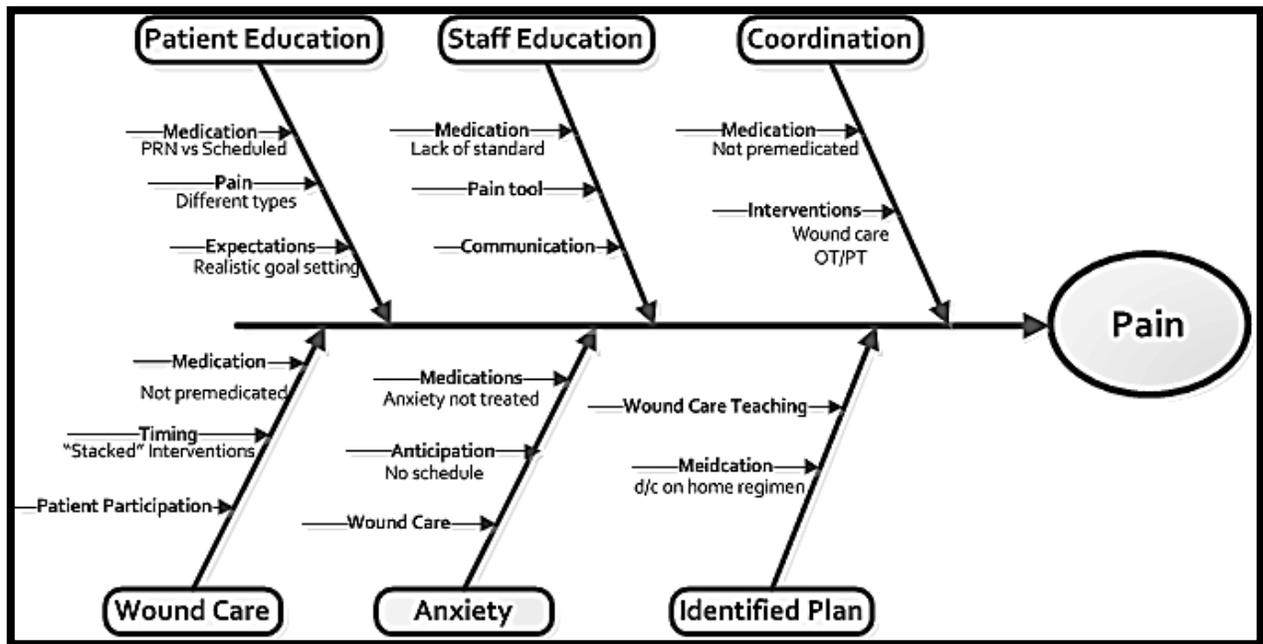


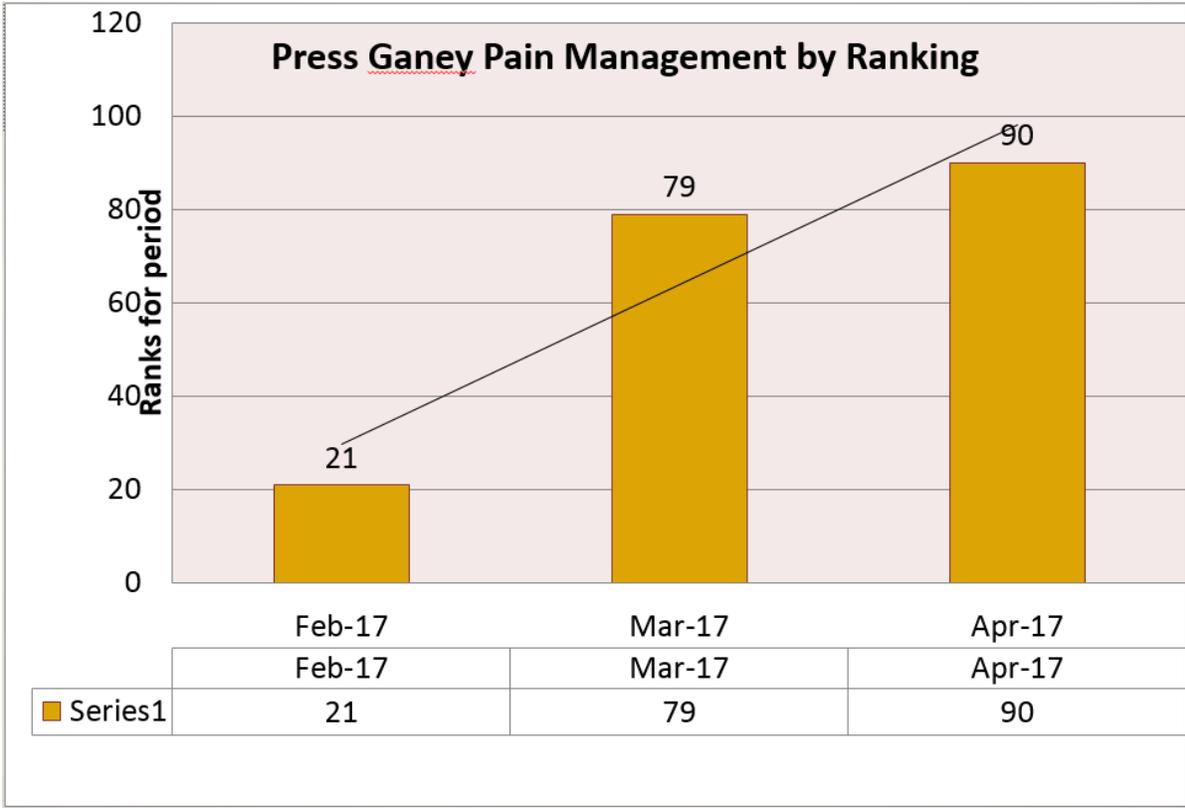


# P#79

<b>Abstract Title:</b>	<b>Improving Pain HCAHPS In The Burn Population</b>
<b>Author and Co-authors:</b>	Elizabeth Vorholt, BSN, RN, TCRN, Justin Young, BS, Teri Huff, MSN, RN, Vanderbilt University Medical Center, Nashville, TN
<b>Objective:</b>	<ol style="list-style-type: none"><li>1) Discuss how pain impacts overall patient satisfaction.</li><li>2) Analyze key drivers of pain in burn patients.</li><li>3) Identify impact of improved patient satisfaction scores as a result of intentional and improved communication about pain management.</li></ol>
<b>Abstract:</b>	<p><b>Introduction/Background:</b> Controlling pain in burn patients is one of the most important components of patient satisfaction. At Vanderbilt University Medical Center, pain specific HCAHPS scores indicate that burn patients consistently rate pain control less than the 25th percentile in the nation. Research shows that patients who felt that their pain was well managed reported more trust in their health care team and that pain management directly affects length of stay for burn patients. This project aims to increase HCAHPS pain scores to greater than the 75th percentile, encourage improved communication, and optimize patient education regarding pain management.</p> <p><b>Methods/Design:</b> A multimodal approach to pain management was identified as the best way to intervene. The multidisciplinary team met to assess the problem and completed a fishbone diagram and A3 to better understand the drivers of poor pain control. It is understood that patient satisfaction data is a lagging indicator and more real-time actionable data was needed. A focus was placed on improved communication, managing expectations, and education about types of burn pain and pain management. The self-reporting pain tool was developed as a daily assessment of pain satisfaction and a facilitator of communication between nurses and patients about pain.</p> <p>The self-reporting pain tool was implemented as a task for night shift nurses to be completed with their initial shift assessment.</p> <p><b>Results/Findings:</b> After implementation of the pain tool, daily compliance was documented and displayed on a visual management board on the unit. As a result of daily and intentional communication with patients about their pain using the pain tool, the pain HCAHPS indicators have sustained above the 75th percentile for quarter four of FY17.</p>

**Conclusions/Implications:** Both the patient and the nurse is more satisfied when they are effectively communicating about pain. Efficiency is improved because interventions such as physical therapy, occupational therapy, and wound care are able to be more successfully completed when patients' pain management is optimized. Daily indicators and visual management are key components of successful implementation to ensure accountability and that nurses are seeing the progress of the project. The results of this project identify a need for standardized education about burn pain and pain management.

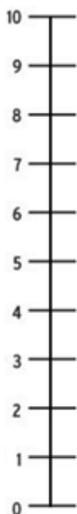




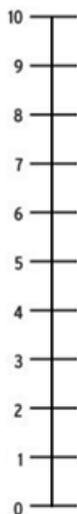
### Self-Reporting Pain Tool

Please circle the number that best describes your pain TODAY

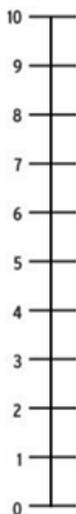
10	Unable to Move
9	Severe
8	Intense
7	Unmanageable
6	Distressing
5	Distracting
4	Moderate
3	Uncomfortable
2	Mild
1	Minimal
0	No Pain



**Pain while resting**  
(Background Pain)



**Pain with activity**  
(Breakthrough Pain)



**Procedural Pain**  
(Wound care and activities)

### Overall Pain Satisfaction

