Problem Definition

- Median time to pain management for patient with long bone fracture was well above the national average.
  - MMC: 126 minutes
  - National Ave: 45 mins
  - Top Performers: 31 minutes

- Goal to improve average time to < 45 minutes

- Started improvement tactics in December 2015
Gaps

- Staff unaware of our performance
- Staff did not understand the core measure criteria
- No standard process
  - Only 22% of Patients received pain medication before X-ray
Interventions

- **Posters about the measure**
  - Patient population
    - All patients with long bone fracture from time of arrival to administration of pain medication
  - Definition of Long Bone Fracture
    - Long Bone Fracture includes: Tibia, Fibula, Femur, Humerus, Ulna and Radius
  - What is included and excluded
    - Patients age 2 to 17 may have oral, intranasal or parenteral medication
    - Patients age 18 or greater must be given intranasal or parenteral medication
    - Excluded: Patients < 2 years old, patients that expire, or patients that leave AMA

- Our scorecard

- Our goal

- Medication/Documentation Options
  - If no medication given there must be MD, APP or Nurse documentation as to why no pain medication was given
  - Examples: Patient did not receive because of nausea, declined, decreased respiratory rate, unconscious
Interventions

- Real time chart audits to monitor compliance
  - Educate ED staff on findings

- Request pain medication prior to going to Radiology

- In-service in a minute

- Education at daily safety huddle
ED Median Time to Pain Management for Patient with Long Bone Fracture
Jan, 2015 to Apr, 2017

OP21: Median Time to Pain Management for Long Bone Fractures
OP21: Goal
OP21: Benchmark
Linear (OP21: Median Time to Pain Management for Long Bone Fractures)
Recognition

- Post Trend Graph that shows improvement
  - Median time now below goal
  - 50% of patients received pain med before X-ray compared to 22% prior to improvement interventions

- Recognize ED improvement in *Quality Tips* Newsletter

- Recognize ED improvement on Quality Pillar board