

The University of San Francisco
**USF Scholarship: a digital repository @ Gleeson Library |
Geschke Center**

Master's Projects and Capstones

Theses, Dissertations, Capstones and Projects

Spring 5-19-2016

Chronic Pain Management in the Inpatient Care Setting

Addie J. McClendon

University of San Francisco, a.lefczik@comcast.net

Follow this and additional works at: <https://repository.usfca.edu/capstone>

 Part of the [Medicine and Health Sciences Commons](#)

Recommended Citation

McClendon, Addie J., "Chronic Pain Management in the Inpatient Care Setting" (2016). *Master's Projects and Capstones*. 336.
<https://repository.usfca.edu/capstone/336>

This Project/Capstone is brought to you for free and open access by the Theses, Dissertations, Capstones and Projects at USF Scholarship: a digital repository @ Gleeson Library | Geschke Center. It has been accepted for inclusion in Master's Projects and Capstones by an authorized administrator of USF Scholarship: a digital repository @ Gleeson Library | Geschke Center. For more information, please contact repository@usfca.edu.

Chronic Pain Management Attitudes within the Inpatient Care Unit

Addie McClendon, RN, MSN

University of San Francisco

School of Nursing and Health Professionals

Introduction

This quality control initiative is a Clinical Nurse Leader (CNL) Capstone quality initiative project affiliated with the University of San Francisco. The project is in response to a need for better chronic pain management on a medical surgical unit with a large patient population that suffers from chronic pain. A literature search revealed a need for better nurse education regarding chronic pain management. To enhance the quality of chronic pain management on the unit, nurses will be provided with evidence based education specific to their unit and patient population. Furthermore, patients will be assessed to determine their perspective of chronic pain management. It is the intention of the initiative to improve positive patient perspective of chronic pain management through enhanced nurse education.

Clinical Leadership Theme

This project focuses on the CNL curriculum element *Clinical Outcomes Manager*. The CNL function is outcomes manager. As the CNL, I will utilize available resources and lead the data collection and educational process of the project. I will use available resources to evaluate current nursing attitudes of chronic pain management and use that information to improve chronic pain management.

Global Aim Statement

We aim to improve nursing staff understanding of chronic pain and appropriate pain management interventions. The process begins with assessing barriers towards managing chronic pain while in an acute care facility, and subsequent expectations for staff. The process ends with increasing staff understanding of comprehensive chronic pain assessment and management. By working on this process we expect to increase staff knowledge of chronic pain and related issues,

and improve the chronic pain assessment process. We also aim to improve patient perception of pain management by the nurse. It is important that we do this now because the Hospital Consumer Assessment of Healthcare Providers Survey (HCAHPS) is reflecting consistent low scores in pain management areas on units with chronic pain patients (see Appendix A). While improving these scores is not a feasible short term goal, it indicates that there is an issue with chronic pain management that needs to be addressed.

Specific Aim

The specific aim of the project is to increase nursing staff comfort with management of chronic pain within the inpatient care setting. The goal is for 75% of nursing staff to be at least “comfortable” with managing chronic pain. This is to be achieved by providing additional education for nursing staff regarding methods and utilization of resources for better chronic pain management. Furthermore, the patient centered goal is for there to be a 10% increase in a positive response to, “Do you feel that staff care about your pain?” after nursing staff have been provided with education on chronic pain.

Statement of the Problem

Chronic pain management has proved to be a difficult subject of health care providers, especially within the inpatient clinical setting. Furthermore, failure to identify and assess chronic pain can lead to difficult pain management and lower satisfaction rates. The specific microsystem that this project focuses on has consistently low HCAHPS scores for “pain well managed” and “staff do everything to help pain.” Current evidence indicates that the attitudes and previous experiences of nursing staff effect how they care for chronic pain patients (Prem et al., 2011). Evidence has shown gaps in staff education regarding chronic pain management, which can lead to further issues. The purpose of this project is to improve staff attitudes towards

competency of chronic pain management. Furthermore, it is expected that the additional staff education will improve the perception that are caring about chronic pain management.

Project Overview

The project will occur on an inpatient medical-surgical unit that is composed of chronic medical illnesses such as cystic fibrosis, cancer and other chronic diseases. The project will proceed as follows (a chronological overview is available in Appendix B):

During the initial stage (the first three weeks of the project), nursing staff of the unit are requested to fill out the initial survey (see Appendix C). This will provide a baseline of how staff feel regarding their ability to manage chronic pain in an acute care setting. Furthermore, patients are interviews (see Appendix B) are conducted at this time as well. This is to provide a baseline indicating whether or not patients feel that staff care about their chronic pain.

During the Educational Phase (lasting the next three weeks), data will be analyzed to indicate specific areas where staff feel they are lacking in patient education as well as areas that patients feel that staff are lacking. This can include areas such as better chronic pain assessment, offering non-pharmacological methods of pain management. The identified areas will be included in an infographic that can easily be seen and understood by nursing staff. After conducting several inservices about the information on the posters, 85% of the staff should be educated about how to improve chronic pain management.

The Final Stage consists of the last three weeks of the project. In order to assess the effectiveness of the interventions to improve the management of chronic pain staff will be offered the Post Intervention Questionnaire (see Appendix B). Furthermore, patients with chronic pain will continue to be interviewed to assess whether or not they feel that staff care about their chronic pain.

Rationale

The evidence that precipitated this project is consistently low HCAHPS scores for “pain well managed” and “staff do everything to manage pain.” For the past eight quarters, between the third quarter of 2013 and the fourth quarter of 2015, there were zero quarters above the benchmark goals for this particular unit. Furthermore, all other units in the hospital have acceptable scores related to pain except for one other unit that also has chronically low scores. It was noted that a similarity between these units is a higher population of patients with chronic pain. According to Sidlecki and colleagues (2012), as much as 30% of the United States population suffers from chronic pain. This indicates that a substantial portion of patients in an acute care setting will also have chronic pain. Therefore, in order to address the possible area of improvement, chronic pain became the target of the project. However, the improvement in HCAHPS scores is a long term goal of the unit, and requires further assessment and intervention. This is not a current goal of the project, but may be a future goal of the unit.

Methodology

Change theories offer an opportunity for the Clinical Nurse Leader (CNL) to better understand what will occur when changes are implemented within a microsystem. Furthermore, it helps to better organize the expectations of the CNL. The Change theory that best applies to the unit is Rodger’s Diffusion of Innovations. This applies to the unit I am on in particular because of the nature of the staff on the unit. The staff consists of a wide spectrum of background and skill level, educated with at least a bachelors degree in nursing, and several have higher levels of education. The diverse background of the staff combined with the Magnet recognition of the facility indicates the motivation to implement evidence based practices. However, rarely does the culture within a unit unanimously favor adaptation of change. In order

to have a positive reception of the new education process, I, as the CNL, will have to reach out to all staff members, regardless of their position on change.

Roger's Diffusion of Innovations (1983) introduces change that permits staff to use knowledge they may have previously acquired to adapt new changes. The stages of Roger's Diffusion of Innovations outlines several types of people who will interact with a changing environment:

1. Innovators: the first ones who are willing to try the adaptation
2. Early Adopters: aware of the need to change and are willingly do so
3. Early Majority: not leaders, but adopt change earlier than the average person
4. Late Majority: skeptical of change and will only adopt it once the majority of people have
5. Laggards: resistant to changes

This is an important theory to build into the project as it will help to reduce the tension felt between those who are willing to accept the education on chronic pain and those who are resistant to it. Being able to predict and recognize people who fit into certain categories will enable me as the CNL to plan education opportunities based on how the staff receives the information. Furthermore, it will help with the recognition of "laggards" in order to facilitate unit wide acceptance of the education.

Once the project is implemented I will begin with my initial assessment. This step in the project is crucial as it will indicate the areas where staff are feeling the least competent regarding chronic pain. Based on the results, I can reference available literature to determine interventions that are supported by the evidence. Evidence supports further education for nurses regarding their attitudes towards managing chronic pain: barriers towards good pain management can

include lack of knowledge about how it is managed and access to resources to manage it. Once staff have been educated I will reevaluate their attitudes towards chronic pain to determine if the project was successful.

The main indicators of the project is the question “How comfortable do you feel managing chronic pain?” provided to the nurses and “Do you feel that staff care about your pain?” for patients. The responses will be tallied, with an expectation for there to be at least 85% positive responses from nurses and 10% increase in positive responses from patients. Though this represents a small increase in the responses, I believe it will have a significant impact on how chronic pain is perceived and managed within the inpatient care setting.

The education tool that we have developed is an infographic tailored specifically for the unit that the project is occurring on (Appendix H) and a resource card that lists contact information for non-pharmacological resources of pain management, such as animal, art and music therapy (Appendix I). Each of the staff members were provided with a card after they attended an inservice about the infographic. The card is laminated and punched so it can be placed behind the identification badge that staff already wear.

Literature Review

The available literature indicates that there is a significant need for better chronic pain management within the inpatient care unit. The PICO question that shaped this research is as follows, "How will providing nursing staff with education surrounding chronic pain management help to change their attitudes and opinions about who to approach chronic pain patients?" This PICO statement was very helpful in finding the literature I need to support the project. Furthermore, I found that chronic pain management is so much more involved than just improving an assessment process. Bhana and colleagues (2015) indicates that bedside healthcare

providers should seek to improve their understanding of chronic pain, and orient treatment options around management rather than obtaining a cure. For example, Stamos (2012) indicates that chronic pain patients should seek help from multidisciplinary teams to better manage pain rather than just a “pain team.” Overall, this is a complicated issue.

Though it is complex, there are clear indicators of proper directions to take. Research by Sidlecki and colleagues (2012) shows favorable responses to enhancing education and understanding of chronic pain among nursing staff. I hope to achieve just this small portion in an effort to improve attitudes and understanding of chronic pain. According to Sidelcki and colleagues (2012), it is estimated that over 30% of the United States population suffers from chronic pain. Therefore, there is a greater likelihood that a similar population of hospitalized patients will have chronic pain issues along side any other acute issues (Sidelcki et al., 2012). Because of the high number of patients with chronic pain it is important to make sure that the staff are well equipped to manage such pain. According to Prem and colleagues (2011), pain assessment and treatment can be influenced by the knowledge, attitude, beliefs and experiences of chronic pain. The study also notes that healthcare professionals are often unprepared to manage chronic pain in an acute facility due to lack of education, resources regarding chronic pain management and facility attitudes and beliefs related to chronic pain.

With the understanding of how education and knowledge can influence the success of chronic pain management. Evidence also indicates the areas that are important emphasize to maximize the effects nursing education. A review of literature regarding cognitive and emotional control of chronic pain conducted by Bushnell, Ceko and Low (2013) indicated that there may be significant physiological changes in people who experience chronic pain that present difficulties in pain management. Overall there is evidence that supports the notion that there are

physiological changes in chronic pain patients that cause them to experience pain differently than others (Bushnell, Ceko & Low, 2013). This is an important aspect to consider when considering interventions to manage pain. Gregory (2015) provides a basic overview of pain management techniques used for chronic pain, both pharmacological and non-pharmacological. One fact worth noting include that 10% of people do not have the enzyme to convert weak opiates into a bioavailable substance, and will therefore not experience analgesia when medicated with them. Yet, another aspect related to pain management that may not be immediately considered.

Evidence also indicates how current pain management techniques may not be adequate in assessing chronic pain. Phillips and colleagues (2013) address how the commonly used numeric pain scale maybe failing to capture the pain that patients experience and satisfaction with pain control. Furthermore, a literature search indicated that lower numeric pain scores does not necessarily indicate better patient satisfaction with pain. Furthermore, patients were either “satisfied” or “very satisfied” with their pain management regardless of their pain intensity scores. This supports the notion that acute care facilities should be using pain intensity scores together with a measure of each patients level of satisfaction and expected outcomes. Further evidence supports the use of “management” rather than “curative” when managing chronic pain. Bhana and colleagues (2015) measures the responses of 250 patients referred to a pain management clinic regarding the question “What are your main goals in attending the Pain Management Center?” The results indicated three main issues related to chronic pain: “a desire to enhance understanding of their condition, living with pain and regaining ‘normality’ and issues surrounding medication. In regards to understanding chronic pain, two sets of expectations emerged: patients who were seeking a cure for their pain and patients who were seeking for better pain management.

Combining the knowledge from the available resources indicates the need for further education for nursing staff, if only to improve attitudes towards managing chronic pain. The content of the education is outlined in the evidence, and will be further indicated by the response of the surveys from nursing staff.

Timeline

The Chronic Pain Management Project will officially lift off on March 7th. The Initial stage is composed of having staff complete a simple five question survey to assess the current attitudes of staff towards managing patients with chronic pain. The most important question of the survey is the last one: “How comfortable do you feel managing chronic pain in an inpatient care unit?” This question will provide the measureable outcome for the project. Furthermore, patients who are noted to have chronic pain will also be interviewed. They will be provided with a five question survey that assessed how they perceive the management of their pain while they are on the unit. The most important question of this survey is “Do you feel that staff care about your pain?” This will provide a baseline to determine whether or not the interventions have been effective. This phase will continue for three weeks (until March 28th).

The second phase is composed of providing education for the staff surrounding chronic pain. This phase will begin March 28th with the introduction of an infographic and education sessions with the staff to explain the information. The infographic will be available in three forms: one in a large poster to be posted in the staff meeting area, a smaller flyer version, and lastly, a PDF version that will be emailed to staff. “Mini-rounds” regarding the information will be conducted at staff meetings, change of shift huddles and on an individual basis as needed. This phase will progress for two weeks, or until at least 85% of staff have been educated on the contents of the poster. This phase will end April 11th.

The final phase will be composed of providing staff with a post-intervention survey lasting three weeks. The survey will be similar to the first intervention, but the final question “How comfortable do you feel managing chronic pain in an inpatient care unit?” will be the same to determine effectiveness of the education sessions. Furthermore, patients will be surveyed using the same survey as the Initial phase to determine effectiveness of the intervention.

If the project was successful, there should be an increase in the amount of comfort that staff have in managing chronic pain, as well as an increase in how patients perceive that staff care about their pain.

The goal of the project is for at least 75% of staff to report being either “very comfortable” or “comfortable” with providing nursing care to patients with chronic pain. Providing nursing care includes administering high doses of opioid pain medication, addressing atypical manifestations of pain and contacting physicians in regards to chronic pain management. Furthermore, there should be a 10% increase in responses of “agree” or “strongly agree” to the prompt “I feel that staff care about my pain.” The increase in these numbers should reflect a change in the overall attitude towards the management of chronic pain: perhaps it will indicate that nursing staff have adapted better ways of approaching chronic pain, such as setting realistic expectations. Furthermore, the results should reflect better overall satisfaction with chronic pain management.

Initial Results

The following results were collected after three weeks of surveying nursing staff on the unit. In total, 22 nurses were surveyed (n=22). The survey used to survey nurses is available in Appendix A. A complete summary of the data used is available in Appendix B. The results of the first questions indicates that the vast majority believes that they care for chronic pain frequently,

as indicated in Table 1. However, according to Table 2 only 33% of surveyed staff had had education regarding management of chronic pain specifically. Furthermore, 42% of staff are not confident about non-pharmacological methods of pain management (Table 3). In order to get an overall opinion about whether staff feel that chronic pain can be well managed in an inpatient care setting, Question 4 asks “Do you feel that chronic pain can be well managed in an inpatient care setting?” In response to this, 24% disagree, 24% are neutral and 52% agree or strongly agree to this statement. Lastly, staff were asked how comfortable they feel managing chronic pain. It was found that 70% are either comfortable or very comfortable, while the remaining staff were not comfortable or neutral.

The results of the patient interviews also revealed some interesting information. 71% of patients with chronic pain (two out of twelve) felt that staff nurses did not care about their pain. They remarked, “they get a lot of people with pain.” However, other patients did feel that nursing staff cared about their pain. It was also found that 20% of patients believe that their pain will be higher in the hospital, and there was an even split between pain being the same or lower. Lastly there were some interesting comments about how staff could improve chronic pain management. Four patients mentioned the need for higher doses of their medications, as they did not believe that their current dose was achieving analgesia. Other items mentioned include use of a “pain button”, updating patient boards to reflect next doses, thoroughly explaining the plan for managing pain, limiting the size of the pain teams and ensuring that the patient is comfortable. One patient stated that there was nothing else staff could do to improve pain.

Indications for the Next Phase

Based on the results of the first phase, we can determine that furthering nurse education surrounding chronic pain management, as well as providing badge cards with quick access

information for resources for nonpharmacological pain management would help to encourage staff to feel more comfortable managing pain. In order to achieve this, an infographic (Appendix C) has been constructed as an educational tool for staff nurses. It will be used for educational purposes during huddle or mini-rounds throughout the shift in order to educate at least 90% of the staff. Furthermore, badge placards with phone numbers and resources for alternative methods of pain management will be distributed at each of these sessions. It is intended that this will help to improve the comfort of the staff with positive effects on patient care.

Table 1

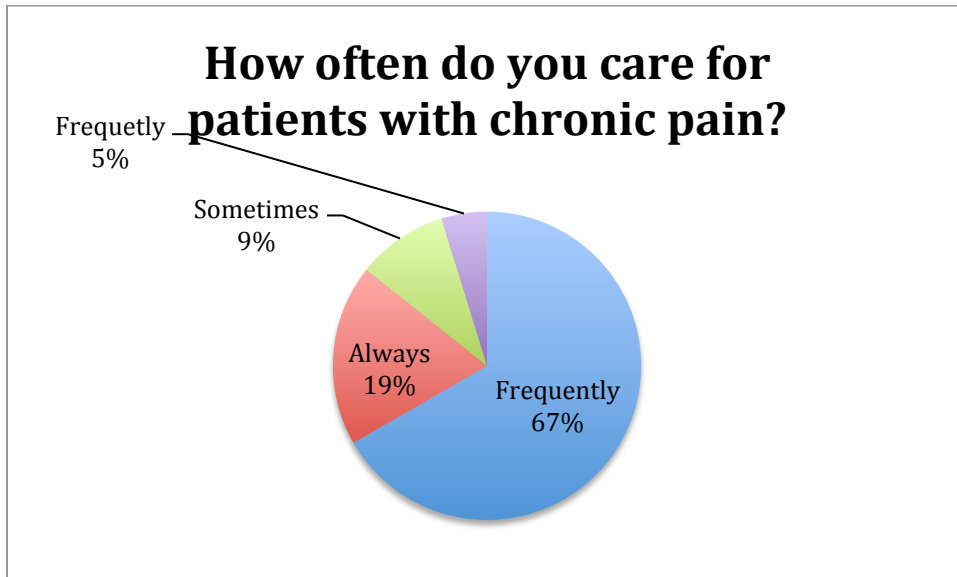


Table 1 Results for “How often do you care for patients with chronic pain?”

Table 2

Have you had education specifically for managing chronic pain?

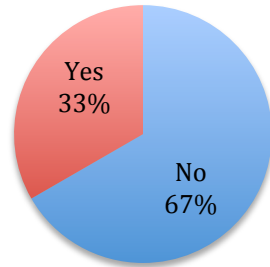


Table 2 results for “Have you have education specifically for managing chronic pain?”

Table 3

Do you feel that you have good knowledge of non-pharmacological methods of pain management?

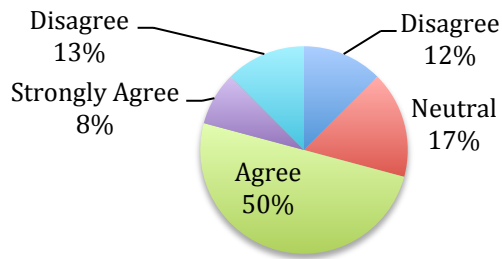


Table 3 results for “Do you feel that you have good knowledge of non-pharmacological methods of pain management?”

Table 4

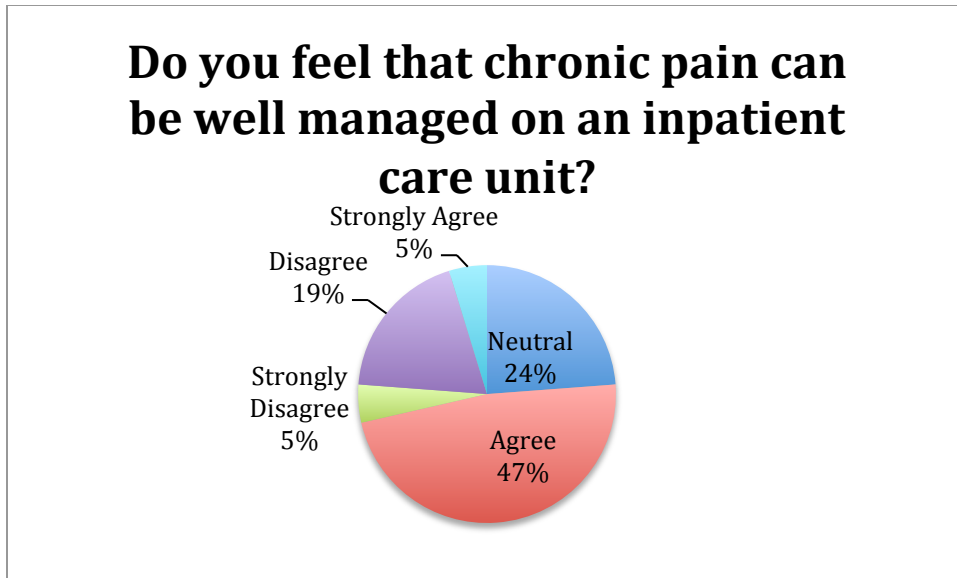


Table 4 results for “Do you feel that chronic pain can be well managed on an inpatient care unit?”

Table 5

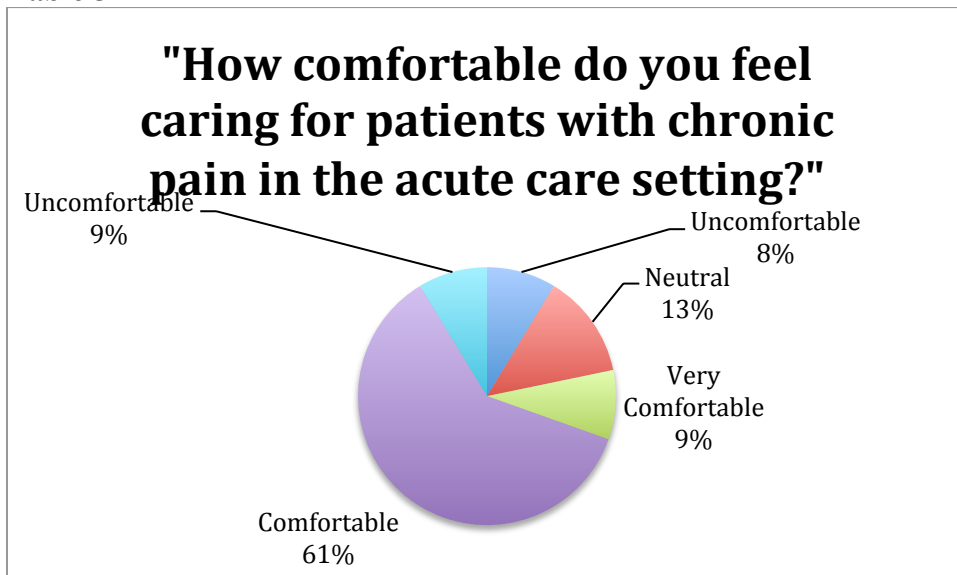


Table 5 results for chronic pain management in within the inpatient care setting.

Table 6

Expected pain level in hospital vs. at home

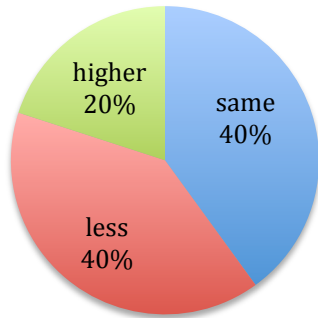


Table 6 expected pain level in the hospital vs. at home

Table 7

Do you feel that staff care about your pain?

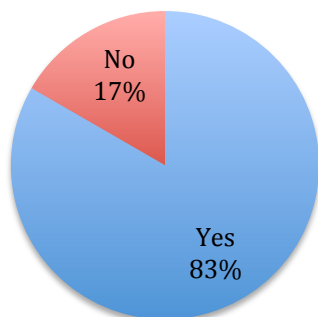


Table 7 results to do you feel that staff care about your pain?

Expected Results

As of this writing, the final results of the quality control initiative are still being collected. However, based on evidence for the literature search, and overall receptiveness of the staff, we have reason to believe that we will reach our expected goals of having 75% of staff feel at least comfortable with providing care for chronic pain patients and a 10% increase in positive patient perspective of pain management interventions from nursing staff. Bhana and colleagues indicated the need for ongoing nurse education for chronic pain. Sidlecki and colleagues (2012) demonstrated the positive effects of enhanced chronic pain education. Both of these sources provide reasonable insight that the expected improvements will occur as a result of the nursing education we performed. While we do not expect to see a change in HCAHPS scores any time soon, this quality control project can bring awareness to the needs of those who have chronic pain and are seeking care within the inpatient care setting.

Nursing Relevance

This project may indicate the importance of providing enhanced education regarding chronic pain management. Using current evidence and modern educational techniques is a cost efficient and practical way of supporting staff. Furthermore, it may indicate an opportunity for improvement in other areas related to the attitudes and education of nursing staff. This project is unique in that it does not require the use of additional resources. Rather, it focuses on developing and utilizing staff and services that are already in place to help patient with chronic pain. While the project took place on a small unit, we believe that developing staff and utilizing current resources for a specific purpose is a universal theme gaining importance in healthcare.

References

- Bhana, N., Thompson, L., Alchin, J., Thompson, B. (2015). Patient expectations for chronic pain management. *Journal of Primary Healthcare*, 7(2), 130-6.
- Bushnell, C., Ceko, M., Low, A. (2013). Cognitive and emotional control of pain and its disruption in chronic pain. *Nature Reviews Neuroscience*, 14. Doi: 10.1038/nrn3516
- Gregory, J. (2015). Dealing with acute and chronic pain: part two-management. *Journal of community nursing*, 28(5), 24-29.
- Phillips, S., Gift, M., Gelot, S., Duong, M., Tapp, H. (2013). Assessing the relationship between the level of pain control and patient satisfaction. *Journal of Pain Research*, 6. 683-9.
Retrieved from: <http://dx.doi.org/10.2147/JPR.S42262>
- Prem, V., Karvannan, H., Chakravarthy, R.D., Binukumar, B., Jaykumar, S., Kumar, S. (2011). Attitudes and beliefs about chronic pain among nurses—biomedical or behavioral? A cross-sectional survey. *Indian Journal of Palliative Care*, 17(3), 227-34
- Sidlecki, S., Modic, M., Bernhofer, E., Sorrell, J., Strumble, P., Kato, I. (2012). Exploring how bedside nurses care for patients with chronic pain: a grounded theory study. *Pain Management Nursing*, 14(3), 565-73. Doi: <http://dx.doi.org/10.1016/j.pmn.2012.12.007>
- Stanos, S. (2012). New insights into chronic pain management and appropriate therapy. *Journal of Managed Care Medicine*, 16(2), 45-47.

Appendix A

HCAHPS Scores

HCAHPS Question: Staff do everything help with pain											
Current Measurement Period											% Qtrs Above Benchmark ³
	Q3-13	Q4-13	Q1-14	Q2-14	Q3-14	Q4-14	Q1-15	Q2-15	Q3-15	Q4-15	
Inpatient	82.2% n=932	81.3% n=903	82.5% n=896	82.3% n=942	82.1% n=987	81.7% n=881	82.5% n=902	83.4% n=877	81.0% n=946	82.0% n=773	100.0%
B1	66.7% n=21	80.6% n=31	71.4% n=14	73.9% n=23	50.0% n=14	73.7% n=19	60.9% n=23	69.2% n=13	77.3% n=22	73.3% n=15	0.0%

HCAHPS Question: Pain well controlled											
Current Measurement Period											% Qtrs Above Benchmark ³
	Q3-13	Q4-13	Q1-14	Q2-14	Q3-14	Q4-14	Q1-15	Q2-15	Q3-15	Q4-15	
Inpatient	62.0% n=928	63.4% n=902	65.1% n=901	65.4% n=943	64.7% n=991	64.6% n=884	66.9% n=897	62.5% n=880	63.8% n=941	65.5% n=773	75.0%
B1	47.6% n=21	48.4% n=31	28.6% n=14	65.2% n=23	40.0% n=15	68.4% n=19	45.5% n=22	46.2% n=13	50.0% n=22	73.3% n=15	37.5%

Appendix B

Chronic Pain Management Project Timeline

Initial Phase (March 7-April 8 th)	Staff are interviewed using surveys; patients are interviewed likewise.
Educational Phase (April 11 th - April 29 th)	Staff are presented with the educational poster and small meetings
Final Phase (April 29 th -May 18 th)	Staff and patients are interviewed a second time using similar surveys.

Appendix C

Introductory Survey

1. How often do you care for patients with chronic pain?

Always – Frequently – Sometimes—Rarely—Never

2. Have you had education specifically for management of chronic pain?

Yes No

3. Do you feel that you have good knowledge of non-pharmacological methods of chronic pain management?

Strongly Agree—Agree—Neutral—Disagree—Strongly Disagree

4. Do you feel that chronic pain can be well managed on an acute care unit?

Strongly Agree—Agree—Neutral—Disagree—Strongly Agree

5. How comfortable do you feel caring for patients with chronic pain in the acute care setting?

Very Comfortable—Comfortable—Neutral—Uncomfortable—Very Uncomfortable

Patient Survey

1. Do you live with chronic pain?
2. What is your expected pain level in the hospital?
3. Do you feel that staff care about your pain?

4. What can staff do to better manage your pain?

Post Intervention Survey

1. Do you feel that you know more about how to manage chronic pain in the acute care setting?

Strongly Agree—Agree--Neutral—Disagree—Strongly Disagree

2. Do you have a good understanding of non-pharmacological methods of chronic pain management?

Strongly Agree—Agree—Neutral—Disagree—Strongly Disagree

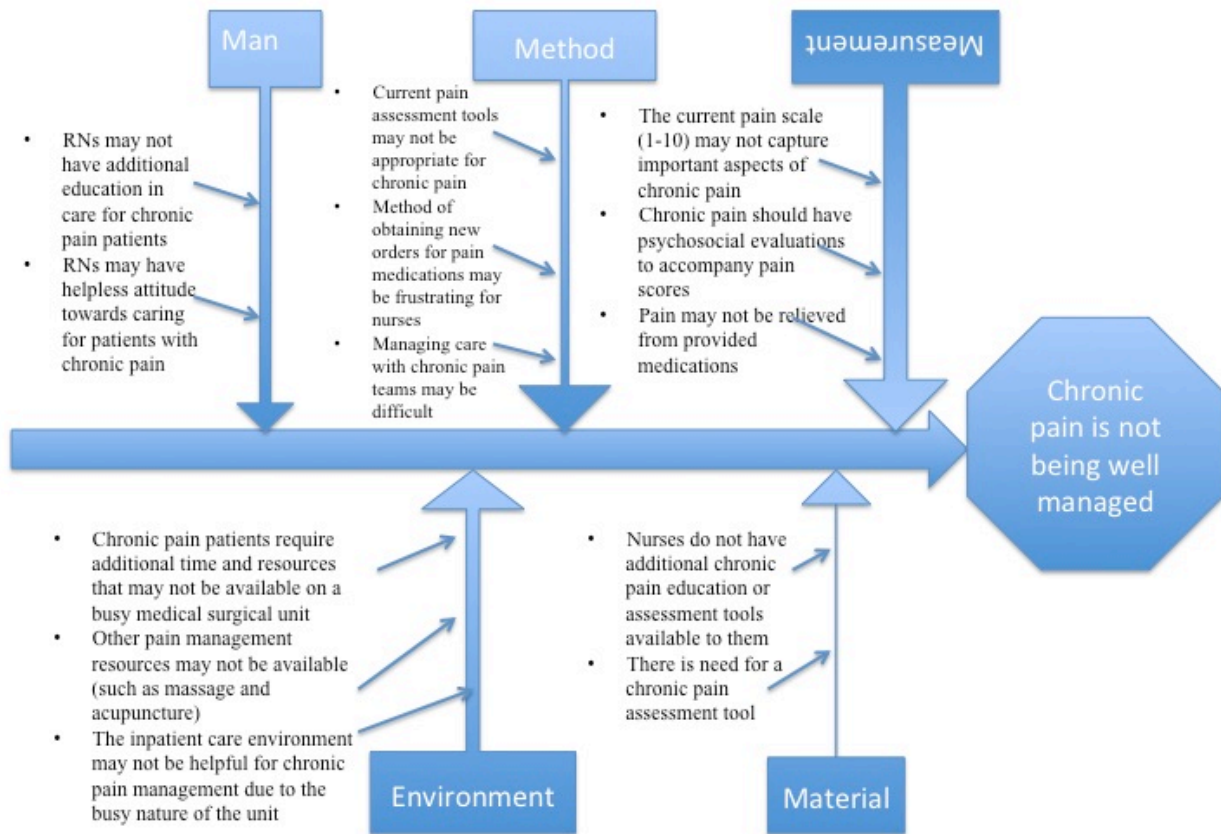
3. How comfortable do you feel caring for patients with chronic pain in the acute care setting?

Very Comfortable—Comfortable—Neutral—Uncomfortable—Very Uncomfortable

Appendix D

Fishbone Diagram

Chronic Pain Fishbone Diagram



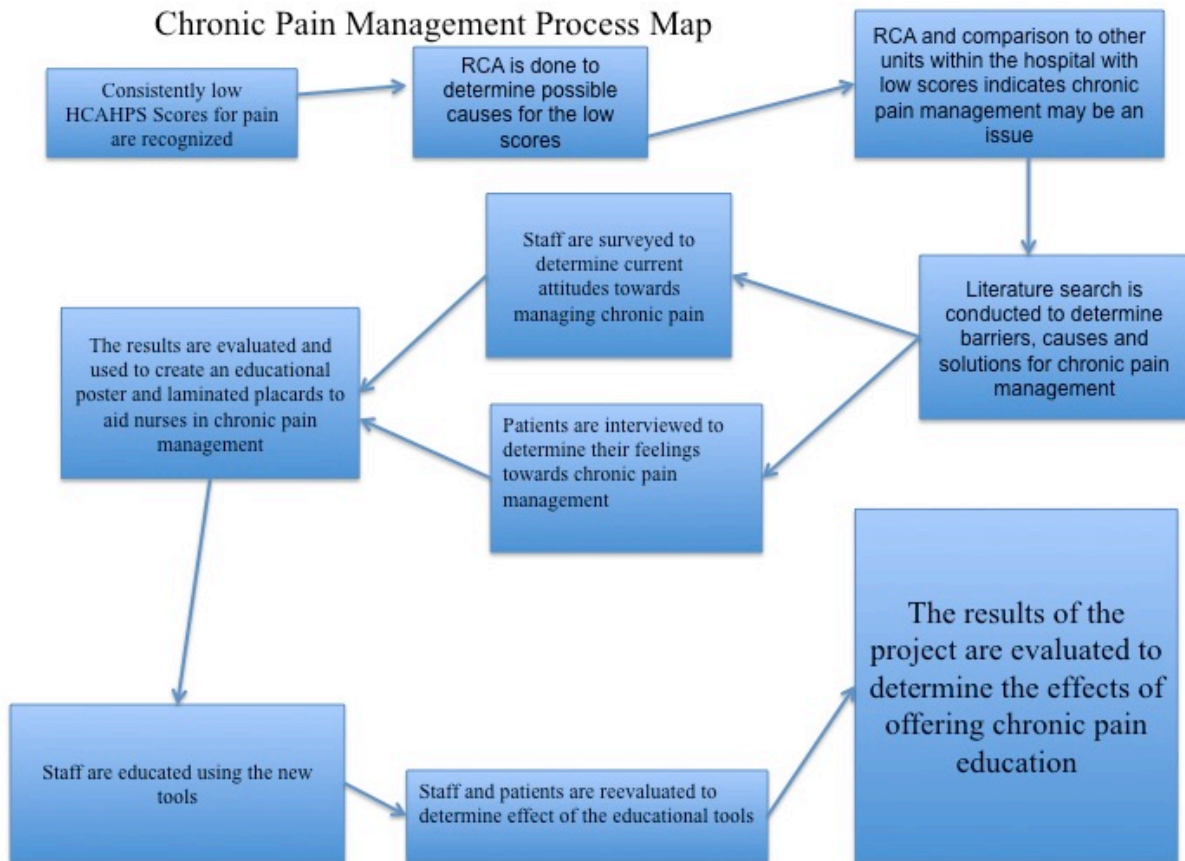
Appendix E

SWOT Analysis

Chronic Pain SWOT Analysis	Helpful	Hurtful
Internal Origin	<p>Strengths:</p> <ul style="list-style-type: none"> • Multidisciplinary teams are available to help manage chronic pain • Resources such as animal and music therapy are available to aid in nonpharmacological methods of chronic pain • Staff are open to education and applying evidence based standards 	<p>Weaknesses:</p> <ul style="list-style-type: none"> • Providing staff education is only a small factor in the improvement of chronic pain, may not have a significant impact • The unit may not have enough chronic pain patients during the time of the project for success
External Origin	<p>Opportunities:</p> <ul style="list-style-type: none"> • The chance to create a tool that could be applied to other chronic pain management units that also suffer from low pain scores. If we can successfully develop a tool that is easy to replicate and apply in a number of situations, there could be potential to create something that can help many 	<p>Threats:</p> <ul style="list-style-type: none"> • A threat, however, is the potential that the scores will not improve, and the hospital will suffer because of those low scores. Hospitals can be penalized up to 1% of their Medicaid reimbursement if scores dip below national expectations (Geiger, 2012). Though my unit is only one part of a larger institution, if rates on other units slip there could be deeper issues.

Appendix F

Process Map



Appendix G

Business Case

Chronic Pain Management Business Case

Project Costs	Paper for survey materials: \$5 Time for meetings: Built into standard operations Material for poster presentation: \$80
Benefits to Employer (current reporting period)	Increased staff education Reduced patient stay: \$1,275/day Increased patient satisfaction: Can effect HCAHPS scores (bad scores can cost up to a 2% deduction in Medicare reimbursement)
Net Benefit	Any reduction in patient stay, staff education or increased patient satisfaction will lead to a positive net benefit for the unit, potentially savings or cost reduction of thousands of dollars.

The benefits of the Chronic Pain Management project far outweigh the initial costs. Given, the project was designed and operated by an intern representing no employment cost to the company. Using already available yet inexpensive resources (such as paper paid for by a standard contract) and systems (such as schedules huddle times and staff meeting meant to bring awareness to issues such as chronic pain management) there is a change for savings over time in regards to patient satisfaction and length of stay. If a staff CNL were to continue the project, the benefits of managing chronic pain well far outweigh the costs.

Appendix H

B1 Chronic Pain Management Inforgraphic

Chronic Pain Management on B1

Addie McClendon, RN
University of San Francisco
School of Nursing and Health Professions

Introduction

At least 30% of the U.S. population have chronic pain



People with chronic pain may have difficulty modulating pain due to alterations of gray matter within the brain



There is no 'labeled line' between noxious stimulation and pain interpretation

Therefore people with chronic pain may be more sensitive to noxious stimuli

How you can help manage chronic pain on B1

The commonly used 1-10 pain scale may fail to capture patient experiences of chronic pain

It starts with understanding the patient's pain



It is important that we are able to identify when pain expectations are unrealistic

Ask the patient what their expected pain levels are at home vs. in the hospital

Additional education may be necessary if there is a large discrepancy between these two levels



Use language centered around "management" of chronic pain, rather than "curative" language

Evidence shows that this helps the patient to be in the right mindset to tackle tough pain problems

This includes making sure that white boards are updated with pain medications, the patient has ample contact with the HCP and that the RN provides thorough instructions

Thoroughness in nursing interventions surrounding pain management has shown to be effective for increasing patient satisfaction

Don't forget about

*Volunteer Services
Animal Therapy
Music Therapy
Chaplains*

Use the badge card to identify possible non-pharmacological experiences your patient might find relief from

Use other resources available at Stanford Health to help you manage your patient's pain

**Dedication to patient care (not low pain levels) leads to patient satisfaction.
Let's do this, B1!**

Works Cited:
Sidsbø, S., Modø, M., Benholter, E., Sorrell, J., Staumbø, P., Kato, T. (2012). Exploring how bedside nurses care for patients with chronic pain: a grounded theory study. *Pain Management Nursing*, 14(3), 66-73. Doi: <https://doi.org/10.1016/j.pmn.2012.12.007>
Bushman, C., Oeko, M., Low, A. (2013). Cognitive and emotional control of pain and its disruption in chronic pain. *Nature Reviews Neuroscience*, 14. Doi: [10.1038/nrn3516](https://doi.org/10.1038/nrn3516)
Bhana, N., Thompson, L., Akhri, J., Thompson, B. (2015). Patient expectations for chronic pain management. *Journal of Primary Healthcare*, 7(2), 130-6.
Gregory, J. (2015). Dealing with acute and chronic pain: part two-management. *Journal of community nursing*, 28(5), 24-29.
Simons, S. (2012). New insights into chronic pain management and appropriate therapy. *Journal of Managed Care Medicine*, 16(2), 45-47.
Phillips, S., Gill, M., Cabot, S., Duong, M., Tapp, H. (2013). Assessing the relationship between the level of pain control and patient satisfaction. *Journal of Pain Research*, 6, 683-9. Retrieved from <http://dx.doi.org/10.2147/JPR.S42262>
Terrien, T., Corioles, E., Wiatuersen, L., Cheng, Y.H., Seemans, D., Rosenfield, D., Freeman, J., Chien, J. (2012). Patient satisfaction in an academic chronic pain clinic. *Pain Practice*, 12(5), 372-9.

powered by



Appendix I

Staff Resource Cards

Pain Management Resources

Spiritual Care:

Chaplain: 35101
On call: 650-723-8222
Ex: 15683
Companion volunteer:
35101

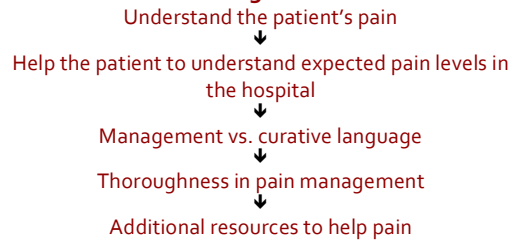
Guest Services 83333

Call guest services to make a referral to any of the following:
PAWS- animal therapy
ART for Health
Music Therapy

Additional Resources:

Gift shop: 3-5809
Smoking Cessation: 6-8112
Patient Relations: 3-7167

Suggestions for improving chronic pain management



Pain Management Resources

Spiritual Care:

Chaplain: 35101
On call: 650-723-8222
Ex: 15683
Companion volunteer:
35101

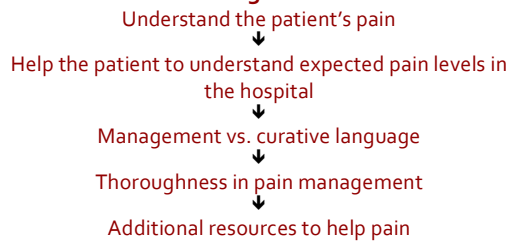
Guest Services 83333

Call guest services to make a referral to any of the following:
PAWS- animal therapy
ART for Health
Music Therapy

Additional Resources:

Gift shop: 3-5809
Smoking Cessation: 6-8112
Patient Relations: 3-7167

Suggestions for improving chronic pain management



Pain Management Resources

Spiritual Care:

Chaplain: 35101
On call: 650-723-8222
Ex: 15683
Companion volunteer:
35101

Guest Services 83333

Call guest services to make a referral to any of the following:
PAWS- animal therapy
ART for Health
Music Therapy

Additional Resources:

Gift shop: 3-5809
Smoking Cessation: 6-8112
Patient Relations: 3-7167

Suggestions for improving chronic pain management

