

# Conway Nursing Research Scholar Updates

Id est: What I'm Still working on...  
~~going to be working on for the  
next year!~~

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# Conway Conversation FY-18

## Clinical Problem

### Problem

No organizational nursing practice guideline (NPG) existed specifically for the management of non-sedated procedural pain

# Conway Conversation FY-18

## Aim

Implement an organizational clinical practice guideline (CPG), a power plan and an educational intervention for the appropriate non-pharmacologic management of pain during non-sedated painful procedures in acute care areas.

### Objectives:

- Establish organizational use of the CPG for non-sedated painful procedures on the following acute care areas; HKU, CICU and SCU.
- Implement a newly developed Electronic Health Record (EHR) order set/ care plan for non-sedated painful procedures on the following acute care areas; HKU, CICU and SCU.
- Increase documentation of the utilization of non-pharmacologic interventions, including child-life specialists to provide developmentally appropriate interventions and distraction during non-sedated painful procedures, specifically thoracostomy tube removal, PIV placement and wound care for patients ages 2 weeks to 18 years of age on the following acute care areas; HKU, CICU and SCU.
- Establish nursing satisfaction with the CPG
- Compare pre and post education and implementation EHR pain documentation for the following procedures; thoracostomy tube removal, PIV placement and wound care.



# Desired Outcomes

Objective	Outcome
Implement an organizational nursing clinical practice guideline (CPG)	Establish use of the NPG for non-sedated painful procedures in the following acute care areas. <b>Pilot acute care areas- HKU, CICU, SCU</b>
Implement an educational intervention for the appropriate pharmacologic and non-pharmacologic management of pain during non-sedated painful procedures in acute care areas.	Increase nursing and provider knowledge of developmentally appropriate pharmacological and non-pharmacological interventions for optimal analgesia and comfort during non-sedated painful procedures. <b>PPT presentations completed for both providers and nurses. Will be released on Cornerstone platform (CEUs for nurses). REDCAP pre and post tests for both providers and nurses to assess knowledge.</b>
Implement a newly developed Electronic Health Record (EHR) order set/ care plan for non-sedated painful procedures in acute care areas within the organization.	<b>PP available as order set</b> Evidence of documentation of use of the order set/ care plan in the EHR for patients undergoing non-sedated procedures.
Increase documentation of the utilization of non-pharmacologic interventions, including child-life specialists to provide developmentally appropriate interventions and distraction during non-sedated painful procedures for patients ages 2 weeks to 18 years of age on acute care units	Evidence of documentation of non-pharmacologic interventions in the EHR- procedure note and/or nursing assessment for 50% of patients undergoing non-sedated procedures on acute care units. <b>Working with informatics team to build retrospective reports to eval documentation</b>
Establish parent/ child satisfaction with the CPG	Evidence of increased patient/ parents satisfaction related to pain management (HCAPs) by 10%
Establish nursing and provider satisfaction with the CPG	Positive nursing satisfaction with the implementation of the CPG in acute care areas.
Compare pre and post pain documentation (anxiety?)	Evidence of improved pain documentation Evidence of improved pain management <b>Working with informatics team to build retrospective reports to eval documentation</b>

# Conway Nursing Research Scholar Impact

- Provided project awareness and interest
- Instrumental in providing thoughts for education implementation at the organizational level
- Helped to solidify and define specific outcomes associated with project
- Expert mentorship from Dr. Hinds and project scholars

# Interdisciplinary Effort- In line with organization's professional practice model

- HKU and CICU nurses, NPs and Physicians
  - Review of education, knowledge tests
- SCU (Surgery Trauma & Burn) for jumping aboard the pilot group
  - Review of education, knowledge tests
- Pain / Cardiac Anesthesia and Pharmacy
  - Power plan review and edits
  - Dr Deutsch for continued involvement as project co investigator
- Informatics Team
  - Clarissa, Ian (Cerner) and Duy
- Child Life Services
  - Erin Gris, Judy Ross, Terry Spearman
- OSOC team
  - Power plan review and edits
- Nursing Practice Council
  - Review and recommendations for NPG
- CONWAY scholars
  - Continued mentorship and expertise

# Conway Conversation June 2018

## Next Steps needed to get to endpoint

Educate nurses and provider staff about the NPG, Power plan/pharm/ non-pharm interventions-  
Summer 2018

PPT completed- working on getting formatted for cornerstone

Will offer CEUS for nurses

Identify unit champions

Once education completed- analyze pre and post knowledge test REDcap data

Finalize Unit based posters on non-pharm interventions and ONE VOICE

CLS Summer 2018

Retrospective Chart review- Developing report related to the **compliance** of pain assessment (EHR documentation) following procedures- CT removal, PIV placement, wound care.

Time points include: pre and post CPG implementation and education

Complete nursing satisfaction survey

*Access to patient/ caregiver pain/satisfaction data*

*Later research potential.....*

*How can we measure pre procedural anxiety and/or pain related to interventions for pain management with procedures*



# References

- Carson, M.M., Barton, D.M., Morrison, C.C. & Tribble, C.G. (1994). Managing pain during mediastinal chest tube removal. *Heart & Lung*, 23(6), 500-505.
- Cregin, R., Rappaport, A.S., Montagnino, G., Sabogal, G., Morreau, H., & Abularrage, J.J. (2008). Improving pain management for pediatric patients undergoing non-urgent painful procedures. *Am J Health-Sys Pharm*, 65, 723-727.
- Czarnecki, M.C., Turner, H.N., Collins, P.M., Doellman, D., Wrona, D. & Reynolds, J. (2011). Procedural Pain Management: A position statement with clinical practice recommendations. *Pain Management Nursing*, 12 (2). 95-111.
- Dunwoody, C.J., Krensichek, D.A., Pasero, C., Rathmell, J.P. & Polomano, R.C. (2008). Assessment, Physiological Monitoring, and Consequences of Inadequately Treated Acute Pain. *Pain Management Nursing*, 9(1), 511-521.
- Habich, M., et al (2012). Evaluating the Effectiveness of Pediatric Pain Management Guidelines. Pre and post survey using PNKS (no increase in knowledge). *Journal of Pediatric Nursing*, 212 (27), 336-345. Retrospective chart review (increased assessment, reassessment, appropriate use of tools Patient satisfaction (no change).
- Petovello, K. (2012). Pediatric procedural pain management: A review of the literature. *International Journal of Child, Youth and Family Studies*, 4(1), 569-589.
- Reiman, M., Gordon, M., Marvin, J. (2007). Pediatric Nurses' Knowledge and Attitudes Survey Regarding Pain: A Competency Tool Modification. *Pediatric Nursing* 33(4), 303-306.
- Weisman, S.J., Bernstein, B. & Schechter, N.L. (1998). Consequences of inadequate analgesia in young children. *Archives Pediatric Adolescent Medicine*, 198, 147-149.