Introduction

• Under the Hospital Value-Based Purchasing (VBP) Program reimbursement for services now based upon quality rather than quantity of services.
• Evidence supports quality pain management improves patients' report of satisfaction even if pain not eliminated.
• Providers now challenged to meet patient expectations as measured by HCAHPS survey with a goal of 70% or greater.
• Pain management is one dimension of the total HCAHPS score.
• Project outcomes included: 1) monthly collection of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) pain scores and 2) Inpatient responses to the 16-item Pain Care Quality–Nursing (PainCQ©-N) survey using a prevalence methodology.

Methods

• A Plan, Do, Study, Act methodology guided project implementation and evaluation.
• Setting: 3 adult inpatient units (Mother/Baby, Telemetry, Med/Surg) in 110-bed acute care facility located in Slidell, LA.
• In July 2014, an evidence-based Pain Care Quality Toolkit was adopted involving: communication whiteboards, pain scales, patient education, hourly rounding, and non-pharmacologic strategies.
• Project outcomes included: 1) monthly collection of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) pain scores and 2) Inpatient responses to the 16-item Pain Care Quality–Nursing (PainCQ©-N) survey using a prevalence methodology.
• PainCQ©-N Survey* is a reliable and valid instrument to assess pain care quality.

Instruments

• PainCQ©-N Survey*  
  o Reliable and valid instrument to assess pain care quality.
  o 16-item survey; 6 demographic items, 6 items regarding pain care quality (pain relief, nursing, interdisciplinary team), 4 items regarding administration of pain medication over the past 24 hours.

Results

• There were no significant improvements in pre-intervention (June, 2014) and post-intervention (July, August, November) PainCQ©-N survey ratings.

<table>
<thead>
<tr>
<th>Measures</th>
<th>Pre-Intervention (n=162)</th>
<th>Post-Intervention (n=162)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain Management (0-100)</td>
<td>66.25 ± 30.51</td>
<td>71.54 ± 33.10</td>
<td>0.21</td>
</tr>
<tr>
<td>Pain Controlled (0-100)</td>
<td>70.68 ± 23.23</td>
<td>62.26 ± 35.07</td>
<td>0.18</td>
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<tr>
<td>Ball of an early morning (0-100)</td>
<td>72.95 ± 27</td>
<td>67.76 ± 35.5</td>
<td>0.29</td>
</tr>
</tbody>
</table>

• There was a significant (p<0.05) improvement in HCAHPS pain scores for all units when pre-intervention outcomes were compared to post-intervention outcomes.

Discussion:

• PainCQ©-N ratings did not demonstrate improvement post-implementation of the toolkit; however survey results provided guidance for improvement strategies.
• Despite significant increases in HCAHPS scores post-intervention, there are too few data points to support any sustained trend.
• Continued monitoring of adherence with utilization of the toolkit and pain care quality measures is warranted to guide and sustain process improvement.
• The interprofessional team consisted of registered nurses, a licensed practical nurse, respiratory therapist, radiology technologist, and certified nursing assistant.
• The team has been instrumental in project planning, implementation, and ongoing support. Specific activities included team meetings, PainCQ©-N surveys and adherence audits, and communication and education at the unit level.

Conclusion:

• Adherence to pain management and adjunctive pain management strategy implementation of the toolkit improved compared to communication of the pain plan component.

References


