

**Pain Resource Nurse – Pain Champion Program Implementation
Med Surg and Critical Care Units – LAMC**

Structure	Processes	Outcomes
<ul style="list-style-type: none"> • Organizational support & Chief Nurse Executive (CNE) sponsorship <ul style="list-style-type: none"> ▪ Pain management as an institutional priority • Collaborative multidisciplinary team: <ul style="list-style-type: none"> ▪ Pain Resource Nurse (PRN)-Pain champion (PC) ▪ Nursing Staff ▪ Physician champion ▪ Pharmacy • PRN-PC, Staff training and competency validation <ul style="list-style-type: none"> ▪ Clinical practice ▪ Knowledge and Attitude Survey regarding Pain (KASRP) questionnaire 	<p>Implementation of four stages of pain management using a collaborative multimodal approach:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preparation: Patient & staff information, attitudes, beliefs, cultures, environment <input type="checkbox"/> Assessment: Biopsychosociocultural pain assessment & reassessment <input type="checkbox"/> Intervention: Social, psychological, pharmacological and non-pharmacological pain interventions <ul style="list-style-type: none"> ▪ Multimodal approach ▪ ATC dosing vs PRN dosing <input type="checkbox"/> Normalization: All aspects aimed to return to normal or optimal stage 	<ul style="list-style-type: none"> <input type="checkbox"/> 100% of nursing staff completed 2012 Annual Update which has the 2-hour Pain Management component <input type="checkbox"/> 100% of MS-CC service CNCs completed the 8-hour Pain Champion Workshop <input type="checkbox"/> Improved staff knowledge and attitudes about pain management (KASRP score) <input type="checkbox"/> Increased staff satisfaction <input type="checkbox"/> Increased patient satisfaction
<ul style="list-style-type: none"> • PRN-PC Policies & Charter <ul style="list-style-type: none"> ▪ Selection criteria for PRN-PC ▪ Training of PRN-PC ▪ Roles and responsibilities • Tools and resources <ul style="list-style-type: none"> ▪ Equianalgesic calculation chart ▪ Biweekly Huddle points ▪ Quarterly newsletter ▪ HealthConnect (doc flowsheets, Patient Care Plan, Patient Education Plan) 	<p>PRN*** - Pain Champion Activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Daily clinical rounding & identifying patients with pain management issues and proactively addressing the issues using a team approach <input type="checkbox"/> Timely and appropriate consultation with MD or pain specialist if current pain management plan is not working <input type="checkbox"/> Daily audits of pain assessment, reassessment, plan of care and patient education plan <input type="checkbox"/> Weekly patient interviews regarding pain experience & management using the patient interview tool <input type="checkbox"/> Creation of biweekly huddle points on pain topics*** <input type="checkbox"/> On-unit pain inservice as appropriate*** 	<p>Process outcomes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Monthly summary of clinical rounding findings including patient interviews from each unit <input type="checkbox"/> Biweekly huddle points disseminated as evidenced by biweekly huddles attendance sheets <input type="checkbox"/> Publication of quarterly newsletter = 4

<ul style="list-style-type: none"> ▪ Clinical Practice Guidelines 	<ul style="list-style-type: none"> <input type="checkbox"/> Quarterly Pain Newsletter*** <input type="checkbox"/> Attendance to monthly PRN-PC meeting (this is a standing agenda in the CC-MS meeting) <input type="checkbox"/> Educational needs assessment of the staff at the end of the year*** <input type="checkbox"/> Yearly educational plan based on the needs assessment*** <p style="text-align: center;">***Specific only to PRNs</p> <p>Staff expectations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain assessment, reassessment, PCP, PEP per policy <input type="checkbox"/> Multimodal pain management approach <input type="checkbox"/> Hourly rounding <input type="checkbox"/> Utilization of Nurse Knowledge Exchange (NKE) board to communicate pain management plan <input type="checkbox"/> Handout on pain management <input type="checkbox"/> Patient education on pain meds, indications, side effects, etc. <input type="checkbox"/> Application of pain information (from huddle points) to clinical practice <input type="checkbox"/> Attendance to scheduled inservices <input type="checkbox"/> Timely and proactive referral to the PCs if pain is not relieved with current regimen 	<ul style="list-style-type: none"> <input type="checkbox"/> 90% attendance of each CNC at the monthly CC/MS meeting total of 12 meetings <input type="checkbox"/> Completion of educational needs assessment at the end of the year and development of educational plan for the following year <input type="checkbox"/> Pain assessment, reassessment, PCP and PEP documentation = 90% compliance <input type="checkbox"/> HCHAPS score on Communication = 90th percentile <p>Patient outcomes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Increased patient satisfaction: HCHAPS score to 90th percentile within a year and sustained for 2 years and > <table border="0"> <tr> <td><input type="checkbox"/> Target:</td> <td style="text-align: right;">Percentile</td> <td style="text-align: right;">Percentage</td> </tr> <tr> <td>Nurse Communication</td> <td style="text-align: right;">90 -</td> <td style="text-align: right;">83</td> </tr> <tr> <td>Pain Management</td> <td style="text-align: right;">90</td> <td style="text-align: right;">76</td> </tr> <tr> <td>Responsiveness</td> <td style="text-align: right;">90</td> <td style="text-align: right;">76</td> </tr> </table>	<input type="checkbox"/> Target:	Percentile	Percentage	Nurse Communication	90 -	83	Pain Management	90	76	Responsiveness	90	76
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<ul style="list-style-type: none"> • Workgroups: <ul style="list-style-type: none"> ▪ Performance Improvement ▪ Clinical Practice ▪ Education ▪ Policy and Procedure 	<ul style="list-style-type: none"> • Each unit will identify a QI activity to improve HCAHPS score on pain management using the Plan-Do-Study-Act (PDSA) model. • The PRNs, Clinical Nurse Specialists & Department Administrators will evaluate the current clinical practices and performance improvement activities to determine the impact on pain management and related patient outcomes. • Review, update and modify pain management educational content, protocols, policy and procedures based on the best available evidence 	<ul style="list-style-type: none"> <input type="checkbox"/> Evidence-based pain management education, protocols and policies/procedures <input type="checkbox"/> Translation of best practices and best evidence into daily clinical practice. <input type="checkbox"/> Safe and high quality patient care 												

