Comfort Champions Make a Difference in Pain Management

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Objectives

• Identify challenges in implementing and sustaining pain assessment standards and practice changes

• Describe how to develop and use unit Comfort Champions to make and sustain changes in practice
Past and Present

- Increasing awareness: 1968-1980’s
- Increasing knowledge: 1990-2000
- Regulation/institutional commitment: 2000-2010
- Currently: time constraints, patient satisfaction, safety, electronic documentation

Six Indicators For Quality Pain Management

- Intensity of pain (score)
- Documentation at frequent intervals
- Treated other than IM
- Regular administration of analgesics
- Multimodal approach
- Patients informed about pain management

Pain Is A Nurse Sensitive Outcome

Nurses continuously:
- Observe the patient
  - Hourly rounding
- Assess pain
- Record and critically analyze patient assessment data
- Make decisions about changing the level and frequency of surveillance
- Document according to changes in patient condition (policies set minimal standards)
Promoting Evidence Based Practice

- To improve patient safety and outcomes through analysis of and changes in practice
- To increase clinical knowledge for all care providers
  - Foundation for excellence in patient care
- Frontline nurses are change agents
  - Leadership is essential to effect change
- Perceived benefit of innovation
  - Easily observed outcomes tend to be adopted faster

Recognized behavior gets repeated

Strategies for Making Changes

- Sell the advantage
- Trial the innovation
- Observe it working
- Communicate: Ideas made public change practice
- Unit/department leaders
  - Social network- norms and roles
  - Opinion leaders
  - Clinical leaders
  - Power leaders

Diffusion Theory

- Relative advantage
  - Effective, relevant
- Compatibility
- Improvement from previous system
  - Practice area, work flow
- Complexity
  - Simple format,
  - Easy to remember
- Trialability
  - Easy to use, educate,
  - Incorporate
Nursing Pain and Comfort Subgroup

- Joint Commission citations
  - Pain assessment in non-verbal patients
    - FLACC and APP (assume pain present) in ICUs
  - Pain reassessment after analgesics given
    - Developed pain assessment/reassessment guidelines
- Use data from audits to increase performance
- Monitor and suggest improvement to units/areas
- Support and assist units to create action plans to improve performance

Pain/Comfort Committee Goals

- To improve patient satisfaction and clinical outcomes
- To provide timely, efficient and effective comfort and pain management to patients across UMHS
- To develop competencies in comfort and pain assessment and intervention with UMHS nurses across all practice settings

Roles of Members & Champions

- Committee Member-Champion
  - Provide representation
  - Review, feedback, decision
  - Leadership and participation
- Unit-Champion
  - Unit connection
  - Receives minutes, attends meetings PRN, uses resources
  - Work with unit leadership
  - Seek consultation with committee
**Meeting Process**

- Bimonthly three hour meetings
  - February, April, June, August, October, December
- Meeting structure
  - Area representative updates
  - Highlight activities in areas
  - Data review and discussion
  - Educational presentations
  - Work
    - Patient interviews or tracer surveys

**Where Does Pain Fit In?**

**Kolcaba’s Comfort Theory**

- Provides a holistic, individualized approach
- Supports clinical decision making
- Colleagues understand comfort
- Patients understand it and parents/family members can be an integral part of care
- Provides framework for nursing practice

Kolcaba, K., 2003
Comfort Theory and Practice
Holistic Approach

All Patients
Distress: 4 Contexts
Physical
Environmental
Sociocultural
Psychospiritual
Comfort Interventions: 3 Types
Technical
Coaching
Comforting
Patient Outcomes
Optimum Function
Peaceful Death

Kolcaba, K., 2003

Barriers to Implementing Standards

• Resistance
  – Inadequate evidence pain standards have better outcomes
  – Conflicting data regarding effective pain measures/relief
• Unrecognized need
  – What is the meaning of scoring pain?
• Not a priority
  – Do pain scores really warrant interventions?
  – Facilitate evaluation of clinically meaningful outcomes?
• Perceived lack of time
• Changes in work patterns
• Lack of accountability

Budgetary Constraints

• Release time
• Development of leadership skills
  – Educating
  – Mentoring
• Funding
  – Champion program
  – Administrative assistance
  – M-technique
Changing Priorities

- Process vs. outcome measures
  - Documentation audits
  - Patient satisfaction
- Safety
  - Double checks
  - Hourly rounding
  - Handoffs
  - Medication administration: opioids

Sustaining Change

- Performance standards
- Competency
  - Orientation for all: staff, parents, patients
    - On-line modules
  - Skill development
  - Mentoring and coaching
  - QI principles

What are the obstacles for you to achieve the goals?

2010-2011 Action Plan

- Average 90% pain reassessment by Dec 2010
- Identify patient perception of pain management and participation in care
- Identify non-drug therapies for pain management
- Identify and support safety initiatives
  - Respiratory and sedation assessment with opioid tx
  - Assist in roll out of analgesic orders
  - Range orders
Factors Affecting Satisfaction

Satisfaction increases when:
• Low expectations for treatment outcome
• Expectations match experience
• ↑ involvement in decisions and control
• Patient feels better prepared
• Family included in planning

McGrath P, 2008

Key Performance Indicators for Pain and Comfort*

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Adult</th>
<th>Obstetrics</th>
<th>Pediatrics</th>
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</thead>
<tbody>
<tr>
<td>1. Index of nursing care</td>
<td>89.5</td>
<td>85.5</td>
<td>90.1</td>
</tr>
<tr>
<td>2. Nurse responsiveness to call button</td>
<td>85.2</td>
<td>83.5</td>
<td>85.8</td>
</tr>
<tr>
<td>3. How well pain was controlled</td>
<td>87.2</td>
<td>84.8</td>
<td>87.4</td>
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<tr>
<td>4. Noise (Question added Sept 2010)</td>
<td>70.1</td>
<td>80</td>
<td>65.9</td>
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</table>

*Questions relating to human interaction with patients tend to have the greatest “impact” on satisfaction

Patient Pain and Comfort Tracer

• Was pain reassessed at the correct interval?
  – Both PCA/Epidural initiation and orders
• Was pain or comfort improved?
  – If not, what happened next? Was it documented?
• Were the appropriate VS documented?
• Is there a clear picture of the care and clinical decision-making that occurred?
• Did appropriate double checks occur?
Patient Interview

<table>
<thead>
<tr>
<th>THINGS NURSING STAFF COULD DO TO HELP MANAGE PAIN</th>
<th>YES</th>
<th>NO</th>
<th>MAYBE</th>
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</thead>
<tbody>
<tr>
<td>More teaching on how to care for pain</td>
<td>16</td>
<td>9</td>
<td>8</td>
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<tr>
<td>Ask you more times about the pain</td>
<td>10</td>
<td>18</td>
<td>4</td>
</tr>
<tr>
<td>Plan with you to care for the pain</td>
<td>21</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Better medicine</td>
<td>12</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>Bring medicine faster</td>
<td>13</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Explain non-drug therapies</td>
<td>17</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Treat side effects</td>
<td>10</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>Better communication among team</td>
<td>14</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

n= 36 (30 adults, 6 pediatric)
34 had pain past 24 hours; pain score range: 4-10

Pain Reassessment Audit

- Frequency: 10 chart/unit/month
- Population: All inpatients
- Exclusion: Any patient on the unit less than 24 hours
- Audit Period: 24 hour period between 0700 the previous day and 0700 the audit day
- Process: Random selection of 10 charts. If no patient has pain another 10 charts are selected

Pain Reassessment Audit Data

- Pain Present in previous 24 hours (yes-no)
- Analgesic given (yes-no)
- Number of times pain should be assessed
- Number of times pain assessed (% compliance)
- Pain Scale used
- Number of times pain score below midpoint (pain management outcome)
Pain Reassessment 2009-2011

Analyzing Trends

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Consultation

- Requested by unit
  - Problem solving
  - Root Cause Analysis – Senior Nursing Students
  - Education
- Initiated by co-leads
  - Data review and analysis
  - Crucial conversations related to audit performance
- Requested by organization/department
  - Revise policy and set standards
  - Practice changes
Education

- Orientation
- Tip sheets and resources
  - Sedation assessment
  - Documentation standards
  - Drug peak action
- Pain Awareness Month
  - Committee members
- On-line modules
- Annual Blitz
- National Conferences

Know Your Patient

- Opioid History
- Pain History
- Pre-existing conditions
- Current treatments/procedures
- Baseline respiratory status
- Baseline sedation & alertness
- Communication/Handoffs
  - Know medications received and patients response

Align Quality And Safety Initiatives

- Pain assessment and relief
- Patient preferences in pain management
  - Need for medicine change; Set pain goals
- Pain reassessment after analgesic given
- Overall patient satisfaction
  - Discharge—evaluation cards given to patient
    - “How well was pain controlled?”
    - Press Ganey
    - “How satisfied were you with pain control?”
- Measures should include analysis of adverse outcomes
Successful Strategies

- Leadership and team work
  - Develop and support champions
  - Consistency
- Education
  - Varied and targeted
  - Pain concepts and data analysis
- Communication and performance expectation
  - Requiring compliance and participation

It is not a question of how well each process works, the question is how well they all work together.

Lloyd Dobens

Examples of Activities

- Safety
  - Pulse Oximetry
  - Sedation Assessment
- Evidence Based Projects
  - Music therapy
  - Decreasing Needlestick Anxiety and Pain
  - Opioid tapering
- Work Processes
  - Documentation standards
- Policies and Practice Guidelines

Future Activities

- Improving the communication between settings – continuum of pain management
  - Patient story
  - Safety
- Increasing the knowledge and use of non-pharmacological interventions
  - Distraction
  - Coaching and caring
- Improving the environment
  - Decreasing noise
Continuum of Pain Management Between Health Care Settings

Why Use Non-Pharmacological Approaches?

- Patients tell us they work
- Gives the patient power and control over pain
- Teaches a skill for life
- Scientific evidence that it works
- Anxiety and fear play a role in pain intensity
- Comfort is more than pain reduction

Comparison of Hospital Sounds With Common Sounds
Noise—Rethinking The Environment

- Evidence shows relationship between stressors (e.g. noise, lack of sleep, etc.) stress and health
- Variable, affects both patients and nurses  
  - Topf, 2000
- Promote patients comfort
  - Need quiet time and healing environment
  - Lower, et al 2003
- Identify environmental changes
  - Integrate into practice
  - New pillow speakers, headphones/earbuds for semi-private rooms

Healing Environment

- ACT: attentive caring time
- Position, offer pain medication
- Relaxing music
- Hand, foot, or back massage
- Turn off the lights
- Offer a prayer if patient request
- Close the door
  - “Do not disturb” sign
  - Lower, et al 2003

What Have You Done?

- What is your pain assessment chart data?
- Scale of 1 to 10
- Rate the pain of the TJC visit
- What is your patient satisfaction data?
References