Pain Management: Rounding to Improve the Patient's Experience

Melodie Ruth Daniels, RN
Inservice Education Department, Sharp Grossmont Hospital, La Mesa, CA, USA

Purpose:

The goal was to implement and opioid sparing approach while improving the patient's experience with pain management, increasing patient satisfaction in the pain management domain.

Relevance/Significance:

Pain management is consistently identified as a leading problem throughout hospitals across the United States, one that results in significant costs both to institutions and patients alike. The Hospital's patient satisfaction scores for pain were low even though significant amounts of opioids were given. An opioid-sparing approach maintaining or improving patient satisfaction scores was needed.

Strategy and Implementation:

Pain management is one of the most complex challenges facing health care in the United States, but at this Community Hospital we face those challenges with innovation. Recently, the Orthopedic Specialty Unit for Total Knee Replacement (TKR) had many complaints of uncontrolled pain with correspondingly low patient satisfaction scores in pain management. An interdisciplinary team of physicians, nurses, and pharmacists collaborated and formed the "Pain Management Team" to address pain management in TKR patients. They set the goal to increase the number of TKR patients reporting that their pain was well-controlled. The team wanted to ensure patients regularly achieved a pain score at or below their "acceptable pain level" – the level of pain that does not distress a patient – even on the most difficult day, post-op day #2. An innovative Electronic Medical Record (EMR) Pain Dashboard was developed to highlight inpatient pain scores. In 2016, the Pain Management Pharmacist and Clinical Nurse Specialist conducted a pilot on the orthopedic unit using the new Cerner® Pain Dashboard. Patient Satisfaction related to pain management steadily increased on Orthopedic Unit after implementation. The HCAHPS question, "Was your pain well controlled?" score increased 20% in just one month.

Evaluation/Outcomes:

The innovative EMR Pain Dashboard was created to allow the interdisciplinary team to assess baseline pain trends and monitor the Pain Initiative's effects over time. The central metric on the Pain Dashboard was the percent of patients per month who had pain scores less than or equal to the patients' acceptable levels of pain during their hospital stay. The initiative allowed these scores to be tracked and trended over time; however the most powerful component was the daily rounds with the Cerner® Pain Report. This report allowed the Pain Pharmacist to identify patients with consistently high pain scores (7 through 10 out of 10) and independently perform pain assessments on these patients. The Nurse Manager and the clinical nurses on the Orthopedic Unit simultaneously used the daily report by following an algorithm to ensure uncontrolled pain was identified and treated (algorithm attached). This algorithm, developed by the Clinical Nurse Specialist and Pain Management Pharmacist, incorporated a three-step triaged system. The algorithm informed coordination of the interdisciplinary team of nurses, pain pharmacist, and physicians to reduce pain scores to acceptable levels in as many patients as possible with no interruptions to workflow. Using the new Pain Dashboard, the Orthopedic Unit Patient Satisfaction scores related to pain management increased significantly.

As a result of this initiative, patient satisfaction scores, in the pain management domain, improved from as low as 40th percentile in April 2016 to 90th percentile in October 2017.

Implications for Practice:

Pain management is a leading problem in U.S. hospitals, resulting an estimated $78.5 billion cost, in 2016. These costs are due to increased health care, addiction, lost productivity, and the criminal justice system. This innovation promotes a safer, opioid sparing approach to pain management. The Orthopedic Unit Pain Project and its positive results exemplify the meaning of service, as the individual patient was treated as a unique person with unique needs that were met by every professional touch-point in the process. This interdisciplinary team's innovative approach to pain management has impacted both the average pain scores and the HCAHPS scores for pain management. The leaders of this project took a proactive approach to ensure that all patients had their pain well controlled for optimal healing. This team's innovative approach has dramatically improved patient satisfaction in the areas of the EMR Pain Dashboard's implementation.

Title:
Pain Management: Rounding to Improve the Patient's Experience

References:
Cassel, C. K., & Saunders, R. S. (2014). Engineering a better health care system: a report from the President's Council of Advisors on Science and Technology. *JAMA, 312*(8), 787-788.

Dowell, D., Haegerich, T. M., & Chou, R. (2016). CDC Guideline for Prescribing Opioids for Chronic Pain - United States, 2016. *MMWR: Recommendations and Reports, 65*(1), 1-49. doi:10.15585/mmwr.rr6501e1

Drake, D. A., Luna, M., Georges, J. M., & Steege, L. M. B. (2012). Hospital nurse force theory: a perspective of nurse fatigue and patient harm. *Advances in Nursing Science, 35*(4), 305-314 310p. doi:10.1097/ANS.0b013e318271d104

Elkins, C. (2016, March 17, 2016). CDC Announces Official Guidelines for Opioid Prescriptions.   Retrieved from https://www.drugrehab.com/2016/03/17/cdc-announces-guidelines-for-opioid-prescriptions/

FDA warnings. (2016, March 22, 2016). *FDA announces enhanced warnings for immediate-release opioid pain medications related to risks of misuse, abuse, addiction, overdose and death.* Retrieved from http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm491739.htm

Lim, Y. C., Yobas, P., & Chen, H.-C. (2014). Efficacy of Relaxation Intervention on Pain, Self-Efficacy, and Stress-Related Variables in Patients Following Total Knee Replacement Surgery. *Pain Management Nursing, 15*(4), 888-896. doi:http://dx.doi.org/10.1016/j.pmn.2014.02.001

Mannon, M. (2014). Lean Healthcare and Quality Management: The Experience of ThedaCare. *Quality Management Journal, 21*(1), 7-10.

Pon, D., Awuah, K., Curi, D., Okyere, E., & Stern, C. S. (2016). Combating an epidemic of prescription opioid abuse. *California pharmacist*(Winter), 23- 30.

Raffa, R. B., & Pergolizzi, J. V. (2014). A modern analgesics pain 'pyramid'. *Journal of Clinical Pharmacy and Therapeutics, 39*(1), 4-6 3p. doi:10.1111/jcpt.12110

Abstract Summary:
An innovative Pain Dashboard with an EMR Pain Report allowed an interprofessional team to monitor patient's pain throughout the hospital, intervene immediately, then improve communication about pain through motivational interviewing. This innovaton promotes a safer, opioid sparing approach to pain management.

Content Outline:
Pain Management: Rounding to improve the patent's experience

Purpose:

The goal was to implement and opioid sparing approach while improving the patient's experience with pain management, increasing patient satisfaction in the pain management domain.

Strategy and Implementation:

1. An innovative electronic medical record (EMR) pain dashboard, pain report, and interprofessional rounding process was created.
2. The most powerful component was the daily rounds with the EMR pain report.
3. Comprehensive pain assessments were completed with identified patients

Evaluation/Outcomes:

As a result of this initiative, patient satisfaction scores, in the pain management domain, improved from as low as 40th percentile in April 2016 to 90th percentile in October 2017.

Implications for Practice:

This innovation promotes a safer, opioid sparing approach to pain management.

First Primary Presenting Author
Primary Presenting Author
Melodie Ruth Daniels, RN
Sharp Grossmont Hospital
Inservice Education Department
Magnet Program Director
La Mesa CA
USA

Professional Experience: Clinical Nurse Specialist for Pain Team with 10 years of experience in Pain Management. Local and National presentations on pain management. Received prestigious Pillar Award in the Hospital system for the development of a pain dashboard resulting in increases in hospitalized patient satisfaction from the 40th to the 90th percentile.
Author Summary: Melodie Daniels earned her bachelor of nursing science degree from San Diego State University, After earning her Master of Science in Nursing at San Diego State she began practice as a Clinical Nurse Specialist. Melodie Daniels is a Sigma Theta Tau, Virginia Henderson Fellow, Sigma Theta Tau Fellow. She is currently a PhD Candidate in the University of San Diego, Hahn School of Nursing.