Knowledge and Background

Many residents experience chronic pain, and the most common treatment is opioid pain medication. When this is no longer an option, or they have had dependency problems with the pain medication, residents must look elsewhere for pain relief. Due to opioid dependence, some residents will report high pain levels in order to receive more pain medication – even though that is not how it works.

Goals:
1. Satisfy our LTC pain QIIP
2. Decrease pain scores on MDS assessments
3. Improve our facility 5-star rating
4. Better manage chronic pain in residents who report 7-10 pain frequently
5. Educate residents about accurate pain reporting and pain medication risks

Methodology

Reported pain change after each group.
Consistent resident attendance from those with high pain.
Decreases on quarterly MDS pain assessments.
Results of resident satisfaction and effectiveness surveys.

Measures

Step 1
Selected residents based on pain assessment.
Individuals who recorded 6-10 pain on more than one occasion were asked to join the Pain Support Group.

Step 2
Asked the 15 “qualified” residents to join the group; 8 of which said they were interested. As the group has progressed, we have added 2 more regularly, as well as a couple inconsistent members.

Step 3
Initial pain management research was completed to find a variety of alternative pain management techniques. The symptom cycle was also researched in order to see its impact on pain perception.

Step 4
A new evidence-based alternative pain management strategy was then introduced each week, and will continue to be done each week.
Popular strategies will be repeated in future groups.

Step 5
Before and after each group, each resident was asked about what level their pain was at, and how they were feeling altogether.

Step 6
Feedback was gathered through post-group reviews and formal surveys to determine the most popular activities and overall satisfaction of the group.

Outcomes

Pain Management Research
A new evidence-based strategy was introduced each week.
Step 2

Pain Support Group Start Date:
January 16, 2019

Survey results using a Likert Scale to determine program effectiveness and popularity.

PSG Satisfaction Survey (Scale 1-5)

MDS Pain Results

To summarize the open-ended survey results:
> All residents stated they enjoyed going to the group each week.
> The favorite part of the group for most were the activities and social aspect.
> Most popular activities were Massage and Music Therapy.
> All residents said they look forward to the group each week.
> Most of the residents said they made new friends and strengthened relationships with other residents in the group.
> Every resident said that they wish for the group to continue in the future.

Measuring Success:
> Each resident who attended groups saw a pain decrease after most of the groups that they attended.
> All but 1 resident attended multiple groups, and many residents went to every group that was held.
> Satisfaction survey results showed that most residents felt the group had contributed to a pain decrease in their lives outside of the group.
> The last graph shows our MDS pain scores for the selected residents in 2018, and already where they have been in the first quarter of 2019. Positive results are already seen with the residents in the pain support group, with most scores trending downward from where they were in 2018. This measure is extremely important, because the scores that get reported on our MDS assessments are the ones that determine where our facility stands with (LTC) pain as a whole. The fact that this measure has been so strongly impacted is a huge sign of success for the pain support group. As the group continues, the following quarters will be tracked to determine the end result.

Recommendations

In order for the pain support group to continue long-term and stay successful, I recommend that:
> The leader must bring innovative pain management strategies to the group.
> The leader must be laid back and have a good relationship with residents.
> Pain education should be a regular part of every group.
> A new spin should be added to repeat activities to keep resident interest.
> The leader must continue to track resident progress at each group.
> Resident feedback is obtained and taken into account.

I also recommend keeping the group lightly structured, so it can remain fun, social, and retain resident interest.

The group should be expanded, but to have a maximum of 15 residents, to make sure that all residents are included and being heard.

New activities should be added; however, it will be important to return to old strategies to ensure new attendees are educated on all helpful pain management strategies.

Conclusions

> The group was popular among most residents, especially the ones who attended multiple or all of the groups held. Significant results were seen in pain decreases with multiple residents. More than pain impact, there was nearly unanimous support for the group and its value to each of the residents. At a minimum, this group gave residents something to look forward to each week, a new way to build friendships, and an opportunity to learn something new about themselves and pain as a whole.
> Not every alternative pain management strategy was effective in reducing pain for each resident. However; most residents found at least 2 strategies that they could use on their own to help reduce their pain.
> The primary reason for the development of this group was to reduce the pain scores on MDS pain assessments, and we saw this occur across the entire group, to a notable degree. Not a single resident reported 7-10 pain. Due to this outcome, I would consider this group a tremendous success.
> Perhaps the biggest takeaway from this group, is the fact that if these residents are experiencing troubling pain, they now have a support system of other residents who can go to, who will understand the pain they are in, and hopefully be able to provide advice, guidance, or empathy.

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