



Program

Target Audience

The target audience for the 27th National Conference includes registered nurses and advanced practice nurses practicing in pain management, as well as nursing faculty and nursing students with an interest in pain management.

Conference Goals

- Discuss clinical options for the treatment of patients who require pain management nursing care.
- Analyze clinical, research, sociocultural and legal developments in the field of pain management.
- Advocate for the provision of comprehensive, evidence-based, quality care of individuals and their families experiencing problems related to persistent pain conditions.
- Network with nurses and other health care professionals who focus on pain management in their practice.

Program Objectives

Learning objectives for each session will be posted on the ASPMN® Conference webpage at a later date.

ASPMN® Conference Planning Committee

Program Co-Chairs

Lynn Clark, MS, RN-BC, CPNP-PC, AP-PMN, Chair
Pamela Geyer, JD, RN-BC, CFN, FACFEI, Co-Chair

Committee Members

Cheryl Deters, CPNP
Cindy A. Garlesky, MSN, ARNP, CEN, RN-BC
Laurie Holmes, RN-BC, BSN
Susan Miller, RN
Eileen Smith, MSN, RN-BC
Kimberly Wittmayer, APN, PCNS-BC, AP-PMN
Maureen F. Cooney, DNP, FNP, RN-BC
Ann M. Schreier, PhD, RN

Accreditation

The Greater Kansas City Chapter of the American Society for Pain Management Nursing is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering has been submitted for contact hours applicable for RN, LPN, LMHT relicensure and pharmacology hours for APN relicensure. Kansas State Board of Nursing provider number LT0279-0412.

Networking

The opportunity to develop and continue relationships with your colleagues through networking is one of the key benefits of attending the ASPMN® National Conference. Networking offers many tangible benefits to conference participants, including, but not limited to, validating your experience in providing nursing care and developing a better understanding of your practice and your role in care delivery by learning from others who are dealing with similar circumstances, solving the same problems and confronting the same issues. Take advantage of this national gathering of pain management nurses to learn more about national issues and trends.

Wednesday, September 13, 2017

Time

8:00 a.m. - 5:00 p.m.

*9.3 Contact Hours**

Presentation/Event

Workshop 1

ASPMN® Pain Management Certification Preparation Course™

This course will cover basic physiology of pain, assessment of pain, pharmacologic, non-pharmacologic and interventional management of pain across the lifespan. The information in this course follows the exam content outline created by the Content Expert Panel for ANCC and was compiled by members of the ASPMN®. For those interested in taking the Pain Management Certification Examination while in Phoenix, there is a testing site within four miles of the hotel. For more information on the exam, visit: <http://www.nursecredentialing.org/Certification>.

Presenter(s)

Barbara Vanderveer, MSN, RN-BC;
Renee Manworren, PhD, APRN, BC, FAAN;
Teri Reyburn-Orme MSN, RN-BC, PPCNP-BC/CPNP-AC, AP-PMN

8:00 a.m. - 5:00 p.m.

*9.3 Contact Hours**

Workshop 2

Advanced Pharmacology

UPDATED CONTENT FOR 2017!

Pain management nursing has advanced its practice by leaps and bounds. We no longer assume that pain management is simple, algorithmic nor anecdotal. We now advance into evidence-based practice that is based on neurophysiological research. In order to continue to move pain management nursing forward, we must think in terms of advanced pharmacology that incorporates pain pathways and multi-modal approaches. Mastering the use of multi-modal therapies allows for opioid sparing. This workshop is focused for the seasoned nurse in pain management who is thinking about the depth of a person's individualized pain and how best to treat the etiology of pain while focusing on safety.

Deborah Matteliano, PhD, RN, FNP-BC;
Marie O'Brien, MSN, RN-BC, ANP-C, CCRN

8:00 a.m. - 5:00 p.m.

*9.0 Contact Hours**

Workshop 3

Role of Regional Analgesia in Enhanced Recovery after Surgery (ERAS)

University of Virginia pain experts will provide a review and update to participants on the efficacy of regional anesthetic and non-opioid techniques for acute post-operative analgesia, the impact of regional block techniques on physiological outcomes and the implications of acute peri-operative analgesia on persistent post-operative pain. A multidisciplinary and collaborative approach to surgery through Enhanced Recovery After Surgery (ERAS) invites future options that require prospective nursing assessment on the effects on peri-operative outcomes. The presenters will share latest techniques and outcomes.

Nancy Eksterowicz, MSN, RN-BC, CNS;
Stephen Morton, RN-BC, BSN;
John C. Rowlingson, MD;
Ashley Shilling, MD;
Mohamed Tiourine, MD;
Nicole Cararra, NP, RN-BC

8:00 a.m. - 12:00 p.m.

*4.5 Contact Hours**

Workshop 4

Non-Opioid Holistic & Integrative Pain Management Modalities: An Interactive Hands-On Workshop

Participants will experience, practice and learn hands-on tools for relieving pain. They will be introduced to the nine energy systems that affect pain levels. The harmful effects of stress on pain management will be addressed. Techniques learned in this program will empower the nurse to initiate holistic, integrative methods of pain management without the use of opioids. Pain management modalities utilized include meridians, neurovascular reflex points, acupressure points and chakra clearing. Techniques learned are easily taught to patients or family members in the office or hospital.

Gail Van Kanegan, DNP, FNP, APHN-BC, EEM-AP

Wednesday, September 13, 2017

Time	Presentation/Event	Presenter(s)
12:00 p.m. - 1:00 p.m.	Pre-Conference Workshop Lunch	
1:00 p.m. - 5:00 p.m. <i>4.5 Contact Hours*</i>	Workshop 5 <i>Managing Pain in Older Adults</i> In this "short course", ASPMN® Geriatric Master Faculty will provide the learner an overview of concepts relevant to effective nursing management of the older adult who is experiencing or may experience pain. The workshop addresses the epidemiology of pain, common painful conditions, assessment of pain and treatment of pain in the older adult. Barriers to effective pain management will also be discussed.	Maureen F. Cooney, DNP, FNP, RN-BC; Francine Hoh, PhD, APN, ACHPRN, ACNS
1:00 p.m. - 5:00 p.m. <i>4.5 Contact Hours*</i>	Workshop 6 <i>Pain Management - More Than Just a Pain Score (Pain 101)</i> Since every nurse is a pain management nurse, this workshop will provide the nurse who is new to pain management knowledge to improve assessment and management of pain in patients. This workshop is especially designed for "first time attendees" at ASPMN®. The first half will cover basic physiology of pain, scope of the problem of pain, reasons for under-treatment and overtreatment and essentials of holistic pain assessment and reassessment. The second half will address pharmacologic and non-pharmacologic interventions for pain. At the end of the workshop, time will be given for participants to ask questions, share best practices and network.	Ann Quinlan-Colwell, PhD, RN-BC, DAAPM; Lora McGuire, MS, RN
5:30 p.m. - 6:00 p.m.	New Member/Attendee Orientation	

Thursday, September 14, 2017

Time	Presentation/Event	Presenter(s)
8:00 a.m. - 8:30 a.m.	Welcome & Opening Remarks	Melanie H. Simpson, PhD, RN-BC, OCN, CHPN ASPMN® President
8:30 a.m. - 9:30 a.m. <i>1.2 Contact Hours*</i>	Keynote Address <i>Medications, Interventions & Implantable Devices: Pain Management in 2017</i> Dr. Grigsby will discuss the latest innovations in pain and neurological conditions as well as the current clinical and political climate surrounding opioid use in chronic pain.	Eric Grigsby, MD, MBA
9:30 a.m. - 10:15 a.m.	Break in the Exhibit Hall/Poster Viewing/Silent Auction	
10:15 a.m. - 11:15 a.m. <i>1.2 Contact Hours*</i>	General Session <i>Have the Political Changes of 2017 Benefited People with Pain? Regardless, We Can</i> The presenters will discuss the major issues affecting pain care policy, with a focus on the need for a balanced approach in reducing the risk of prescription drug diversion and abuse, while simultaneously ensuring that patients in pain with a legitimate need for controlled substances have access to such medications. Presenters will discuss newly enacted federal policies and noteworthy pending federal- and state-level legislation affecting care for people with pain.	Michael Barnes, JD, DCBA; Wade Delk, BS

Thursday, September 14, 2017

Time	Presentation/Event	Presenter(s)
11:15 a.m. - 1:00 p.m.	Group Luncheon	
1:15 p.m. - 2:15 p.m. <i>1.0 Contact Hours*</i>	General Session <i>Federal Law & Regulations & Dispensing Controlled Substances</i>	James "Jim" Arnold
2:15 p.m. - 3:15 p.m. <i>1.2 Contact Hours*</i>	General Session <i>Jean Guveyan Lecture: Pain Is Always Personal</i> You take care of a vulnerable population, and your work matters. In order to have the resiliency to provide the care you do every day, you invest your whole selves to care. If you didn't laugh at yourselves and some of the situations you encounter doing your work, then you would certainly cry from the personal pain you see. Your family may experience the collateral damage of your dedication, but you champion their physical pain to improve everyone's pain care. Dr. Manworren has lectured on five continents and annually at ASPMN® since 2005. She is dedicated to improving children's pain management, but in this presentation she is going to talk about adults and the elderly too. Last year, while securing a new position in her home town of Chicago, the pendulum of pain care led Dr. Manworren to explore a replacement career as a comedian. During this session, Dr. Manworren will share personal stories of pain. She will attempt to make you laugh and perhaps make you cry.	Renee Manworren, PhD, APRN, BC, FAAN
3:15 p.m. - 4:00 p.m. <i>0.9 Contact Hours*</i>	Poster Session	
3:15 p.m. - 4:00 p.m.	Break in the Exhibit Hall/Silent Auction	
4:00 p.m. - 5:00 p.m.	ASPMN® Business Meeting	<i>All attendees invited</i>
5:00 p.m. - 5:45 p.m.	Certification Reception	<i>All Certified Pain Management Nurses invited</i>
6:00 p.m. - 8:00 p.m.	Reception in the Exhibit Hall/Poster Viewing/Silent Auction	

Friday, September 15, 2017

Time	Presentation/Event	Presenter(s)
7:15 a.m. - 8:15 a.m.	Breakfast & Roundtable Discussions	

Friday, September 15, 2017

Time Presentation/Event Presenter(s)

8:30 a.m. - 9:30 a.m.

1.2 Contact Hours*

Concurrent Session 1

1A Multi-Hospital Implementation of Pasero Opioid Sedation Scale Assessment Meets CMS Requirements for Safe Opioid Administration

In March 2014 CMS issued requirements that included minimum standards for assessment and monitoring for post-operative patients receiving IV opioids. A multi-hospital gap analysis was performed which encompassed a multidisciplinary review of current policies and practice. Gaps were identified across disciplines, and a team was assembled. One gap was closed by adapting the Pain Management Policy to meet the monitoring requirements for pain assessment, identifying risk factors for respiratory depression and adding the POSS for all opioid interventions. The presenters will highlight their system journey toward CMS compliance, safe opioid practice and overall contribution to a culture of safety.

Mary Lyons, MSN, APN, RN-BC, ONC;
Pamela Bolyanatz, MS, APN, FNP-BC, RN-BC

1B Opioids in the Aging Population: How Do We Improve Quality Prescribing to Reduce Harm?

Prescribing opioids is one of the most complicated medication management scenarios prescribers face today. Considering the symptomatic condition of pain, development of physical dependence and psychological dependence, opioid prescribing or de-prescribing likely carries the highest level of challenge for today's prescribers. This review was conducted to describe where this facility currently stands and where might opportunity lie to help support prescribers and the surrounding population.

Nicole Murdock, PharmD, BCPS;
Thomas Snyder, RN, BSN, MBA, HACCP, FACHE;
Joanne Ciemo, MD

1C When Childhood Hurts: Epidermolysis Bullosa

Epidermolysis bullosa (EB), a painful genetic condition characterized by fragile tissues that easily blister and scar, is seen in approximately one to two out of every 100,000 live births in the United States. The presenters will discuss the types of EB, implications of EB-associated pain throughout childhood, recommended treatment modalities for pediatric patients with EB-associated chronic and acute pain and practical application of this information for the nursing profession.

Jennifer Styers, RN-BC, CPNP-AC/PC;
Lynn Clark, RN-BC, AP-PMN, CPNP-BC

1D Chronic Pain in Pregnant Women: Are They Undertreated?

Pregnancy complicates the treatment of chronic pain. This was a cross-sectional correlation study that used a survey to measure knowledge about pain, attitudes and intent to medicate pregnant women with chronic pain to determine if the perinatal nurse's knowledge or attitude affected his/her intent to medicate these women. One hundred perinatal nurses who worked in labor and delivery, mother-baby or the neonatal intensive care unit from four hospitals participated in the study. Low intent to medicate scores indicate that pregnant women with chronic pain may not be receiving adequate pain management.

Pamela S. Mellin, DNP, RNC-NIC, APN

1E Pain Management Nursing Journal: New Areas of Emphasis

The purpose of this presentation is to describe two recently introduced manuscript formats within the *Pain Management Nursing* journal. In addition to the pre-existing publishing opportunities, the journal has now added the Clinical Consultation and Quality Improvement article submission formats. These two new manuscript formats provide greater opportunities to share nursing best practices and systems changes to improve pain care. During this presentation, a basic overview of each will be provided along with essential elements that need to be included to facilitate development of a publishable manuscript. SQUIRE guidelines for preparing quality improvement manuscripts will be presented.

Elaine T. Miller, PhD, RN, CRRN, FAAN
Editor, Pain Management Nursing Journal

Friday, September 15, 2017

Time

10:15 a.m. - 11:15 a.m.

*1.2 Contact Hours**

Presentation/Event

2E The Opioid Epidemic: Improving Opioid Safety for Patients through Prescriber, Patient & Family Education

The U.S. is in the midst of a major public health epidemic. One in five high school students reports misuse of prescription medications, more than half being opioids. The non-medical use of prescribed opioids by adolescents has surpassed all illicit drug use except for marijuana, and this risk peaks at age 16. An Opioid Safety Task Force at Nationwide Children's Hospital was developed, not only to evaluate opioid prescribing practices within the institution, but also to provide education to providers, patients and families on appropriate monitoring, securing, transitioning and disposing of opioids. The presenters will discuss the efforts at their institution.

Presenter(s)

Sharon Wrona, DNP, RN-BC, PNP, PMHS, AP-PMN;
Lindsay Whitlatch, RN, BSN

11:15 a.m. - 1:00 p.m.

Awards Luncheon

1:00 p.m. - 2:00 p.m.

*1.2 Contact Hours**

Concurrent Session 3

3A Management of Patients with Intrathecal Pumps: A Clinical Practice Gap

The aim of this program is to provide a comprehensive program for patients with intrathecal pumps in an acute care setting. In 2017, a southern California not-for-profit community hospital implemented a comprehensive program for patients with intrathecal pumps. This program included the following three components:

1. a process that identifies and manages intrathecal pump patients,
2. creation of nursing intrathecal pump documentation and
3. a clinician order set to ensure pump medications are listed on the patient's medication list. This program is a safety measure to prevent patients with intrathecal pumps from being overlooked, thus preventing near misses and harm events from occurring.

Kimberly A. Gonzalez, BSN

3B An Innovative Approach to Address Serious Consequences of Opioid Substance Use Disorder

The presenter will describe the evolution of an innovative multi-disciplinary and multi-modal approach to working with patients who are hospitalized for extended stays due to serious medical conditions which resulted from IV substance use disorder.

Ann Quinlan-Colwell, PhD, RN-BC, DAAPM

3C A Tale of Two Cities: Development & Implementation of a Pain Protocol

Pain management varies from patient to patient based on their unique background and experiences. However, the utilization of a pain clinical pathway for patients with the same diagnosis undergoing the same surgical procedure provides consistency in care, comfort for the patients/families and improves the patient experience. The presenters will review two institutions' journeys to develop a pain pathway.

Lucinda Brown, DNP, MSN, RN, CNS;
Theresa DiMaggio, MSN, PPCNP-BC

3D Reliability & Validity of the Functional Pain Scale for Hospitalized Chronic Pain Patients

In acute care settings, inadequate pain assessment may lead to the under-treatment or overtreatment of pain. Currently using an intensity rating alone may oversimplify the experience, while ignoring pain tolerability and its impact on functioning. A prospective study examined the reliability and validity of the Functional Pain Scale in hospitalized patients with chronic pain. The Functional Pain Scale demonstrated adequate reliability and validity among hospitalized patients with chronic pain. This tool aids nurses in providing goal-directed therapy to guide treatments, making pain more tolerable and less of an impediment to being active.

Paul M. Arnstein, PhD, RN-BC, FNP-C, ACNS-BC,
FAAN;
Deborah Gentile, PhD, RN-BC

Friday, September 15, 2017

Time

1:00 p.m. - 2:00 p.m.

*1.2 Contact Hours**

Presentation/Event

3E Do You Know What They Know? Addressing Myths & Misconceptions about Pain & Pain Management

Everyone agrees that education is an essential part of evidence-based nursing practice. So then why doesn't consistent education on pain management result in practice changes? Evidence indicates that before initiating education on the "nuts and bolts" of how to manage pain, educators must first address what their audience already "knows" about pain and pain management. It is crucial to FIRST address common myths and misconceptions prior to providing education on pain and pain management. The presenter will address those common myths and misconceptions while discussing how to design a successful pain management education program.

Presenter(s)

Brenda M. Nordstrom, MSN, RN-BC, CHPN

2:10 p.m. - 3:10 p.m.

*1.2 Contact Hours**

Concurrent Session 4

4A Diagramming Research Questions: A Multivariate Revelation!

Remember diagramming a sentence in grade school? In diagramming a sentence, you identified structural elements of that sentence. Fast forward to the present. The task is still the same when you diagram a research question or hypotheses: Each variable is identified and presented in a concept map that demonstrates the relationship to the other variables. There are two primary goals to diagramming a research question. First, diagramming a research question helps you understand how questions are organized and constructed and, thus, will aid you in writing your own research questions. Second, and most importantly, diagramming a research question significantly enhances the understanding of the statistical concepts that should be employed to substantiate the research question. This will be an interactive session that will analyze a few select articles from Pain Management Nursing. The introduction of each article will be reviewed. Participants will diagram the variables and analyze the resultant concept map to see which multivariate statistic should be used and then see if it was used appropriately.

Cathy Carlson, PhD, APN, FNP-BC

4B Answering a Call to Action for a Community with a Health Care Crisis

After being identified as the city with the highest rate of prescription opioid misuse in the country, New Hanover Regional Medical Center took a leadership role to work to improve the care and safety of the community. Representatives from many different groups, e.g. hospitals, medical community, behavioral health, law enforcement, faith-based communities, came together to work cohesively for this purpose. The presenters will describe the efforts, methodology used and results to date of this group.

Ann Quinlan-Colwell, PhD, RNBC, DAAPM;
Joseph Pino, MD;
Olivia Herndon, MA;

4C The Comfort Wheel: An Interactive Case Study Tool for Pain Education

Effective pain management requires knowledge, critical thinking and training. An identified problem at Children's Hospital Colorado is translation of these essential skills to new graduate nurses within the constraints of finances, time and various adult learning styles. To address these issues, pain management services, pain resource nurses, professional development and accreditation collaborated to develop the "Comfort Wheel". This is an interactive, case study-based tool targeting integration of pain knowledge and pediatric clinical situations. It is adaptable and able to address changes in pain assessment, intervention, regulations and documentation needs. The innovative approach is well-received by new graduate nurses.

Jan E. Grantham, MS, RN-BC, PCNS-BC

Friday, September 15, 2017

Time

2:10 p.m. - 3:10 p.m.

*1.2 Contact Hours**

Presentation/Event

4D Holistic Improvement of Chronic Low Back Pain through Physical Therapy Implementation

How do you change habit? This has been a quandary of researchers for many years, including the Institute of Medicine, which estimates that it takes an average of 17 years for new knowledge discovered by random controlled trials to be integrated into practice. A quality improvement project was successfully implemented at a large pain management practice to increase physical therapy (PT) referrals since PT is evidence-based best practice in this population. This project illustrates that changing habit is not easy, but the welfare, and sometimes the lives, of our patients depend upon it.

Presenter(s)

Marcie S. Welker, DNP, RN, FNP-BC

4E Best Practices in Pain Management Nursing: Results of the ASPMN® Pain Outcome Metrics Task Force

The presenters will detail the results of the ASPMN® Pain Outcome Metrics Task Force (POMTF). The POMTF formed in response to significant interest from ASPMN® members to questions posed to the listserv in early 2014 regarding, "What metrics are you using in your hospital setting as a measure of your effectiveness?" The POMTF sought the expertise of the ASPMN® membership through surveys and qualitative interviews to achieve three outcomes:

1. articulate outcomes of nursing influence not associated with HCAHPS scores,
2. identify and disseminate best practices with the ASPMN® membership, and
3. find ways to measure the contribution to nursing as pain management nurses.

Carrie A. Brunson, MSN, APRN, ACNS-BC, AP-PMN;
Anne M. Smith, MSN, RN-BC;
Lisa G. Guthrie, MSN, FNP-BC;
Janane Hanna, RN, MSN, AOCNS;
Pamela Beacham, MSN, CCRN-K;
Tamara L. Brown, MS, RN, ACNS-BC, CWOCN;
Valerie Gillis, MSN, RN, CPAN;
Michelle Nelson, MA, CNS-BC, RN-BC

3:10 p.m. - 4:00 p.m.

Break in the Exhibit Hall/Poster Viewing/Silent Auction

4:00 p.m. - 5:00 p.m.

*1.2 Contact Hours**

Concurrent Session 5

5A In-Patient Ketamine Infusion to Treat Acute Pain Crisis Refractory to Opioids in Sickle Cell Disease

Recurrent episodes of acute pain crises in sickle cell disease (SCD) are one of the major and most encumbering complications that patients experience and present a challenge to nurses. These painful episodes are often superimposed on chronic pain being treated with opioids, requiring escalation of opioid dosing, leading to increased tolerance, and potentially, opioid-induced hyperalgesia (OIH). The presenter will discuss the use of ketamine infusion in acute care to treat pain crisis in SCD and review the results of a retrospective chart review on pain intensity, opioid consumption and side effects. The discussion will include protocols, policy, dosing, nurse monitoring and order sets.

Robert K. Montgomery, DNP, RN-BC, ACNS-BC

5B Changing Practice from Dosing to Numbers to Survey-Proof Range Orders: An Update

The presenters will provide an overview of ASPMN®'s position paper, "Prescribing and Administering Opioid Doses Based Solely on Pain Intensity," background for the paper, key recommendations and safety issues. The presenters will discuss ways to implement a change from dosing to numbers to utilizing range orders that can withstand surveyor evaluation in light of expected changes in TJC-proposed revisions to pain standards. Examples from hospitals that have used range orders while successfully passing surveys will be presented. Results of an online survey administered to members of ASPMN® regarding the current state of institutional practices will be included in the presentation.

Ann Quinlan-Colwell, PhD, RN-BC, AHN, DAAPM;
Diana Rae, MSN, RN-BC, CHI;
Kathleen Broglio, DNP, ANP-BC, ACHPN;
Debra J. Drew, MS, RN-BC (Retired), ACNS-BC (Retired), AP-PMN

Friday, September 15, 2017

Time

4:00 p.m. - 5:00 p.m.

*1.2 Contact Hours**

Presentation/Event

5C Provision of Naloxone Nasal Spray & Harm Reduction Education to High-Risk ED Patients

To reduce the morbidity and mortality resulting from the opioid overdose epidemic in the United States, an educational intervention was developed and presented with the Director of Drug Abuse Outreach Initiatives and the Community Outreach Specialist from the state's Attorney General's Office. The intervention addressed the gaps in knowledge and attitudes of registered nurses (RN) toward emergency department patients at high risk for opioid overdose. Content included the severity of the epidemic, substance use disorders as a medical condition, pathways from prescription opioids to heroin, primary prevention, harm reduction strategies of providing nasal naloxone spray, treatment and recovery resources.

Presenter(s)

Paula A. Kobelt, MSN, DNP, RN-BC;
Michelle R. Meyer, PharmD, BCPS, BCNSP

5D Is Your Tank Empty, Half-Empty or Full? The Journey of Compassion Fatigue

The caring work of nurses transcends setting, population, culture, ethnicity, gender, development, age and diagnosis. As nurses, there is an unspoken assumption and acceptance that the stressors we experience while caring for and supporting those for whom we provide care is just 'part of the job.' While it may be accepted, the preponderance of stressors (and symptoms) we experience often go overlooked, ignored or disregarded. Compassion fatigue will be further explored.

Cindy A. Garlesky, MSN, ARNP, CEN, RN-BC

5E Development & Psychometric Evaluation of a New Clinical Pain Knowledge Test for Nurses

This presentation will focus on the development and subsequent reliability and validity testing of a new clinical pain knowledge test for nurses. The responses of over 740 nurses in four large Midwest hospitals were included. The development of this test filled a gap by providing a valid and relevant instrument to measure nurses' knowledge of pain in the current complex in-patient population. Attendees will learn about the process of test development, challenges, surprising and expected outcomes and the current state of pain management knowledge among clinical hospital nurses.

Esther I. Bernhofer, PhD, RN-BC, CPE;
Barbara St. Marie, PhD, ANP, GNP, ACHPN

5:00 p.m. - 5:45 p.m.

Committee Meetings

6:00 p.m. - 6:45 p.m.

Chapter Meetings

8:00 p.m. - 11:00 p.m.

ASPMN® Party!

Saturday, September 16, 2017

Time

8:30 a.m. - 9:30 a.m.

Presentation/Event

General Session

Give Patients a Voice, Not a Number

Andrew Davies will share his institution's journey of moving from the 0-10 pain scale to developing a more patient-centered pain assessment tool - Clinically Aligned Pain Assessment (CAPA). Using the CAPA tool helps create meaningful conversations and is a pathway to developing trust and collaboration between the patient and nurse. Once trust is established, patients become much more receptive to patient education and can become active participants in their pain management. Through CAPA, patients have a voice, not just a number.

Presenter(s)

Andrew Davies, RN

Saturday, September 16, 2017

Time	Presentation/Event	Presenter(s)
9:40 a.m. - 10:40 a.m. <i>1.2 Contact Hours*</i>	Concurrent Session 6 6A Pain Management Education for Nurses: Simulation Vs. Traditional Lecture - A Comparative Parallel-Group Design Study The presenters will report on the findings of a novel mixed methods research study that compared pain management education for post-licensure nurses using standardized patient simulation (experimental) and traditional lecture/PowerPoint education (control) on nurses' pain management knowledge and patients' pain experience. Attendees will learn about expected and unexpected outcomes, as well as the challenges, successes and implications of instituting new methods of pain management education research in a hospital setting. The presenters received the 2015 ASPMN® Research Grant, which helped to fund this study.	Esther I. Bernhofer, PhD, RN-BC, CPE; Nichole C. Kelsey, BSN, RN, CHSE
	6B Monitoring for Opioid-Induced Respiratory Depression in Hospitalized Adults: Report from the Workgroup on ASPMN® Monitoring Guidelines Revisions The Workgroup on ASPMN® Monitoring Guidelines Revisions is currently reviewing the literature and updating the ASPMN® published guidelines for Monitoring Hospitalized Patients for Opioid-Induced Respiratory Depression. During this session the presenters will provide an update of the review of the literature and preliminary changes to the current guidelines. The workgroup is divided into four sub-groups (electronic monitoring/assessing sedation, iatrogenic factors, individual factors and pharmacologic factors). Leaders of the sub-groups will present the update in the literature since the initial guidelines were published and recommendations for changes in monitoring practices. <i>This presentation will allow for ASPMN® member feedback.</i>	Carla R. Jungquist, ANP-BC, PhD; Ann Quinlan-Colwell, PhD, RNBC, DAAPM; April Hazard Vallerand, PhD, RN, FAAN; Ashley Sweet, BSN, RN-BC, PCCN
	6C Implementing a Peer Group Intervention in Primary Care Additional tools are clearly needed for managing chronic pain. The presenter will provide an overview of a currently functioning program that uses a peer-led, eight-module course to give additional tools to people with persistent pain. The presenter will explain the shared medical appointment structure, and how it utilizes a combination of CBT techniques, as well as mindfulness and other methodology to offer to people with persistent pain. Attendees will learn how to use this peer-based program in their practices and what they need to do to implement it as part of their work.	Ron C. Weaver, BA
	6D Providing Expert Analgesia to Patients with Substance Use Disorders: Case Studies Nurses today are challenged with increased numbers of patients admitted for acute, painful events complicated by pre-existing substance use disorders, chronic pain or mental health issues. Poorly managed pain in these patients has the potential to spiral out of control. Utilizing a case study approach the presenter will explore strategies to assess, provide analgesia and evaluate the effectiveness of care to these patients.	Patricia K. Rosier, MS, RN, ACNS-BC
	6E Managing Distressing Symptoms at the End of Life Individuals approaching the end of life can experience many symptoms, including severe pain, dyspnea, agitation and delirium. Families and caregivers often experience significant distress during this time due to the impending death of this individual. The distress is compounded by witnessing the individual suffering at the end of life. Through a case study approach, discussion will include the assessment and management of pain, dyspnea, agitation, terminal delirium, excess oral secretions, nausea/vomiting, constipation and xerostomia in the individual at the end of life.	Kathleen Broglio, DNP, ANP-BC, ACHPN, CPE, FPCN

Saturday, September 16, 2017

Time	Presentation/Event	Presenter(s)
10:40 a.m. - 11:00 a.m.	Break/Silent Auction Winners Prize Pick-up	
11:00 a.m. - 12:00 p.m. <i>1.2 Contact Hours*</i>	Concurrent Session 7 <i>TA Implementation of ERAS Program Drives a Robust Multimodal Analgesia Approach While Concurrently Decreasing Opioid Usage</i> Enhanced Recovery After Surgery (ERAS) is an evidence-based bundle of interventions aimed at reducing surgical complications. MMA is a key foundational component of all ERAS pathways. The primary principles of ERAS include multimodal analgesia, early mobilization, maintenance of adequate nutrition and active patient participation. This implementation has led to a standardized MMA approach to improve care for >20,000 surgical patients across six surgical specialties. Results include the reduction of post-operative surgical complication rates by as much as 33%, a decrease in average hospital length of stay by 1.1 days, and an overall reduction in opioid usage by 44%.	Tracy G. Trail-Mahan, RN-BC, MS, CPHQ
	<i>TB Integration of Opioid Prescribing Guidelines in Primary Care to Improve Quality & Safety</i> An abundance of opioid prescribing guidelines are available to guide clinicians in developing safe opioid prescribing practices. Unfortunately, guidelines alone do not hardwire best practice. Healthcare systems need to adopt strategies to engage clinicians and support best practices related to quality and safety to successfully meet the complex biopsychosocial needs of patients with chronic pain. Under the dyad leadership of a pain management advanced practice nurse and a family medicine physician, a comprehensive plan addressing communication, culture change, education and training, clinical practice needs and quality metrics related to opioid prescribing and chronic pain management was developed.	Peggy S. Lutz, MSN, FNP-BC, RN-BC, APNP
	<i>TC The Challenges of Influencing Change in Pain Practice across a Health System</i> The presenters will describe how a healthcare system pain team, representing 26 adult and pediatric hospitals in seven states, collaboratively crafted a strategic plan to improve pain management. To establish a baseline assessment of pain management knowledge, all in-patient nurses were invited to participate in a validated pain survey. Interventions were developed and implemented based upon survey results. During this presentation, the process utilized to influence change will be described along with challenges faced when implementing change across multiple hospitals and states with a variety of different resources.	Eileen M. Smith, MSN, APRN, ACNS-BC, RN-BC; Carrie A. Brunson, MSN, RN-BC, APRN, ACNS-BC, AP-PMN; Julie Roth-Carter, MS, CNS, CMSRN; Teri Reyburn-Orne, MSN, RN-BC, PPCNP-BC/CPNP-AC, AP-PMN
	<i>TD Pilot-Testing A Way Forward: A Peer-Led Support Program for People with Persistent Pain</i> Attendees will: <ol style="list-style-type: none">1. identify measurements that are relevant to assess effects of a peer-led educational and support intervention, and2. understand how peer support can be used to address gaps in current pain care options.	Marian Wilson, PhD, MPH, RN-BC

Saturday, September 16, 2017

Time	Presentation/Event	Presenter(s)
11:00 a.m. - 12:00 p.m. <i>1.2 Contact Hours*</i>	<i>7E Pain Management in Serious Illness in Individuals with Comorbid Substance Use Disorder</i> Individuals with serious illnesses such as cancer, chronic obstructive pulmonary disease, congestive heart failure, renal or liver disease may experience pain secondary to their disease process. A subset of these individuals may have active substance use disorder or be in a medication assisted treatment program and are a risk for under-treatment or inappropriate treatment of pain. The presenter will provide an overview of the use of multimodal analgesia and safe opioid prescribing practices to provide effective pain management and minimize harm in this population.	Kathleen Broglio, DNP, ANP-BC, ACHPN, CPE, FPCN
12:00 p.m. - 1:30 p.m.	Lunch on Your Own	
1:30 p.m. - 2:00 p.m.	Incoming Presidential Address	Sharon Wrona, DNP, RN-BC, PNP, PMHS, AP-PMN
2:00 p.m. - 3:00 p.m. <i>1.2 Contact Hours*</i>	General Session <i>Developing Interventions to Improve Function in African Americans with Pain</i> African Americans have reported higher levels of pain, more pain-related distress and lower functional status than white, non-minority cohorts. Functional status, or the ability to carry out meaningful activities, is affected by pain intensity and the patient's belief that they can control the pain to an extent that allows them to participate in those activities. Developing interventions to increase perceived control over pain has the potential for improving patients' psychological and physical functioning and ultimately improving their lives. The presenter will discuss a program of research designed to improve perceived control over pain in African Americans.	April Hazard Vallerand, PhD, RN, FAAN
3:00 p.m. - 3:15 p.m.	Break	
3:15 p.m. - 4:15 p.m. <i>1.2 Contact Hours*</i>	General Session <i>Opioid-Sparing Modalities for Nursing: Update on the ASPMN® Task Force</i> The presenters will provide an update on the ASPMN® Task Force on Opioid-Sparing Modalities for Nursing. The task force goal is to review pain modalities such as ketamine, lidocaine infusions, epidurals and peripheral nerve blocks through the nursing lens. Dosing, safety components, side effects and nursing implications will be reviewed in an effort to standardize practice, improve utilization of these modalities by RNs and APRNs and overcome barriers to use. The plan is to develop an ASPMN® best practice guideline on opioid-sparing options with parameters for dosing, length of therapy and monitoring guidelines.	Cynthia C. Klaess, MSN, APRN, ACNS-BC, CCM; Jason Sawyer, RN-EC, BSc.N., MN, NP(BC)
4:15 p.m. - 4:30 p.m.	Closing Remarks	Sharon Wrona, DNP, RN-BC, PNP, PMHS, AP-PMN Incoming President

**Subject to change based upon approval*

Total number of contact hours applied for is 25.8 (16.5 for the regular conference plus 9.3 for the pre-conference workshop)