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10-25-2019

A Step-Wise Approach to Managing Post-Operative Pain

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Citation

Massieu, Mary; Gaitan, Martha; Hilson, Edlina; David, Julie; Lee, Rosemary; McCue, Victoria; and Adefisoye, James, "A Step-Wise Approach to Managing Post-Operative Pain" (2019). *All Publications*. 3302.

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A Step-Wise Approach to Managing Post-Operative Pain

INTRODUCTION

- The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores were low on pain related questions on Medical Surgical Unit 5 (MS5) at Homestead Hospital.
- These low scores imply patient dissatisfaction with pain management and impacts the reimbursements from Centers for Medicare & Medicaid services.
- Also, uncontrolled pain can lead to multiple health problems such as pneumonia, chronic pain syndrome, and delayed healing.

LITERATURE REVIEW

- In the past 5 years, 86% of surgical patients experienced immediate post-operative pain.
- Also, 75% reported pain severities of moderate to extreme in the immediate post-operative pain.
- Post-operative pain is best treated with multimodal management.
- Algorithms allow implementation of non-pharmacologic techniques and safely escalating medications to achieve pain control.

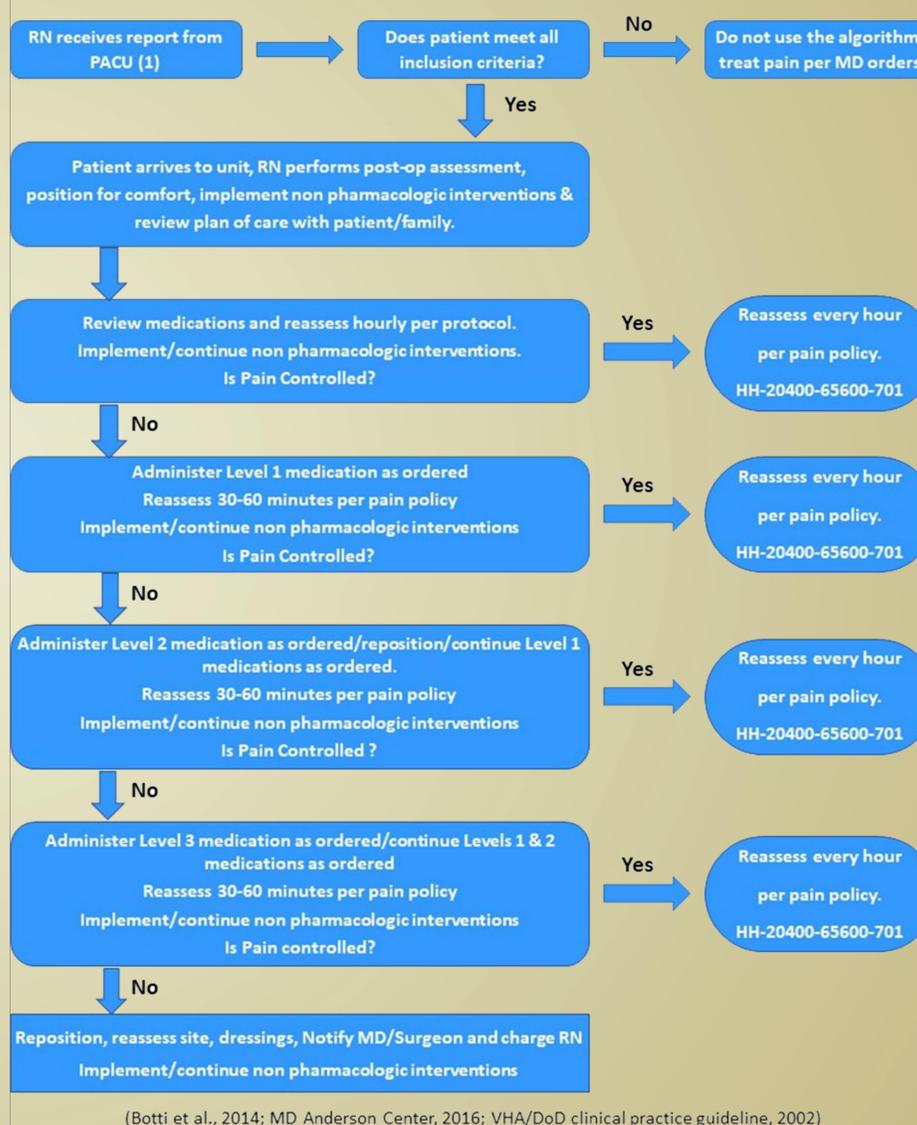
PICOT QUESTION

- Does the use of an evidence-based algorithm on post-operative pain assessment, medication, and management coupled with education (I) improve inpatient medical-surgical nurses' (P) knowledge and attitudes regarding pain and improve patient reported pain scores and HCAHPS pain related items(O) compared before,(C) immediately after interventions, and at two months post (T)?

METHODS

- Tool: Knowledge and Attitudes Survey Regarding Pain" (KASRP)
- Designed a post-operative pain management algorithm for RNs.
- Educated all physicians & surgeons on the project & algorithm in conjunction with:
- Explained the project to bedside RNs on the unit and invite to participate – Invitations were through:
 - word of mouth/face-to-face
 - during huddles/Staff meetings
 - information letter explaining the project in detail.

Algorithm for Post-Operative Pain Management



METHODS CONT'D

- RNs completed pre-intervention survey on "Knowledge and Attitudes Survey Regarding Pain" (KASRP) and demographics.
- RNs implemented an evidence based algorithm for post-operative patients who meet inclusion criteria for one month.
- RNs received information during huddles and staff meetings on pain "Just in Time " information sessions - new information weekly X 4 weeks.
- RNs invited to complete three courses on pain via CE Direct, receive free CEUs.
- RNs completed immediate and two-month post intervention KASRP survey and Likert scale regarding use of algorithm, information sessions, & completion of CE Direct courses.
- We monitored pain related scores on HCAHPS.

RESULTS

- A total of 41 RNs were eligible and invited to participate in the survey.
- The pre-survey was completed by 10 RNs
- The first post-survey was completed by 2 RNs.
- No responses were recorded from the second post-survey.
- A total of 21 nurses completed the three pain courses assigned in CE Direct.
- Due to the low response rates from RNs, we were unable to analyze survey data.
- It is unknown if RNs found the algorithm helpful in communication of pain management and treatment with the patient.
- There was no improvement in HCAHPS pain scores.

CONCLUSION/RECOMMENDATIONS

- It is expected that the implementation of a post-operative pain algorithm that involves multimodal pain management will improve patients' pain.
- Use of the algorithm will assist nurses in communicating effectively with the patients about their pain and pain management.
- The challenges experienced in assessing the effectiveness of the algorithm can be mitigated by:
 - having paper surveys available
 - Having one on one with the RNs
 - Increased presence in using the algorithm.

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ACKNOWLEDGEMENTS

- Aaron Meredith, Magnet Designation, Homestead Hospital.
- Homestead hospital MS5 Nursing staff, manager, clinician and support staff.
- Surgical Services staff, physicians, and surgeons.