

Quality in Pain Management: Asking the Patient

Nancy Eksterowicz, MSN, RN, BC, APRN, University of Virginia Health System;

Blen Afework, MSN, RN, George Washington Hospital; Amy Lee, MSN, RN, MedStar Washington Hospital



Scripting:

A hospital-based pain committee's approach to measuring and improving pain quality.

Purpose

Improve pain satisfaction by implementing the use of scripting by RN changes behavior & culture and is more effective than education alone. Press Ganey lacks sensitivity to measure QI strategies. The American Pain Society Quality Indicator-Revised (APSQI-R) is used to measure pain satisfaction QI activities & measures six other aspects of quality.

Elements of APS-POQ-R

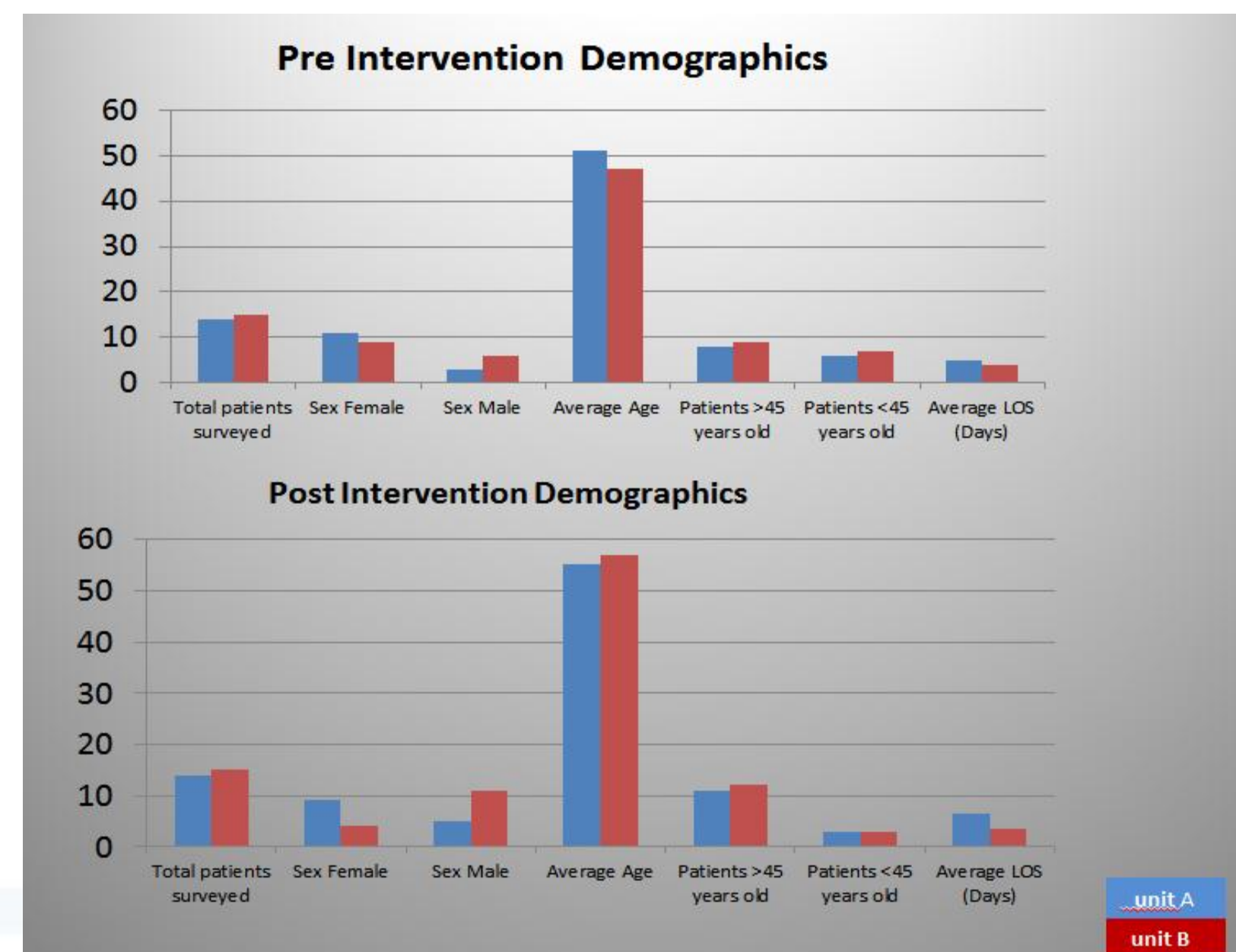
- Six aspects of pain quality
 - Pain severity and relief
 - Impact of pain on activity, sleep and negative emotions
 - Side-effects
 - Helpfulness of information
 - Ability to participate in pain tx decisions
 - Use of non-pharmacological strategies

Significance

Poor pain management leads to impaired health, decrease pt. satisfaction, & increase healthcare costs. If education is paired with tools that change RN behavior & culture, practice changes are more likely to occur. Scripting is a tool to help RN talk with patients about pain and changes RN behavior. This process leads to an investment in sustainability in targeted improvements through peer pressure to change culture regarding pain management practices.



The script affixed to the nurses' mobile workstation on a laminated card. Nurses asked their patients all five of the questions, as closely to the original text as possible, at some point during their shift.



Methods

- Two similar general medical units: collect APS-POQ-R survey pre intervention, in-services for all RNs on both units
 - Unit A = Nursing Pain Education Only
 - Unit B = Nursing Pain Education with Scripting
- Intervention period 6 weeks with reminders
- Resurvey after 4 weeks following intervention implementation using APS-POQ-R Post-intervention survey

Unit	Worst Pain in first 24 hours		Overall Patient Satisfaction	
	Pre Data Averages	Post Data Averages	Pre Data Averages	Post Data Averages
A	7.57	7.00	9.50	8.64
B	7.07	8.27	6.33	8.20

Results

- Improvement in APS-POQ-R scores
- Overall improvement in satisfaction
- Nurses continue to use "some scripting"
- Pain Committee recommends implementing APS-POQ-R on other units
- Recognition that more emphasis is needed on non-pharmacological education

Implications for Practice

Providing staff RNs with useful strategies or tools along with educational material may lead to behavioral & cultural changes that improve patient pain satisfaction outcomes. Asking about pain opens communication. The APS-POQ-R survey showed additional opportunities to improve pain management.

For additional information contact:
Nancy Eksterowicz, MSN, RN, BC APRN at nbe@virginia.edu