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

<table>
<thead>
<tr>
<th>Structure</th>
<th>Processes</th>
<th>Outcomes</th>
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| - Organizational support & Chief Nurse Executive (CNE) sponsorship  
  - Pain management as an institutional priority  
- Collaborative multidisciplinary team:  
  - Pain Resource Nurse (PRN)-Pain champion (PC)  
  - Nursing Staff  
  - Physician champion  
  - Pharmacy  
- PRN-PC, Staff training and competency validation  
  - Clinical practice  
  - Knowledge and Attitude Survey regarding Pain (KASRP) questionnaire | Implementation of four stages of pain management using a collaborative multimodal approach:  
  - Preparation: Patient & staff information, attitudes, beliefs, cultures, environment  
  - Assessment: Biopsychosociocultural pain assessment & reassessment  
  - Intervention: Social, psychological, pharmacological and non-pharmacological pain interventions  
    - Multimodal approach  
    - ATC dosing vs PRN dosing  
  - Normalization: All aspects aimed to return to normal or optimal stage | □ 100% of nursing staff completed 2012 Annual Update which has the 2-hour Pain Management component  
□ 100% of MS-CC service CNCs completed the 8-hour Pain Champion Workshop  
□ Improved staff knowledge and attitudes about pain management (KASRP score)  
□ Increased staff satisfaction  
□ Increased patient satisfaction |
| - PRN-PC Policies & Charter  
  - Selection criteria for PRN-PC  
  - Training of PRN-PC  
  - Roles and responsibilities  
- Tools and resources  
  - Equinalgesic calculation chart  
  - Biweekly Huddle points  
  - Quarterly newsletter  
  - HealthConnect (doc flowsheets, Patient Care Plan, Patient Education Plan) | PRN*** - Pain Champion Activities:  
  - Daily clinical rounding & identifying patients with pain management issues and proactively addressing the issues using a team approach  
  - Timely and appropriate consultation with MD or pain specialist if current pain management plan is not working  
  - Daily audits of pain assessment, reassessment, plan of care and patient education plan  
  - Weekly patient interviews regarding pain experience & management using the patient interview tool  
  - Creation of biweekly huddle points on pain topics***  
  - On-unit pain inservice as appropriate*** | Process outcomes:  
□ Monthly summary of clinical rounding findings including patient interviews from each unit  
□ Biweekly huddle points disseminated as evidenced by biweekly huddles attendance sheets  
□ Publication of quarterly newsletter = 4 |

©2013 Created by Emma Cuenca, DNP, RN, CCRN-CSC, CNS  
PRN Task Force, Kaiser Permanente Los Angeles Medical Center
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<thead>
<tr>
<th>Clinical Practice Guidelines</th>
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<tbody>
<tr>
<td>- Quarterly Pain Newsletter***</td>
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<td>- Attendance to monthly PRN-PC meeting (this is a standing agenda in the CC-MS meeting)</td>
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<td>- Educational needs assessment of the staff at the end of the year***</td>
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<td>- Yearly educational plan based on the needs assessment***</td>
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<td><strong>Specific only to PRNs</strong></td>
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**Staff expectations:**
- Pain assessment, reassessment, PCP, PEP per policy
- Multimodal pain management approach
- Hourly rounding
- Utilization of Nurse Knowledge Exchange (NKE) board to communicate pain management plan
- Handout on pain management
- Patient education on pain meds, indications, side effects, etc.
- Application of pain information (from huddle points) to clinical practice
- Attendance to scheduled inservices
- Timely and proactive referral to the PCs if pain is not relieved with current regimen

**Workgroups:**
- Performance Improvement
- Clinical Practice
- Education
- Policy and Procedure

| - 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 |

**Patient outcomes:**
- Increased patient satisfaction: HCAHPS score to 90th percentile within a year and sustained for 2 years and >

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<tr>
<th>Target:</th>
<th>Percentile</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Nurse Communication</td>
<td>90</td>
<td>83</td>
</tr>
<tr>
<td>Pain Management</td>
<td>90</td>
<td>76</td>
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<tr>
<td>Responsiveness</td>
<td>90</td>
<td>76</td>
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**Other:**
- 90% attendance of each CNC at the monthly CC/MS meeting total of 12 meetings
- Completion of educational needs assessment at the end of the year and development of educational plan for the following year
- Pain assessment, reassessment, PCP and PEP documentation = 90% compliance
- HCHAPS score on Communication = 90th percentile

- Evidence-based pain management education, protocols and policies/procedures
- Translation of best practices and best evidence into daily clinical practice.
- Safe and high quality patient care