Improving Postoperative Right Care: Utilizing a Pain Management Bundle
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Background

• Enhanced Recovery After Surgery (ERAS) programs focus on optimizing patient management by utilizing multimodal analgesia for postoperative pain control 1

• Multimodal analgesia is defined as the use of more than one analgesic modality to achieve effective pain control while reducing opioid-related side effects like over sedation, nausea and vomiting, urinary retention, and respiratory depression 2

• More than half of all patients who undergo surgery report inadequate pain relief—affecting quality of life, functional recovery, and the risk of post-surgical complications 3

• The most recent clinical practice guidelines recommend opioids, nonsteroidal anti-inflammatory drugs (NSAIDs), Acetaminophen, and regional nerve blocks/local anesthetics, cognitive modulations, and transcutaneous electrical nerve stimulator (TENS) for a multimodal regimen in total knee replacements 4

• Right care has been shown to improve outcomes and show quality results by providing effective care where the appropriate level of services based off scientific knowledge is provided 5

• Patients who participate in perioperative education including pain management have better functional outcomes and increased patient satisfaction 6

• Teach-back method is effective to engage patients and families in realistic goal settings and provides a safer hospital-to-home transition 7

• In a sample of 20 patients who underwent total knee arthroplasties at Hoke Healthcare, only 17% received complete multimodal treatment recommendations (NONE utilized correctly) ; plus, NO stepwise approach to treat pain or NO standardization of patient-centered teaching or discharge existed

AIM

Improve the mean score of right care among knee replacement population to 40% within 90 days by implementing a Pain Management Care Bundle, encompassing pharmacological and nonpharmacological therapies, along with patient-centered education and teach-back regarding pain management

Planned Improvement

Four primary interventions were initiated with small tests of change over time (Four Plan-Do-Study-Act Cycles)

Class Presentation with Reinforcement

Audit and Feedback Process

Integrated Educational, Teach-Back Discharge Checklist

References


Conclusions

• The project goal to improve right care mean score to 40% in knee replacement patients exceeded to 100%

• Standardization of Care = simple, easy to replicate tools systematically hardwires right care

• Stepwise approach to pain management + patients utilizing teach-back = improved patient care

• Right Care Standards = improved patient experience and efficacy of the discharge process

• Evidence-based care using multimodal treatments regimens for pain control = decrease opioid consumption and length of stay

• Audit and Feedback process = promotes and sustains right care standards

• More research is needed on effective team building and patient engagement methods in the inpatient setting

• Project is easily scalable to various patient populations to help translate elements of ERAS programs into practice

Lessons Learned

• Classroom environment = success and sustainability

• Train staff → what’s the “WHY” in the nursing processes

• Simulation-based teaching significantly improves nurses ability to perform in the clinical setting

• Standard communication via email = effective

• Finding creative ways to communicate with staff, like posters in bathrooms or creative text messaging → increase staff knowledge of changes and department successes

• Creative, visual cues prompt utilization of processes

• Recognition and staff competition increase staff engagement

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