Does Educating Nurses on Merritt-3 Surgical About the EMMC Pain Management Policy Increase Nurse Compliance with the Policy, As Well As Increase the Use of Non-Pharmacological Pain Interventions Prior to Pharmacological Pain Interventions?

Christina Robbins, ADN, RN; Brooke Whitley, ADN, RN

Background

- Pain management is identified by The Joint Commission and World Health Organization as a fundamental aspect of patient care
- Lack of adequate pain management can lead to a decrease in physical and psychological outcomes, patient satisfaction, and overall quality of life
- Adequate pain control promotes patient mobility and risk of deep vein thrombosis, pulmonary embolism and pneumonia
- Poor pain management has negative impacts on hospital performance, leading to increased lengths of stay and readmissions
- Patients of EMMC are given a survey after discharge that asks “How well they feel their pain was managed during there stay?”

Practice Change

On M3S, our goal was to increase nurses knowledge of the EMMC Pain Management Policy and improve compliance with providing a non-pharmacological pain intervention prior to pharmacological use.

Measures and Results

- A survey was used to anonymously obtain current practices and knowledge among M3S staff before and after providing education regarding pain assessment and management strategies
- The survey was circulated to staff for a month period prior to educating staff, and again for a month period after education has been provided
- Specific data was gathered, and the results were used to assess effectiveness of pain management education on interventions used to decrease patient pain

Survey Questions & Results

<table>
<thead>
<tr>
<th>Survey Questions &amp; Results</th>
<th>Pre-Survey Results</th>
<th>Post-Survey Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How knowledgeable do you feel about EMMC Pain Management assessment/policy?</td>
<td>41% felt average, 41% felt knowledgeable, 18% felt not knowledgeable</td>
<td>48% felt average, 52 felt knowledgeable, and 0% felt not knowledgeable</td>
</tr>
<tr>
<td>2. How often do you implement the current policy?</td>
<td>16% say never, 66% say sometimes, 18% say always</td>
<td>11% say never, 48% say sometimes, 41% say always</td>
</tr>
<tr>
<td>3. What non-pharmacological interventions have you offered any patients in the last month?</td>
<td>28/32 selected Heat/Cold 28/32 selected Distraction 30/32 selected Repositioning 23/32 selected Ambulation 22/32 selected Relaxation 1 person wrote in Massage</td>
<td>24/27 selected Heat/Cold 20/27 selected Distraction 21/27 selected Repositioning 21/27 selected Ambulation 17/27 selected Relaxation</td>
</tr>
<tr>
<td>4. In the last month, how often have you educated patients on the pain scale, beyond numerical value (0-10)?</td>
<td>13% say almost never, 50% say sometimes, 37% say always</td>
<td>14% say almost never, 35% say sometimes, 51% say always</td>
</tr>
<tr>
<td>5. How often do you offer non-pharmacological intervention for pain prior to pharmacological intervention?</td>
<td>3% say almost never, 81% say sometimes, 16% say always</td>
<td>4% say almost never, 55% say sometimes, 41% say always</td>
</tr>
</tbody>
</table>

Non-Pharmacological Pain Management Interventions Options

Summary/Discussion

- “I’ve never seen that policy, Can I photocopy it for my binder?”
- “I was unaware that we were actually required by a policy in place to provide other non-medication options of pain management before the use of medications on the MAR.”

Limitations and Barriers

- Sample size of participants was 20 participants less than our goal
- Our Post-survey sample size was less than our Pre-Survey sample size
- Pain interventions are specific to each patient that a nurse cares for
- Nurses may favor a certain non-pharmacological intervention more than others listed
- Preceptors of current nurses may not have discussed this policy with nurses during orientation
- The project lost two team members during the data gathering stage

Methods

1. Pre Pain Management Survey
2. Present information to staff about Pain Management Policy and pain interventions
3. Non-pharmacological intervention options presented via 1:1 discussion, huddles; printed policy for staff to view in hand
4. Post Pain Management Survey

Conclusion

After educating M3S Nurses we had an increase of knowledge and compliance with the EMMC pain management policy by 7%. The policy was implemented 26% more often. We found a 14% increase in nurses educating patients beyond the pain scale 0-10. Variations of non-pharmacological interventions such as heat, cold or ambulation were offered prior to education, however there was a 25% increase in implementation of these interventions after education.

References

- Limits & Barriers