

2015 ANCC National Magnet Conference®  
 Friday, October 9, 2015  
 9:30 am – 10:30 am  
 Session #C923



## Taking the **BITE** Out of Pain: Innovative Bundling of Interventions to Enhance Pain Care Quality

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 Julie Castex, MSN, APRN, ANCS-BC, CMSRN  
 Danielle Haydel, BSN, RN, CCTN

Ochsner Medical Center  
 New Orleans, Louisiana

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## Presentation Objectives

- I.** Overview an innovative 6-component patient-centered pain management bundle
- II.** Discuss evidence supporting the BITE Pain Therapy project
- III.** Describe strategies and resources that any acute care facility can use to implement & measure BITE Pain Therapy project-related outcomes

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## Acknowledgments

- **Co-Investigators**
  - Patricia Brandon, RN-BC
  - Laura Martin, DNP, RN
  - Armin Schubert, MD
  - Rene Meadows, MD
- **Leadership & Staff Nurses from participating units**
  - Gastrointestinal Surgical Stepdown Unit (GISSU)
  - Postoperative Surgical Services Unit (POSS)
  - Transplant Unit (TSU)
- **Tulane University Public Service Interns**
- **Consultant**
  - Susan Beck, PhD, APRN, FAAN, AOCN, Professor, University of Utah

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## Background

- Pain cost > \$635B annually
- More than combined cost of
  - Diabetes
  - CV disease
  - Cancer
- IOM pain report recommends
  - Interprofessional collaboration
  - Patient-centered interventions
- Joint Commission (2015)
  - Nonpharmacological options



IOM (2011). *Relieving pain in America*.



## Bundling Interventions to Enhance Pain Care Quality

- Design – Implementation Science Methodology
- Setting – Medical Surgical Units
- Data Analysis Plan – Interrupted Time Series
- Study Period – October 1, 2014 – September 30, 2016



## Supporting Evidence

- Literature review
  - OvidMedline & CINAHL
  - 2003-2014
- 47 articles
  - Complementary therapy
  - Pain management
  - Nonpharmacological therapy
  - Coping
  - Outcomes measurement
- NDNQI Pain Care Toolkit
- Concept of *bundling*



Bird et al. (2010). Adherence to ventilator-associated pneumonia bundle and incidence of ventilator-associated pneumonia in the surgical intensive care unit. *Archives of Surgery*, 145(5), 465-470.

Paul et al. (2014). Improving adherence to PALS septic shock guidelines. *Pediatrics*, 133(5), pp. e1356-1366.

2003-2014 Evidence Sources (N =41)	Patient Education (n=6)	Pain & Coping Assess (n=11)	Pain Rounds (n=5)	Pain Communication (n=3)	Pharmacological Therapy (n=4)	Complementary Therapy (n=12)
Systematic Review	1	0	0	0	1	2
RCT	1	0	0	0	0	5
Quasi-Experimental	0	0	1	0	0	1
Comparative or Correlational	2	7	1	1	1	3
Quality Improvement	1	1	2	1	1	0
Qualitative	0	2	0	0	0	0
Expert Opinion	1	1	1	1	1	1



**BITE**  
PAIN THERAPY **Goal I**  
Engaging Patient to Define & Communicate Expectations

2

Pain & Coping with Pain Assessment / Reassessment

**Pain Rating Scale**

0	2	4	6	8	10
No Hurt	Hurts Little Bit	Hurts Little More	Hurts Even More	Hurts Whole Lot	Hurts Worst
No Pain	Mild Pain	Moderate Pain	Severe Pain		

**Coping Rating Scale**

10	8	6	4	2	0
Coping All The Time	Coping Most Of The Time	Coping Sometimes	Seldom Coping	Never Coping	

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**BITE**  
PAIN THERAPY **Goal I**  
Engaging Patient to Define & Communicate Expectations

3

Structured Pain Rounds




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**BITE**  
PAIN THERAPY **Goal I**  
Engaging Patient to Define & Communicate Expectations

4

White Boards & Clip Boards

- \*Comfort goal
- \*Time for next pharm therapy

**Mr. Joe** Today's Date: 8/11/15  
Room # (if applicable): 953 Tel. # (if applicable): 842-2953  
Physician: Dr. Smith Nurse: Amanda R.N. Monique P.T.  
No Medication: 8/11/15 No Food for the Day: none  
No Oral for the Day: Stay in bed, call for assistance  
No full walk, pain control!  
Available Date: 10 AM 18  
Pain Goal: 3  
Ochsen

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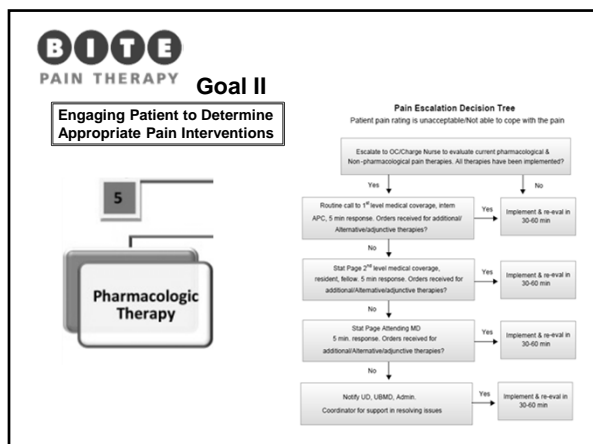
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Take the BITE Out of Pain			
Complementary Therapy Menu			
Therapies you and your nurse can do now			
<b>Music Therapy</b> •TV Channel 20 •Listen to your music	<b>Relaxation<sup>1</sup></b> •Deep breathing •Stretching •Progressive muscle relaxation •Prayer •Meditation	<b>Guided Imagery<sup>1</sup></b> •Meditate on images on music TV Channel 20 •Create own images  <sup>1</sup> Ask your nurse for instructions	<b>Distraction</b> •Read •Electronic games •Crossword puzzles, word searches •Board games •Watch TV
Ask your nurse about arranging the following therapies			
<b>Music Therapy<sup>2</sup></b> •Live music in your room	<b>Massage Therapy</b> •Personalized hand massage	<b>Aromatherapy</b> •Essential oils to smell	<b>Distraction Resources</b> •Crossword puzzles, word searches •Checkers/Chess •Books •Have someone read to you <sup>2</sup>
<b>Pet Therapy<sup>2</sup></b> •Pet visit in your room	<b>Positioning</b> •Repositioning •Elevation of extremity	<b>Physical Agents</b> •Heat or cold	
<sup>2</sup> Call Volunteer Services, 842-5085 to schedule; <small>NOTE: Based on availability</small>			

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## Pet Therapy




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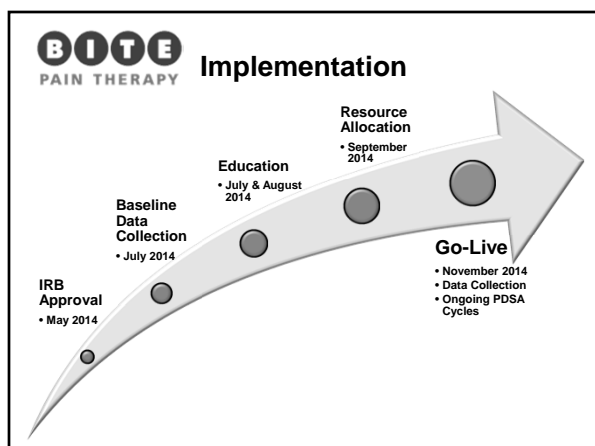
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## Outcome Measures Pain Care Quality

### • PainCQ® Surveys

#### – PainCQ-N® (14 items)

- Being Treated Right
- Comprehensive
- Efficacy of Pain Management

#### – PainCQ-I® (6 items)

- Partnership
- Comprehensive

### • HCAHPS Pain

#### Management Survey

1. How often was your pain well controlled?
2. How often was everything done to help with your pain?

<http://www.hcahpsonline.org>

Pett et al. (2013). Confirmatory factor analysis of the PainCQ. HSR, 48(3), 1016-1036.

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## Nurse Dose Outcome Measures

### Active Ingredient

- Education (% RNs ≥ BSN)
- Experience (Avg RN org yrs)
- Skill Mix (% RNs to other)

Nurse Dose

### Intensity

- FTEs (RN productive)
- RN:Pt Ratio (RN prod hrs/pt days)
- RN-HPPD (RN prod hrs/pt days)

Manojlovich et al. (2011). Nurse dose. Nurs Res, 60(14), 214-220.

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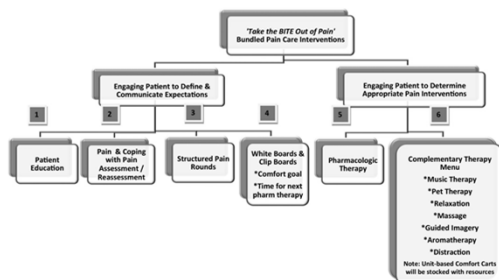
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## Outcome Measures Adherence to Bundle




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Run #	1. OS	Discharge today (Y/N)?	Date	BUNDLE ADHERENCE AUDIT TOOL
<b>'BITE Pain' Bundle Adherence Audit Tool</b>				
<b>Bundle component</b>		<b>Yes</b>	<b>No</b>	<b>Comments</b>
1a. Did your nurse educate you about your pain management?				
b. Did you receive a pain education pamphlet like this? (NCCN/PAINBITE)				
1c. Was the education about your pain management helpful?				
2a. Did the nursing staff ask you about your pain?				
b. Did the nursing staff help you to identify a comfort goal to manage your pain?				
c. Did the nursing staff ask you about how effectively you were coping with your pain?				
3. Did the nursing staff check on you every 1 to 2 hours and ask you about comfort or pain?				
4. Which pain management communication method is being used?				
a. Clip Board in use? [observed by data collector]				
b. White Board in use? [observed by data collector]				
c. In the data accurate? [observed by data collector]				
d. Comfort goal indicated? [observed by data collector]				
e. Next pain medication dose indicated? [observed by data collector]				
f. Was the information on the board helpful?				
g. What was helpful?				
h. What was not helpful?				
5a. Do you know whether medications are available for your pain?				
b. If yes to 5a, Did the medication help your pain?				
6a. Did your nurse tell you about the complementary therapy services on this memo? (NCCN/MEMO)				
b. Did you select any of the therapies on this memo?				
c. Did you receive any of the therapies you selected from the memo?				
d. Did the therapists help you cope with your pain?				

Notes: 1a,b,c, 2a,b, 3, 4a,b, 5a, 6a will be used to assess perceived helpfulness of bundle components.

**BITE Pain: *What's Working for Nurses & What's Not***

Instructions: Please evaluate whether or not each of the BITE Pain Interventions is working (you can or cannot do it). Include any comments that will help us to improve this project. Use the back of this card for additional comments.

Date: \_\_\_\_\_ Shift: \_\_\_\_\_ Unit (circle 1): **MSU GISSU TSU POSS**

BITE Pain Intervention	Is it working?		No requests	Have not used	Comments (especially what is not working)
	Yes	No			
Pain & Coping Assessment at same time					
Structured Pain Rounds per guideline					
White Board to communicate pain therapy					
Orp Board to communicate pain therapy					
"Taking the Bite Out of Pain" Menu (daily review)					
Access to pharmacological agents for pain when you needed them					
Pharmacological Escalation Guideline got you what was needed for patient					
Able to facilitate complementary therapy options selected by patient					
Scheduled Volunteer Services without problem					
Comfort Cart had what I needed					

Contact Karen Rice, [krice@ochsner.org](mailto:krice@ochsner.org) or at 842-6193 for questions or concerns.

**BITE**  
PAIN THERAPY

# Challenges & Lessons Learned

The diagram illustrates the interconnected nature of the BITE Pain Therapy program's challenges and lessons learned. It consists of four circular nodes arranged in a diamond shape, each representing a different aspect of the program:

- MOVING**: Represented by a truck icon, symbolizing the transition from traditional pain management to a new model.
- LOGISTICS**: Represented by a box on wheels icon, symbolizing the challenges of implementing a new program.
- Nursing**: Represented by a stack of books icon, symbolizing the role of nursing in the program.
- SUSTAINABLE DEVELOPMENT**: Represented by a globe icon, symbolizing the long-term impact and sustainability of the program.

Lines connect the circles, indicating that these aspects are interrelated and influence each other.




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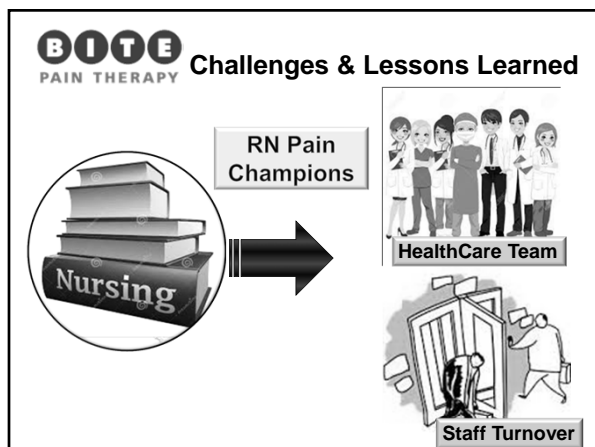
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**BITE**  
PAIN THERAPY

## Challenges & Lessons Learned

**Tanya Young, RN**




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**Ochsner Medical Center**

## BITE Pain

*Building Interventions To Enhance Pain Care Quality*

**MAGNET**  
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### All About Pain

- More than 100million Americans suffer from acute & chronic pain
- Annual cost of > \$635 billion; more than combined cost of diabetes, CV disease & cancer
- 30% of hospitalized patients have chronic pain
- Inadequate pain management & undertreatment of pain in hospitalized adults is due to failure to assess & reassess pain after medicating (Institute of Medicine, 2011)
- Joint Commission (2015) added nonpharmacological pain management as quality indicator

### Busting Myths About Pain

MYTH	FACT
IV pain medications can be converted to oral medication equivalence using the last effective dose administered	The 24-hour history of pain medication use is required to determine oral pain medication equivalence
Oral & IV opioids are equal in dose equivalence	<ul style="list-style-type: none"> <li>Oral (morphine, oxycodone, hydrocodone, etc.)</li> <li>Morphine 2:1</li> </ul>
IV hydromorphone & morphine are equal in dose equivalence	<ul style="list-style-type: none"> <li>IV hydromorphone</li> <li>Morphine 10:1 mg/IV hydromorphone</li> <li>Hydromorphone 1mg/IV = Morphine 10mg/IV</li> </ul>

### BITE Pain Bundle

**Pain Care Quality**

**Bundle Adherence**

### Patient Testimonies

**Pearls to Drive Adoption**

### References

Institute of Medicine  
Joint Commission

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**Ochsner Medical Center**

## BITE Pain

*Building Interventions To Enhance Pain Care Quality*

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## Summary / Conclusion



- Trending outcomes
  - Pain Care Quality
  - Bundle Adherence
  - Nurse Dose
- Dynamic team/staff interaction
  - Timely communication
  - Process improvement

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**BITE**  
PAIN THERAPY

## Contact Information

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Danielle Haydel, BSN, RN, CCTN  
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