

## 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.

## 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

## 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

### Non-Pharmacological Pain Management Interventions Options



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

## 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

## 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

- Glownacki, D. (2015). Effective pain management and improvements in patients' outcomes and satisfaction. *CriticalCareNurse*, 35(3): 33-42.
- Wells, N., Pasero, C., McCaffery, M. (2008). Improving the quality of care through pain assessment and management. *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*, 1: 469-497.