

# Improving Pain HCAHPS in the Burn Population

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## BACKGROUND

Controlling pain in burn patients is a problem faced in burn centers across the nation. At Vanderbilt, Press-Ganey survey results indicate that burn patients consistently rate pain control less than the 25<sup>th</sup> percentile in the nation. Burn patients experience pain from the initial traumatic insult well through rehabilitation and beyond (Girtler & Gustorff, 2011). Standard of care was to reassess pain at the beginning of every shift and within two hours of pain medication administration. There was no standardization of patient education about pain medication from nursing.

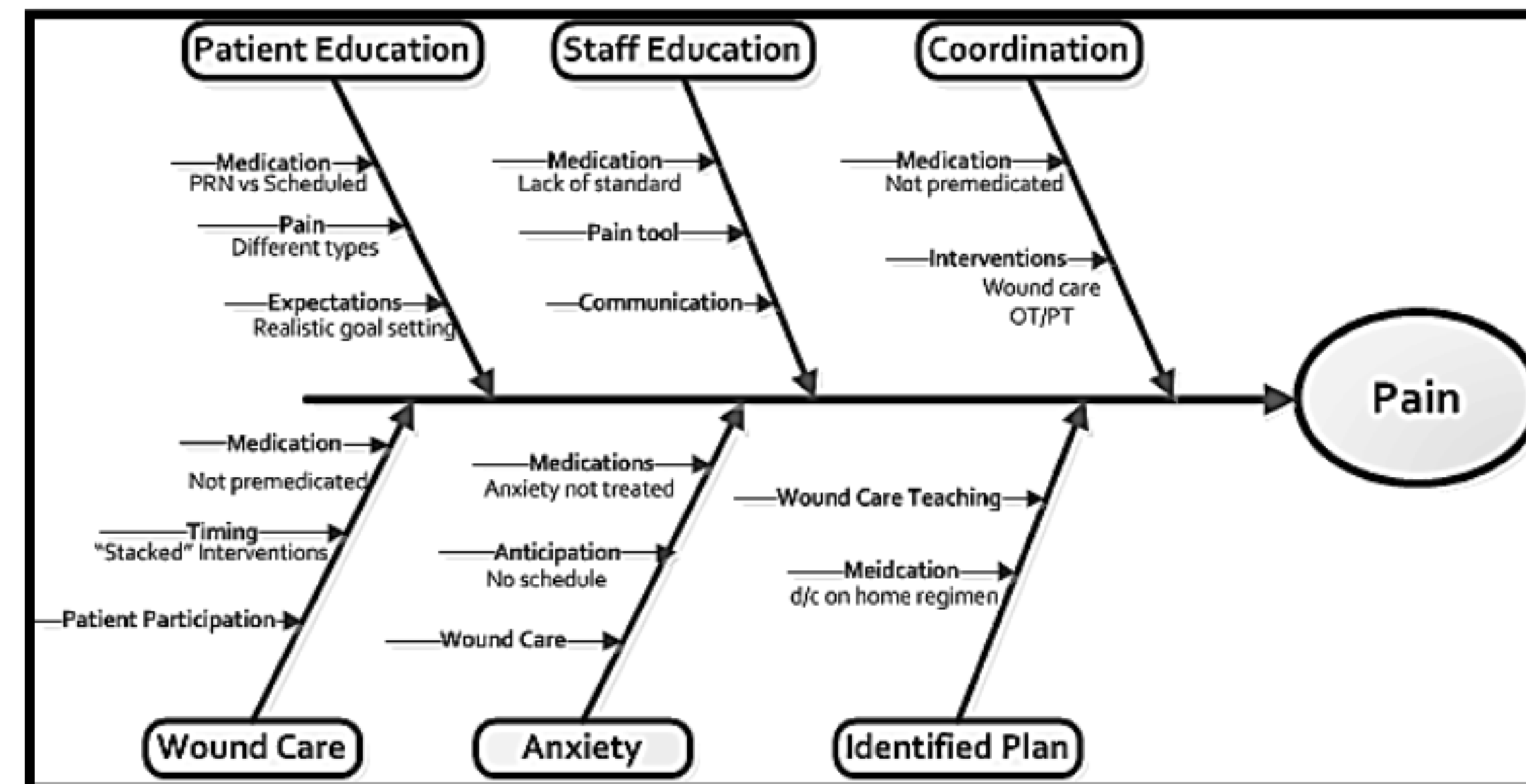
## METHODS

In order to control pain in this patient population, a multi-tiered (Griggs et al., 2017) approach to pain management was identified as the best way to intervene. This project aims to increase patient satisfaction regarding their perception of pain management. HCAHPS scores are a lagging indicator of patient satisfaction related to pain. More real-time data was necessary to be actionable. The team focused on improved communication, managing patient expectations, and education about burn pain and pain management.

The self-reporting pain tool was developed and implemented as a task for night shift nurses to be completed with their initial shift assessment. The tool was designed to initiate intentional dialogue between nurse and patient on a daily basis about pain. Daily indicators were displayed on the unit's visual management board to reflect compliance of completion of the self-reporting pain tool.

## DRIVERS OF PAIN

A fishbone diagram was created to better understand the drivers of poor pain control on the burn unit. The multidisciplinary team identified the following contributing factors and root causes for each driver.



Based on the drivers, the team worked to propose a 9 month series of lock-step interventions to improve patients perception of pain control. With all factors working succinctly with one another, the goal is to increase patient satisfaction with pain control, thus increasing Press-Ganey ratings of pain management to >75<sup>th</sup> percentile nationally.

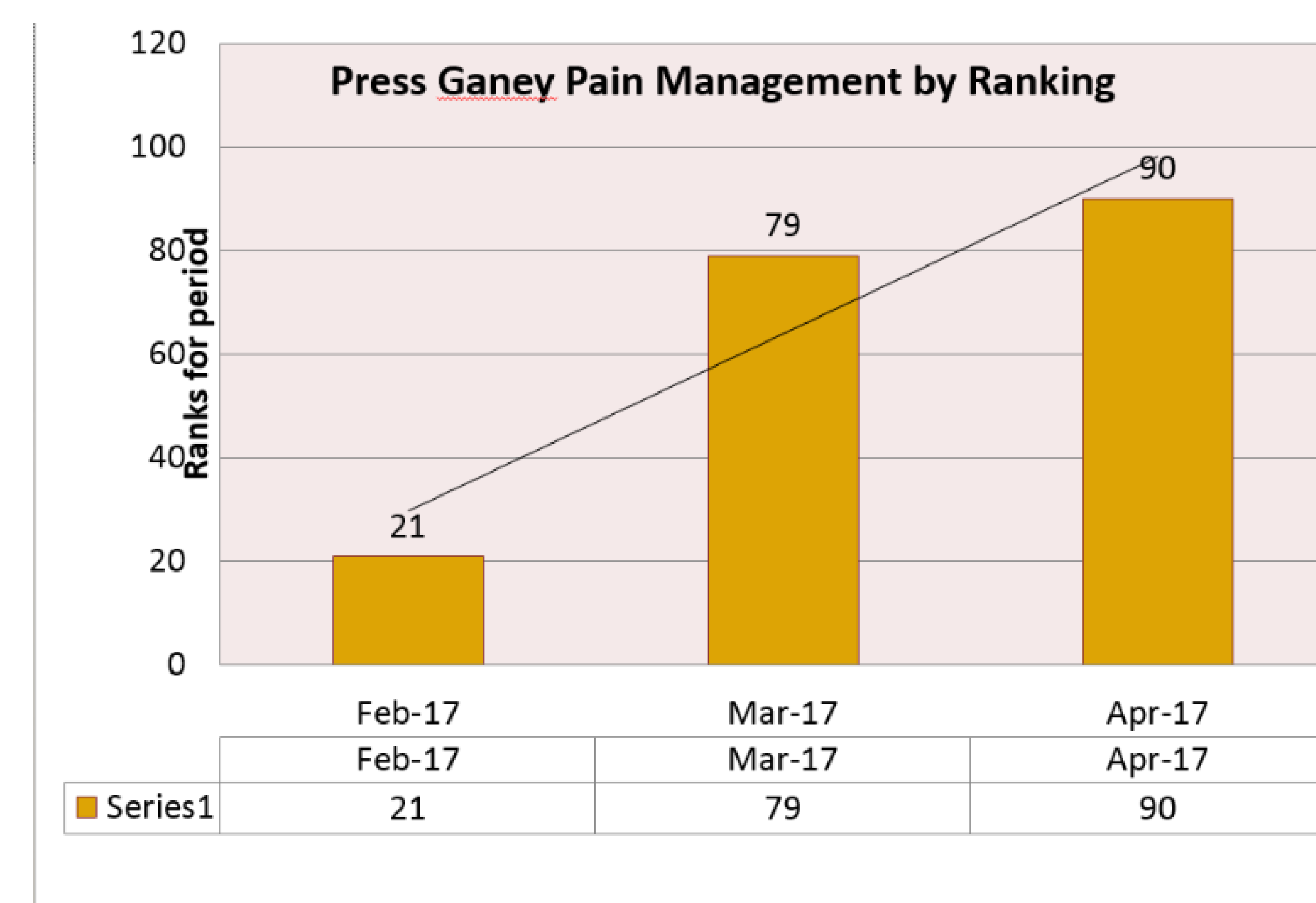
## CONCLUSIONS

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 75<sup>th</sup> percentile for quarter four of FY17.

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

The odds of a patient being satisfied are 4.86 times higher if the patient felt that their pain was controlled.

## RESULTS



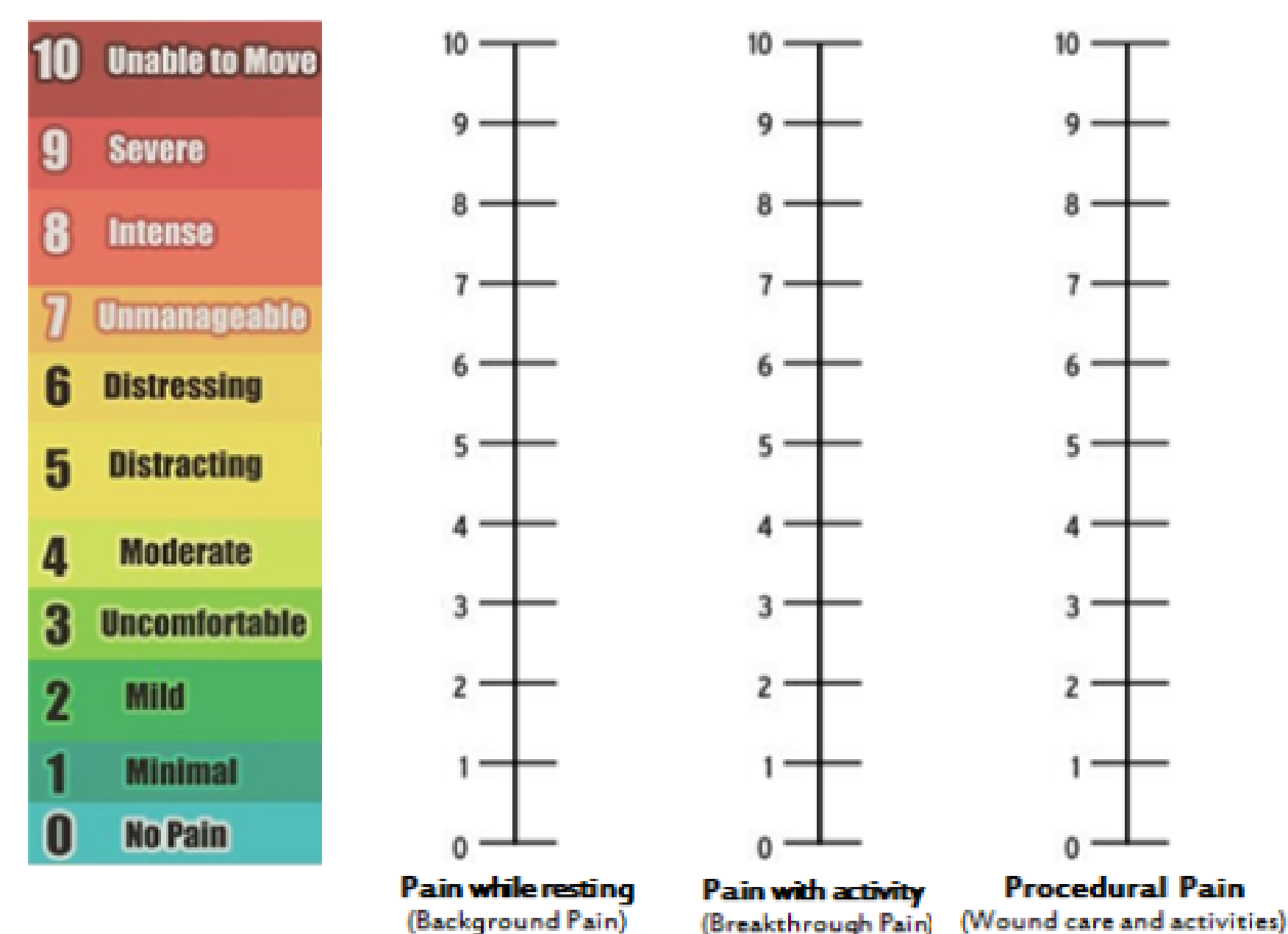
## REFERENCES

Girtler, R., & Gustorff, B. (2011). Pain management of burn injuries. *Der Anaesthesist*, 60(3), 243-250.

Griggs, C., Goverman, J., Bittner, E. A., & Levi, B. (2017). Sedation and Pain Management in Burn Patients. *Clinics in Plastic Surgery*.

Hanna, Gonzalez-Fernandez, Barret, Williams, & Pronovost, 2012

Self-Reporting Pain Tool  
Please circle the number that best describes your pain TODAY



Overall Pain Satisfaction

