A NURSE-DRIVEN PROTOCOL FOR PAIN SERVICE CONSULTS
AT THE UNIVERSITY OF WASHINGTON MEDICAL CENTER
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BACKGROUND

As health care delivery in the United States transitions from volume-based to value-based care, pay-for-performance initiatives are gaining momentum and encouraging hospitals to improve health care delivery and outcomes including quality pain management.

The Hospital Consumer Assessment of Healthcare Provider and Systems (HCAHPS) is a national standardized survey that measures patient's perceptions of their hospital experience and is linked to Medicare reimbursements. An indicator on the HCAHPS asks patients how often their pain was well controlled and how often hospital staff did everything they could to help.

P R O B L E M

HCAHPS Scores Below Goal

73% of patients indicated their pain was “always” well controlled during their hospitalization, which is below the UWMC’s goal of 75% reporting “always”

Delays in Pain Management

The UWMC has also observed delays in providing quality pain management due to untimely consults to the Pain Service

PURPOSE

Develop a nurse-driven protocol (NDP) to improve patient satisfaction and quality pain management

OBJECTIVES

1. Develop a nurse-driven protocol for pain service consults
2. Create an outline of the user flow for the nurse-driven protocol
3. Provide recommendations for future implementation of nurse-driven protocol

FORMED TEAM

To include the Chief ARNP and ARNP representatives from Pain Service and Palliative Care

Consulted Lead Clinical Informatics Analyst on how to develop a NDP compatible with ORCA, the electronic health record application

Developed screening tool based on the provider order set for pain service consults and the nurse pain assessment. An item on the tool was also adapted from the McGill Pain Questionnaire

Met with other stakeholders including Nurse Leadership on 6NE, the Director of the Acute Pain Service and the Pain Clinical Nurse Specialist (CNS) to present the NDP for feedback

RECOMMENDATIONS FOR IMPLEMENTATION

Form Team

Ensure representation of individuals who will be impacted by the NDP

Create Evaluation Plan

Select outcomes and identify metrics to evaluate the NDP

Collect Baseline Data

Evaluate performance of screening tool

Educate Nurses & Providers

Provide education 1 month prior to pilot

Pilot NDP

Collaborate with Pain CNS to develop education curriculum

Pilot for ≥1 month to allow adequate collection of data

Modify NDP

Consider resources and barriers

Improve flow and refine tool based on post-pilot data and feedback

ACKNOWLEDGEMENTS

A special thank you to the de Tornyay Center for Healthy Aging, Kathleen Ericks, PhD, ARNP, Director of Advanced Practice Nursing/Chief ARNP UWMCC, Arlene Balducci, DNP, ARNP, Pain Service UWMCC, Phillip Mayers, ARNP, Palliative Care Service UWMCC, Eric Higashi, BSN, RN, BC, Nurse Manager of 6NE UWMCC, Greg Terman, MD, PhD, Director of the Acute Pain Service UWMCC, Valerie Giuliani, RN, PM, CRNA, Clinical Nurse Specialist in Pain UWMCC, Linda Hope-Sgallreas, MS, RN, Clinical Informatics Analyst Lean UWM Medicine, Christy Thompson, PhD, RN, ACNP-BC, CNOR, FAAHN UW School of Nursing, Paule Cos, ARNP, PhD UW School of Nursing and Carol Lavelle, PhD, RN, PAN-UW School of Nursing

REFERENCE LINK

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Total score is automatically calculated

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Assess for wider adoption into practice

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