Studies have shown patient satisfaction is an effective indicator of pain management. Patients stress the importance of personal interactions especially the responsiveness and empathy of clinicians. Educational initiatives should focus on the influence of patient's expectations regarding pain relief. In 2013 the pain council initiated pain scripting for the bedside nurse based on the HCAHPS pain management questions.

**Plan**

"Our goal is to ALWAYS help you keep your PAIN WELL-CONTROLLED. While we realize we can't eliminate all your pain, we want to HELP DO EVERYTHING WE CAN to manage it."

From your experience, please give your advice on the importance of scripting the pain message and/or provide suggested modifications to the one above. Place completed sticky note here!

**Check**

All negative responses to the pain education partnership question are sent by email notification to the Pain Council nurse of the patient’s unit. Of the 20% of patients who completed the Pain Management education video, 93% of the patients agreed to partner with us to help them manage their pain. The notification provided the opportunity to follow up with patients who did not agree to help manage their pain.

**Act**

Additional automated pain reassessment after medication

Make pain education video mandatory

Your Opinion Matters

Provide more pain management video

Adjust pain management scripting

**References**


** Methods**

The CRMH Pain Council (comprising of 107 staff) has implemented two interventions designed at improving HCAHPS for pain management: 1 – Scripting three planned, pain management, patient interactions per shift. 2 – Using GetWellNetwork’s Clinical Practice Design methodology, they developed a process to engage patients in pain management and then invite them to partner with us.

**Correlation Analysis**

The unit HCAHPS were not significantly correlated to the % of patients on each unit that participated with the interactive patient care pain pathway (R^2 = 0.0; p = 0.815).

**Results**

Based on the results, process improvements include:

- Identifying barriers to patient engagement
- Adding IPC key metric to FY 2016 Nursing Unit goals
- Implementing an IPC steering committee to drive the strategy

**Conclusion**

The interventions that were put in place are important aspects of the care our team provides, but they did not yield the desired outcome. Therefore, we are planning to continue the cycle of Plan-Do-Check-Act and use the method again to design improved patient experience around pain management in the hospital.

**Will you Help Us with Round 2?**

Based on your experience and knowledge, where should our Pain Council focus next? Place a pin in the square of your choice.

**Old image of hospital**

**PROJECT SCOPE:**

Learn how the process of involving nurses in designing and implementing technology-facilitated interactive patient care (IPC) enhances the patient experience and the nurses’ practice. Examine one example of the effective use of IPC technology to engage patients, family, and caregivers in pain management.

**PROJECT PLAN:**

Combine the Pain Council’s work of Pain scripting with the GetWellNetwork methodology of Clinical Practice Design (CPD) to engage patients in their pain management and improve the HCAHPS metric.

**PROJECT PLAN:**

- Define current process
- Identify what we do well
- Identify what we do not do well
- Define what to do
- Define what we do not do well
- Variations in the process
- Creativity / Innovation
- Create future state interactive process flow

**CONCLUSION**

From your experience, please give your advice on the importance of scripting the pain message and/or provide suggested modifications to the one above. Place completed sticky note here!