Improving Satisfaction with Pediatric Pain Management by Inviting the Conversation

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Background: Patient satisfaction with pain management is associated with improved patient adherence to medical management and efficient service utilization. Pediatric pain control is challenging, given the inability to elicit reliable histories, particularly in younger patients. Several studies have suggested that communication surrounding pain management can improve satisfaction, although there are limited data describing structured interventions with measurable outcomes. A quality improvement project was conducted to determine if reliably asking families about pain management was associated with improved patient satisfaction with pain management.

Methods: In an academic pediatric hospital, nurse manager rounds were used to invite a conversation about pain management. The question, “Pain management is very important to us. Has your child’s pain been well controlled?” was added to the established standard questions asked during nurse manager rounds. Effectiveness was measured using the preexisting Press Ganey survey question, “How well was your child’s pain controlled?” Responses were compared between those patients who were and were not exposed to the rounding question.

Results: Data for 1,032 patients were used to establish baseline satisfaction with pain management scores. In the intervention period, 328 patients received nurse manager rounds and 121 did not. The median of the weighted mean patient survey satisfaction scores were baseline, 91.5%; receiving intervention, 94.2%; and not receiving intervention, 90.0%. Patients who received the intervention reported higher satisfaction with pain management than those who did not (p < 0.0001).

Conclusion: Hospitals seeking to improve satisfaction with pain management should encourage health care providers to reliably discuss pain control with pediatric patients.

Children’s pain is difficult to assess and treat. Medicinal modalities for pediatric pain management include titration of opioids through patient-controlled analgesia, peripheral nerve blockade, and non-opioid adjuvant therapies. Nonpharmacologic approaches include behavioral interventions (exercise, art, and play), physical measures (massages, heat/cold stimulation, and acupuncture), and cognitive therapy (distraction and imagery). At our institution, despite implementation of medicinal and behavioral approaches and the availability of a pediatric pain management team, a key pain control assessment on our Press Ganey survey results indicated that there was still an opportunity to improve our patients’ satisfaction with pain management.

Patient satisfaction contributes to improved clinical outcomes. Patients satisfied with their treatment miss fewer appointments, remain with a single provider longer, and adhere to medication regimens. Satisfaction with pain treatment has been shown to be a positive predictor of health and service utilization. Treatment dissatisfaction increases a patient’s likelihood to register formal complaints and engage in legal action against health care providers.

Given the implications of pain management satisfaction, we use Press Ganey survey responses as one measure to gauge effectiveness with managing pain. At our institution, patients who underwent surgeries that had high expected postoperative pain, such as solid organ transplant surgeries, reported higher satisfaction with pain control on our Press Ganey surveys compared to patients who underwent traditionally less painful procedures, such as myringotomy tube placement, suggesting that satisfaction with pain management was not directly correlated to the pain score. Similar to our anecdotal findings, previous articles have reported satisfaction with pain treatment to be a greater function of interpersonal care than symptom reduction and that enhanced discussion about pain management can augment pain control. The purpose of this quality improvement (QI) initiative was to develop an intervention that improved patient and parent satisfaction with pain management. Given local and published findings on the importance of discussing pain management as a complement to medicinal and behavioral interventions, we added a standard question into nurse manager rounds regarding pain management. We hypothesized that the incorporation of this question into rounds
would invite a conversation about pain management, thus facilitating subsequent pain alleviation efforts. We used the results from the Press Ganey survey question, “How well was your child’s pain controlled?” as our measure of intervention effectiveness.

METHODS

Setting and Ethics

This project was conducted at a freestanding, 311-bed academic, quaternary care children’s hospital in Northern California. The population consisted of medical and postsurgical patients transferred from the pediatric ICU (PICU). The PICU has 24 beds and averages 1,700 medical and surgical admissions annually. Patients were included as historical controls if they were transferred from the PICU to the acute care floor from January 1, 2012, through April 30, 2015. Patients included in the intervention were transferred from the PICU to the floor from May 1, 2015, through April 30, 2017. The Stanford University Institutional Review Board approved a waiver of consent for this QI project.

Intervention

Spearheaded by a multidisciplinary team of experts, the Patient Satisfaction Executive Committee was formed in May 2012 and met weekly through September 2015. The committee members were nurse leaders [K.T.], QI specialists [T.J.C., P.S.], pediatric pain physicians [J.G.], family advisory members [M.A.], and patient experience professionals [C.C., E.G.]. Using lean management QI techniques, a project plan (called an A3) was developed. Components of the plan included current state analysis, problem statement, goal, analysis of the problem, potential countermeasures, and follow-up measures. A current state analysis was performed, which entailed a literature review of pediatric pain management, review of Press Ganey survey results, informal interviews with approximately 30 frontline staff, and feedback from our family advisory council members. The current state analysis revealed that the institution offered multiple medicinal and behavioral therapeutics, but there was high provider variability around the discussion of pain management with patients and their parents. Our goal was to significantly increase the Press Ganey survey responses to the question regarding how well pain was controlled.

After the problem analysis, communication and collaboration appeared to be the primary drivers for increasing satisfaction with pain management. The countermeasures consisted of a series of interactive presentations to physicians and nurses throughout the hospital (conducted from January 2013 through December 2014) about managing pain expectations, which featured six best-practice recommendations:

1. Assess and communicate about pain routinely with patients and families.
2. Ask patients daily how well pain is being controlled.
3. Create an individualized pain plan for every patient with family input.
4. Educate patients and families about pain management practices and options.
5. Educate staff about how to talk to children and families about pain and its treatment.
6. Use standard protocols and order sets to manage anticipated pain.

Nursing pain “champions” were engaged on units to focus and sustain this messaging.

Minimal improvements were not sustained with these interventions. In January 2015 we embarked on incorporation of pain management conversations into preexisting standard work to provide a foundation of a sustainable model. At our institution, nurse managers perform patient rounds once daily to elicit patients’ and caregivers’ overall experience. In May 2015 we used the preexisting nurse manager rounds to incorporate the statement and question, “Pain management is very important to us. Has your child’s pain been well controlled?” into their standard work, which included seven other questions (Sidebar 1).

Measures

Press Ganey Associates (South Bend, Indiana) provide standardized survey tools to assess and benchmark core hospital measures in more than 170 pediatric facilities and more than 55% of freestanding pediatric hospitals (numerator and denominator not shown). Intervention efficacy was measured by using the reported responses to our discharge Press Ganey

Sidebar 1. Nurse Manager Rounds Standard Questions

- We want to be an organization that you can always recommend to your family and friends. How would you rate your overall stay at our hospital?
- Do your nurses keep you well-informed and involved in your care?
- Pain management is very important to us. Has your child’s pain been well controlled?
- If applicable—To keep you well informed of the plan of care, we utilize Family Centered Rounds. Has anyone informed you about Family Centered Rounds?
- Is there one thing you could suggest to improve your overall experience?
- Is there anyone you would like to recognize for providing exemplary care?
- Is follow-up from the Facilities Services Response Center required? If yes, please include your contact phone number with your request.
- Is follow-up from the Facilities Services Response Center Environmental Services Facilities required? If yes, please include your contact phone number with your request.
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