Problem:
- Approximately 50% of the post-operative patients report having received adequate pain relief during the course of their recovery*. (1,2,3)
- The Joint Commission required hospitals to standardize practices around appropriate pain assessment and the management of pain using a scale for measurement (ie 0 – 10 scale) (4)

Evidence:
- Managing pain still remains challenging in a clinical setting (3,5,6)

Strategy:
- Better nursing communications needed (7, 8)
- Better collaboration amongst clinicians, patients and family to manage post-surgical pain (9)

Practice Change:
**Individual Nursing Practice**
- Focused preparation before room visit
- Probe Patient’s Pain; considering functional goals and ADLS
- Most appropriate dose for initial transition to PO Pain Medications
- Reassess the patient timely

**Team Nursing Practice**
- Encourage around the clock dosing even if PRN is ordered
- Cross-shift support to keep pain regimen going at night

Evaluation:
- Improved patient comfort
- Nurse’s understanding of ways to provide pain management
- Non-RN Clinical staff evaluation of nursing skill around pain management
- Patient informed about pain management

Results:
- Decrease in patient’s pain variance* of 23% on one pilot unit
- Nurses showed better understanding of patients’ needs for pain management (+44%) and improved collaboration with patients (+25%)
- Non RN Clinicians ratings: Nurse’s Effectiveness (+27); Nurse’ Safer (+13%); Job Easier (+15%)
- Patients more informed (+19%)

Recommendations:
- KP Painscape tested on medical units as well
Lessons Learned:

- Departments with a pain variance of greater than 1 have more opportunity for improvement
- There seems to be a “sweet spot” between .5 and 1 as a range for optimal pain variance

*Pain variance is the difference between the patient’s stated pain score and their acceptable pain level when a 1 – 10 scale is used. Results cited represent one unit for average pain variance between 5am and 9am.

Bibliography:


2. Patient Safety and Quality – An Evidence-Based Handbook for Nurses, Chapter 17. Edited by Ronda G. Hughes, PhD, MHS, RN. Rockville (MD): Agency for Healthcare Research and Quality (US); April 2008. Publication No.:08-0043. p. 2


*23 million in a 1992 report and 16.1 million in a 2004 report. Both state 50% or more getting inadequate pain relief.