

Improving Nursing Competence in Pain Management

The Problem

Patient perception of pain control has been positively linked to “patients’ willingness to recommend” a Hospital on *Press Ganey* patient satisfaction surveys. BIDMC has set a goal of reaching 71% for patients responding “always” to achieving pain control during hospitalization. During 2008, the percentage of patients responding “always” to pain management questions on Farr 5 dropped from 69% in quarter 1 to 59% in quarter 3.

Aim/Goal

By examining pain medication practices on Farr 5 and providing staff education, we planned to achieve target metric of 71% and positively influence patient satisfaction scores.

The Team

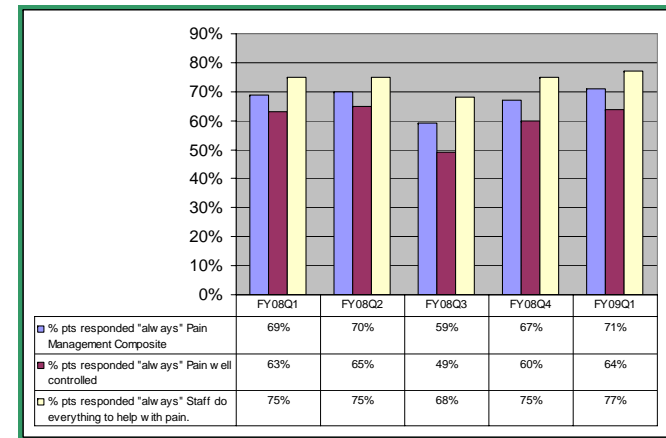
- Linda Denekamp, RN Nurse Manager
- Kerry Carnevale, RN CNS
- Jennifer Rifenburg, RN Unit Educator
- Karen Smethers, RPH

The Interventions

- June – July 2008 review of medication administration records (MAR) by NM, CNS, UBE with real time interventions
 1. Identified and corrected narcotic dosing issues
 2. Suggested pain management plan changes
 3. Reinforced pre and post pain assessment scores
- Staff training and education of best practices and BIDMC policy review
 1. September 2008 review of following policies: Range Order Policy, Transdermal Medication Application, PCA and Epidural Use, and Pain Assessment and Reassessment Policy
 2. October 2008 distribution of journal article with mandatory quiz
 3. October 2008 mandatory on line competency completed
 4. Unit education provided by Karen Smethers on opiate use

The Results/Progress to Date

Achievement of goal 71% to Pain Composite Score by QTR 1 2009



Lessons Learned

- Assumption of staff knowledge of pain management has been erroneous. Formal review of policy and best practices are needed during unit education. Constant vigilance by unit leadership is required to maintain best practices.

Next Steps/What Should Happen Next:

- Continued review of unit education practices and inclusion of formal education of pain management practices during unit orientation
- Real time patient interview of perception of pain management and continued analysis of patient satisfaction scores by unit leadership.
- Collaborate with surgical team to establish satisfactory and safe pain control standards for patient population

