

Background

- Pain is a common occurrence for hospitalized patients that is frequently a challenge to effectively manage (Whelan, Jin & Meltzer, 2004)
- Failure to achieve a balance between comfort and optimal functional independence negatively impacts clinical outcomes and quality of life (Desbiens et al., 1996)
- Nurses play a critical role in promoting quality pain management by
 - Assisting patients in establishing a realistic comfort goal
 - Administering analgesics and adjunctive measures as needed
 - Evaluating effects of pain management strategies
 - Advocating for the patient
- This study was a part of the multi-center Pain Care Quality project, a partnership of the University of Utah College of Nursing and the National Database of Nursing Quality Indicators, with the support of the Robert Wood Johnson Foundation, Interdisciplinary Nursing Quality Research Initiative

Research Purpose

To assess hospitalized patients' perception about the quality of pain management

Methods

Design - Pretest – Post-test design

Setting

- 5 nursing units in a large tertiary care facility with Magnet designation since 2003
 - 49-bed postoperative surgical unit
 - 42-bed medical surgical telemetry unit
 - 29-bed surgical stepdown unit
 - 25-bed 25-bed mother/baby unit
 - 44-bed internal medicine telemetry

Sample & Sampling Procedure

- All eligible patients on participating units were invited to participate
- Inclusion criteria
 - Admitted on unit for at least 24 hours
 - Complaint of pain and/or received analgesia within last 24 hours
 - 19 years of age or older
 - Able to read & speak English
- Exclusion criteria
 - Off the unit at the time of data collection
 - Presence of cognitive dysfunction
 - Unable to participate in the interview



The Pain Care Quality Study: One Hospital's Experience



The Pain Resource Nurse Group
GISS, MSU, POSS, IMTA, Mother/Baby Units
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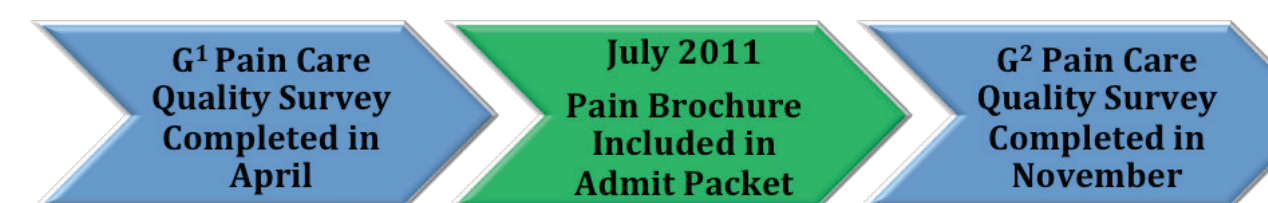
Measures & Instruments

Pain Care Quality Questionnaire

- Reliable & valid instrument measuring pain care quality (Beck et al., 2010)
- 16-item survey
 - 6 demographic items
 - 1 item documented that pain med administered within 24 hours
 - 9 items focused on pain care quality management
- Survey responses
 - Estimates of percentage of time
 - 6-point rating scale (0, not at all to 5, constantly)
 - 6-point Likert scale (1, strongly disagree to 6 strongly agree)

Data Collection Procedure

- Survey manually completed by study team using structured interview of consenting patients
- All data collected on 1 day eight months apart in 2011
 - Data collected on 1 day in April = G1 Group
 - Data collected on 1 day in November = G2 Group



Intervention

- The Pain Resource Nurse group implemented use of a tri-fold educational brochure, Managing Your Pain, in the admit packets of participating units

Ochsner is committed to helping patients feel more comfortable.

Learn Ochsner's pain relief skills.

Ochsner uses evidence-based practice to help you feel better. We want to help you feel better. We want to help you feel better. We want to help you feel better.

Managing Your Pain

Data Analyses

- Descriptive statistics for demographics and survey items
- Bivariate correlations using Spearman's rho tested for inter-item associations between groups
- T-test to identify differences between continuous variable groups
- X2 and Mann-Whitney U to identify group differences

Results

- Data from 120 patients included in data analyses
- Demographics
 - Mean age = 50.29 years (SD=16.70)
 - 67 (55%) females
 - No differences (t=.52, p>.05) in age or gender (X2=3.55, p>.05) between G1 (n=47) and G2 (n=74) groups

Significant Associations Between Nurses' Belief of Pain & Survey Items

Focus of Survey Question	G1 (n=46) r	G2 (n=74) r
5. I had pain med available when I needed it	0.42	0.36
7. My nurse discussed pain med side effects	0.45	0.32
8. Pain meds worked to control my pain	0.65	0.38
9. Healthcare team involved me in pain management decisions	0.42	0.40

p derived from Spearman's rho, significant < .05

Comparison of Pain Care Quality Scores Before & After Implementation of Pain Educational Brochure

Focus of Survey Question	G1 (n=46) M (SD)	G2 (n=74) M (SD)	Test Statistic df = 119
1. Pain rating during last 24 hours (0-10)	6.20 (2.26)	7.29 (11.4)	t=.81
2. How much time you experienced severe pain in last 24 hours?	2.35 (1.60)	2.24 (1.55)	U=1,642.0
3. How much pain relief from treatment/meds in last 24 hours? (%)	70.47 (25.72)	67.23 (30.03)	t=.58
4. My nurse believed my report of pain	5.58 (0.81)	10.24 (20.78)	U=1,667.5
5. I had pain med available when I needed it	5.67 (0.76)	7.62 (14.50)	U=1,486.5
6. My nurse suggested other approaches to manage pain	6.37 (14.10)	8.91 (19.82)	U=1,693.0
7. My nurses discussed pain med side effects	3.63 (2.12)	12.50 (26.23)	U=2,072.5*
8. Pain meds worked to control my pain	5.09 (1.24)	9.32 (18.99)	U=1,666.0
9. Healthcare team involved me in pain management decisions	6.87 (13.99)	7.28 (15.48)	U=1,625.0

**p* derived from Mann-Whitney U, significant <.05

Conclusion

- Findings support the need to improve pain care quality
- Nurses' belief of pain may drive quality indicators

Limitations

The 4 months between strategy implementation and post-intervention measures limits conclusions about strategy-related outcomes

Next Steps

Longitudinal followup of pain care quality and monitoring unit-based strategy compliance is warranted

References

Beck, S., Towsley, G., Berry, P. Brant, J., & Smith, E.. (2010). Measuring the quality of care related to pain management. *Nursing Research*, 59(2), 85-92.

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