

PATIENT ENGAGEMENT DRIVES REGIONAL BLOCK EDUCATION AND OUTCOMES



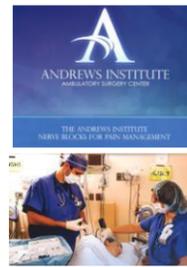
Problem Identification:

2015: 10% of patients surveyed were not satisfied with their regional block education.

POST-PAIN CATHETER TELEPHONE SURVEY RESULTS
BY SURGEON

Surgeon	Number of Patients	Number of Calls	Number of Satisfied Patients	Number of Dissatisfied Patients
Dr. [Name]	10	10	9	1
Dr. [Name]	15	15	14	1
Dr. [Name]	20	20	18	2
Dr. [Name]	25	25	23	2
Dr. [Name]	30	30	28	2
Dr. [Name]	35	35	33	2
Dr. [Name]	40	40	38	2
Dr. [Name]	45	45	43	2
Dr. [Name]	50	50	48	2
Dr. [Name]	55	55	53	2
Dr. [Name]	60	60	58	2
Dr. [Name]	65	65	63	2
Dr. [Name]	70	70	68	2
Dr. [Name]	75	75	73	2
Dr. [Name]	80	80	78	2
Dr. [Name]	85	85	83	2
Dr. [Name]	90	90	88	2
Dr. [Name]	95	95	93	2
Dr. [Name]	100	100	98	2

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Andrews Institute ASC Balloon Pain Pump Instructions

An Anesthesiologist has performed a regional block and placed a catheter with a pain pump for your post-operative pain control needs. The following is a brief overview of the instructions you and/or your family received at the time of your discharge. Your pain pump DOES NOT contain any narcotics, therefore you should not experience any adverse effects such as dizziness, sleepiness, nausea or vomiting. The pain pump contains a numbing agent only. The pain pump should provide you with pain relief for approximately 3 - 4 days. The outcome and benefits of using this pain pump may vary from patient to patient and with the type of surgery performed. The pain pump only helps a specific area. Some leaking at the site may be normal, if this occurs, reinforce the dressing. The higher the rate the pump is running, the more leaking you will notice. It is important that you understand you may also take your pain pills prescribed by your surgeon if needed.

Balloon Pump Instructions

You may start the pump at the first sign of discomfort at the surgical site or at the time indicated below, whichever occurs first. After the first 18-20 hours your extremity will not be as numb. You may get some movement back as well as some soreness. You will not be able to see the medicine flowing through the tube and the pump will not show any visible decrease in size the first day. You will barely notice a slight sagging around the sides within the first 24 hours.

YOU WILL START YOUR PAIN PUMP AT:

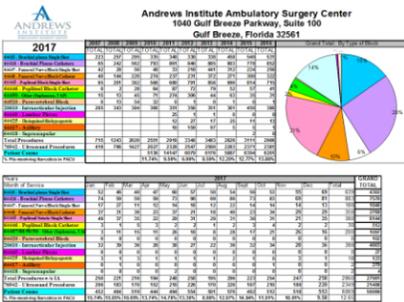
8:00 pm @ _____

1. Open the cover to the box and dial the setting as stated above.
- 2A. If you develop pain, you may increase the setting by 2 millir and wait one hour. If your pain persists, increase another 2 millir. Before increasing to 10 millir, please contact the Anesthesiologist noted on back. OR
2B. If you develop pain, before increasing the pump, contact the Anesthesiologist noted on back.
3. Once you have started the pump, DO NOT turn the pump off unless instructed otherwise by the Anesthesiologist. If at any time the extremity becomes too numb, decrease the pump by 2 millir, wait one hour, and repeat if necessary.
4. If your pain catheter comes out accidentally, simply discard and begin taking your pain pills as prescribed.
5. If you have any questions or concerns regarding the pain pump, please contact the anesthesiologist noted on back.

Andrews Institute Ambulatory Surgery Center Pain Pump Education & Engagement Evaluation

Summary: May 2016-2017

Month:	Census	# Pain Caths	# captured	PACU				Home		Quality of Teaching (1-10)	Actual (spoke to pt)	Attempted		
				Pain?		Level Max		Medication (avg)						
				Yes	No	All pts (0-10)	c/o pain	MSO4	Dilaudid				Avg Pain#	Avg # Pills
12 month total	6475	1329	964	175	789	1.22	6.25	0.91mg	0.82mg	1.64	1.42	9.92	3.09	3.92



Andrews Institute Digital Pain Pump Discharge Instructions

- If you experience any pain or discomfort during the delay period, you can cancel the delay by pressing and holding the blue Bolus button for 3 seconds to start your pump.
- Once the infusion has started, you will not see the medicine flow through the tube, however, an IV bag symbol will display on the screen to indicate it is delivering the medicine.
- If you develop pain while the pump is running, you can press the blue Bolus button to deliver an extra (bolus) dose of numbing medicine.
- If your pain continues, you will be able to press the Bolus button again after _____ minutes to deliver another dose of medicine. You can also take your pain medication as prescribed.
- It is normal that some leaking at the site may appear. If this happens, reinforce the dressing by applying gauze and securing it with tape.
- After the first several hours following your procedure, your extremity will not be as numb. Some movement and sensation will return, as well as some soreness. This is normal.
- Do not turn the pump off or open the carry bag unless instructed by the support team.
- If your pain catheter accidentally comes out simply turn the pump off by pressing and holding the On/Off button for 3 seconds, then discard the entire system and begin taking your pain pills as prescribed. Your pain catheter cannot be reinserted.
- If at any time the extremity becomes too numb, contact your anesthesiologist.
- If you have any questions or concerns regarding the pain pump, please contact the anesthesiologist noted on back.

Upper Extremity Block Safety:

- Support your arm by wearing a sling properly, ensuring your wrist is fully supported.
- Use a pillow to pad and support the numb extremity.
- Avoid placing cold or hot packs directly on the numb extremity.
- If a dressing, cast, or brace is present, check your fingernails frequently and alert your surgeon of any change in color.

If shortness of breath, ringing in the ears, or a metallic taste occurs, turn the pump off immediately and contact your anesthesiologist.

Lower Extremity Block Safety:

- Use crutches or a walker since you will not be able to bear weight on the numb extremity. After full sensation returns, follow your surgeon's weight bearing instructions.
- If a knee brace is provided, do not attempt to walk without it.
- Check your toenails frequently and alert your surgeon of any change in color.
- The numb extremity should be carefully padded and routinely repositioned to promote good circulation.

Blocked Surgeries requiring Pain Rx in PACU:

ACL = 55 pts
Sh ATS = 21
SHATS w/bicep tend = 14 pts
TKR = 7 pts
Knee MPFL/Lat Rel = 7 pts
ORIF = 6 pts
ORIF = 5 pts
Distal Clavicle = 4 pts
Sh Clavicle = 4 pts
MUA SH = 3 pts
Total Ankle Replacement = 2 pts
Total SH Replacement = 2 pts
MUA knee = 2 pts

