

# Improving Patient Satisfaction With Better Pain Management in Hospitalized Patients

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## ABSTRACT

Pain is a common problem in hospitalized patients. Pain management needed improvement at an urban level 1 trauma hospital unit as evidenced by below benchmark pain management Hospital Consumer Assessment of Healthcare Providers and Systems scores. A quality improvement project was implemented that consisted of an evidenced-based nursing education program and the development and use of an evidenced-based pain management algorithm for nurses. After completion of the quality improvement project, nurses showed significantly improved knowledge regarding pain management and pain scores improved. A pain management quality improvement project improved staff knowledge and patient satisfaction with pain management.

**Keywords:** hospitalized patients, pain algorithm, pain management, pain satisfaction

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## INTRODUCTION

Pain is one of the most common reasons that Americans access the health care system; it has a multitude of adverse consequences if not managed appropriately.<sup>1</sup> Adverse consequences associated with inadequate pain management are often related to decreased ability to move and include (but are not limited to) strong associations with thromboembolic incidents and pulmonary complications, increased intensive care unit or hospital time, and chronic pain.<sup>2</sup> Patients' reports of satisfaction are increasingly used in public reporting and in pay-for-performance programs, such as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) program.<sup>3</sup> Therefore, hospitals and clinicians must make appropriate pain management a standard of care to receive the maximum reimbursement from the Centers for Medicare & Medicaid Services for health care services provided.

Nurses are direct patient care providers and have the greatest opportunity to improve patient satisfaction with pain management. Barriers to effective pain management include lack of nursing knowledge on

how to manage pain and adequate use of analgesics, when to assess pain, and misconceptions regarding opioids and addiction.<sup>4</sup> Educating health care staff about pain management improves patient satisfaction and results in better pain control.<sup>5</sup> A thorough pain assessment and consequent reassessment are considered important factors in improving patient satisfaction, as they give patients the sense that their nurse has genuine concern about their pain and is doing their best to decrease their level of pain.<sup>6</sup> Pain management satisfaction increases when patients report that their nurse frequently asked about their pain, cared about the answer, and had excellent response time to complaints of pain.<sup>7</sup>

Patient education is an integral part of the nursing profession. Patients who are educated about pain management are empowered to become actively involved in their treatment and care, which in turn improves patient satisfaction and outcomes.<sup>7</sup> Yet, in one study, 46.8% of patients did not receive information about pain management.<sup>7</sup> Another study, at a community hospital, showed that patients on a unit with lower satisfaction scores were 52% more likely to report that education about pain

management was inadequate, compared with only 36% of patients reporting inadequate education on a unit with higher satisfaction scores.<sup>6</sup> The same study found that 67.2% of patients dissatisfied with pain management also reported inadequate patient education. In a similar study at Mount Sinai Hospital, of the patients who rated their nurse “excellent” in all 3 categories—(1) frequently asked about pain; (2) cared about the answer; and (3) had excellent response time to complaints of pain—87% also rated their pain satisfaction as excellent; however, of the patients who rated only 1 of these categories as excellent, only 16% rated pain satisfaction as excellent.<sup>8</sup>

The purpose of this quality improvement project was to: (1) increase the knowledge of hospital staff nurses concerning the manifestations, complications, and interventions relating to unmanaged pain; and (2) develop, implement, and evaluate an evidenced-based algorithm to improve patient satisfaction with pain management. The specific aims included: (1) develop an evidence-based education program and algorithm for nurses aimed at improving patient-reported satisfaction with pain management among hospitalized patients; (2) assess nursing knowledge and beliefs satisfaction regarding pain management before and after training interventions on the evidenced-based algorithm; (3) implement the nursing education program and evidenced-based pain management algorithm; and (4) evaluate satisfaction with pain management using HCAHPS scores before and after the education program and algorithm implementation.

## STUDY ENVIRONMENT

This quality improvement project was conducted on a monitored unit with 23 patient beds. Nurse-to-patient ratios average around 1 nurse to 4 patients. The unit is primarily a trauma and toxicology unit with hospital overflow from other medical services, such as orthopedic and vascular surgery.

## METHODS

### Sample

All staff nurses were employed on the trauma and toxicology monitored unit at a level 1 urban

academic hospital in western Pennsylvania during the period from June 2015 through September 2015. Patients were on the hospital unit from January 2015 through December 2015.

### Design

This project utilized a pre- and post-survey design and a prospective pre- and post-algorithm descriptive evaluation. The project committee, consisting of a nurse and nurse practitioners, developed an evidence-based education program and algorithm (see [Figure](#)) on pain management and a pre-/post-educational test and nurse survey. The algorithm was developed using evidence from the literature and underwent an iterative process of review and revision until the committee achieved a consensus on the final algorithm. The project gained institutional approval from the hospital's quality improvement committee. The pre-/post-educational test contained 6 items, which consisted of multiple-choice and true/false questions. The nurse survey consisted of 3 items, which included 2 multiple-choice questions and 1 open-ended question.

### Intervention

Staff nurses participated in an educational in-service conducted on day and night shifts between June 6 and July 17, 2015, and were also introduced and educated on the pain management algorithm. Nurses were educated on the manifestations, complications, and interventions relating to pain. Participants took a pre- and post-educational test and a survey during the in-service sessions and were also asked how often nonpharmacologic pain management modalities were used. Participants were instructed to use the pain management algorithm to manage pain. Nurses participated in a second posttest, which was conducted on a non-in-service day to assess retained education.

### Measures

The nursing pretest and the 2 posttest educational scores were analyzed using descriptive statistics, as were the 2 post-surveys. In the 2 post-surveys, open-ended responses were analyzed for repeating themes. Pre- and post-project implementation pain

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