



Improving Pain Medication Delivery for Fractures in the Emergency Department

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Purpose

The purpose of this project is to decrease the average time for delivery of initial pain management for patients presenting with long bone fractures.

Design

This is a leadership development project to improve provider and staff awareness through education, establishing a standardized protocol related to ordering and administering eligible pain medication. This protocol made pain medication more accessible to providers and staff in the areas where it is being administered to patients. The emergency department triage area was modified to allow for a private visit area for providers to quickly assess patients before they are brought back to the main treatment area.

Setting

This project was implemented at a community hospital emergency department treating adults and pediatrics with a census of 40,000 patients yearly.

Participants/ Subjects

All emergency department personnel participated in this project. This project has support from senior leadership, physician, nursing, and pharmacy. Education and audits are conducted weekly to monitor the progress of pain medication administration. Education includes specific requirements for meeting core measures. Audits are conducted to identify providers and staff who have delays in pain medications administration with follow up on each case.

Methods

OP-21 Pain Management for Long Bone Fractures is a reportable Core Measure for CMS Hospital Quality Reporting Program. A medication dispenser was installed in triage and included various types of pain medications. A pain management protocol was developed which allowed nursing to work off standard designated orders to facilitate pain medication administration. This protocol allows nursing to administer Acetaminophen or Ibuprofen to provide pain medication when no bony deformity is present.

Results/ Outcomes

The national recommended average time to provide pain management for patients with long bone fractures is 54 minutes. By implementing established protocols and better accessibility to pain medications this facility was able to decrease delivery of pain medications to patients with long bone fractures from 55.4 minutes to 44.3 minutes (20% reduction)

Implications

Pharmacy was reluctant to place medications at triage. By continuing to have discussions, developing limited medications list in triage, and granting very limited access, a level of comfort was reached in order to implement the particular change. This facility continually monitors this metric, adopts changes as needed and provides feedback to providers keeping the team apprised of ongoing monthly performance related to this measure.