

Optimal Pain Assessment in Pediatric Rehabilitation: Implementation of a Nursing Guideline

■■■ Shauna Kingsnorth, PhD,^{*,†}
Nick Joachimides, MCISc, RN,^{*} Kim Krog, MSN, RN,^{*}
Barbara Davies, PhD, RN,[#]
and Kathryn Smith Higuchi, PhD, RN[#]

■ ABSTRACT:

In Ontario, Canada, the Registered Nurses' Association promotes a Best Practice Spotlight Organization initiative to enhance evidence-based practice. Qualifying organizations are required to implement strategies, evaluate outcomes, and sustain practices aligned with nursing clinical practice guidelines. This study reports on the development and evaluation of a multifaceted implementation strategy to support adoption of a nursing clinical practice guideline on the assessment and management of acute pain in a pediatric rehabilitation and complex continuing care hospital. Multiple approaches were employed to influence behavior, attitudes, and awareness around optimal pain practice (e.g., instructional resources, electronic reminders, audits, and feedback). Four measures were introduced to assess pain in communicating and noncommunicating children as part of a campaign to treat pain as the fifth vital sign. A prospective repeated measures design examined survey and audit data to assess practice aligned with the guideline. The Knowledge and Attitudes Survey (KNAS) was adapted to ensure relevance to the local practice setting and was assessed before and after nurses' participation in three education modules. Audit data included client demographics and pain scores assessed annually over a 3-year window. A final sample of 69 nurses (78% response rate) provided pre-/post-survey data. A total of 108 pediatric surgical clients (younger than 19 years) contributed audit data across the three collection cycles. Significant improvements in nurses' knowledge, attitudes, and behaviors related to optimal pain care for children with disabilities were noted following adoption of the pain clinical practice guideline. Targeted guideline implementation strategies are central to supporting optimal pain practice. © 2015 by the American Society for Pain Management Nursing

From the ^{*}Holland Bloorview Kids Rehabilitation Hospital, Toronto, Ontario, Canada; [†]Department of Occupational Science & Occupational Therapy, University of Toronto, Toronto, Ontario, Canada; [‡]Faculty of Health Sciences, University of Ottawa, Ottawa, Ontario, Canada.

Address correspondence to Shauna Kingsnorth, PhD, Holland Bloorview Kids Rehabilitation Hospital, Teaching & Learning Institute, 150 Kilgour Road, Toronto, Ontario, M4G 1R8, Canada. E-mail: skingsnorth@hollandbloorview.ca

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According to the World Health Organization, pain relief is a basic human right ([International Association for the Study of Pain, 2004](#)). Because of the subjective and multidimensional nature of pain, effective assessment and quality management can be difficult to achieve, particularly for hospitalized children who are noncommunicative or cognitively impaired. There is much evidence to support the underrecognition and undertreatment of pain among these pediatric populations due to varied developmental stages, limitations in their self-reporting abilities, and often complex pain problems associated with their physical disability ([Breau, 2003](#); [Herr et al., 2006](#); [McKearnan, Kieckhefer, Engel, & Jensen, 2004](#); [Penner, Xie, Binopal, Switzer, & Fehlings, 2013](#)). These risk factors strongly characterize the clients commonly seen in pediatric rehabilitation and complex continuing care inpatient units.

Increasingly, hospitals and rehabilitative contexts are recognizing the importance of pain assessment and management for inpatients during their continuum of care ([Registered Nurses' Association of Ontario \[RNAO\], 2002](#); [Taylor, Boyer, & Campbell, 2008](#)). A lack of knowledge among healthcare providers has been identified as a significant factor in the quality of pain assessment and management among special populations ([Dowden, McCarthy, & Chalkiadis, 2008](#); [Franck, Allen, & Oulton, 2007](#)). This lack of knowledge is a serious issue as unrelieved pain due to improper assessment and management negatively impacts an individual's quality of life ([Innis, Bikaunieks, Petryshen, Zellerman, & Ciccarelli, 2004](#); [Walker, 2008](#)). Furthermore, "effective pain management has the potential to improve recovery and reduce morbidity, mortality, patient fear and anxiety, patient, family and staff distress, and costs related to health care use" ([Dowden et al., 2008](#), p. 321).

In an effort to enhance evidence-based practice, the Registered Nurses' Association of Ontario (RNAO) supports a Best Practice Spotlight Organization (BPSO) initiative through provincial funding provided by the Ministry of Health and Long-Term Care (Ontario). Partner organizations in this initiative are required to implement strategies, evaluate outcomes, and sustain practices specific to RNAO's "Best Practice Guidelines" (BPGs) over a 3-year qualifying period. These guidelines are based on systematic reviews of the literature and expert consensus, and meet quality criteria ([AGREE Collaboration, 2003](#); [RNAO, 2006](#)). The BPSO designation is renewable every 2 years upon demonstration of sustainability and adoption of new BPGs. In 2009, a large pediatric rehabilitation hospital located in an urban center in Ontario was

selected as a BPSO designate and the RNAO *Assessment and Management of Pain* BPG chosen to address existing acute pain practice ([RNAO, 2008](#)).

To support adoption of the pain BPG, an interprofessional committee composed of physicians, nurses, physiotherapists, child life therapists, occupational therapists, and social workers was created. With consideration of the pediatric rehabilitation context, 5 of the 79 recommendations outlined in the BPG were selected as suitable to the local context to meet the goal of enhancing the quality of current pain assessment and management practices ([RNAO, 2002, 2007](#)). The following process-related knowledge translation activities were identified to support the BPG implementation process: (1) launch a "pain awareness" campaign to inform clinical staff about BPG recommendations; (2) educate nursing staff on the issue of pain and optimal pain practices; (3) introduce developmentally appropriate, evidence-based pain assessment tools suitable for noncommunicative and/or cognitively impaired children; and (4) revise the electronic health record screens to sustain practice changes.

In this article, we describe the initial work to introduce inpatient practice standards aligned with the BPG recommendations; discuss targeted strategies to influence nursing staff knowledge, attitudes, and behaviors around optimal pain practice; and evaluate findings of the impact within this rehabilitation and complex care facility.

METHODS

Study Design and Setting

This study was conducted at a large urban academic pediatric rehabilitation hospital specializing in rehabilitation therapy and complex continuing care for children with a range of congenital and acquired physical disabilities. A prospective repeated measures design examining survey and audit data was employed to assess optimal pain practice for a convenience sample of nurses and children. Ethical approval was obtained from the hospital's Research Ethics Board.

Sample

A total of 89 full- and part-time clinical nursing staff within the three inpatient units of the hospital were eligible to participate in the survey arm of the study. Chart audits were specific to the Specialized Orthopedic Developmental Rehabilitation unit, which offers 24-hour care to children (1–18 years of age) transferred post-operatively (≥ 3 days) from an acute facility where they had orthopedic surgical interventions. Children in the hospital's chronic pain program were excluded, as different practices were in place.

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