Problem
The premise of pain management is based on the understanding that patients who report pain are entitled to the best possible treatment, reflecting current research on methods that are safe and effective. Of the nearly 23 million in the United States who undergo surgery each year, only half report adequate management of their pain. Studies show that even when pain is managed within the parameters of physician prescribed methods, patients endure complications associated with poor outcomes linked to inadequate assessment methods. Medicating patients solely on the basis of a self reported numeric pain value has resulted in multiple complications, including over sedation, respiratory impairment, gastric and urinary distress, and lethargy. In the worst cases the practice has resulted in patient’s death.

Recent research indicates enhanced measures of assessment are necessary to fully evaluate the administration of prescribed pain management measures, as well as timely reassessment for safe and effective outcomes.

Evidence
The Nursing Practice Act endorses management of patient’s pain as a nursing function of patient advocacy. Research supports the need to find tools to enhance the standard self-reported numeric scales in order to keep patients safe from adverse drug reactions and allow prompt recovery from illness.

New standards were implemented in 2001 to assess and manage patient’s pain, leading to most hospitals adopting the policy of “pain as the fifth vital sign”. Since then the standard pain assessment tool has become a 0-10 numeric rating scale (0 = no pain, 10 = worst pain imaginable) which is recorded in the medical record at routine intervals along with the patient’s other vital signs –or more often based on nursing judgment. Patients receive treatment ranging from non-pharmacologic interventions to IV opioids.

Strategy
Kaiser Permanente launched Destination Bedside to meet the challenge of achieving a more thorough patient assessment around issues related to pain assessment and safe administration of pain measures both non-pharmacology and pharmacologic. This unique project used both the findings of a national multi-site study that explored how hospital nurses spend their time and the principles of human centered design to accomplish its goals. With this novel project, Kaiser Permanente, has incorporated feedback from a wide range of healthcare workers to develop and test targeted improvements at the unit level of providing direct patient care. By rapidly implementing small tests of change, modifications were made during field testing on four medical surgical units in two large metropolitan hospitals.
Practice Change
Improvements were made that resulted in increasing nurse’s time at the bedside by up to 23%. This dramatic increase in patient centered time has been combined with an innovative set of tools designed to help nurse’s communicate more effectively with their patients about issues related to optimum pain management. Using these designs, nurses are empowered to better educate patients as well as become informed themselves about patient’s individual responses to treatment methods. This learning exchange has lead to safer pain management practices while maintaining a high level of patient satisfaction. Moreover, information obtained from the electronic medical record demonstrated a reduction in narcotic use and a marked increase in patient reassessments following medication administration.

Evaluation
Process and observational data were collected on each of the four units daily for a minimum of three weeks post implementation followed by one week per month thereafter. Dashboards showing directional data were shared with the leadership on each unit weekly, as objective evidence to inform key areas for further improvement and refinement of both the tools used by the nurses and the process of nurse communication during shift exchange.

Results
Shared involvement of hospital leadership, unit managers, and staff nurses has resulted in achieving a comprehensive strategy for improvement in patient safety outcomes. As a result of these partnerships leadership has agreed to spread the improvement ideas to other units. In order to disseminate these learnings, at the conclusion of this project a change-package comprised of process recommendations, implementation tools, and data collection methods was provided to each facility to aid spreading these evidence-based improvements across a range of hospital units.

Recommendation
When nurses are provided with evidence-based rational they are willing to embrace change even when it involves a transition period to learn new concepts. It is important to provide objective feedback including process metrics during the early implementation phase to help maintain focus and momentum. Implementation of evidence-based knowledge is enhanced when hospital leaders and unit managers are provided with a comprehensive change-package as a guide.

Bibliography