



Enhancing Patients' Pain Experience: One Unit's Innovative Approach to Pain

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Best Hospital in Cancer,
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Purpose:

Patients who suffer from uncontrolled pain express dissatisfaction with the care provided as reflected in the units' Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPHS) and Press Ganey Survey. Concern about patients' satisfaction and well-being led to the Unit Based Practice Council's development of a project, focusing on improved communication and advocacy to enhance the patients' pain experience.

Background:

The Medical-Surgical Specialty Unit is a 24 bed unit that manages acute medical surgical patients with a wide range of diagnoses and care needs. The unit serves as a specialty unit for the management of acute care ventilator patients with the goal of maximizing respiratory status and weaning from the ventilator. The unit provides palliative care to patients with the goal of improving the quality of life. Staff includes 45 RNs.

Goals/Objectives:

- To improve patients' pain control
- To increase education and communication surrounding patients and staff
- To improve patient and family satisfaction and perceptions

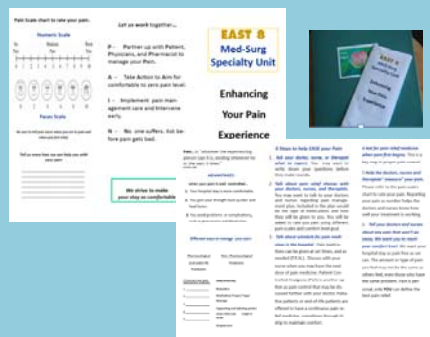
Process:

1) A needs assessment for the staff was conducted as well as a pre-test on pain management. The results led to extensive staff education on pain assessment, common types of pain encountered, and appropriate medications.

2) Interventions were incorporated and best practices were identified and put into practice:

- Purposeful hourly rounding by RN
- Improved Patient Education and Communication
 - * Bedside shift reports to include patients
 - * Whiteboard used for improved communication
 - * Establishing patient goals, and pain regimen
 - * A brochure about pain management for patients and their families was created and put into use

Patients experiencing pain are welcomed to the unit by their Primary Nurse. Patients are educated about pain management, the use of the whiteboard, and given our pain management brochure.



Data and Monitoring

* RN audit * Peer-to-peer counseling * Nurse accountability * On-going nurse education

E-8 Medical Surgical Specialty Unit Data				
HCAPHS Report				
		Pre Data 03/31/14	Post Data 04/14 - 09/14	
Staff Do Everything to Help With Pain	Always	64.4%	73.2%	
Pain Management	Always	58.8%	62.5%	
Communication with Nurses	Always	69.0%	77.9%	
Nurses Listen Carefully	Always	63.2%	75.3%	
Press Ganey				
		Pre Data 03/14	Post Data 04-09/2014	
Overall Nursing Care Received	Good	20.7%	25.0%	
	Very Good	66.7%	68.8%	
How Well Your Pain Was Controlled	Good	34.6%	31.8%	
	Very Good	47.1%	53.0%	

PURPOSEFUL HOURLY ROUNDING			
NAME	ROOM	DATE	TIME
PURPOSEFUL HOURLY ROUNDING CRITERIA			
1. Greeted patient			
2. Assessed patient's needs			
3. Provided patient with information			
4. Provided patient with emotional support			
5. Provided patient with physical support			
6. Provided patient with spiritual support			
7. Provided patient with social support			
8. Provided patient with cultural support			
9. Provided patient with religious support			
10. Provided patient with other support			

Equianalgesic Dosing

DRUG	WELL-KNOWN	WELL-KNOWN	WELL-KNOWN
Drug A	100 mg	100 mg	100 mg
Drug B	100 mg	100 mg	100 mg
Drug C	100 mg	100 mg	100 mg
Drug D	100 mg	100 mg	100 mg
Drug E	100 mg	100 mg	100 mg
Drug F	100 mg	100 mg	100 mg
Drug G	100 mg	100 mg	100 mg
Drug H	100 mg	100 mg	100 mg
Drug I	100 mg	100 mg	100 mg
Drug J	100 mg	100 mg	100 mg

Process: (continued)

Staff Education: Role playing activities during the education phase helped demonstrate the use of the interventions and empower nurses with the autonomy to integrate such interventions in their daily practice.

- Specific education on: Pain Assessment, Pain Scales, Common Types of pain on East 8, and Appropriate Medication
- Daily Workflow
 - Pain Education Brochure for patient and family
 - Purposeful Hourly Rounding
 - Utilizing Whiteboard for improved communication, documenting hourly rounding and pain monitoring

Results:

Once interventions were integrated into the daily workflow, continued evaluation through peer audits, counseling and on-going nurse education was implemented.

1. Improved Nurse-Patient trusting relationship
2. Data showed increase in patient perceptions related to better communication with nursing and an increase in pain control.

Conclusion:

By collaborating with nursing staff, physicians, patients and their families, the unit's interventions were shown to improve patient outcomes by improving patients' pain experience and their hospital stay.

References:

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