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*Case Study:
Pain Reduction Initiative Proves
Successful in Ventura County*



AMR PATIENT-CENTERED INITIATIVE REDUCES PAIN AND SUFFERING BY 58 PERCENT

Ventura County, California

THE CHALLENGE

AMR's Ventura County California operation treats more than 50,000 patients a year, many of them suffering from significant pain as the result of injury or illness. Because almost all of these patients receive their initial clinical assessment and treatment from AMR emergency medical services personnel, properly gauging and treating pain and reducing suffering is crucial to their overall patient care experience.

"When a patient calls 911, he's not having a myocardial infarction — he's having chest pains," said AMR Ventura County General Manager Mike Taigman. "And she's not having right middle lobe pneumonia — she's having difficulty breathing."

The goal, said Taigman, is to reduce pain and suffering in the most effective way possible while continuously analyzing the results to assure the best processes and procedures are being used.

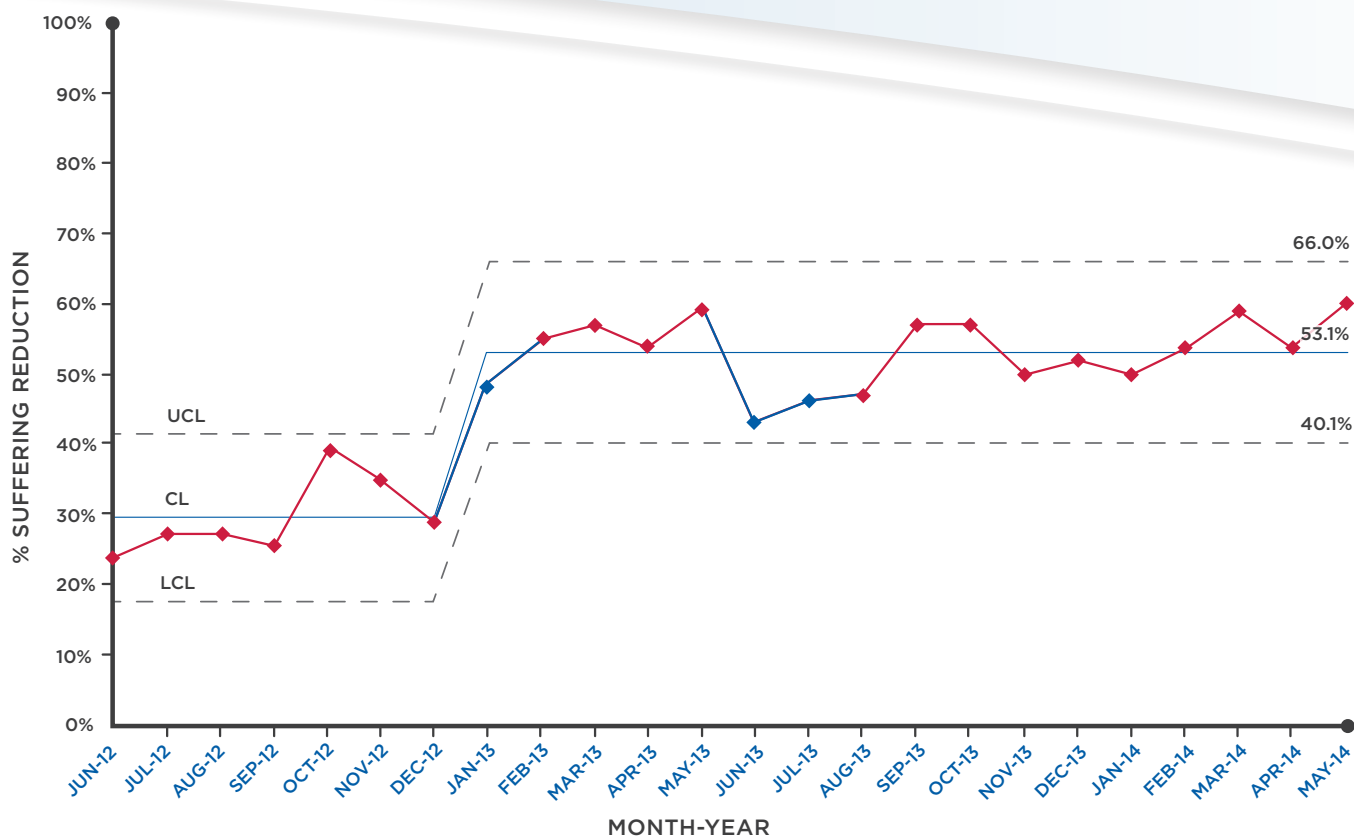
THE SOLUTION

Taigman launched a patient-centered pain and suffering reduction project in 2012. He began by pulling a random sample of 100 patient care reports (PCRs) each month and evaluating them for three things:

- Documentation of the nature and severity of suffering (such as pain, nausea, shortness of breath or anxiety)
- The intervention designed to decrease suffering (morphine, Zofran, cold compresses or elevation)
- A post-intervention reassessment of suffering

Taigman used the results to guide decision making and develop effective pain reduction protocols. After the review, the AMR Ventura County operation implemented new procedures that led to a dramatic reduction in patient pain and suffering. The monthly review is ongoing and continues to help staff fine-tune its processes.





THE RESULTS

From the project’s inception in 2012 through the first half of 2014, AMR’s Ventura County operation achieved a 58 percent reduction in patient suffering — a number that hovered around 28 percent when the project began.

“That’s a significant improvement and it represents almost a doubling of our ability to relieve suffering,” said Taigman.

Interventions that have proven successful include:

- Adding Ondansetron to the medications carried by EMS crews to address nausea
- Utilizing non-pharmacologic interventions (cold compresses, elevation and splinting) for orthopedic pain
- Expanding Continuous Positive Airway Pressure (CPAP) use beyond pulmonary edema for asthma, pulmonary infections and carbon monoxide poisoning

- Changing the morphine dose protocol from 2-4 mg. to a weight-based dose of 0.01 mg/kg (concurrently administer Zofran to reduce nausea)
- Providing myth-busting pain management education that deals with perceived drug seekers, abdominal pain and the limited ability of healthcare providers to assess pain severity using anything other than the patient’s own pain rating

The AMR team is currently conducting a trial to see if keeping a 10 mg. vial of morphine in the paramedic’s jump bag inside a small combination-locked safe instead of locked inside the ambulance can more rapidly decrease patient suffering. Early indications show that the time to medication administration is decreased by 55 percent. Both the project’s process and results have been well-received by the medical community. Taigman authored a textbook chapter on the project for a National Association of EMS Physicians’ textbook.



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