Original Article

Positioning Clinical Nurse Specialists and Nurse Practitioners as Change Champions to Implement a Pain Protocol in Long-Term Care

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Abstract:

Pain management for older adults in long-term care (LTC) has been recognized as a problem internationally. The purpose of this study was to explore the role of a clinical nurse specialist (CNS) and nurse practitioner (NP) as change champions during the implementation of an evidence-based pain protocol in LTC. In this exploratory, multiple-case design study, we collected data from two LTC homes in Ontario, Canada. Three data sources were used: participant observation of an NP and a CNS for 18 hours each over a 3-week period; CNS and NP diaries recording strategies, barriers, and facilitators to the implementation process; and interviews with members of the interdisciplinary team to explore perceptions about the NP and CNS role in implementing the pain protocol. Data were analyzed using thematic content analysis. The NP and CNS used a variety of effective strategies to promote pain management changes in practice including educational outreach with team members, reminders to nursing staff to highlight the pain protocol and educate about practice changes, chart audits and feedback to the nursing staff, interdisciplinary working group meetings, ad hoc meetings with nursing staff, and resident assessment using advanced skills. The CNS and NP are ideal champions to implement pain management protocols and likely other quality improvement initiatives.

INTRODUCTION

Inadequate pain management in long-term care (LTC) has been identified as a problem worldwide with rates of resident pain ranging from 30% to 83% (Moulin et al., 2002; Proctor & Hirdes, 2001; Zwakhalen et al., 2009). Despite these high rates, pain is consistently underassessed and undertreated, particularly in LTC facilities (Won et al., 2004). Innovative strategies, such as an interdisciplinary pain protocol, are needed to improve pain treatments and reduce pain in residents living in LTC settings.

Kaasalainen et al. (2012) found that implementing a pain protocol significantly improved resident pain in an intervention group compared with a control group over a 1-year intervention period. In this project, a clinical nurse specialist (CNS) and a nurse practitioner (NP) were identified as key facilitators to the successful implementation of the pain protocol. In Canada, NPs and CNSs are advanced practice nurses (APNs) with "graduate education who work collaboratively in interdisciplinary teams to meet the health needs of individuals, families, groups, communities, and populations" (Canadian Nurses Association, 2008). APNs have been defined internationally as registered nurses who have "acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice" (International Council of Nurses, 2013). NPs also can diagnose, order, and interpret diagnostic tests, prescribe medications, and perform some procedures traditionally associated with physicians (Canadian Nurses Association, 2011). CNSs have expertise in a clinical specialty defined by a specific population, setting, disease, type of care, or type of problem. There is overlap between NP and CNS role responsibilities for clinical practice, education, research, consultation, and leadership (DiCenso et al., 2010). This article reports on a substudy of the pain protocol project that focused on how a CNS and an NP facilitated the implementation of the pain protocol to produce changes in clinical practice. These findings also may shed some light about successful strategies that can be used to implement other types of practice changes in LTC, to ultimately improve the quality of life for residents.

LITERATURE REVIEW

Clinician beliefs and attitudes about pain may influence their decision making regarding pain management and treatment options within LTC settings (Kaasalainen et al., 2007). For example, research has indicated that health care providers underutilize opioid medications in older people, particularly those with cognitive impairment (Kaasalainen et al., 1998; Mezinskis, Keller, & Luggen, 2004; Won et al., 2004). Both nurses and physicians are reluctant to use opioids in LTC residents, especially for those with cognitive impairment who are deemed nonpalliative (Kaasalainen et al., 2007). Weissman and Matson (1999) found a widespread fear of treating pain without understanding its exact cause, along with concern about overmedication and drug toxicity, especially for those older people with cognitive impairment. Unfortunately, the amount of physician contact in LTC facilities is limited due to lack of onsite physician coverage, which creates a challenge for careful monitoring and effective individualizing of pain treatments. A way to overcome this challenge may be to use other health care team members more effectively (e.g., NPs, CNSs, pharmacists) to assess and manage residents' pain. The development and evaluation of innovative strategies, such as an interdisciplinary pain protocol, using models of collaborative care, may lead to more effective pain management while ensuring careful monitoring of drug toxicity.

The implementation of innovative interventions is challenging and research clearly shows that instead of passive dissemination, a multifaceted implementation approach is needed that includes audit and feedback, education outreach, and a local opinion leader to address multiple barriers (Grimshaw et al., 2005; Thompson, Estabrooks, & Degner, 2006). Baier et al. (2004) found that a multifaceted collaborative intervention that used audit and feedback, education, training, coaching using rapid-cycle quality improvement techniques, and inter-nursing home collaboration, improved pain management process and outcome measures in 21 LTC facilities in Rhode Island. Using a quasi-experimental, pretest\posttest design, Baier et al. found use of appropriate pain assessments and nonpharmacologic treatments increased significantly ($p < .001$), but use of pain medications for residents with moderate to severe pain, prescriptions, and change in pain medications did not. Baier et al. suggested that lack of communication between nurses and physicians may have contributed to these poor findings around pain medication use.

Bakerjian (2008) suggests that CNSs and NPs can play a pivotal role in promoting effective communication between physicians and nurses in LTC, as well as acting as "change coordinators" or "change champions." *Change champions* have been defined as 'individuals who dedicate themselves to supporting, marketing, and 'driving through' an innovation" (Greenhalgh, Robert, Bate, MacFarlane, & Kyriakidou, 2005). Given