Indiana University Health

Improving Knowledge and Driving Outcomes through a Nurse-Led Pain Management Program

Courtney Fouché, MSN, RN, CNS
Jennifer Sweeney, MSN, RN, ACNS-BC, CDE

Conflict of Interest Disclosure

• Jennifer Sweeney – None
• Courtney Fouché – None

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Objectives

• Describe the design of a focused pain curriculum for direct care nurses and providers.
• Understand the impact of a pain curriculum for direct care nurses on both patient and nurse satisfaction.
Background

• Ample pain research
• Integration into practice can be a challenge
• Nurses are main patient advocate

Survey

• Conducted Knowledge and Attitudes survey
• Most frequent missed responses:
  ‘How to manage pain based upon pain scores’
  ‘Fear of over-sedation/respiratory depression’
  ‘Opioid dosing’
• Similar responses were observed across our hospital system.


Interprofessional Team

• Designed basic and advanced curriculum for pain management
• Focused education around the three-tiered opioid tolerance protocol
• Basic - all nurses
• Advanced – CNSs, unit-based nursing champions, and providers
Curriculum

• Basic overview:
  1. Review of current pain scores
  2. Terminology defined - naïve, tolerance, physical dependence, pseudo addiction, addiction
  3. Opioid management naïve to tolerant order set - explaining design to stratify opioids and adjunctive medications based on patient’s tolerance
  4. Symptom management
  5. Reassessment

Curriculum

• Advanced overview
  1. Same education as basic
  2. Added the escalation process education
  3. Dependency process map
  4. Variance education
  5. Coaching help by addictions specialist

Escalation Process
Treatment Recommendations/Dependence Process Map

Real-Time Coaching

- CNSs and unit-based nursing champions
- Pain management specific to opioid dosing
- Looking for variances to protocol

Variations

- Review with nurse
- Analysis of variance
- Appropriate referrals in place?
Wins

- Improved reliability in nurse assessment in complex pain scenarios
- Improved confidence
- Improved knowledge

DATA REVIEW

HCAHP: Pain Well Controlled

[Graph showing percentage of pain well controlled from January 2011 to June 2012, with UCLs and LCLs indicated.]
### Opioid Leveling

- **Intervention Group**
  - Level 1: 8.9%
  - Level 2: 37.8%
  - Level 3: 53.3%

- **Control Group**
  - Level 1: 20.0%
  - Level 2: 22.2%
  - Level 3: 57.8%

### Multi-modal approach

- **Celecoxib**
  - Intervention: 22.2%
  - Control: 18.8%

- **Toradol**
  - Intervention: 33.3%
  - Control: 26.4%

- **Pregabalin**
  - Intervention: 44.4%
  - Control: 35.4%

### Changes to Treatment

- **Intervention Group**
  - 33.30%
  - p = 0.020

- **Control Group**
  - 60.00%
References