Best Practices in Pain Management Nursing: Results of the ASPMN Pain Outcome Metrics Task Force

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Disclosures

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  • Owner Pinnacle Pain Consulting
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Describe the impetus for the formation of the ASPMN Pain Outcome Metrics Task Force
Throughout the end of 2013 and in early 2014, an increasing number of questions were posed to the American Society for Pain Management Nursing (ASPMN) Listserv about the existence and composition of pain management services.

The work of this task force began with one question posed by a member, Susan White on February 19, 2014.

I asked this question some time ago, but never received any responses. I'm hoping for better luck this time! Pain Management CNS's. What metrics are you using in your hospital setting as measures of your effectiveness? Thanks so much.

Susan E White, MSN, RN-BC, CHFN, CNS
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This Question Spurred a Tremendous Response from our ASPMN Listserv Membership

APS Nursing SIG on behalf of Susan E. White (Palliative Care)
2/26/2014 9:27 AM

Re: [Apsnursingsig] CNS pain metrics webinar
To: apsnursingsig@listserv.com

Thanks for replying to this, Carrie! This topic has generated tremendous interest and we hope to include everyone who has requested to be added to the group. If there is a cap on the number of web conference participants, we will certainly summarize and report to the listserv so we can catch everyone.
Susan

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Received ASPMN BOD Support

It would be great to see the article. It reminds me of the link below.

http://nett

Not everything that counts can be counted, and not everything that can be counted counts.

—William Bruce Cameron
Quality Pain Care and Pain Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Scores

- HCAHPS Pain Scores are one of eight Patient Experience Dimension Scores which effect the Total Performance Score used to calculate the Medicare Incentive Program known as Value Based Purchasing.
- Some studies suggest pain management is highly correlated with overall satisfaction with the hospital (0.84 correlation coefficient); Patient Experience Scores represent 30% of Total Performance Score (Gupta, 2009).
- Therefore, high patient satisfaction with pain management impacts the hospitals Medicare reimbursement.
The Impact of HCAHPS and Value Based Purchasing on Pain Management Services and Pain Specialists

The Affordable Care Act of 2010 established the Hospital Value Based Purchasing Program, which applies to payments beginning in Fiscal Year (FY) 2013 and affects payment for inpatient stays in more than 3,000 hospitals across the country.

Under the Hospital VBP Program, Medicare makes incentive payments to hospitals based on either:

- How well they perform on each measure;
- How much they improve their performance on each measure compared to their performance during a baseline period.

CMS assesses each measure using an achievement threshold (minimum level of performance) or National Benchmark obtained from baseline data.

Program began in October of 2012 with significant financial impact to participating hospitals based on performance.
Safe and Effective
Quality Pain
Management

High Patient Satisfaction
Scores with Pain Management
Pain Outcome Metrics Task Force
Established in 2014

Charter

“To articulate outcomes of pain management nursing influence that are or are not associated with HCAHPs, to share best practices from the group as to what has been effective in moving the HCAHPs scores up, to find ways to measure our profession, Pain Management Nursing, and our contribution to Healthcare”
Prioritized Work Of Task Force

- The task force identified three outcomes:

  1) To articulate the outcomes of pain management nursing influence that are or are not associated with HCAHPS

  2) To share best practices from the group of pain management expert nurses as to what has been effective in improving the HCAHPS scores

  3) To find ways to measure our profession, Pain Management Nursing and our contribution to healthcare
Describe the process of literature review for the Pain Outcome Metrics Task Force Project
CINAHL SEARCH

• Volunteers either enlisted the assistance of an institutional librarian or performed the literature search on their own.
• One example: CINAHL only with following: (MM "Pain+" AND MH "Nursing Role") OR (MM "Pain+" AND MH "Change Management") OR (pain N3 resource N3 nurs*), Restricted to English, (MM= major subject heading, MH= subject heading, N3= within 3 words)
• Yielded 43 articles
Literature Review

- Each POMTF member given an assignment of articles to read, review, critique and fill out supplied literature review templates
- Areas of interest when reviewing articles:
  - Study population/sample
  - Best practices identified
  - Correlations between pain satisfaction scores and best practices
  - Barriers cited to pain management
  - Any additional comments or findings of interest
  - If article about PRN role noted team membership, meeting arrangement, certification, education, organizational resources to support role, barriers cited and outcomes measured, if available
Literature Review

- Articles were further divided into categories/sphere of influence:
  - Across healthcare
  - At the organizational level
  - Or, patient level
Describe the findings of literature review for the Pain Outcome Metrics Task Force Project
Barriers to Pain Management

- Complex nature of the subjective pain experience
- Pain often co-exists or viewed along with suffering, anxiety, depression and quality of life factors
- Lack of fundamental knowledge and expertise related to pain management
- Lack of assessment
- Unavailability and/or infrequent use of non-pharmacological interventions
- Frequent staff turnover
- Delaying pain management until diagnosis is made
- Fear of addiction and intolerable side effects
Barriers to Pain Management-cont.

- Communication barriers
- Cultural barriers
- Patients expectations & reluctance to report pain
- Healthcare staff perception, attitude & misconceptions
- Non-cohesiveness of the healthcare team
- Resistance to change
- Lack of administrative support
- Lack of patient/family education about pain management
- Lack of pain education programs within institutions
Literature Findings

- Tools used to assess pain structure or outcomes:
  - American Pain Society Pain Outcome Questionnaire – Revised (APS-POQ-R)
  - Pain Care Quality Survey (Pain CQ)

- Best practices linked to
  - Pain scores (NDNQI)
  - Patient satisfaction
There is limited evidence and thus limited knowledge of the quality measurement related to structure, process and outcomes of pain management.

There is a need for further research on pain management indicators that directly influence pain outcomes because of the high importance currently placed with reimbursement tied to pain management patient satisfaction.
Describe the methodology used to obtain qualitative and quantitative information from members of the ASPMN Listserv
Background

- In 2014 there was a trend of increasing questions posted to the American Society for Pain Management Nursing (ASPMN) Listserv about pain management services.

- An initial survey was presented to the member list.

- Nearly seventy (18%) of the approximately 376 members of the ASPMN responded. We knew we should take this further.
Methods

- September 2014. The first meeting of the Pain Outcome Management Task Force (POMTF) was held.

- The group began to prioritize activities and developed a Survey Monkey® inquiry.

- Final approval of the survey was granted by the BOD and the final survey was distributed.

- The POMTF then began regular teleconference meetings to discuss the survey results and next steps.
Methods

- The team decided to develop two sets of interview questions to be presented at the ASPMN National Conference in 2015.
- This was done for the conference attendees who met the criteria as either being a:
  - 1). Dedicated Pain Management Nurse (PMN)
  - 2). Having Pain Resource Nurse (PRNs) or Pain Champions at their organization.
Methods

- On November 4, 2015, members of ASPMN who were Pain Resource Nurses and Pain Management Nurses were asked to participate in an interview about their role.

- In March 2016, results were obtained and then divided up between task force members to summarize and delineate common themes.
Outline the results of the initial Pain Outcome Metrics Survey
Design

- This was a qualitative review using surveys via Survey Monkey®.

- The initial response to the first survey was 7%. The decision was made to return to the initial data from the first survey query and reconsider the survey questions.
Initial Data

Education Preparation of Respondents N=27
Percentage of Each Respondent

<table>
<thead>
<tr>
<th>Degree</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>PhD</td>
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<tr>
<td>DNP</td>
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<td>MS/MSN</td>
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<td>NP</td>
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<td>CNS</td>
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<td>CRNA</td>
<td>0</td>
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<tr>
<td>ANCC BC IN Pain</td>
<td>55.56</td>
</tr>
<tr>
<td>Other</td>
<td>29.63</td>
</tr>
</tbody>
</table>
Initial Data

Demographic Composition of Outcome Measure Respondents by Degree Type

- Nurse Anesthetist: 0
- Nurse Midwife: 0
- PhD: 3.45
- AD-DIPLOMA: 13.79
- DNP: 17.24
- Other: 31.03
- BSN-RN: 34.48
- Nurse Practitioner: 41.38
- Clinical Nurse Specialist: 44.83
- ANCC Board Certified in Pain: 55.17
- MS/MSN: 86.21
Does Your Organization Have a Dedicated Pain Team?

Survey Respondents and Organizational Commitment to Pain Service

- Acute Pain Service Team: 75.86%
- No Acute Pain Service Team: 10.34%
- No Pain Team, Palliative Service Manages Pain: 10.34%
- Did not Answer: 3.71%

Percent Respondents with a Dedicated Pain Team

- Pain Team: 74.07%
- No Pain Team: 11.11%
- No Pain Team, Palliative Service Manages Pain: 11.11%
- Did not Answer: 3.71%
HCAHPS Reporting Questions to Identify Organizations with Best Practice in Pain

Percent of Respondents Reported HCAHPS DATA

- Did not Report: 40.9
- Reported "Do Not Know HCAHPS": 3.7
- Only Reported Composite: 7.4
- Reported Composite and Both Pain Questions: 48
HCAHPS Frequency Distribution from Respondents

Percent of Respondents Reporting
HCAHPS Range Percentiles

- >90%: 7
- 80-89%: 0
- 70-79%: 64
- 60-69%: 29
- <60: 0
Comparison of Organizations Reporting Bed Size, Acute Pain Service, Pain Resource Nurse Program and Composite Scores

Comparison of Organizations with APS, Pain Resource Program, Bed Size and Mean HCAHPS Pain Score

BED SIZE BLUE= 500-1000
BED SIZE ORANGE= 300-500

Acute Pain Service

Pain Resource Program

Mean HCAHPS Composite

ASPMN Conference Sept. 15, 2017 Session 4E
Frequency of Metrics and Measures Collected related to Quality Pain Management which are not associated with HCAHPS scores

![Frequency of Pain Metric Outcomes Collected by Percent](image-url)
Qualitative Survey Sample

- The larger project focus remains on ways to articulate outcomes of pain management nursing influence that may or may not be associated with HCAHPs.

- Share best practices from the group about what has been effective in moving the HCAHPs scores up.
This project also aimed to find ways to measure our profession, how we manage our patient’s pain, and our overall contribution to healthcare.

In March 2016, results were obtained and then divided up between task force members to summarize and delineate common themes.
Michelle Nelson, MA, CNS-BC, RN-BC

Describe the results obtained from the dedicated Pain Management Nurse Qualitative interview respondents
“A dedicated Pain Management Nurse (PMN) is a Nurse, or an Advanced Practice Nurse whose only responsibility within the organization is to perform pain consultations or at least 50% of the FTE time is spent performing pain consultations and the other 50% is spent on education, policy and program development activities related to pain management within the organization.”

### Pain Management Nurse

#### Setting
- Inpt
- Outpt
- Both

#### Certified
- Yes
- No
- Pursuing
- No response

#### Education
- MSN
- CNP
- BSN

### Identified aspects of role

- PMN’s were less likely to be directly involved in tracking organizational nursing initiatives to improve pain management.
- Less than half were involved with review of HCAHPS scores on pain management.
  - Of those who responded positively they did not indicate they were responsible for the review.

All PMNs had a strong passion for caring for patients with pain but their individual experiences and practices were widely varied.
One of the NPs was recently asked to join
In one organization the CNS was involved in 4 other hospital committees to represent pain
3 of the organizations without committees had dedicated PMNs who were CNSs
One negative response was from a clinic
The 3 CNPs did not appear to be involved with the PRN group
5 responses indicated that they were actively involved with the group
• 1 was co-chairing
• 2 were relatively new groups, 1 of which was being “revived”
• 1 facility was currently working on specific pain management competencies
• Many PMNs felt little to no impact of programs for a variety of reasons
  • Attrition, too soon in the program
  • 2 were unsure
• Not all respondents indicated what outcomes they were tracking
  • Morphine equivalents, 0-10 metrics, pain variances, meeting JC standards
Describe the results obtained from the dedicated Pain Resource/Pain Champion Nurse qualitative interview respondents
“A pain resource nurse/champion role (PRN) is an engaged, influential, credible and empowered nurse who functions as a resource, expert, mentor, advocate, liaison, change agent and facilitator of evidence-based pain management practices and knowledge across the area of practice and at the point of care.”

Setting

- Inpt
- Outpt

Pain Certified

- Yes
- No
- Pursuing

Education

- AD
- BSN
- Masters

One hospital’s experience...

- PRN’s were very aware of the what outcome measures were monitored in their organization and knew what improvements had been made
- PRN’s felt empowered to impact pain care real time at the bedside and felt that this work was both directly and indirectly impacting noted improvements

EMPOWERMENT CHANGES PRACTICE ...

“I can advocate for patients with the physician. When I call now I feel confident that I know what to ask for on behalf of the patient”
Outcomes Measured for Pain Assessment:

- Time to first pain assessment
- Frequency and number of pain assessments per shift
- Frequency of comprehensive pain assessment data with first pain assessment each shift and updated with new/different types of pain
Outcomes Measured for Pain Management:

- Reassessment with all PRN analgesia within 60 minutes of intervention
- Pain management (PRN analgesics) is within scope of practice, i.e., based on pain intensity per physician order, based on safe opioid administration guidelines
- Use of non-pharmacological pain interventions and reassessment

Scope of Practice

- 2013
- 2014
- 2015
- 2016
Outcomes Measured for Patient Engagement:

- Target pain goals set with patient and reevaluated regularly
- Patient informed of options for pain treatment
- Patient education regarding pain assessment methodology
Valerie Gillis, MSN, RN, CPAN

Outline the overall Best Practices obtained throughout all interviews and the literature
Best Practices Identified

- Implementation of an Advance Practice Nurse Led Acute Pain Service
- Consider providing a pain management fellowship program to direct care nurses who want to advance their pain knowledge and skills with the Acute Pain Service
- Implement a pain management program
Best Practices Identified

- A dedicated Pain Committee with interdisciplinary representation to evaluate the quality of pain care within your organization
- A dedicated pain Clinical Nurse Specialist who has the expertise to evaluate pain management practices in your organization
- Implement a mandatory Pain Medication & Opioid Safety course for all RNs, including a pain curriculum that supports multimodal pain management
Best Practices Identified

- Provide organizational support for programs which empower nurses to obtain pain management certification, advance their knowledge in pain management and participate in process improvement activities.
- Incorporate pain education in the New Employee Orientation program and the New Graduate Residency Program.
- Implementation of some type of communication in the patient’s room for example a “white board” to help communicate to staff and patients.
Best Practices

- During patient rounding add a question that addressing pain management
- Ensure the discharge patient experience is meaningful that allows time for teaching and questions
  - Utilize pharmacy colleagues
  - Implement a questions about pain management in your follow up phone call
Suggested Outcome Measures
From Best Practices

- Improvement in the clinical performance on Pain CQ Tools:
  - APS-POQ-R
  - Pain CQ
- Improvement of the patient’s functional status
- Improved interprofessional communication and/or coordination of pain care
- Decreased use of rescue medications
- Review outcomes detailed on slide 34
Best Practices Highlight

Nationwide Children’s Hospital

- HCAHPS scores reported at 90th Percentile for both pain questions-highest reported from listserv membership
- 450 Beds; Main Hospital plus offsite clinics
- 45 Minute New Employee Orientation on Pain Management, Philosophy and Assessment Tools
- Implemented 6 Hour Long IV Opioids Class for all RNs
- 24/7 Acute Pain Service with APN Coverage
- Provided review booklet and pre-test
- 50 Item Test
- Required to score 90% or greater

A genuine thank you to Sharon Wrona, DNP, RN-BC, PNP, PMHS, AP-PMN Administrative Director Pain & Palliative Care Services for sharing her organization’s best practices with POMTF
Summary

- Patient Satisfaction is only one outcome metric to evaluate quality pain management services.
- More research is required to provide evidence of positive outcomes associated with quality pain management services.
- All APNs, and nurses working in pain management should participate in activities which contribute to further the body of evidence regarding positive outcomes of our work in pain management.
Limitations

- Limitations to Survey Design
- Response Rate of 7%
- Modification of qualitative questions
- Would have obtained more robust data with modified questions
- Perform a preliminary pilot project and apply learnings to final project
- Obtained IRB approval
- Pilot data for formal study
Conclusions – Implications for Nursing

- In the ever changing health care environment we must find ways to continue to achieve quality outcomes while keeping patients safe and being fiscally responsible.
- Find one way that you could use the work of this committee and take one small step toward better pain management and improved patient satisfaction.
SUMMARY

- Multiple organizations recommend education and training in pain management
  - The Joint Commission Sentinel Event Alert #49 (2012)
  - Institute for Safe Medication Practices (ISMP)
    - Reducing patient harm from opioids-2007
    - Urges caution with basal opioid infusions-2009
  - Multiple State Organizations have now implemented opioid prescribing guidelines which include pain management education and competence
Questions/Comments

- Any questions or comments for us at this time
Thank you
References


