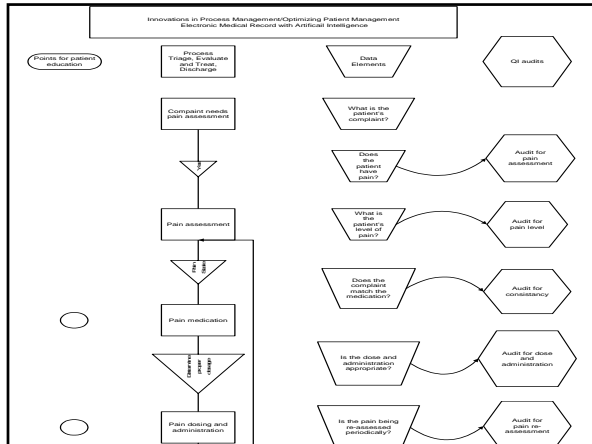
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How to automate the process?

- **Need for sophisticated electronic medical record**
 - Artificial Intelligence
 - Interface with physician order entry
 - Pop up after certain time intervals
 - Interface with pharmacy

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What is needed?

- Standardize pain assessment
 - Numerical rating scale measures pain from 0–10 or 0–100 with endpoints of “no pain” and “worst pain ever”
- Agree on treatment guidelines
- Concurrent patient education

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What is needed? Treatment Guidelines

- Guidelines for common pain conditions such as sickle cell, trauma, fractures, chest pain
 - Include complaint, pain medication, dose, frequency and route
- Guidelines begin in triage and follow patient through the ED visit
 - Standing orders for nurses to give the pain medication beginning in triage
 - OTC meds or narcotic agents

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What is needed? Patient Education

- Use computerized discharge instructions
- Let the patient control or modulate his/her own pain
- Prescribed standardized dosing
- Add adjuncts to the treatment plan
- Establish a set of follow-up times depending on the discharge diagnosis

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Establish criteria to start pain meds early in patient care

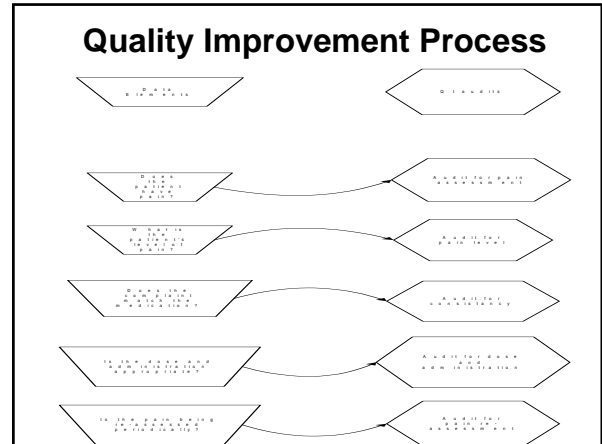
- Use pain assessments frequently to determine patient’s pain level
- Agreement to treat patients prior to the arrival of consultants or test results
- Need buy-in from the surgical services
- Dispel the myths concerning early pain treatment

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Dispel Myths


- **Administration of analgesic in acute abdomen does not change physical exam.**
• LaFlechho, F, Oster, N, Sturman, K, et al: the use of analgesics in patients with acute abdominal pain. J Emerge Med 1997; 15: 775-779.
- **53% of the surveyed surgeons stated pain meds precluded a patient from signing a valid informed consent.**
• Graber, MA, Ely, JW, Clarke, S, Kurtz, AS, Weil, R: Informed consent and general surgeons' attitudes toward the use of pain medication in acute abdomen. Am J Emerge Med 1999;17:113-116.
- **Problems with this view**
 - _ Pain treatment does not necessarily cloud sensorium.
 - _ Withholding pain medication could be considered coercion.
 - _ Pain may in itself cloud a patient's judgment.

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Quality Improvement Process

- **Set monitor criteria**
- **Pain is assessed in triage**
- **Pain treatment initiated in triage**
- **Pain treatment must be continued periodically in the treatment area**
- **If no treatment, reason for non-compliance with established protocol needs to be documented.**
- **Discharge instructions and medications must also be documented**

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What does it take to make it work?

- **Computer systems with artificial intelligence**
- **Dedication to good patient care**
- **Commitment to excellent customer service**
- **Involve all stakeholders in the improvement process**
- **Determine what can be automated**
- **Implement systems that are user friendly**

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Questions?