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## Implementing Pain Management Policies and Procedures at a Rural Pain Clinic

Jamie Swearingen

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# **Implementing Pain Management Policies and Procedures at a Rural Pain Clinic**

## **Executive Summary**

### **Introduction of the Problem**

Pain is a daily reality for many people with varying degrees of severity. For some pain is life-altering, but for others, function ability is unchanged. Different options exist for chronic pain, which includes surgery, physical therapy, injections, and medications. Pain is considered the fifth vital sign, yet some healthcare providers fail to assess it properly. Despite the recent focus on the opioid use disorder epidemic, some providers fail to follow guidelines to prevent opioid use disorder (OUD). The United States is experiencing an opioid overdose epidemic and a sharp rise in opioid use disorder (OUD). In the United States in 2020, 2.7 million people aged 12 and older had an opioid use disorder, and 2.3 million had prescription opioid use disorder (National Institute on Drug Abuse (NIDA), 2021). Due to the high addiction potential of opioids and the potential for overdose, providers must be cautious and conservative in their opioid prescribing practices. Due in part to the opioid epidemic, the Centers for Disease Control (CDC) published Clinical Practice Guidelines for Prescribing Opioids for Pain in 2016. In 2022, due to new evidence on the risks and benefits of opioid therapy tapering, and risk mitigation, new guidelines were released (Dowell et al., 2022).

When treating patients for pain, providers should assess pain severity, weigh the risks and benefits of treatment on a case-by-case basis, check the Prescription Drug Monitoring System (PDMS), assess risk for OUD, and follow guidelines for safe opioid prescribing and monitoring. One Midwest rural pain clinic did not have a protocol for random urine drug screens (UDS) and was not performing them. The system in place at this clinic was alerting patients when it was time for their yearly UDS and when picked for a random screen. The lack of

evidence-based protocols was apparent in this clinic. This project intended to provide the clinic with adequate screening tools and recommended protocols to improve safety for patients on long term opioid treatment.

## **Literature Review**

The ORT (Opioid Risk Tool) assessment tool is one of the easiest screening tools for risk of opioid use disorder, as it has only five questions that are defined by male or female, age group, medical, psychosocial, and family history associated with opioid misuse (Ducharme & Moore, 2019). It depicts if the patient is at a low, moderate, or high risk for OUD (Ogilvie et al., 2021). The ORT can be used on patients who have already been on medication or starting medication for the first time. Prescription drug monitoring programs (PDMP) are also a great screening for patients because healthcare providers and staff can see if a patient is on any medications from another provider and check that current patients are filling medication appropriately. Urine drug screens are key in pain management as they indicate if a patient is compliant with their current medication regimen or if they are using any other medications, including illicit drugs, while on pain medication. It is important for healthcare providers to use UDS at their discretion if suspicious for inappropriate usage but at least every 3-6 months. Pain contracts are also important in pain management clinics to outline key points and rules for safe and appropriate use of opioid therapy. It is important to leave no gray areas and to outline behaviors that would put the patient at risk of discharge from pain management.

## **Project Methods**

This quality improvement project developed and implemented evidence-based practice policies at one Midwest rural pain management clinic. Goals included improved patient monitoring during treatment and gauging patient risk of opioid misuse or addiction that could

lead to opioid use disorder (OUD). It sought to identify patients at a high risk of OUD when making decisions to initiate opioid therapy. In addition, this project sought to change current UDS practices at the clinic for patients on opioid treatment to test more frequently for medication compliance and screen for other substances that potentiate the risk of opioid overdose. In addition, this project encouraged use of the Prescription Drug Monitoring System (PDMS) at times when opioids are prescribed. Southern Illinois University Edwardsville determined this Doctor of Nursing Practice (DNP) project to be a quality improvement and not human subjects research on April 26, 2023.

### **Evaluation**

In April 2023, an educational meeting was held with clinic staff, the lead nurse, and the stakeholder about the importance of ORT screenings, random UDS, patient contracts, and how and when to access the PDMS. A presentation was given that discussed the background of OUD and the need to screen patients regularly. Proposed changes in clinical policies were presented which included use of the ORT screening tool to identify patients at an elevated risk of OUD, random UDS, patient contracts, and training on how and when to access the PDMS. Clinic staff and healthcare providers could ask questions about proposed changes in clinic policies and procedures. The project was implemented on May 1, 2023, and was completed on August 11, 2023.

Clinic staff utilized an excel spreadsheet and set aside copies of complete ORTs for monthly review by the DNP project student to track the number of times ORTs and UDS were performed. The ORTs did not have any patient identifiers or personal information on them. There was no clear number that the clinic was told needed to be reached for all the aspects of the project, but that every patient should participate unless they refuse, and every patient needed to

sign a contract to be able to be a patient in the clinic. Random urine drug screens were to be picked randomly daily or obtained if there was a suspicion in a patient. In the months of implementation, May 2023 to August 2023, 451 patients were seen in the clinic, and 89 were procedures.

Weekly visits were made to answer staff and provider questions and to access barriers to project implementation. During the project implementation phase 218 ORTs were completed and 16 of the ORTs were either refused or not filled out properly. The PDMS was accessed 288 times, 80 contracts were signed, 25 random drug screens, and 10 yearly urine drug screens were completed.

There were many limitations to the project. In the beginning, staff were reluctant to administer the ORT to patients citing concerns that they felt invasive by asking them to complete the ORT. Another barrier was that some forms were not completed correctly by the patients. It is unclear if this was due to low patient literacy or staff not verifying correct completion of the tool. Healthcare providers buy in has been difficult. On a few occasions patients violated the terms of their signed contract but the healthcare prescriber failed to stick to the terms of the patient contract. Another indication that staff were hesitant to implement random UDS was evidenced by the small amount of random urine drug screens performed in the project implementation phase. The amount of time allowed for project implementation was a limitation because it was only 15 weeks. In addition, during that time the provider was off a whole week every 3 weeks, or the clinic was canceled due to the provider being called to surgery to provide anesthesia. After the implementation, it was apparent that the staff became more aware of the risks of OUD and the importance of screening appropriately. However, the provider at times seemed reluctant to adopt new behaviors and comply with the new clinic policies.

## **Impact on Practice**

This project showed that patients need to be evaluated before starting long-term medication for pain. The patient's history must be looked at and made sure that they are not at risk for OUD. The staff consistently checked the PDMS to assure that the patient was not receiving prescriptions from other providers and that the patient was filling medications at appropriate times. Many patients signed contracts but with the small number of random urine drug screens there was often no confirmation that patients were appropriately adhering to the medication. If all aspects of the project were consistently followed, it may have had better results. After the first month of implementation, there was a follow-up meeting and staff were resistant to having patients' complete ORT. At that time staff were not initiating random UDS, but were getting contracts signed, and the PDMS was being assessed regularly. In that meeting, it was further discussed the test's purpose, that it was anonymous, and that the patient did not have to participate, but it was recommended. After that meeting, the weeks moving forward showed improvement in the staff having patients complete the ORT, and a few more random urine drug screens were completed. After completion of the implementation, it was recommended to continue to use the ORT, obtaining more random drug screens monthly, and for patients and to continue to have patients sign contracts and the stipulations in the contract be followed by the provider and the patients.

## **Conclusions**

Before the use of ORT was implemented, no process existed for evaluating patients to see if they were at risk of OUD at this pain management clinic. There was no policy for random UDS, or the use of medication contracts signed by patients. Educating the clinic staff on the purpose of the ORT and benefit to the patients allowed them to understand the project's purpose.

The outcome of the ORT allowed the physician provider to better assess a patient's risk of OUD and make treatment decisions based on this information. If the clinic continues to do random UDS and increase the use of this screening, patients that are not adhering to their signed contract will be identified to allow for interventions to improve medication adherence. The new implementations would benefit the provider and patients while limiting risks and complications from treatment.

Author Contact Information: Jamie Swearingen, BSN, RN

Jamie\_lynn86@yahoo.com